“4 Key Elements to Successfully Employ People with Lived Experience - as Consumers, Youth, Family Members, Parents and Caregivers - within Public Mental Health”

A Working Well Together White Paper

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www.workingwelltogether.org
The views expressed in this publication do not necessarily reflect the views of the Office of Statewide Health Planning and Development.

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

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Introduction

The employment of people with “lived experience” as having mental health challenges (consumers and youth), as well as their family members, parents, and caregivers is an inherent goal of the passage of the Mental Health Services Act (2004). In fact, it is a critical extension of the underpinnings of the Act to ensure client and family driven services. Employing people with lived experience though has proven to hold its own challenges for systems and people, in addition to those challenging employers and employees already. In examining the conditions of people with lived experience who work within public mental health systems across California, temporary and low paying positions lacking a clear sense of how employees can apply their lived experience within their job – or where there is no job description at all - appears to lead to a sense of tokenism, segregation and devaluation of these employees. Ironically, this dynamic counters the prevailing belief in principles of recovery and resiliency these systems promote.

These types of challenges are documented in the “WWT Technical Assistance Center Survey Findings Report” and mirrored in the experiences relayed to WWT staff providing technical assistance to counties between 2008-present. They reveal the primary challenges faced by employees with lived experience are:

- Lack of career opportunities and advancement
- Historical attitudes and patterns within the mental health system against people with lived experience and ethnic communities
- Co-worker attitudes and system stigma
- Clarification of need for and provision of training for employees with lived experience
- Specific human resource policies and practices
- Lack of effective outreach to ethnic/cultural communities in recruitment of people with lived experience

However, employment of people who openly disclose their lived experience and who are hired because of this qualification holds unique opportunities for increasing wellness for all by harnessing the “lived experience” of people with their own personal experience with mental illness and who embrace recovery and resiliency principles personally. For this reason, there is an imperative to practically define and identify employment strategies that promote protections in employment for people with disabilities, but also use such protections while seeking out people with “lived experience” and recognize lived experience as a “bona fide” job qualification. Mental health - and integrated health care - where challenged in this regard, can be bolstered by the fields of employment law, job and organizational development, and civil rights advocacy.

Executive Summary

The Executive Summary contains recommendations to guide the employer on key strategies for meeting challenges and strengthening support in the recruitment, hiring, training, support and retention of employees with lived experience, as well as serves as a guide for employees with lived experience to be hired, receive entitlements and support, and to succeed on the job. Four specific areas of workforce development are focused upon regarding recurring challenges for public mental health systems and agencies in California when openly pursuing the employment of people with lived experience as consumers, family members, parents, youth and caregivers: 1) Employment protections, such as implementation of and education about the American with Disabilities Act (ADA) with respect to potential need for accommodations, as well as other employment protections; 2) Job development geared towards valuing individuals based upon a protected disability (or familial association) without violating employee rights; 3) Educational pathways and Career Development; and 4) Organizational Culture for Respect and Wellness that values “lived experience”.

It is necessary to expedite a forward movement in workforce development of people with lived experience, even in light of philosophical and ethical differences held by some in the field. The following solutions are provided for potential and actual workforce challenges that may be encountered. Adhering to these recommendations (note the chapter references in parentheses) will significantly improve the successful hiring, training, support and retention of the entire workforce as well as lead to systems that embody client and family driven care and services.

Recommendation 1:
Proactively provide education on disability protection and entitlements for all in the workplace, including resources for benefits to work. Free downloadable publications are cost-effective and visibly prompt employees about their employment rights and protections. (See Chapter 1)

Recommendation 2:
With regard to accommodations, employers should engage in the Interactive Dialogue – the process by which an employer assesses any job-related limitations that may be posed by an employee’s disclosed disability – in order to support maximizing the ability of an employee to remain on the job and work productively. (See Chapter 1)

Recommendation 3:
Ensure each job is guided by a job description which clearly outlines the essential functions for the position. For specific jobs that fall within broad job classifications, duty statements may be developed that outline essential functions of that particular position. (See Chapter 2)
Recommendation 4:
Ensure positions designated as “consumer”, “family member”, “parent”, “transition aged youth (TAY)”, or “peer” specify job functions that align to the unique expertise these individuals hold, add value to the position and are essential to the job. (See Chapter 2)

Recommendation 5:
Establish human resources coding for designated positions and multi-step career ladder coordinated with appropriate educational steps for people with lived experience. (See Chapter 3)

Recommendation 6:
Develop structure and processes for internal career development. (See Chapter 3)

Recommendation 7:
Adopt a Code of Ethics and Conduct that addresses dual relationships all employees may hold, as well as those that may be unique to people with disclosed Consumer, Youth, Family Member, Parent and Caregiver experience. (See Chapter 4)

Recommendation 8:
Adopt a trauma-informed workplace and trauma-informed services approach. (See Chapter 4)

Recommendation 9:
Incorporate the value of employees with “lived experience” within cultural competency and diversity training and staff development for the public behavioral health workforce. (See Chapter 4)

Recommendation 10:
Develop a strategic organizational wellness plan that supports a group process, as well as an individual process to sustain wellness, and applies the process using key recovery/resiliency concepts of hope, personal responsibility, education, self-advocacy and support. (See Chapter 4)

The reader will note that, throughout this paper, there are embedded hyperlinks (words that, when a cursor is placed over them and “right clicked”, enable a connection to an internet source for
information) to facilitate an online reading and identification of references to support learning. Given there will be instances where this paper is not viewed online, or where there are limitations to connecting via hyperlinks, the footnotes sections provide readers with actual reference sources.
Chapter One: Employment Protections

People with disabilities, as well as family members, parents and caregivers of children or adults with a serious mental health issue or illness, have the right to pursue and engage in employment and are afforded certain federal and state protections and entitlements to assure this right. Mindful and welcoming adherence of these protections “grows” a supportive workplace, increases the ability of all workers to contribute to their maximum potential as well as to the benefit of their employer AND counters stigma sometimes associated with disabilities and differences. These protections, intricately interconnected to protections gained on behalf of people who have historically been denied rights based upon other perceived “differentness”, are explored in this section along with those protections that align to non-employment issues. As all individuals are multi-faceted, one cannot expect to become adequately informed on employment protections without addressing other protections and entitlements that may impact a person’s full life experience.

Employment Laws

Civil rights laws, for political and social freedom and equality, are enacted to assure the rights of all groups of people to social inclusion and equitable treatment. History exemplifies people have been treated unfairly, and experienced harassment or discrimination in access to political rights, education, housing, healthcare, public services and employment based on their “protected class” of race, color, religion, gender, sexual orientation, marital status, pregnancy, national origin, ancestry, disability, medical condition, source of income, or age.

From freedom gained by slaves in the 19th century to the right to vote won by women in the early 20th century, the fight for inclusion has progressed. The civil rights movement yielded broader legal protection in the 1960’s, with many laws intending to level the playing field for all peoples. The Civil Rights Act 2 provided for racial integration of schools, public institutions and housing and prohibited employment discrimination based on sex, race, color or national origin. The Equal Pay Act sought to equalize pay for women performing the same work as men. Also the law prohibiting discrimination based on age—the age of 40 or older—was enacted.

The Rehabilitation Act 3 of the 1970’s was the first legislation prohibiting discrimination against people with disabilities. Though it only covers employment and access in all federal or federally-funded programs and institutions, it did initiate access to special education and accommodations. The

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Individuals with Disabilities Education Act (IDEA)\(^4\) afforded early intervention and targeted, individualized special education to children and youth with disabilities.

Under the federal Family Medical Leave Act (FMLA)\(^5\) of 1993, employers with 50 or more employees must grant those employed who have worked for the employer for at least one year to take up to 12 weeks per year of unpaid leave to care for their own serious medical condition or that of a parent or child. During the period of medical leave the employer is required to maintain the employee’s group health insurance. After the leave, when the employee returns to work, the employer must either give the employee their old job or an equivalent job with equivalent pay and benefits (Disability Rights California [DRC], 2010)\(^6\). This is a critical protection in terms of acknowledging both the need for support and actually providing support to employees who may be caregivers to family members with a mental health issue or other serious illness.

The Genetic Information Nondiscrimination Act of 2008 (GINA)\(^7\) prohibits discrimination on the basis of genetic information in employment and health insurance due to scientific advances in genetic testing which can often detect illnesses before symptoms develop. This, too, is critical in affording protections to those who, by genetic or familial association, may be otherwise subjected to discrimination.

Under Federal and California State Labor Laws\(^8\), some minors as young as 12 years of age are permitted to perform some duties (i.e. clerical) on a limited basis with a Work Permit issued by their school and a Certificate of Age as long as they are attending school or have graduated. The U.S. Department of Labor has a Youth Rules Website\(^9\), a user-friendly internet website with many tools on employment for youth, parents and employers, focusing on federal and state laws.

The most sweeping legislation, the Americans with Disabilities Act (ADA) of 1990\(^10\), extended the equal rights in federal employment mandate of the Rehabilitation Act to all sectors of employment (public and private), as well as access to all public accommodations, transportation, and telecommunications to people with disabilities. We provide detailed information on the ADA to employers and for people

with lived experience and their family members as tools to help meet their needs. The ADA provides comprehensive civil rights protection for qualified people with disabilities from discrimination, and mandates equal access to employment and to public and private services. It is noteworthy the "perception of impairment", sometimes imposed upon family members, parents and caregivers by their association to a person with a disability, is a covered aspect of the ADA.

The U.S. Equal Employment Opportunity Commission--EEOC\(^\text{11}\) enforces the ADA, Title I. The EEOC enforces other laws\(^\text{12}\) discussed here as well.

California State Laws versus Federal Laws
Many California laws are more comprehensive than federal laws in protecting people with lived experience from discrimination in terms of the definition of disability, the size of the covered employer’s workforce, and in the enforcement and amount of damages recoverable. The ADA applies to employers with 15 or more employees whereas the California Fair Employment and Housing Act (FEHA) applies to employers with five or more employees.\(^\text{13}\) The California Department of Fair Employment & Housing (DFEH) has a number of informative brochures outlining employment discrimination and how to file a complaint should one want to pursue doing so. Primary brochures outlining the law as it relates to disability and the illegal nature of discrimination are “Employment Discrimination Based on Disability”\(^\text{14}\) and "Discrimination is Against the Law".\(^\text{15}\) All DFEH brochures and posters\(^\text{16}\) are downloadable. Employers may post and make available some of these materials to educate employees on their employment rights. When employers are proactive in educating the workforce (e.g. through postings) about the importance of maintaining a safe, supportive and bias-free work environment, this can be a cost-effective strategy for demonstrating the value every person has and avoiding negative consequences of discrimination. (Refer to Appendix A-1)

ADA Definitions and Language
An individual with a disability, as defined by the ADA, covers a person who currently has a “physical or mental impairment”, has a record of having such impairment, or is perceived to have such an impairment that “substantially limits one or more major life activities”. Examples of having a record of a disability includes a person who had cancer in the past and is now in remission, or a person with past post-traumatic stress disorder (PTSD) now in remission or recovery. A perceived impairment could be a

\(^{11}\) [http://www.eeoc.gov/](http://www.eeoc.gov/)
\(^{12}\) [http://www.eeoc.gov/laws/statutes/index.cfm](http://www.eeoc.gov/laws/statutes/index.cfm)
\(^{16}\) DFEH. Accessed June 30, 2012 from [http://www.dfeh.ca.gov/Publications_Publications.htm](http://www.dfeh.ca.gov/Publications_Publications.htm)
facial disfigurement, or having an association or relation to someone with a disability, for example. Major life activities include “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working”.  

There are five titles or parts to this act. Title I of the ADA governs employment practices; however, Title II also applies to employment in state or local government positions. Following are brief references to each title along with hyperlinks:

- **Title I**: Access to employment and accommodations
- **Title II**: Access to State and Local Government employment and public services, includes education, transportation systems, and architectural design standards for new construction
- **Title III**: Access to all public services and facilities provided by private businesses (private clubs and religious entities exempted)
- **Title IV**: Access to telecommunications for people who are deaf or hard of hearing
- **Title V**: Miscellaneous, mandates no immunity by states or local government

Title I prohibits all employers with 15 or more employees from discriminating against qualified individuals on the basis of a disability in all aspects of employment. Employers are required to provide reasonable accommodations unless it would result in undue hardship to the employer.

Under the ADA, a “qualified individual” is a person who, with or without an accommodation, can perform the essential functions of the job. An essential job function can be considered essential when the performance of the function is the reason why the job exists, the number of employees required for the function is limited, the function requires specialized skills, and the function takes up a large percentage of time on the job. For this reason, accurate job descriptions are very important. Under the ADA, accommodations include “making existing facilities used by employees readily accessible to and usable by individuals with disabilities” (ADA, 1990). This refers both to the architectural and the

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17 ADA TITLE 42 - THE PUBLIC HEALTH AND WELFARE, CHAPTER 126 - EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES, Sec. 12102 (2) (A) Retrieved June 17, 2012 from [http://www.ada.gov/pubs/adastatute08.htm#12102](http://www.ada.gov/pubs/adastatute08.htm#12102)
23 DOJ. *ADA Sec 12111 (9) (A)*. Retrieved on June 18, 2012 from [http://www.ada.gov/pubs/adastatute08.htm#12111](http://www.ada.gov/pubs/adastatute08.htm#12111)
attitudinal environment. Also accommodations include “job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies...” (ADA, 1990)\(^{24}\) enabling a person with a disability to perform the essential job duty. **Undue hardship** means providing an accommodation would incur “significant difficulty or expense” to the employer. Studies show that most accommodations are no cost or low cost and many provide key direct and indirect benefits.

When employers (or supervisors, personnel and human resource staff) effectively respond to an employee’s specific request for an accommodation or to their disclosure to having a disability, a window of opportunity opens. This is an employer’s opportunity – and their responsibility - to determine if the person’s disclosed disability causes job-related limitations in terms of the person’s ability to perform **essential job functions**. Job functions are those intended purposes an employer seeks to achieve by having an employee perform in a job. They are different than duties, which are a means to an end – that being to perform a function.

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**Engaging in the Interactive Dialogue** – the process by which an employer assesses any job-related limitations that may be posed by an employee’s disclosed disability – allows an employer to move forward in maximizing the ability of the employee to remain on the job and work productively!

There is no assumption to providing accommodations, but rather an exploration of how one’s ability to perform essential functions may be impacted by a person’s disability. This is a process that focuses on discussing the essential job functions – and if these can be performed – versus a focus on the details of a person’s disability. If a limitation is recognized by the employee, this may be addressed by a simple reworking of duties to assure essential functions are still met.

**For more information:**

- **Employers’ Practical Guide to Reasonable Accommodation Under the ADA**\(^ {25} \)
- **The Interactive Process**\(^ {26} \)

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**Accommodations Resources**

One of the most extensive, practical, A-Z accommodations resources for employers and employees

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24 DOJ, ADA Sec 12111 (9) (B). Retrieved on June 18, 2012 from [http://www.ada.gov/pubs/adastatute08.htm#12111](http://www.ada.gov/pubs/adastatute08.htm#12111)

25 [https://askjan.org/Erguide/index.htm](https://askjan.org/Erguide/index.htm)

26 [http://askjan.org/media/interactiveprocessfact](http://askjan.org/media/interactiveprocessfact)
alike is Job Accommodation Network (JAN)\textsuperscript{27} which includes research on the expense and outcomes of providing accommodations. An ongoing JAN study\textsuperscript{28} interviewed diverse employers who had requested information from JAN on the ADA and/or job accommodations. Of almost 1900 employers interviewed 56\% reported accommodations cost nothing to provide and the others’ costs averaged to about $500. Over three-quarters of the employers ranked the workplace accommodations as effective or very effective. A table taken from JAN’s study\textsuperscript{29} shows the direct and indirect benefits of providing accommodations that employers listed:

<table>
<thead>
<tr>
<th>Direct Benefits</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained a valued employee</td>
<td>89%</td>
</tr>
<tr>
<td>Increased the employee’s productivity</td>
<td>71%</td>
</tr>
<tr>
<td>Eliminated costs associated with training a new employee</td>
<td>60%</td>
</tr>
<tr>
<td>Increased the employee’s attendance</td>
<td>53%</td>
</tr>
<tr>
<td>Increased diversity of the company</td>
<td>43%</td>
</tr>
<tr>
<td>Saved workers’ compensation or other insurance costs</td>
<td>39%</td>
</tr>
<tr>
<td>Hired a qualified person with a disability</td>
<td>13%</td>
</tr>
<tr>
<td>Promoted an employee</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Benefits</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved interactions with co-workers</td>
<td>68%</td>
</tr>
<tr>
<td>Increased overall company morale</td>
<td>63%</td>
</tr>
<tr>
<td>Increased overall company productivity</td>
<td>59%</td>
</tr>
<tr>
<td>Improved interactions with customers</td>
<td>47%</td>
</tr>
<tr>
<td>Increased workplace safety</td>
<td>45%</td>
</tr>
<tr>
<td>Increased overall company attendance</td>
<td>39%</td>
</tr>
<tr>
<td>Increased profitability</td>
<td>32%</td>
</tr>
<tr>
<td>Increased customer base</td>
<td>18%</td>
</tr>
</tbody>
</table>

A 1982 study for the U.S. Department of Labor corroborates the low cost: 50% of accommodations cost nothing, 30% cost $50-$500, 10% cost $500-$2,000, and 10% cost over $2000 with the most costly provided to people who are blind and those using wheelchairs (Brodwin, Parker and DeLaGarza, 2003).

**Tax Incentives for Employers**

In addition to the bona fide qualifications all people may possess for an employment position, which can translate into an asset for the employer, there are financial incentives under some circumstances for employing people with disabilities. The **Work Opportunity Tax Credit (WOTC)** provides tax credits of up to $9,000 to private sector employers hiring an individual who is considered to be within target groups, including veterans and people with disabilities. This is important for non-profit agencies to keep in mind as a financial incentive to employing people with disabilities.

**Incentives for Employees Returning to Work**

Many people who have a disability - as well as parents, family members and caregivers - may be entering or returning to work after having been recipients of disability benefit income and/or housing subsidies. The transition to employment, whether part time or full time, and from disability benefits income to wages can be a very daunting process. Financial stability can appear to be in jeopardy and health coverage may be at risk, but there are many avenues to avoid either outcome. Most moving from disability benefits to work may come out ahead financially, but both employers and employees should become aware of how to best plan this transition to maintain healthcare, maximize income and understand different options to accomplish these things.

A readily available, free online resource is **Disability Benefits 101 (DB101)** to use in exploring the impact of income on benefits and options for transitioning into an employment position that may be quite different than what one has experienced while not working. DB101 includes user-friendly resources, such as: **Calculators**: Benefits and Work Calculator, Medi-Cal for the Working Disabled Calculator and even a School and Work Calculator for young people with disabilities in school. Potential work scenarios can be anonymously entered to review the short and long term effects work

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33 [http://ca.db101.org/planning/(S(rromdjdbd0w0tq55s0db2e5))/b2w2_start.aspx?screen=start&l=b2w2](http://ca.db101.org/planning/(S(rromdjdbd0w0tq55s0db2e5))/b2w2_start.aspx?screen=start&l=b2w2)
would have on benefits and health coverage. DB101 has detailed information on all California and Federal disability programs as well as details on Programs that Support Work. The California Department of Rehabilitation (DOR) is the state agency that assists people with disabilities to enter the workforce providing local individualized vocational rehabilitation counselor employment services. DOR can help with all aspects of entering the workforce including education, training, and benefits counseling.

**Why is it important for people who receive SSI benefits to know about different work incentive Programs IN ADVANCE of actually getting a job?**

“It would help you save money. Had I known about these programs - Ticket to Work, Plan for Achieving Self-Support (PASS) and Work Incentives Planning and Assistance (WIPA)*- then I wouldn’t have had to borrow money for a car. Some of my SSI benefits money would have been put into a special account for work transportation. Also – in the beginning of working, part of my SSI money that I saved in advance could have been used for childcare or education. Instead, I had to find other local resources or depend on people I know caring for my child for free. If I had been part of a work incentive program, I could have tapped into training programs because part of the funds I earned through SSI would go to improve my work situation – and wouldn’t count towards funds earned.

Also important is that I think I would have been more motivated to go back to school and better my education. Therefore, I would be able to get a higher paying job and be more self-sufficient. Once I started working though, these options were not available to me because I had been working for too long. If I had only been working for a short time, some programs may have still applied. I would tell anyone thinking about working to check out the programs through SSI BEFORE you start working.”

- R. Santos, Peer Specialist

*Recommended Websites:
www.ca.db101.org
http://ca.db101.org/ca/programs/income_support/pass/program.htm (PASS)
http://ca.db101.org/ca/programs/work_benefits/ttw/program.htm (Ticket to Work)
http://www.ssa.gov/work/WIPA.html#a0=0 (WIPA)

**Terms of Employment**

Another consideration for people already employed as well as those considering employment options include where unions may be in place and where consumer, family and parent providers are included. “Workplaces in which the workers are organized into a union may have additional protections and
resources. Issues dealing with discrimination and other unfair treatment may have been negotiated and could be referenced in the union’s Contract or Memorandum of Understanding with the employer. Assistance with such issues can be provided through the Shop Steward, who is usually the most easily accessible union official and who will be a coworker located at or near the workplace. The Steward can help determine if the Contract has a relevant provision that would help the complainant and brainstorm how to solve the problem. Also available to help will be a Labor Representative, who is an actual employee of the union. Often, Labor Representatives are even more knowledgeable than the Steward, and are the people who actually bargain with the employer” (“WWT Overcoming Stigma and Discrimination in the Workplace, e-learning, 2011). 38

In California, most non-unionized employment falls under “at will employment”, an employment relationship with no specified duration, in which the employer or employee may at any time terminate employment, with or without cause. While anti-discrimination laws do apply in such workplaces, there is less or no substantiation needed for terminating an employee.

**Employee Assistance Program (EAP) Benefits for Wellness**

Most agencies provide Employee Assistance Program (EAP) benefits to support employees who may experience issues of a personal or professional nature that could affect their work performance and wellness. Services are usually offered on an anonymous, limited basis and include: mental health-related/substance-related services and referrals; divorce or parenting support; work/life balance support regarding caregiving or financial planning; wellness/health promotion services, smoking cessation or weight reduction, and work related counseling. 41

**Legal Questions Employers May Ask**

Employers and applicants alike will find the California DFEH Employment Inquiries Guidelines publication very helpful in reviewing what employers can legally ask applicants and employees. (Refer to Appendix A-2)

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Employee Leave Entitlements

The California Family Rights Act (CFRA) provides most of same protections as the national Family Medical Leave Act (FMLA) except the CFRA does not require 12 months of employment of the employee in the \textit{past year}; the 12 months worked could have been at any time in the past. Also the CFRA covers registered domestic partners, where the FMLA does not.\footnote{DRC. (2010). \textit{Employment Rights Under the Americans with Disabilities Act (and other related laws)} (DRC Publication #5068.01). Retrieved June 15, 2012 from \url{http://www.disabilityrightsca.org/pubs/506801.pdf}} See the comprehensive \textbf{California Employee Leave Entitlements Chart} \footnote{DFEH. (2010). \textit{Retrieved June 30, 2012 from \url{http://www.fehc.ca.gov/act/pdf/California_Leave_Entitlement.pdf}} for a comparison of all state employee leaves available and the requirements for concurrent benefits. (Refer to Appendix A-3)


For those covered under SDI, California was the first state to enact the \textbf{Family Temporary Disability Insurance Act (FTDI)}\footnote{California State Compensation Insurance Fund. Accessed July 1, 2012 from \url{http://www.statefundca.com/}} which provides up to six weeks paid time off caring for an ill family member or domestic partner, but the position is not required to be held during this leave period.\footnote{DRC. (2010). \textit{Employment Rights Under the Americans with Disabilities Act (and other related laws) (DRC Publication #5068.01). Retrieved June 15, 2012 from \url{http://www.disabilityrightsca.org/pubs/506801.pdf}}

Worker’s Compensation (WC) Insurance is also a mandated social insurance, paid by the employer, designed to protect employees with \textit{work-related illness/injuries} from possible wage loss, and protect employers from liability. Generally, benefits include medical benefits, and different degrees of disability benefits for lost income. WC programs are specific to each state, and in \textbf{California, WC}\footnote{California State Compensation Insurance Fund. Accessed July 1, 2012 from \url{http://www.statefundca.com/}} wage replacement is paid at two-thirds of the employee’s pay.
Disability protections and entitlements information empowers job applicants and employees to advocate effectively on their own behalf as a person with a disability or as a caregiver to a child or family member with a serious condition.

When employers provide ready access to information about state and/or federal disability entitlements, a “Win-Win” situation can occur. Employees are empowered to access needed support and employers are empowered in creating a supportive workplace that contributes to positive morale and productivity!

For more information:
State of CA Employment Development Department at www.edd.ca.gov
Family Medical Leave Act (FMLA) at www.dol.gov/whd/fmla/
CA Family Rights Act (CFRA) at www.dfeh.ca.gov/res/docs/publications/DFEH-188.pdf

Guidelines and Laws Mandating the Employment of People with Lived Experience
In the President’s New Freedom Commission Report on Mental Health in 2003, one goal issued was: “Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery.” Also states were guided to adopt state plans to transform the mental health system with consumer and family members at the helm. California voters responded with the California Mental Health Services Act (MHSA) of 2004, which mandates the transformation of state mental health services to be consumer, family, and parent-driven, recovery and resiliency-based, culturally competent, and supporting the employment of consumers, youth, family and parent/caregivers into the mental health system to ensure best practices for better outcomes. (Refer to Appendix A-4)

Other Resources
An extensive list of links to federal, state and local disability rights, laws and other resources can be found on the Disability Rights California (DRC) website under key issues. DRC has an excellent, updated publication, “Employment Rights under the Americans with Disabilities Act (and other related

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50 NFCMH. (2003).p. 14
laws) 2010 referenced in this document. EEOC has a short summary on Title I in Facts on the ADA. The Job Accommodations Network (JAN) has an extensive ADA Library, and Boston University Center for Psychiatric Rehabilitation has a user-friendly Overview of the ADA. The U.S. Department of Justice, Civil Rights Division also provides a solid resource in A Guide to Disability Rights Laws.

Chapter Two: Applying Standards for Job Descriptions

In addition to the legal rights supporting consumers and families with disabilities, it is also the interest of individuals to be employed. “People with serious mental illnesses have many strengths, talents, and abilities that are often overlooked, including the ability and motivation to work. Research has shown the following:

- About 70 percent of adults with serious mental illnesses desire work (Mueser et al., 2001; Rogers et al., 2001)
- Consumers and families consistently identify finding and keeping jobs as a top priority”

Recent studies are beginning to dispel the original assumptions of experts that those with serious mental illness should expect low-expectation, low-stress jobs in order to decrease their symptoms. In fact, in some cases, high-functioning individuals perform better with high functioning positions such as physicians, lawyers and chief executive officers.

Such aspiration on the part of individuals with disabilities provides abundant opportunities for organizations as well as consumers and their families.

A Strategic Approach for Recruiting People with “Lived Experience”

When an organization expands its vision of who it seeks to employ, whether due to an internal or external influence, an assessment of the readiness of the organization for such a change is helpful. An example of two such assessments include the WWT Consumer and Family Member Employees Recruitment and Retention Checklist and Guidelines and the WWT Consumer and Family Member Employment Development Assessment Tool. (Refer to Appendix B-1) Once there is consensus for

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readiness, the next step is to begin to review potential jobs that can be filled with individuals and families with lived experience.

**Job Analysis**

For each available job within an organization, strategic intent is critical. The overall mission, values and strategic goals of the organization drive the first objective in hiring employees -- a job analysis culminating in job descriptions. For example, if the organization is expanding its recovery processes on behalf of consumers, job analysis is the initial step to performing a systematic method of obtaining and analyzing information about the content, context and human requirements of any positions needed to meet the organization’s strategic goal, including the hiring of those with “lived experience.” Using job analysis also lays the foundation for realizing job opportunities heretofore potentially overlooked. Moreover, this analysis process not only creates value for consumers and families, it generates a standardized and legally defensible employment practice supporting the legal protections on behalf of individuals with serious mental illnesses. Additionally, such an analysis serves to guide recruiting, selection, compensation, training and performance expectations when reviewing existing jobs as well as when determining whether new jobs should be created. The U.S. Department of Labor (DOL) provides several resources related to job analysis. Two broad categories are the Functional Job Analysis developed by the Employment and Training Administration of the Department of Labor and the more recent resource of the O*Net. The O*Net provides an array of information for both employers and employees. For example, when keying in “peer advocate” several similar job titles are provided in addition to some of the following information. Below is a summary example of what O*Net provides for each job type.

<table>
<thead>
<tr>
<th>Peer Advocate or Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job Category:</strong></td>
</tr>
<tr>
<td>Tasks</td>
</tr>
</tbody>
</table>
| Tools & Technology | Automobiles or cars -- Passenger vehicles  
Electronic mail software – Microsoft Outlook |

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64 [http://www.onetonline.org/](http://www.onetonline.org/)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Customer and Personal Service — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills</td>
<td>Service Orientation — Actively looking for ways to help people</td>
</tr>
<tr>
<td>Abilities</td>
<td>Problem Sensitivity — The ability to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.</td>
</tr>
<tr>
<td>Work Activities</td>
<td>Making Decisions and Solving Problems — Analyzing information and evaluating results to choose the best solution and solve problems.</td>
</tr>
<tr>
<td>Work Content</td>
<td>Face-to-Face Discussions — How often do you have to have face-to-face discussions with individuals or teams in this job?</td>
</tr>
<tr>
<td>Job Zone</td>
<td>Job Zone Three: Medium Preparation Required</td>
</tr>
<tr>
<td>Education</td>
<td><strong>Percentage of Respondents</strong></td>
</tr>
<tr>
<td></td>
<td><strong>47</strong></td>
</tr>
<tr>
<td></td>
<td><strong>26</strong></td>
</tr>
<tr>
<td></td>
<td><strong>12</strong></td>
</tr>
<tr>
<td>Work Styles</td>
<td>Concern for Others — Job requires being sensitive to others' needs and feelings and being understanding and helpful on the job.</td>
</tr>
<tr>
<td>Work Values</td>
<td>Relationships — Occupations that satisfy this work value allow employees to provide service to others and work with co-workers in a friendly non-competitive environment. Corresponding needs are Co-workers, Moral Values and Social Service.</td>
</tr>
<tr>
<td>Wages</td>
<td>Median wages (2011) $13.82 hourly, $28,740 annual</td>
</tr>
</tbody>
</table>
The Job Analysis link on the O*Net is an example of a resource for identifying the objectives of a job. While the job-oriented elements of the job analysis are important (e.g., tasks), so, too, are the worker’s behaviors and characteristics (e.g., adaptable, organized) necessary to perform the job. Developed by Dr. Ernest J. McCormick and associates at Purdue University, the best known assessment for this portion of the job analysis is the Position Analysis Questionnaire (PAQ). The PAQ is a specialized instrument analyzing 27 dimensions composed of 194 elements that assist in acquiring the following categorical information.

<table>
<thead>
<tr>
<th>PAQ Categories</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information input</td>
<td>How is information obtained to do the job?</td>
</tr>
<tr>
<td>Mental process</td>
<td>What levels of reasoning are necessary on the job?</td>
</tr>
<tr>
<td>Work output</td>
<td>What physical activities and tools needed to perform the job?</td>
</tr>
<tr>
<td>Relationships with others</td>
<td>What relationships are required while performing the job?</td>
</tr>
<tr>
<td>Job context</td>
<td>What is the physical and social environment involved in the job?</td>
</tr>
<tr>
<td>Other job characteristics</td>
<td>What is the expected pace and structure of the job?</td>
</tr>
</tbody>
</table>

Examples of such questionnaires, PAQ training manuals, and job analysis software can be located at PAQ Services as well as more general information pertaining to job analysis.

Similar to the O*Net database are the Developing a Curriculum (DACUM) Competency Profiles initiated in 1999 to develop recommendations and strategies that would assist in the development of an inclusive and qualified workforce. Comparable to the O*Net’s job analysis, it includes tasks, knowledge, skills and abilities (KSAs), worker characteristics/behaviors and tools, equipment, supplies and materials. Distinguishing characteristics of the DACUM include a recommended career pathway, future trends and concerns in the behavioral health field and process mapping of essential job functions. (Refer Appendices B-2 and B-3)

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Essential Functions
According to the U.S. Department of Labor (DOL) Office of Disability Employment Policy article entitled: Opening Doors to All Candidates: Tips for Ensuring Access for Applicants with Disabilities, “although it is not required under the Americans with Disabilities Act (ADA), it would be prudent for employers to carefully examine each job to determine its essential functions. According to guidance from the Equal Employment Opportunity Commission (EEOC), essential functions are the basic job duties that an employee must be able to perform, with or without a reasonable accommodation. Essential functions open the door to new opportunities for individuals with serious mental illness when such functions require consumers and family members with lived experience. Determining essential job functions will assist in establishing appropriate qualification standards, developing a job description, conducting interviews and selecting people.”

This resource also provides the do’s and don’ts for job analysis, communication, medical information, accommodations, worksite accessibility (including complete description and diagrams of accessibility standards at U.S. Access Board’s Web site. Additional resources also include those shown in the following list to assist employers in ensuring their hiring process is inclusive of individuals with disabilities.

Job Accommodation Network (JAN)
1-800-526-7234 (V/TTY)

Access Board
1-800-872-2253 (V) or 1-800-993-2822 (TTY)

Equal Employment Opportunity Commission (EEOC)
1-800-669-3362 (V) or 1-800-800-3302 (TTY)

ADA & IT Centers
1-800-949-4232 (V/TTY)

Employer Assistance and Resource Network (EARN)
1-855-725-3276 (V/TTY)

Additionally, as mentioned earlier, Job Accommodation Network at https://askjan.org/ can guide an employer to ensuring ADA compliance.

Job Descriptions
Following the job analysis, the organization can begin to develop job descriptions as well as identify job specifications. The distinction between the two is the former describes the tasks, duties and responsibilities of a job (i.e., what it takes to do the job) while the latter focuses on the knowledge,
skills, and abilities (KSAs) needed to perform the job. A basic job description will include the following categories:

<table>
<thead>
<tr>
<th>Job Description Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
</tr>
<tr>
<td>Essential Job Functions</td>
</tr>
<tr>
<td>Knowledge, Skills and Abilities</td>
</tr>
<tr>
<td>Education and Experience</td>
</tr>
<tr>
<td>Physical Requirements</td>
</tr>
<tr>
<td>Working Conditions</td>
</tr>
</tbody>
</table>


Since the advent of MHSA, agencies began taking a closer look at the possibilities of incorporating lived experience employment throughout the organization. According to the Consumer and Family Member Employees Recruitment and Retention Checklist and Guidelines from Working Well Together, recent studies on the efficacy of mental health service delivery indicate that employing persons with lived experience provides a number of benefits for clients, communities, and public mental health organizations that include:

<table>
<thead>
<tr>
<th>Benefits of Employing Persons with Lived Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serve as recovery role models for consumers</td>
</tr>
<tr>
<td>Represent consumer needs in the service system</td>
</tr>
<tr>
<td>Are sources of information and motivation</td>
</tr>
<tr>
<td>Serve as mentors for both peers and clients</td>
</tr>
<tr>
<td>Contribute to persons with lived experience personal recovery</td>
</tr>
<tr>
<td>Fill gaps and augments services for clients</td>
</tr>
<tr>
<td>Are liaisons between client and staff populations</td>
</tr>
<tr>
<td>Refute biases and stigmas regarding the ability of a person with lived experience to lead an independent, productive life.</td>
</tr>
</tbody>
</table>
Initially, job descriptions bore the title of those with lived experience to include specific jobs to encourage recovery. Such job description titles often included the word “peer” or “family member.” A peer support worker is defined as “an individual who has experience of having lived with their own mental health condition and who has undertaken their own recovery journey. They are someone who is employed in a paid capacity to draw upon and use their own lived experiences of mental health distress, to deliver services to others as an integral part of the mental health workforce.” Based on the job analysis, those jobs contain essential functions needed by peers or family members. Several county agencies over the past few years have expanded on such job descriptions and titles. Such job descriptions can be obtained by contacting the Human Resource department of that particular agency. These same job descriptions serve as a simple benchmark to establish similar positions in other agencies. Some examples of job titles, although not an exhaustive list, are included below in addition to the Working Well Together website.

<table>
<thead>
<tr>
<th>Job Titles</th>
<th>Originating County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilingual Case Manager</td>
<td>Marin</td>
</tr>
<tr>
<td>Clerk Typist</td>
<td>San Francisco</td>
</tr>
<tr>
<td>Consumer Employment Manager</td>
<td>San Francisco</td>
</tr>
<tr>
<td>Direct Float Supervisor</td>
<td>Marin</td>
</tr>
<tr>
<td>Family Liaison</td>
<td>Riverside</td>
</tr>
<tr>
<td>Lead Literacy Skills Coach</td>
<td>Orange</td>
</tr>
<tr>
<td>Mental Health Community Support Worker I</td>
<td>Contra Costa</td>
</tr>
<tr>
<td>Mental Health Peer Advocate</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>Parent Partner</td>
<td>Sierra</td>
</tr>
<tr>
<td>Peer Counselor for Older Adults</td>
<td>Alameda</td>
</tr>
<tr>
<td>Public Service Aide</td>
<td>San Francisco</td>
</tr>
<tr>
<td>Senior Mental Health Peer Specialist</td>
<td>Riverside</td>
</tr>
<tr>
<td>Senior Peer Case Manager</td>
<td>Marin</td>
</tr>
<tr>
<td>Vocation IT</td>
<td>San Francisco</td>
</tr>
</tbody>
</table>


However, it is also important to remember lived experience is important for all job positions. For example, it is equally meaningful to provide hope and recovery through persons with lived experience in primary care, mental health and social work service positions. An example of such positions can be located at Working Well Together's Job Boards webpage at http://www.workingwelltogether.org/job-boards and include:

<table>
<thead>
<tr>
<th>Job Board</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CiMH Job Board</td>
<td><a href="http://www.cimh.org/About/Careers.aspx">http://www.cimh.org/About/Careers.aspx</a></td>
</tr>
<tr>
<td>CMHDA Job Board</td>
<td><a href="http://www.cmhda.org/go/breakingnews/jobannouncements.aspx">http://www.cmhda.org/go/breakingnews/jobannouncements.aspx</a></td>
</tr>
<tr>
<td>IHireMentalHealth</td>
<td><a href="http://www.ihirementalhealth.com/CandidateRegisteredMenu.aspx?CL=1&amp;OGIN=cathy@cathybankson.com&amp;RelatedApp=False&amp;AllDoneRltSite=False">http://www.ihirementalhealth.com/CandidateRegisteredMenu.aspx?CL=1&amp;OGIN=cathy@cathybankson.com&amp;RelatedApp=False&amp;AllDoneRltSite=False</a></td>
</tr>
<tr>
<td>Social Service</td>
<td><a href="http://www.socialservice.com/">http://www.socialservice.com/</a></td>
</tr>
<tr>
<td>The Family and Education Resource Center (FERC)</td>
<td><a href="http://www.askferc.org/">http://www.askferc.org/</a></td>
</tr>
</tbody>
</table>

In addition to job descriptions, there is the development of a duty statement (Refer to the sample duty statement in Appendix B-4). The latter is comprised of more detail (i.e., a list of all meetings to be facilitated rather than an overall description the employee will facilitate meetings). Such a document provides a job analysis that includes duties and functions (in terms of percentages) that a person is expected to perform to and may be used to provide a physician (or other qualified person) with a more comprehensive view of the expectations of the employee with consumer and/or family member experience in situations where accommodations may be necessary. Duty statements typically address the following elements (See http://askjan.org/media/jobdescriptions.html):

- Job title (job code number if applicable);
- Department or section of the job;
- Relationships to other jobs and the purpose of contact with outside agencies and personnel;
- A brief summary of job functions;
- Duties and responsibilities, estimated time spent on each (when using percentages, these should be allocated to equal 100%), frequency of activity, i.e., whether these are performed daily, weekly, or periodically;
- The quality and quantity of work expected from an individual holding the position;
Evidence Based Practices

Equally significant is to provide opportunities for all working age groups: transition age youth (TAY), adult and older adult. For TAY, among the potential opportunities ushered in by adulthood, meaningful employment is a primary outcome typically sought by students. Yet, job turnover and termination of adolescents who experience emotional and behavioral disorders (E/BD) are high. Perhaps, this is in part due to their “lack of the expected social and job performance skills essential to maintaining competitive employment.” Two additional issues may also contribute to the challenges that adolescents with E/BD experience in employment settings. First, these students may be unaware of the job skills most valued by their employers. Given these students' low enrollment in vocational education classes and limited access to employment training, adolescents with E/BD may have few opportunities to learn the importance of critical job skills (Benz & Halpern, 1993; Frank & Sitlington, 1997). Second, adolescents with E/BD may have difficulty accurately evaluating their own job performance. As a result, these students may not be aware of the need to adjust their work and social skill performance in response to specific environmental demands performance.

For TAY, the Transition to Independence Process (TIP) is an evidence-supported model that has been developed and researched to respond to the many challenges that TAY and their families encounter as the youth moves toward greater self-sufficiency. This approach encompasses the “transition domains” of education, employment, living situation, community living skills, and personal effectiveness and well-being.

While TIP is an option for TAY, yet another evidence-based practice, Supported Employment (SE), provides opportunities for any working age individual with lived experience to enter or reenter the workforce with the supports needed to guide them to acquire and sustain a job. Supported Employment emphasizes assisting people with serious mental illnesses (SMI) to “obtain competitive work in the community and provid[e] the supports necessary to ensure their success in the

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workplace." SE assumes any person with an SMI is capable of working in a competitive situation depending on locating the right type of job and working environment to provide the support needed to the individual with lived experience rather than trying to change the person to “fit” the job.

All consumers interested in obtaining a job are considered “work ready” when they state they are interested in employment and are able to participate in SE “regardless of their psychiatric diagnosis, symptoms, work history or other problems, including substance abuse and cognitive impairment. Additionally, the SE program initiates consumers seeking job opportunities within one month of entering the program.

Competitive jobs are key, whether full-time or part-time, because studies indicate consumers prefer competitive work over jobs that are set aside for consumers; it integrates consumers into the community and the self-esteem of consumers is often enhanced. “Approximately 60 percent of consumers can be successful at working when using Supported Employment services (Bond et al., 2001).”

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Chapter Three: Educational Pathways and Career Development

Educational Pathways

Early on when an agency performs its readiness assessment, job analysis, and develops job descriptions, it is essential to keep the long term investment of the lived experience individual in mind. In other words, it is not just about filling a single job position but finding incentives that will encourage the employee to want to continue employment with the organization. Cultivating career development options can include educational pathways, career ladders and recognition of expertise.

While educational pathways and career development are not mutually exclusive, it may be more feasible for an individual to focus on one or the other initially. Educational pathways, an individual patterning of education-related transitions throughout the life course (Gorard et al., 1998, 2001; Pallas, 2003), are typically developed outside of the organization based on the desire of an individual who identifies as a consumer, family member, parent, youth or caregiver. The key is to begin where the “individual is at,” thus creating a strong foundation and necessary supports for success. For example, an individual with lived experience may express interest in gaining literacy skills. According to the U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy, 23% of California’s population is lacking basic prose literacy skills.

To determine individual county literacy levels, data can be retrieved at http://nces.ed.gov/NAAL/estimates/StateEstimates.aspx. In counties where educational pathways and career development are being promoted, an individual can locate such a literacy center through http://www.libraryliteracy.org/ for the nearest program. Additionally, an individual can move forward to acquire a GED thus opening many doors to employment. Depending on the needs of the individual, GEDs can usually be obtained for free through local literacy centers.

Other educational resources include Adult Learning Centers, e-learning through Working Well Together, California Workforce Investment Board (CWIB) or local Workforce Investment Boards (WIBs). For a direct link to the educational segment of the CWIB, the following hyperlink may be used: here: http://www.cwib.ca.gov/resources_education_opportunities.htm. It is important to note that checking with institutions of higher learning prior to obtaining a GED may be beneficial because some

such institutions may prefer a high school diploma that can be obtained through an Adult Learning Center. Often an individual with lived experience may want to move beyond an initial job into a career. If so, an educational pathway is a designated series of courses of interest to the consumer and/or family member that parallels and provides scholastic support towards a certificate, degree and/or career. The transition to independence process (TIP) and supported employment (SE), as mentioned earlier also contain educational pathways.

Educational pathways can include vocational certifications and adult education courses often located at community colleges. High schools are also partnering with local behavioral health and Regional Occupational Programs (ROPs) to create Behavioral Health and Superintendent of Schools ROP Collaboratives such as one in San Bernardino County. More such information can be found in the Employment Resources section of the Working Well Together website located at www.workingwelltogether.org.

Such collaborative partnerships may also provide high school academies designed to stimulate interest in mental health professions. Individuals may also choose to build a degree pathway beginning with an Associate degree at a community college, and a Bachelors, Masters and Ph.D. at higher level universities. Often colleges work in tangent with organizations to provide internships as well. (Refer to Appendix C-1)

If an individual is receiving disability benefits, he or she can still receive an education by checking with the local disability office through:

https://secure.ssa.gov/apps6z/FOLO/fo001.jsp

Career Development
Within an organization, career development for employees can be as simple as an in-house orientation to one’s job and skill-building trainings as well as job progression through the organization. Such an investment may improve the individual’s self-esteem in career development activities and capitalize on the financial benefits to retention of employees for an employer. In addition to an educational pathway, career pathways are also an option for such career development.

Typically, one such pathway is a career ladder, generally internal to the agency. For example, a volunteer position may develop into an intern position then, as seen earlier in the list of job descriptions, to a (1) mental health peer advocate I, (2) mental health peer advocate II, (3) mental
health community worker, and (4) mental health team coordinator in an upward mobile fashion. (Refer to Appendix C-1)

Two agency examples of career pathways are listed below. The first example is based on an individuals’ lived experience; the second, is not.

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.”

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 a person with consumer experience identify roles not defined by their illness. It trains service 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.”

Career ladders are but one component of the overall career development of a consumer and family member.

<table>
<thead>
<tr>
<th>Career Development Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on developing the individual not just their work performance.</td>
</tr>
<tr>
<td>Upon hiring, initiate dialogue with the individual to ascertain their career aspirations.</td>
</tr>
<tr>
<td>Create a development plan, complete with qualitative and quantitative measures.</td>
</tr>
<tr>
<td>Review and update the development plan with the individual between formal evaluations.</td>
</tr>
<tr>
<td>Ensure support for the individual to achieve their development plan.</td>
</tr>
<tr>
<td>Encourage the individual to meet with Human Resources and Employee Assistance Programs.</td>
</tr>
<tr>
<td>Invite local colleges to provide career development orientation for all staff.</td>
</tr>
<tr>
<td>Develop an internal institute for staff to attend courses of interest.</td>
</tr>
</tbody>
</table>

78 Mental Health America of Los Angeles: The Village Retrieved from http://www.mhala.org/
Encourage individuals to participate in career development mentoring of their peers.

Within any field, including behavioral health, people may not remain on the same career path and may choose to cross over into another field. To assist such a transfer, several resources exist to assist employers in developing career pathways overall from obtaining DOL’s Current Employment Statistics and Career Tools using employer locators to identifying local employers by industry, occupation, location and/or keyword. Information on key occupations can be also located through Occupational Employment Statistics, on the O*net’s Online or on My Next Move webpage. Information as to whether credentials for occupations are needed can be located on the Career One Stop Licensed Occupations webpage or Certification Finder in addition to the Education and Training Finder.

In addition to the intrinsic incentives previously discussed in hiring a consumer or family member, there are the financial incentives to support both the career development of employees as well as sustainability of the workforce for employers.

This information can be located at http://www.oshpd.ca.gov/

With the Mental Health Services Act—MHSA, under the Workforce Education and Training (WET) component, educational financial incentives have been made available to grow a multicultural public mental health workforce and allow for career advancement through stipends, scholarships and student loan assumption programs for some hard-to-fill positions. These are available locally at many community colleges and state universities and more information is available through local county behavioral health MHSA departments. The Mental Health Student Loan Assumption Program (MHLAP) can assume up to $10,000 of any student loans for each year of employment in public mental health after the award, in hard-to-fill positions which are defined by each county.

79 http://www.bls.gov/ces/
80 http://www.careerinfonet.org/CareerTools_intro.asp?id=14&nodeid=14
81 http://www.bls.gov/oes/
82 http://www.onetonline.org/
83 http://www.mynextmove.org/
84 http://www.careerinfonet.org/licensedoccupations/lois_keyword.asp?nodeid=16&by=keyword
85 http://www.careerinfonet.org/certifications_new/default.aspx
86 http://www.careerinfonet.org/edutraining/
87 http://www.oshpd.ca.gov/hpef/MHLAP.html
For people interested in transitioning from disability benefits to work, a very helpful, user-friendly online resource, Disability Benefits 101 (DB101)\(^{88}\) can provide short and long term planning tools and guides. See chapter one under Incentives for Employees Returning to Work for more details. Also useful is FAQ Student Loans, For-Profit Colleges: Some Things You Should Know Before Borrowing\(^{89}\), if someone is considering taking out a loan to go to college. This publication is by the RTC for Pathways to Positive Future, which aims to improve the lives of youths and young adults with serious mental health challenges.

\(^{88}\) [http://ca.db101.org/](http://ca.db101.org/)

\(^{89}\) [http://www.pathwaysrtc.pdx.edu/pdf/pbForProfitCollegeFAQ.pdf](http://www.pathwaysrtc.pdx.edu/pdf/pbForProfitCollegeFAQ.pdf)
Chapter Four: Creating Organizational Culture that supports Respect and Wellness

On our quest to transform the public mental health system, we focus on strengths while mitigating functional limitations. In considering a healthy workplace, we can focus on creating universal supports to maximize functioning for all. Universal design is a key aspect of inclusion, in which spaces, environments, communication and resources are accessible to all employees, with, or without disabilities. The ADA mandates making employment accessible to all. Appropriate access refers both to the architectural and the attitudinal environment, a welcoming culture in the workplace. An inclusive culture is “a climate in which respect, equity, and positive recognition of differences are all cultivated, and the social and institutional response to disability poses no barrier to a positive employment experience”. The nature of organizational culture is evident in formal and informal policies and practices.

Many organizations have an official mission and values for inclusion, but the implicit social conventions, patterns of communication, routines and procedures may not be congruent with the stated goals resulting in an unhealthy workplace. To manifest true inclusion, the celebration of diversity and the contributions from different perspectives requires the steadfast and vigilant attention to the subtle messages we are sending with all our actions, because they all contribute to the culture of the organization.

Types of Organizational Cultures
An organizational culture is a “commonly held set of expectations for how people behave (Martin, 2002; Schein, 1985). Cultures may be observed as a set of norms, or implicit rules of behavior, which reflect the central values of the organization and dictate the appropriateness of attitudes and behaviors (O’Reilly, 1989)” (Spataro, 2005, pp.27-29). The inherent organizational culture, as an informal and subtle control system, can drive “how problems and challenges are addressed, and the

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integration of new members and members who are different (Spataro, 2005). It is the implicit norms that supersede all others in defining the type of organizational culture of a workplace.

Spataro (2005) outlines three types of organizational culture which influence group interactions and organizational productivity: differentiation, unity and integration. Below find the table with a summary overview (Refer to Appendix D-1). The culture of differentiation focuses on inter-individual differences and assigns positive or negative value to specific personal characteristics, and those with the ‘valued’ characteristics are delegated to a position of power, control and status. When characteristics of individuals or groups are perceived as negative, and are then categorized, a stereotype can develop, and stigma is born. Stigma has relegated people to discriminatory practices and isolation based on many characteristics, including social status, race, ethnicity, gender, and of course, disability. People with lived experience of mental health challenges and their family members have been marked with stigma for centuries. With the growth of the civil rights movement and with strong public educational anti-stigma campaigns, the reduction of stigma is taking hold and organizations strive to move away from the culture of differentiation. (Please see the WWT E-learning: “Overcoming Stigma and Discrimination In the Behavioral Health Workplace”).

In reference to a public mental health setting, which has been historically hierarchical, clinicians often hold the assigned ‘positive value’ with educational and licensed credentials, and thereby hold status and power in communication, discussions and decisions over peer providers, whose experience may not be a valued contribution. This power differential is exacerbated in considering that often clinicians historically held control over the institutional freedom of clients and historically portrayed parents as contributors to client deficits, and may still view peer providers as ‘clients’ and family members as ‘causal agents’ of mental illness for clients.

The organizational culture of unity pulls all employees under one common identity (under the same organization). This collectivistic orientation (versus individualistic), suppresses differences, focusing on commonalities to avoid complex social interactions. Though this culture can foster loyalty, it can also squelch creativity and does not value the benefit of differing perspectives brought to a team (Spataro,
The public mental health system is now meant to rely on the contribution and unique cultural perspectives that people with lived experience and family/parent employees bring to the workplace in order to improve outcomes for the under-served and un-served, which is hindered with a homogenous, ethnocentric and medical model lens.

The third organizational culture, the *culture of integration*, values the differences among all employees as a source of strength that will benefit the organization. The culture of integration is recognized as the most effective and productive in establishing a healthy and egalitarian participatory work environment. It “prizes quality improvements from incorporating different perspectives” (Spataro, 2005, p. 33)\(^\text{98}\).

This organizational culture appears to best align with the intention of integrating people with lived experience into the public mental health workforce as it honors the unique contributions and perspectives brought to the table by all employees in a collaborative spirit understanding that diverse experiences will improve service outcomes.

Spataro (2005), in “Diversity in Context: How Organizational Culture Shapes Reactions to Workers with Disabilities and Others Who Are Demographically Different”)\(^\text{99}\), provides a useful matrix for considering cultures of diversity within organizations. (Refer to Appendix D-1)

Specific barriers to peer provider integration identified in a 2007 New York study, “Developing Strategies to Integrate Peer Providers in the Staff of Mental Health Agencies”\(^\text{100}\), include misperceptions, stigma, role conflict and confusion, inadequate policies and practices regarding confidentiality, poorly defined job structure and the lack of opportunities for networking and social support. Taken from the article, see the table below for some strategies to address these barriers for integration. Leadership and human resources policies and practices lead the way. Providing opportunities for advancement to peer providers into leadership and a commitment to recovery and peer provider employment in the mission statement of the organization demonstrates an explicit positive regard for the value of lived experience in the agency. Social workers too, by virtue of their

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code of ethics to promote social justice, have an important role to contribute to improve corporate culture in the employment of people with disabilities.

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<thead>
<tr>
<th>Table 3 Workplace Strategies to Respond to Problems and Promote Integration</th>
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<td><strong>Factor Affecting Peer Integration</strong></td>
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<td>Attitudes toward recovery</td>
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Establish a formal process for sharing work-related information between peer and non peer staff

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<th>Job structure</th>
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<td></td>
<td>Accepts experience in lieu of formal credentials as HR policy</td>
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<td>Peer positions are permanent</td>
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<td>Peer positions have clear path for promotion</td>
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<td></td>
<td>Apply the same performance standards to peers and non-peers</td>
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<td>Compensate peers and non-peers equally in comparable positions</td>
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<td>Provide benefits counseling to help inform the peer’s decision on hours to work</td>
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<th>Social support</th>
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<td></td>
<td>Opportunities for interaction in agency life (team meetings)</td>
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<td></td>
<td>Include peer input in treatment planning and case notes</td>
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<td></td>
<td>Offer peers training to learn language of the workplace</td>
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<td></td>
<td>Supervision</td>
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<td></td>
<td>Meet ADA requirements for accommodation</td>
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Further research confirming challenges unique to people with lived experience working in often clinical settings are pointed out in “Facilitating Positive Emotional Labor in Peer-Providers of Mental Health Services” (Mancini & Lawson, 2009). The *emotional labor* that peer providers engage in, an ‘emotional’ and often very taxing labor, using personal ‘lived’ experience to deeply and authentically connect with service recipients, to provide them hope and to empower recovery, while simultaneously maneuvering through mostly non-peer provider organizational cultures that may not yet value this contribution, can present a unique dynamic. For peer providers, emerging issues of engagement/connection, re-traumatization, stigmatization/discrimination, role confusion, and social support can be facilitated with appropriate workplace supports, professional growth opportunities and training, and of course, the development of an organizational culture for positive emotional competence. (Mancini & Lawson, 2009)\(^{104}\)


**Code of Ethics and Conduct**

County and county-contracted agencies generally have an agency Code of Ethics and Conduct Statement that all employees must adhere to. Many of these statements mandate confidentiality and standards regarding dual relationships. Some revisions in agency Codes of Ethics and Conduct should be considered for expansion of dual roles and confidentiality standards beyond just ‘staff to client’. Dual relationships may develop between co-workers in any job discipline or rank. With the dawn of the employment of people with lived experience into mental health, a dual relationship also exists when an employee is co-worker to an employee who may receive or have received services from the very agency where they work. Co-workers should not acquire access to a colleague’s records, in the event the colleague is receiving services, unless that coworker is treating the colleague.

**Social Media**

Today’s broad use of social media, such as Facebook, etc. presents a new challenge that can strain role identity and can lead to an atmosphere of exclusion when used inappropriately. A policy is needed to minimize such issues. Employees should not engage in social media connections with either clients or with people they supervise. Lateral social media connections should be allowable.

**Organizational Wellness Models in Mental Health (MH)**

**Working Well Together Tools**

WWT Technical Assistance Coordinators aid Counties and county-contracted agencies to implement policies, procedures operations and cultural shifts needed to successfully employ people with lived experience in behavioral health, using the [WWT Consumer and Family Member Employment Development Assessment Tool](http://www.workingwelltogether.org/sites/default/files/resources/WWT%20Consumer%20and%20Family%20Member%20Employment%20Development%20Assessment%20Tool.pdf) and the [WWT Consumer and Family Member Employees Recruitment and Retention Checklist and Guidelines](http://www.workingwelltogether.org/sites/default/files/resources/WWT%20overview%20consumer%20and%20family%20member%20employees%20checklist%20and%20guidelines.pdf) (Appendix D-3).

On the [Working Well Together website](http://www.workingwelltogether.org/), many more resources are available for both employers and employees including training curricula, e-learning, webinars, and lots of employment tools. Full training manuals and power point presentations are downloadable for: “[WWT Retention and Support of Consumer and Family Member Staff](http://workingwelltogether.org/dnn/Training/WWTNoneLearningCurriculum.aspx)” (six modules) and "[Training Individuals Who Identify as ](http://workingwelltogether.org/dnn/Training/WWTNoneLearningCurriculum.aspx)"

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107 http://www.workingwelltogether.org/

108 http://workingwelltogether.org/dnn/Training/WWTNoneLearningCurriculum.aspx
Consumers and Family Members for Employment in Public Mental Health" (twenty-four modules). Also available in e-learning: "Consumers in the Mental Health Workforce" and "Overcoming Stigma and Discrimination in the Behavioral Health Workplace". Additional resources will be posted soon.

Wellness Plans for Organizations

The Wellness Recovery Action Plans-- WRAP® is registered with the U.S. Substance Abuse and Mental Health Service Administration (SAMHSA) as an evidence based practice (SAMHSA, 2010). Team WRAP® for Organizations takes the Copeland curriculum for the WRAP®, a (group) process an individual takes to develop their plan to sustain wellness, and applies the process to develop an organizational culture of wellness using the key recovery and resiliency concepts of hope, responsibility, education, self-advocacy and support. An organization looks at what its characteristics are when it is operating well, builds an organizational wellness toolbox, and develops a daily maintenance plan that will contribute to maintaining a healthy organization. Next the organization examines triggers and varying levels of indicators of behavior that may become evident in the organization signaling it is not ‘well’ in order to develop action plans in advance for each level to bring the organization back to health. The Copeland Center staff can assist with this process.

Provider and self-management health models and trainings are also offered by NAMI, UACF, and local County or Consumer-Operated agencies in your region. The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of adult individuals with severe mental health challenges. NAMI also offers the Peer-to-Peer Program, NAMI Connection weekly recovery support groups, In Our Own Voice, and the Provider Education Programs. UACF trainings include a three day Educate, Equip and Support: Building Hope (EES) Train the Trainer Course providing parents and caregivers with education on coping and grieving associated with parenting a child with serious emotional challenges and for potential trainers to teach the curriculum in their counties to other parents. UACF’s Parent Partner Basic Training is designed to prepare parents and caregivers for employment in the public mental health system as Parent Advocates. More training includes Telling Your Story: Story Telling Change Agents Training and Caring Communities: Response and Support

109 http://www.mentalhealthrecovery.com/
113 http://copelandcenter.com/
114 http://www.namicalifornia.org/program-services.php?page=prog-services-home&lang=eng
115 http://www.uacf4hope.org/gi_training01.htm
116 http://www.nami.org/template.cfm?section=Family-to-Family
Training. The National Mental Health Consumers’ Self-Help Clearinghouse\textsuperscript{117} has a partial directory of Consumer-Driven Services for California\textsuperscript{118} of some agencies that will offer an array of self-help groups.

Integrating Primary and Behavioral Care to Whole Health Approach
An emerging holistic approach to health is warranted for all people and California is moving toward integrated care. You can find several programs assessed in A Review and Preliminary Guidance for Organizations Considering Implementation of Self-Management Programs that Support Integrated Care from CalMend’s report (Appendix D-4). Top rated models reviewed include Peer Support Whole Health and NAMI Hearts and Minds. These whole health programs can support wellness in the workplace.

Trauma-Informed Culture and Care
Over 80\% of public mental health clients have been exposed to trauma. Most have multiple experiences of trauma (Mueser et al, 2004)\textsuperscript{119}. In fact, 58\% of the general population has been exposed to trauma (Kessler et. al, 1995)\textsuperscript{120}. “Trauma-informed care is an approach or framework related to delivering services that acknowledges the impact of trauma and attempts to create a sense of safety within the program. Trauma-informed transformation is a cultural shift, a move toward safety-focused, strength-based, consumer-driven, empowerment-rich programming that allows consumers to take charge of their recovery, addresses unsafe behaviors and prioritizes safety as a platform for recovery” (California Center of Excellence for Trauma Informed Care)\textsuperscript{121}. Family members and caregivers too have experienced significant trauma which is addressed in NAMI’s “Family to Family” self help training that teaches a three stage secondary intervention model to address the trauma families encounter when a family member is experiencing the challenge of mental illness to avoid secondary trauma.

To provide trauma-informed services and to create a trauma-informed culture is crucial to outcomes for both service recipients and for all providers. Increasingly behavioral health organizations are implementing a trauma-informed culture and services to meet these needs. The Substance Abuse & Mental Health Services Administration (SAMHSA) has \href{http://www.samhsa.gov/nctic/trauma.asp}{links to several trauma-informed care models}\textsuperscript{122}

\textsuperscript{117} \url{http://www.mhselfhelp.org/}
\textsuperscript{118} \url{http://www.cdsdirectory.org/database/search.php?page=2}
\textsuperscript{121} California Center of Excellence for Trauma Informed Care. Retrieved from \url{http://www.trauma-informed-california.org/}
\textsuperscript{122} \url{http://www.samhsa.gov/nctic/trauma.asp}
used in public behavioral health in their National Center for Trauma-Informed Care (NCTIC) webpages. NCTIC also offers training and technical assistance.

Celebrating the value of employees with lived experience in the behavioral health workplace

In the 2002 Surgeon General report on "Mental Health: Culture, Race and Ethnicity", culture is "broadly defined...a common heritage or set of beliefs, norms, and values...that refer to the shared, and largely learned, attributes of a group of people"(DHHS, p. 9). For people working in the traditional public mental health system to understand the consumer and family culture through historical perspectives can provide insights to establish a more collaborative working dynamic.

For millennia, moral and stigma-inducing beliefs prompted brutal treatment of people with mental illness, including lobotomies, extermination and sterilization. Some controversial practices such as electroconvulsive therapy (ECT), seclusion and restraints are still used today and have contributed to consumer mistrust of the public mental health system. Many minority cultures do not share the beliefs of western medicine or psychotropic medications, also contributing to misunderstanding, incorrect diagnosis and high dropout rates from treatment. Such historical elements of bigotry and discrimination have resulted in mistrust. The consumer movement addressing such injustices was sparked by the Civil Rights and disability rights movements of the 1960’s. Peer Support was seeded by self-help groups such as Alcoholics Anonymous (AA), which is spiritually-based and uses mentoring, peer-based methods to recovery from alcoholism.

It is the consumer culture and spirit of inclusion, the celebration of cultural, ethnic, racial diversity and the recognition of common challenges that have been a hallmark of the consumer movement. This attitude is exemplified in the consumer movement’s motto "Nothing About Us, Without Us". Consumers have learned a great deal about their abilities, skills and potential, and have much to contribute in helping to create a recovery based treatment system that permits people with psychiatric disabilities to successfully live in the community of their choice, especially as employees. As the public mental health system welcomes consumers/survivors as employees it will accept diverse skills and abilities, and work to eliminate stigma and discrimination in the workplace.

Until the 1970’s, researchers believed the family and poor parenting as the main cause of mental illness. As psychotropic medications developed in 1950’s began to demonstrate effective treatment, families doubted these assertions and formed the National Alliance on Mental Illness (NAMI) in 1979 and United Advocates for Children and Families (UACF) in 1992 to

123 US Department of Health and Human Services, Mental Health: Culture, Race and Ethnicity, DHHS/SAMHSA/CMS, 2001
ensure parents, family members and caregivers became recognized partners in the care of their loved ones. In 1984 the California Network of Mental Health Clients (CNMHC) began to lead the way.

There is tremendous power in the ‘lived experience’ of a person who transcends through mental illness to recovery and/or realizes resiliency. Consumers, parents, family members and caregivers “tell their stories” of challenges, illness, recovery and resiliency; engage in formal and informal peer support; are mentored and become mentors; learn self-management and problem-solving strategies; express themselves creatively; and advocate for themselves and other peers.124

Incorporating substantive and meaningful education about the Culture of Consumers, Parents, Family Members and Caregivers into agency Cultural Competency trainings for all staff will provide a critical foundation for understanding of how to value and draw upon each other’s unique lived experience.

Intentional Care
Patricia Deegan, Ph.D., and Advocates Inc.125, developed an extensive training, “Intentional Care: Employee Performance Standards that Support Recovery and Empowerment”, which gives supervisors, employees and direct service staff guidance on how to translate recovery and empowerment principles into real-world applications in the field. Topics include the role of direct service staff, boundaries, confidentiality, community integration and respect.

Organizational wellness models in non-MH social services

The Wellness Council of America
Inspired by Warren Buffett and a federal Health & Human Services Director, The Wellness Council of America (WELCOA) 126, a national organization, promotes corporate workplace wellness offering to members ($365 annual dues) extensive trainings, including webinars, wellness certifications, and technical assistance. WECOA offers non-members a wealth of free online resources.

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124 SAMSHA, Sept, 2010 Peer Support and Peer Providers: Redefining Mental Health Recovery
125 http://www.advocatesinc.org/Resources-IntentionalCare/
126 http://www.welcoa.org/
Organizational wellness models in business and corporate communities

The National Baldrige Award
Congress created a prestigious award program, the Baldrige Performance Excellence Program\textsuperscript{127}, in a quest to enhance the competitiveness and performance of national businesses in 1987. Award categories now also include health care, education, and nonprofit/government organizations and recognize role-model organizations. Awards are based on the Baldrige criteria of improvement and performance excellence, which include leadership, strategic planning, customer focus, measurement, analysis and knowledge management, workforce focus, operations focus and results. The Baldrige Health Care Criteria for Performance Excellence Framework for all sectors provides a structural view for organizational function. (See Appendix D-2)\textsuperscript{128} In California, SHARP Healthcare (San Diego) was an award recipient in 2007.

Managing for Wellness

Substance Abuse and Mental Health Services Administration (SAMHSA)
SAMHSA put out a guide and review for any business human resource professional on how to assess, create, and maintain: \textit{Businesses Materials for a Mental Health-Friendly Workplace: Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments}\textsuperscript{129}

U. S. Department of Labor & Department of Education
National Institute on Disability and Rehabilitation Research (NIDRR) and the Burton Blatt Institute at Syracuse University published the \textit{Employer Resources Toolkit}\textsuperscript{130} online with an excellent, extensive library of organizational guidelines and checklists for inclusive policies and practices.

The \textit{Office of Disability Employment Policy (ODEP)}\textsuperscript{131} has a host of resources including a \textit{Return-to-Work Toolkit for Employees & Employers}\textsuperscript{132} to assist in the process of returning to work in the event of illness or injury.

\textit{Workforce3One} is sponsored by the U.S. Department of Labor, Employment and Training Administration and is a free “e-learning, knowledge sharing web space that offers workforce professionals, employers, economic development, and education professionals a dynamic network

\textsuperscript{127} \url{http://www.nist.gov/baldrige/}
\textsuperscript{128} \url{http://www.nist.gov/baldrige/publications/hc_criteria.cfm}
\textsuperscript{129} Substance Abuse and Mental Health Services Administration. Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments. SAMHSA Pub. No. P040478M. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2004
\textsuperscript{130} \url{http://www.promoteacceptance.samhsa.gov/publications/business_resource.aspx}
\textsuperscript{131} \url{http://bbi.syr.edu/projects/corpculture/toolkit.htm}
\textsuperscript{132} \url{http://www.dol.gov/odep/return-to-work/}
featuring innovative workforce solutions\textsuperscript{133} with webinars, community forums and a library of resources.

\textsuperscript{133} https://www.workforce3one.org/
Conclusion
The purpose of this white paper is to provide the county or agency employer, as well as employees and potential employees, with resources for addressing several notable barriers evident in the successful welcoming of a workforce with lived experience into the mental health and integrated workplace.

“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.”

“Stigma impedes the life opportunities of people with mental illness. Research suggests that stigma may be reduced by three approaches: protest, education, and contact.” Contact has long been considered an effective means for reducing intergroup prejudice. In “In Our Own Voice”, a training which relies on direct contact between people with mental illness and the public …one “strategy for reducing stigma is interpersonal contact with members of the stigmatized group—that is, face-to-face, mutual interactions between a person with mental illness and the general public. Several studies that have focused specifically on the effects of contact on the stigma associated with mental illness have produced promising findings.” Thus, encouraging individuals with lived experience to join the workforce and provide the “contact” needed may very well be one of the best forms of de-stigmatizing mental illness.

Appendices

Appendix A
A-1 Employment Discrimination Based on Disability (Brochure)
A-2 CA Department of Fair Employment and Housing Fact Sheet
A-3 A CA Employee’s Many, Varied Entitlements to Leave
A-4 Mental Health Services Act Overview (MHSOAC Fact Sheet)

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B-1 Working Well Together Consumer and Family Member Development Assessment Tool
B-2 Developing a Curriculum (DACUM) for Family Advocate, Parent Advocate and Parent Partner
B-3 Developing a Curriculum (DACUM) for Behavioral Health Peer Specialists
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Appendix C
C-1 Public Mental Health Career Pathways

Appendix D
D-1 Organizational Chart, Cultures of Diversity
D-2 Baldrige Health Care Criteria for Performance Excellence Framework
D-3 CalMend Self Management Report

Appendix E
E-1 List of Acronyms
Employment discrimination and harassment based on a person’s disability or perceived disability are prohibited.

**Filing a Complaint**

Employees or job applicants who believe that they have been discriminated against or harassed because of a disability may, within one year of the alleged discrimination, file a complaint with DFEH by calling (800) 884-1648. DFEH processes complaints filed by persons with terminal illnesses on a priority basis.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence of discrimination and settlement efforts fail, the Department may file a formal accusation. The accusation may lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission or court finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see DFEH publication 159 “Guide for Complainants and Respondents.”

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**Employment Discrimination Based on Disability**

The Fair Employment and Housing Act (FEHA), enforced by the California Department of Fair Employment and Housing (DFEH), prohibits employment discrimination and harassment based on a person’s disability or perceived disability. It also requires employers to reasonably accommodate individuals with mental or physical disabilities unless the employer can show that to do so would cause an undue hardship.

The law covers mental or physical disabilities (including AIDS/HIV), regardless of whether the conditions are presently disabling. It also covers medical conditions, which are defined as either cancer or genetic characteristics.

Disability does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance abuse disorders resulting from the current illegal use of drugs.

**FEHA vs. the Federal Americans with Disabilities Act**

The FEHA provides broader protections for persons with disabilities than federal law. California employers with five or more employees must follow the FEHA. For example, California law has broad definitions of
The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

Once an employment offer has been made to an applicant, but before the start of duties, an employer may require a medical/psychological examination. However, the examination/inquiry must be job related and consistent with business necessity and all entering employees in the same job classification must be subject to the same examination or inquiry.

An employer may also conduct voluntary medical examinations, including medical histories, which are part of an employee health program. This information is retained separate and apart from employment and personnel records. Employment Inquiries

The FEHA prohibits employers either verbally or in writing from:

- Requiring any medical/psychological examination/inquiry of any applicant or employee prior to making an offer of employment
- Inquiring directly or indirectly as to whether an applicant or employee has a mental/physical disability or medical condition
- Inquiring about the nature and severity of a mental/physical disability or medical condition

However, an employer may inquire into the ability of an applicant to perform job-related functions and may respond to an applicant’s request for reasonable accommodation.

Independent Medical Opinion

An employer must allow an applicant the opportunity to submit an independent medical opinion if there is a dispute as to whether the person can perform the essential functions of a position. Failure to allow the submission of an independent medical opinion may be a separate violation of the law.

Discrimination

Any employment-related or personnel decision based on either of the following reasons is not discriminatory:

- The person is unable to perform the essential functions of the job and no reasonable accommodation exists that would enable the person to perform the “essential functions” of the job.
- The person would create an imminent and substantial danger to self or others by performing the job and no reasonable accommodation exists that would remove or reduce the danger.

The following two reasons commonly raised by employers are not legally acceptable excuses for discriminating against persons with disabilities:

- Possibility of future harm to the person or to others
- Employing such individuals will cause an employer’s insurance rates to rise

EMPLOYMENT INQUIRIES

WHAT CAN EMPLOYERS ASK APPLICANTS AND EMPLOYEES?

The Department of Fair Employment and Housing has developed this guide to provide employers with guidance relating to inquiries that can be made to applicants and employees.

The California Fair Employment and Housing Act (FEHA) prohibits any non-job-related inquiries of applicants or employees, either verbally or through the use of an application form, that express, directly or indirectly a limitation, specification or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination.

The regulations of Fair Employment and Housing Commission indicate that inquiries that, directly or indirectly, identify an individual on a basis enumerated in the Act are unlawful. However, it is not unlawful for an employer to collect applicant flow data and other record keeping data for statistical purposes. Misuse of this data constitutes a violation of the Fair Employment and Housing Act.

APPLICANTS

The FEHA also prohibits an employer from requiring any medical or psychological examination or inquiry of any applicant or to make any inquiry whether an applicant has a mental or physical disability or medical condition. It is also unlawful to make an inquiry regarding the nature and severity of a mental or physical disability or medical condition. However, an employer may inquire into the ability of an applicant to perform job-related functions and may respond to an applicant's request for reasonable accommodation.

Once an employment offer has been made to an applicant, but prior to the commencement of employment duties, an employer may require a medical or psychological examination provided that:

- the examination or inquiry is job-related and consistent with business necessity and;
- that all entering employees in the same job classification are subject to the same examination or inquiry.

EMPLOYEES

An employer may not require any medical or psychological examination or make any inquiry of an employee, or inquire whether an employee has a mental or physical disability or medical condition or inquire into the severity of the disability or condition.

However, an employer may require any medical or psychological examination or make inquiries that it can show are job-related and consistent with business necessity. An employer may conduct voluntary medical examinations, including medical histories, which are part of an employee health program available to the employee at the work site.

The Employment Inquiries table is a guide and is not intended to be an exhaustive list of all acceptable and unacceptable inquiries. Those questions considered unacceptable are likely to limit the employment opportunities of persons protected by the Fair Employment and Housing Act.
### EMPLOYMENT INQUIRIES

<table>
<thead>
<tr>
<th>ACCEPTABLE</th>
<th>SUBJECT</th>
<th>UNACCEPTABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>NAME</td>
<td>• Maiden name</td>
</tr>
<tr>
<td>Place of residence</td>
<td>RESIDENCE</td>
<td>• Questions regarding owning or renting.</td>
</tr>
<tr>
<td>Statements that hire is subject to verification that applicants meet legal age requirements.</td>
<td>AGE</td>
<td>• Age • Birth date • Date of attendance/completion of school • Questions which tend to identify applicants over 40</td>
</tr>
<tr>
<td>Statements/inquiries regarding verification of legal right to work in the United States.</td>
<td>BIRTHPLACE, CITIZENSHIP</td>
<td>• Birthplace of applicant or applicant’s parents, spouse or other relatives. • Requirements that applicant produce naturalization or alien card prior to employment.</td>
</tr>
<tr>
<td>Languages applicant reads, speaks or writes if use of language other than English is relevant to the job for which applicant is applying.</td>
<td>NATIONAL ORIGIN</td>
<td>• Questions as to nationality, lineage, ancestry, national origin, descent or parentage of applicant, applicant’s spouse, parent or relative.</td>
</tr>
<tr>
<td>Statement by employer of regular days, hours, or shifts to be worked.</td>
<td>RELIGION</td>
<td>• Questions regarding applicant’s religion. • Religious days observed.</td>
</tr>
<tr>
<td>Name and address of parent or guardian if applicant is a minor. Statement of company policy regarding work assignment of employees who are related.</td>
<td>SEX, MARITAL STATUS, FAMILY</td>
<td>• Questions to indicate applicant’s sex, marital status, number/ages of children or dependents. • Questions regarding pregnancy, child birth, or birth control. • Name/address of relative, spouse or children of adult applicant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Questions regarding applicant’s complexion, color of eyes, hair or sexual orientation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any report which would indicate information which is otherwise illegal to ask, e.g., marital status, age, residency, etc.</td>
</tr>
<tr>
<td>Statement that a photograph may be required after employment.</td>
<td>PHYSICAL DESCRIPTION, PHOTOGRAPHS, FINGERPRINTS</td>
<td>• Questions as to applicant’s height/weight. • Requiring applicant to affix a photograph to application or submit one at his/her option. • Require a photograph after interview but before employment.</td>
</tr>
<tr>
<td>Employer may inquire if applicant can perform job-related functions. Statement that employment offer may be made contingent upon passing a job-related mental/physical examination.</td>
<td>MENTAL/PHYSICAL DISABILITY, MENTAL CONDITION (APPLICANTS)</td>
<td>• Any inquiry into the applicant’s general health, medical condition, or mental/physical disability. • Requiring a psychological/medical examination of any applicant.</td>
</tr>
</tbody>
</table>

Source: http://www.dfeh.ca.gov/res/docs/Publications/DFEH-161.pdf
A medical/psychological examination/inquiry may be made as long as the examination/inquiry is job-related and consistent with business necessity and all applicants for the same job classification are subject to the same examination/inquiry.

<table>
<thead>
<tr>
<th>Medical/psychological examination/inquiry</th>
<th>Mental/Physical Disability, Medical Condition (Post-Offer/Pre-Employment)</th>
<th>Any inquiry into the applicant’s general health, medical condition, or physical/mental disability, if not job-related and consistent with business necessity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job-related questions about convictions, except those convictions which have been sealed, or expunged, or statutorily eradicated.</td>
<td>Arrest, Criminal Record</td>
<td>General questions regarding arrest record.</td>
</tr>
</tbody>
</table>
| Questions regarding relevant skills acquired during U.S. military service. | Military Service | General questions regarding military service such as dates/type of discharge.  
Questions regarding service in a foreign military. |
| Requesting lists of job-related organizations, clubs or professional societies omitting indications of protected bases. | Organizations, Activities | General questions regarding organizations, clubs, societies and lodges. |
| Name of persons willing to provide professional and/or character references for applicant. | References | Questions of applicant’s former employers or acquaintances which elicit information specifying applicant’s race, etc. |
| Name and address of person to be notified in case of accident or emergency. | Notice in Case of Emergency | Name, address, and relationship of relative to be notified in case of accident or emergency. |

NOTE: Any inquiry, even though neutral on its face, which has an adverse impact on persons on a basis enumerated in the Fair Employment and Housing Act, is permissible only if it is sufficiently related to an essential job function to warrant its use.

For more information, contact the Department toll free at: (800) 884-1684

TTY Number: (800) 700-2320

or visit our Web site at: www.dfeh.ca.gov

This publication can be made available in Braille, large print, computer disk, and tape cassette.
# A California Employee’s Many, Varied Entitlements to Leave

## Pregnant Employees

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Employee can take:</th>
<th>Are Leaves Concurrent?</th>
<th>Right to Return to Job</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee is Pregnant</td>
<td>• Pregnancy Disability Leave (PDL) – 4 months</td>
<td>Yes, except</td>
<td>• PDL – same job</td>
<td>Pregnancy Disability Leave (PDL) can cover prenatal visits, intermittent leave, reduced work schedule, pregnancy, childbirth or related medical conditions, including postpartum depression PDL:</td>
</tr>
<tr>
<td></td>
<td>• FMLA – 12 weeks</td>
<td>CFRA which only starts when PDL is exhausted.</td>
<td>• FMLA – same or comparable job</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Co. disability leave (CoDL) same time as all other disabilities, so if policy allows longer leaves (but not lesser) than 4 months PDL, Eee gets longer CoDL</td>
<td></td>
<td>• CoDL policy beyond four months: same right to return as other Eees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• California Family Rights Act (CFRA) doesn’t cover pregnancy leave.</td>
<td></td>
<td>• CFRA – same or comparable job</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eee can start her CFRA baby bonding leave early while still pregnant, only IF:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Eee has exhausted her PDL, &amp;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Er &amp; Eee voluntarily agree to let Eee start her CFRA leave early</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Leave as a form of reasonable accommodation (“R/A leave”) for an independent disability unless undue hardship</td>
<td></td>
<td>• Yes, unless undue hardship to hold job for Eee</td>
<td></td>
</tr>
</tbody>
</table>

---

## Babies & Sick Relatives

<table>
<thead>
<tr>
<th>Employee is New Mother, following PDL “Baby Bonding” Leave</th>
<th>FMLA baby bonding leave (whatever remains of 12 weeks after PDL)</th>
<th>CFRA baby bonding (12 weeks, unless CFRA leave started early while Eee was still pregnant, then whatever remains of 12 weeks)</th>
<th>Company personal leave</th>
<th>If baby is ill requiring parent’s care, can use “Kin Care” leave, up to 6 months of Eee’s accrued sick leave</th>
<th>Yes</th>
<th>FMLA &amp; CFRA: same or comparable job</th>
<th>Company leave: Same return rights as other leaves “Kin Care” – same job. Kin Care doesn’t extend FMLA/CFRA, just allows leave to be paid.</th>
<th>If Eee takes full PDL of four months &amp; 12 weeks of CFRA baby bonding, combined total will be approximately 7 months of leave. While on leave, can receive up to 6 weeks of Paid Family Leave (PFL) through EDD, similar to SDI or Unemployment Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee is New Parent</td>
<td>CFRA &amp; FMLA: 12 weeks of leave for: The birth of a child; The placement of a child with an employee for adoption or foster care</td>
<td>Company personal leave</td>
<td>“Kin Care” leave if baby is ill requiring parent’s care, up to 6 months of Eee’s accrued sick leave</td>
<td>Yes, except see Note</td>
<td>Same or comparable job.</td>
<td>Company leave: Same return rights as other leaves “Kin Care” – same job</td>
<td>CFRA: If both parents work for same employer, Er may limit bonding leave for both to 12 weeks in one year period FMLA: If both married parents work for same Er, Er may limit leave. Unmarried parents aren’t covered by FMLA benefits limitation. PFL: Can receive up to 6 weeks through EDD</td>
<td></td>
</tr>
<tr>
<td>Employee Needs Leave to Care for Sick relative: Parent, Spouse Child or Registered Domestic partner</td>
<td>CFRA &amp; FMLA: 12 weeks of leave for Eee to care for the serious health condition of family relative</td>
<td>FMLA does not cover domestic partner “Kin Care” leave: Up to 6 months of Eee’s accrued yearly sick leave per calendar year to care for sick child, parent, spouse or domestic partner</td>
<td>Yes, except see Note</td>
<td>Same or comparable job.</td>
<td>Kin Care leave does not extend CFRA or FMLA leave.</td>
<td>CFRA leave taken to care for ailing domestic partner would not exhaust FMLA benefits. Kin Care: Same Er sick leave usage conditions for relatives as for Eee. Lab. Code 233. PFL: Can receive up to 6 weeks benefits through EDD, similar to SDI or Unemployment Insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Sick, Disabled and Injured Employees

<table>
<thead>
<tr>
<th>Employee is Sick or Disabled</th>
<th>CFRA &amp; FMLA: 12 weeks for Eee’s own serious health condition CoDL policy R/A Leave for Eee’s disability</th>
<th>Yes for CFRA, FMLA &amp; CoDL policy See Note for R/A Leave</th>
<th>CFRA &amp; FMLA: Same or comparable job CoDL leave policy return rights R/A Leave: right to return to job unless undue hardship</th>
<th>Under FEHA, most medical conditions will be covered as disabilities. R/A Leave requires an individualized assessment to determine whether it would be effective in allowing employee to return to work at end of leave and whether it would cause employer undue hardship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee is Injured On or Off the Job</td>
<td>Workers’ compensation (on the job injury) CFRA &amp; FMLA – serious health condition CoDL policy R/A Leave for employee’s disability, see caveats above</td>
<td>Workers’ comp, CFRA &amp; FMLA; &amp; Company disability policy See Note for R/A Leave under “Sick Employee”</td>
<td>Workers’ Comp: Same or comparable job or modified job until Eee is permanent &amp; stationary CFRA &amp; FMLA: Same or comparable CoDL policy: return rights of policy R/A Leave: see caveats above</td>
<td>See Note above under “Sick Employee” Except for workers’ compensation, all other leave entitlements would apply for employee injured off the job.</td>
</tr>
<tr>
<td>Eee has Drug and/or Alcohol Problems</td>
<td>Eees can attend voluntary alcohol and/or drug rehabilitation programs, provided no undue hardship. Er can refuse to hire and/or fire Eees currently using alcohol and/or drugs or because Eee can’t perform his/her duties or can’t perform without danger to self or others</td>
<td>N/A</td>
<td>Same job.</td>
<td>Covers Ers with 25 or more employees. Labor Code 1025</td>
</tr>
</tbody>
</table>
## “You’re in the Army Now”

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Criteria</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eee’s Military Leave and/or Reserve Duty</strong></td>
<td>“Military Leave”: Eee who’s a member of the reserve corps of the U.S. Armed Forces, the National Guard or the National Militia may take a leave of up to 17 days per year while engaged in military duty</td>
<td>N/A</td>
<td>Same job.</td>
</tr>
</tbody>
</table>
| “Qualifying Exigency” because of employee’s or family member’s active military duty | FMLA – 12 weeks  
Not covered under CFRA, so CFRA leave doesn’t run                                                                 | N/A                                                                                           | Same or comparable job.                                                                     |
| Care for Ill or Injured Service Member                  | FMLA: 26 weeks during a 12 month period to care for the spouse, child, parent or next of kin. Health benefits are included. If entire 26 weeks isn’t taken within a year, it’s forfeited.  
**CFRA**: 12 weeks to care for serious health condition of parent, child, domestic partner or spouse. Other next of kin would not be covered. | Yes, but CFRA doesn’t cover next of kin who are not parent, child or spouse, see Note.       | Same or comparable job.                                                                     |

Military & Veterans Code 394, 394.5.

FMLA can be used for “any qualifying exigency” arising because the spouse, son, daughter or parent of the employee is on active military duty, or has been notified of an impending call to active duty status, in support of a contingency operation. Health benefits are included.

Not specifically covered under CFRA. Thus, CFRA leave not exhausted when FMLA used for next of kin not covered by CFRA.
## School – Now or Later

<table>
<thead>
<tr>
<th>Parent, Grandparent or Guardian of a Child in School</th>
<th>Visit School: up to 40 hours per year for Eee to participate in school or day care activities of child. Visit Required by School: Eee can appear at school when school has given advance notice. For any visit, Eee is required to give Er reasonable advance notice.</th>
<th>N/A</th>
<th>Same Job</th>
<th>Employees must first use existing vacation, personal leave or compensatory time off. Leave not required to be compensated. Lab. Code 230.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy Assistance</td>
<td>Reasonable accommodation for Eee to attend literacy program or to arrange visits of an instructor to job site, provided no Er undue hardship.</td>
<td>N/A</td>
<td>Same Job. Eee can’t be discharged for disclosing a literacy program.</td>
<td>Lab. Code 1041 Covers Ers with 25+ Eees. Er must make reasonable efforts to safeguard Eee’s privacy regarding literacy problem.</td>
</tr>
</tbody>
</table>

## Good Citizens

| Court Time | Time off required for Eees:  
• to serve as a juror  
• to appear as a crime victim witness  
• to obtain relief from domestic violence | N/A | Same Job | Labor Code 230 Eee must give reasonable notice to Er. No need to compensate Eees for time off. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Duty</td>
<td>Leaves of absence required for Eees performing emergency duty as a volunteer firefighter, reserve police officer or emergency rescue person.</td>
<td>N/A</td>
<td>Same Job.</td>
<td>Labor Code 230.3 No need to compensate for time off.</td>
</tr>
<tr>
<td>Voting</td>
<td>Up to 2 hours to vote at beginning or end of shift.</td>
<td>N/A</td>
<td>Same Job.</td>
<td>Elections Code 14000 No loss of pay Eee must give Er 2 working days’ notice</td>
</tr>
</tbody>
</table>
## TYPES OF LEAVE AVAILABLE IN CALIFORNIA

<table>
<thead>
<tr>
<th>Abbrev.</th>
<th>Name</th>
<th>Eligibility Req’ts</th>
<th>Coverage</th>
<th>Statute/Regs</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDL</td>
<td>Pregnancy Disability Leave</td>
<td>None</td>
<td>Ers with 5 or more Eees. Up to 4 months leave for disability caused by pregnancy, childbirth or related medical conditions</td>
<td>Fair Employment and Housing Act (FEHA), (Gov. Code § 12945, Cal. Code Regs., tit. 2, § 7291.2, et seq.)</td>
<td>Dept. Fair Empl. &amp; Hsng. (DFEH)</td>
</tr>
<tr>
<td>CFRA</td>
<td>California Family Rights Act</td>
<td>• 50+ Eees within 75 miles of Eee taking leave; • 12 months worked with Er anytime, &amp; • 1,250 hours worked</td>
<td>12 weeks leave per year for serious health condition of the employee, the employee’s spouse, registered domestic partner, parent or child or baby bonding. Pregnancy not covered.</td>
<td>Gov. Code § 12945.2, Cal. Code Regs., tit. 2, § 7297.0, et seq.</td>
<td>DFEH</td>
</tr>
<tr>
<td>FMLA</td>
<td>Family and Medical Leave Act</td>
<td>Same as CFRA except 12 months with Er must be within prior year.</td>
<td>Same as CFRA except domestic partners are not covered. Pregnancy is covered as a serious health condition.</td>
<td>29 U.S.C. § 2601, et seq., 29 C.F.R. § 825.100, et seq.</td>
<td>Federal Department of Labor (DOL)</td>
</tr>
<tr>
<td>CoDL</td>
<td>Company Disability Leave Policy</td>
<td>Set by Er.</td>
<td>Set by Er. Pregnancy disability must be covered the same as other disabilities.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>R/A Leave</td>
<td>Leave as a form of reasonable accommodation</td>
<td>Eee is disabled, cannot presently perform essential functions of job</td>
<td>Case-by-case determination whether leave likely to be effective in allowing Eee to return to work at leave’s end and whether leave would cause Er undue hardship</td>
<td>Gov. Code § 12940, subd. (m), Cal. Code Regs., tit. 2, § 7293.9</td>
<td>DFEH</td>
</tr>
<tr>
<td>PFL</td>
<td>Paid Family “Leave”</td>
<td>Ca. Eees covered by disability insurance</td>
<td>Up to 6 weeks benefits for Eees taking leave for baby bonding or serious health condition of spouse, dom. partner, child or parent</td>
<td>Unempl. Ins. Code § 2601</td>
<td>Employment Development Department (EDD)</td>
</tr>
<tr>
<td>“Kin Care” Leave</td>
<td>Kin Care Leave</td>
<td>All Ca. Eees whose Ers provide sick leave</td>
<td>Ees can use half of their year’s accrued sick leave benefits to care for sick parent, child, spouse or dom. partner</td>
<td>Lab. Code § 233</td>
<td>Ca. Division of Labor Standards Enforcement</td>
</tr>
</tbody>
</table>

Er = Employer; Eee = Employee

MENTAL HEALTH SERVICES ACT (MHSA) – “OVERVIEW” FACT SHEET

Before the Mental Health Services Act (MHSA) Perspectives

California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA), in November 2004 to expand and improve public mental health services and establish the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide oversight, accountability and leadership on issues related to public mental health.

At that time, California’s public mental health funding was insufficient to meet the demand for services. County authorities estimated serving about half the population needing public mental health care. The majority of mental health funding went to treatment for individuals with the most severe and persistent mental illness, state hospitals and the criminal justice system. For this reason, California’s mental health delivery system was frequently portrayed as a “fail first” model. The “safety net” of an under-funded system had become the criminal justice system, the courts, and emergency rooms.

In its March 2003 Report, the California Mental Health Planning Council\(^1\) estimated between 500,000 and 1.7 million Californians needed mental health services but failed to receive care. In addition, cultural, racial and ethnic populations have been disproportionately affected because they use fewer mental health services.

Children under 18, for whom early diagnosis and treatment are critical, have been especially underserved. It is estimated that 75 to 80 percent of all children requiring mental health services were not receiving them.

While rigorous research demonstrated the effectiveness of numerous mental health treatments and interventions, these approaches were not implemented broadly. System investments were needed to ensure the adequacy and quality of services, through effective practice documented by research, and the addition of prevention and early intervention programs into the public mental health system.

MHSA Today

California taxpayers approved a 1% tax on incomes above $1 million dollars to fund the MHSA and their investment is paying off by providing individuals with mental health treatment services in the communities in which they live. Mental health programs and supports are now better tailored to meet the individual needs of the diverse clientele, and the community is experiencing the benefits of expanded and improved programs to assist consumers to be active members of society. Counties are now receiving funding in an attempt to provide “whatever it takes” treatment for people with serious mental illness.

MHSA has been fully implemented by the counties with the exception of the partial completion of the Innovation component, which is one of five components of the MHSA. As of December 31, 2010, 26 of 58 counties have approved Innovation program plans.

By implementing the principles and values of the MHSA, enhancing funding for effective treatment for people with serious mental illness, and initiating new prevention, early intervention and innovative services, California is moving its public mental health system to a “help first,” system with a commitment to service, support and assistance when needed.

Client outreach support services and family involvement are improving, including programs to enhance access and reduce disparities to unserved and underserved individuals throughout California.

---

\(^1\) California Mental Health Master Plan, A Vision for California, March 2003 (Chapter 3)

Source: http://www.dmh.ca.gov/Prop_63/mhsa/
INTRODUCTION:
The purposeful employment of individuals with lived experience into the public mental health system, as outlined by the MHSA, is intended to integrate value of the lived experience perspective into the public mental health system. In this way, lived experience could be viewed in the same light as work experience or even education. In an effort to assist counties in establishing successful consumer/family member employment programs Working Well Together has designed this assessment tool as a means of identifying the level of preparedness a county possesses to successfully engage in hiring and retaining individuals with lived experience in their workforce. This assessment is a compilation of data derived from the 2008 CA Consumer Employment Summit as well as input directly from consumers, family members, and professionals.

DIRECTIONS:
Review each statement and determine what stage your county is at. If you feel that a particular statement does not apply to your county simply leave that area blank or put N/A next to the statement. Upon completion, you may use this as an internal tool for your county or email to WWT to request technical assistance from your Coordinator.

### Planning and Preparing for Consumer/Family Member Employment

<table>
<thead>
<tr>
<th>System Wide Checks and Adjustments</th>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure policies and procedures are within the law and follow best practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide training to managers and supervisors in ADA and accommodations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include contracted agencies in trainings and policy adjustments</td>
<td></td>
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</tr>
<tr>
<td>Review job descriptions for accuracy on truly essential job functions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check orientation materials and review procedures for exclusionary language</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Check availability of materials which reflect the cultural diversity of the county’s population</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Notes:
### Human Resources

<table>
<thead>
<tr>
<th>Activity</th>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify job classifications which may need to be adjusted or created in order to encourage C/FM employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage HR personnel to attend trainings on C/FM employment</td>
<td></td>
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</tr>
<tr>
<td>Establish “desirable” status for individuals with lived experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify what aspects of lived experience makes it desirable for various positions and implement policies which identify those attributes without violating disclosure laws</td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**

### Create a Hiring Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify goals and timelines for diversifying the workforce with people who have lived experience.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct a workforce needs assessment to identify gaps in staffing and design recruitment, training and educational plans to accommodate those needs</td>
<td></td>
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</tr>
<tr>
<td>Work with HR on position announcements, application process changes, and recruitment procedures geared toward attracting people with lived experience</td>
<td></td>
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</tr>
<tr>
<td>Identify marketing opportunities to attract C/FM to the public mental health workforce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and commit resources to support hiring plan and goals</td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**
<table>
<thead>
<tr>
<th>Collaborations and Partnerships</th>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish local and regional educational partnerships</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Participate in knowledge exchange networks with regional partnerships such as the CMHDA</td>
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<tr>
<td>Work with both contracted agencies and community based organizations in establishing best practices, marketing, support, and education.</td>
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<tr>
<td>Current staff with lived experience is included in the planning process</td>
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<tr>
<td>Take advantage of programs such as the DMH/DOR cooperative and Working Well Together</td>
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</tbody>
</table>

Notes:

<table>
<thead>
<tr>
<th>Promote Consumer/Family Member employment as a Critical System Value</th>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership is openly articulating the unique value of lived experience</td>
<td></td>
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<tr>
<td>Include leadership positions in lived experience hiring practices</td>
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<tr>
<td>Training current staff on the value of lived experience in the mental health workforce</td>
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<tr>
<td>Create support for undisclosed staff to feel welcome to disclose their own experiences</td>
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<tr>
<td>Integrate culture and diversity issues into all training</td>
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<tr>
<td>Develop new modules for supervision and mastery of core competencies on specific strategies to support employees</td>
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</tbody>
</table>

Notes:
## Recruiting and Hiring Consumer/Family Members for Mental Health Workforce

<table>
<thead>
<tr>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job descriptions and requirements are clear and articulated accurately and include lived experience as a desirable quality</td>
<td></td>
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<tr>
<td>Possible need for benefits planning counseling has been addressed</td>
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<tr>
<td>Marketing and recruitment plan makes use of the community’s inherent resources</td>
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<tr>
<td>Methods of recruiting within diverse populations have been developed</td>
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<tr>
<td>Those conducting interviews have been well versed in issues of disclosure and have a value centered understanding of C/FM employment</td>
<td></td>
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<tr>
<td>Materials are readily available for applicants whose primary language is NOT English</td>
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<tr>
<td>Interviewers are well versed in “interactive dialogue” and are prepared for possible discussions of reasonable accommodations</td>
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</tbody>
</table>

Notes:

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## Training the Mental Health Workforce

<table>
<thead>
<tr>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and core competency standards which incorporate C/FM employment nuances have been adopted</td>
<td></td>
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<tr>
<td>Peer driven trainings have been identified and implemented</td>
<td></td>
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<tr>
<td>Job preparation trainings are available to C/FM interested in working in mental health</td>
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<tr>
<td>On the job training programs are in place and include new job classifications such as peer advocate</td>
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<tr>
<td>Certification programs have been identified, are accessible, and are widely honored</td>
<td></td>
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<tr>
<td>Educational and career pathways have been designed to work hand-in-hand helping to promote advancement</td>
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<tr>
<td>Detailed training program on organizational structure has been implemented</td>
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<tr>
<td>Workforce has received training on the impact of stigma and discrimination</td>
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<tr>
<td>Established assessment process to help insure appropriate position placement of applicants.</td>
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</table>

Notes:
# Retention of Consumers/Family Members in the Workforce

<table>
<thead>
<tr>
<th>Identified</th>
<th>Planning</th>
<th>Implemented</th>
</tr>
</thead>
</table>

- Process for periodic follow-up with new employees which incorporates lived experience nuances has been developed
- Monitoring implementation and supervision of reasonable accommodations & tracking their effectiveness
- Implementation of peer driven post-employment support systems
- Exit interviews to identify quality improvement needs of existing programs
- Develop retention outcome tracking and improvement procedures
- Implementation of programs to resolve potential organizational tension related to C/FM employment
- Career pathways are clearly disseminated to staff including coinciding educational opportunities available through county programs
- Process for transitioning from entry level non-benefited positions to full-time benefited positions is clearly articulated

## Contact Information

<table>
<thead>
<tr>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Completed by:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Organization:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

## Working Well Together TAC Coordinators

### Superior Region
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### Southern Region and Los Angeles
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Validation of DACUM Profile for

Family Member Advocate, Parent Advocate and Parent Partner

June 30, 2011

Produced by:
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1600 9th Street
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(916) 651-8169

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(916) 556-3480
OVERVIEW OF THE DACUM VALIDATION OF FAMILY MEMBER ADVOCATES, PARENT ADVOCATES AND PARENT PARTNERS

The employment of family member advocates, parent advocates, and parent partners is vital to the transformation of the public mental health system. In order to increase the capacity of family member advocates, parent advocates, and parent partner participation in the public mental health system, county mental health departments have developed the peer support specialist, peer advocate positions for clients in the adult system of care, parent partner or family advocate positions for the children’s system of care. Understanding the functions, duties, knowledge, skills, and abilities of these vital occupations is critical to developing additional training programs and being able to expand career mobility opportunities for individuals who are working within these occupations.

This family member advocate, parent advocate, parent partner DACUM validation will allow for a more standardized review of the roles and responsibilities of family member advocates, parent advocates, and partner partners in the public mental health system. In addition, the validated DACUM will enable employers to determine the training that will best enhance the work of these critical occupations, allowing organizations to develop career ladders that link to other professions. Lastly, the validated DACUM will assist in documenting the differentiation of duties, roles, and responsibilities of family member advocates, parent advocates, and parent partner advocates, who are dealing exclusively with issues of aiding parents who have a child in need of or receiving public mental health services.

WHY A DACUM VALIDATION?

Developing A Curriculum (DACUM) is one strategy that can be utilized to increase the quality and relevancy of professions in California’s public mental health system. DACUMs are a nationally recognized, standardized approach to job analysis that produces a complete job profile, establishing a foundation for revising or developing curricula to create a better match between what individuals learn and the skills and abilities they will need in a work setting.

The profile chart that results from the DACUM analysis is a detailed and graphic portrayal of the skills or competencies involved in the occupation being studied. The DACUM analysis can be used as a basis for (1) curriculum development, (2) training needs assessments, (3) student achievement records, (4) worker performance evaluations, (5) competency test development, and (6) job descriptions.

DACUM has been successfully used to analyze occupations at the professional, technical, skilled, and semiskilled levels. DACUM operates on the following three premises: (1) expert workers can describe and define their job more accurately than anyone else, (2) an effective way to describe a job is to define the tasks that expert workers perform, and (3) all tasks, in order to be performed correctly, demand certain knowledge, skills, tools, and attitudes.
The DACUM process typically results in the identification of a panel of experts who identify duties and tasks that define what successful workers in a particular job or cluster of related jobs must be able to do. In addition, panelists identify knowledge, skills, abilities, characteristics, tools and equipment. In some instances panelist can be facilitated to provide information on future trends and concerns, as well as, training and career pathways information. The DACUM may then be submitted to a larger group of similarly select workers for validation purposes.

A validation of a DACUM enables one to have a broader, shared, understanding of the occupation which increases the externalizability of the findings. Externalizability means that the information or inferences about the occupation obtained during the DACUM process posses a degree of external validity and conclusions drawn about the occupation do actually apply to people in other geographic locations who are in the occupation. The process involves broadly sharing the DACUM with additional occupational experts, correlating information with standardized Employment Development Departments listing of Occupational Employment System knowledge, skills, abilities for occupations, and publishing the DACUM for critique.

**OVERVIEW of the COMPONENTS VALIDATED DACUM**

The Components of this Validated DACUM included the following:

- Description of the Occupational Role
- Listing of DACUM Reviewers
- Tools, Equipment, Supplies, and Materials
- Recommended Training Topics
- Future Trends, Issues, and Concerns
- General Knowledge, Skills and Abilities
- Occupational Employment System Listing of Correlated KSA
- Worker Characteristics and Behaviors
- Occupational Employment System Listing of Correlated Characteristics
OCCUPATIONAL ROLE

Parent Advocate and Parent Partner is one who advocates, supports, educates and empowers parents and primary caregivers to successfully navigate systems towards the goal of community integration and overall health and well-being. (Working Well Together, 2008)

DACUM REVIEWERS

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(916) 556-3480 ext. 148
Tools, Equipment, Supplies and Materials

Access to transportation  Notebook computers
Accounting Software  Personal computers
Cell Phone  Personal digital assistant PDAs or organizers
Data base user interface and query software  Resource Materials
Desktop computers  Self-help materials
Electronic mail software  Software
E-mail Account  Spreadsheet software — Microsoft Excel
Financial analysis software  Warm-line
Forms in PDF

Future Trends, Issues and Concerns

• Misusing Parent Advocate and Parent Partner staff in ways other than their intended purpose (scope of work)
• Dilution of Parent Advocate role and as a team member
• Accommodations for parent advocate and parent partners who are raising special needs children
• Differential of pay/salary to Peer staff
• Assuring Parent Advocate-input/perspective in policy and development
• Use of MHSA money for non-transformative programs and services
• Electronic records and confidentiality
• Regular mental health services being cut- MHSA sup plantation
• Expanded role of parent advocate staff
• Develop job specifications to hire clients/family & parents
• Increase number hired
• Increase understanding of parent advocate role by all staff
• Do not lose sight of transformation

General Knowledge, Skills and Abilities

Accessibility Issues  Knowledge of Children’s System of Care Guidelines and Principles  Lanterman, Petris and Short (LPS)
Active Listening  Knowledge of Evidence-based practice, promising practices, and community-based evidence practices  Mediation Skills

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
The following section outlines the selected corresponding knowledge skills and abilities (KSA) used by the California Employment Development, Occupational Employment Systems, profiling division (EDD). These KSA were selected by Validation participants based upon DACUM participant responses. These KSA are market ready areas that would be required of any applicant. The KSA have been assigned to describe those required of direct service providers and those required by administrators.

### DIRECT SERVICE PROVIDERS

#### KNOWLEDGE

- **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.
- **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, stenography and transcription, designing forms, and other office procedures and terminology.
- **Law and Government** — Knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, and the democratic political process.

#### SKILLS
• **Active Listening** - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at

• **Speaking** - Talking to others to convey information effectively.

• **Writing** - Communicating effectively in writing as appropriate for the needs of the audience.

• **Reading Comprehension** - Understanding written sentences and paragraphs in work related documents.

• **Judgment and Decision Making** - Considering the relative costs and benefits of potential actions to choose the most appropriate one.

• **Critical Thinking** - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

• **Complex Problem Solving** - Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.

• **Time Management** — Managing one's own time and the time of others.

• **Coordination** — Adjusting actions in relation to others' actions.

• **Persuasion** — Persuading others to change their minds or behavior

• **Service Orientation** — Actively looking for ways to help people.

• **Social Perceptiveness** — Being aware of others' reactions and understanding why they react as they do.

• **Instructing** — Teaching others how to do something.

**ABILITIES**

• **Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

• **Problem Sensitivity** - The ability to tell when something is wrong or is likely to go wrong. It do

• **Deductive Reasoning** - The ability to apply general rules to specific problems to produce answers that make sense.

• **Speech Clarity** - The ability to speak clearly so others can understand you

• **Oral Comprehension** - The ability to listen to and understand information and ideas presented through spoken words and sentences.

• **Written Comprehension** - The ability to read and understand information and ideas presented in writing.

• **Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

• **Oral Comprehension** - The ability to listen to and understand information and ideas presented through spoken words and sentences.

• **Written Comprehension** - The ability to read and understand information and ideas presented in writing.

• **Written Expression** - The ability to communicate information and ideas in writing so others will understand.

• **Training and Teaching Others** — Identifying the educational needs of others, developing formal educational or training programs or classes, and teaching or instructing others.

• **Developing Objectives and Strategies** — Establishing long-range objectives and specifying the strategies and actions to achieve them.

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
o develop policies, procedures, methods, or standards

- **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others.

**ADMINISTRATORS**

**KNOWLEDGE**

- **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.

- **Administration and Management** — Knowledge of business and management principles involved in strategic planning, resource allocation, human resources

- **Economics and Accounting** — Knowledge of economic and accounting principles and practices, the financial markets, banking and the analysis and reporting of financial data.

- **Mathematics** — Knowledge of arithmetic, algebra, geometry, calculus, statistics, and their applications.

- **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, stenography and transcription, designing forms, and other office procedures and terminology.

- **Law and Government** — Knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, and the democratic political process.

- **Personnel and Human Resources** — Knowledge of principles and procedures for personnel recruitment, selection, training, compensation and benefits, labor relations and negotiation, and personnel information systems.

- **Education and Training** — Knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.

- **Communications and Media** — Knowledge of media production, communication, and dissemination techniques and methods. This includes alternative ways to inform and entertain via written, oral, and visual media.

- **Public Safety and Security** — Knowledge of relevant equipment, policies, procedures, and strategies to promote effective local, state, or national security operations for the protection of people, data, property, and institutions.

**SKILLS**

- **Active Listening** - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at

- **Speaking** - Talking to others to convey information effectively.

- **Writing** - Communicating effectively in writing as appropriate for the needs of the audience.

- **Reading Comprehension** - Understanding written sentences and paragraphs in work related documents.

- **Judgment and Decision Making** - Considering the relative costs and benefits of potential actions to choose the most appropriate one.

- **Monitoring** - Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
• **Critical Thinking** - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

• **Complex Problem Solving** - Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.

• **Time Management** — Managing one's own time and the time of others.

• **Coordination** — Adjusting actions in relation to others' actions.

• **Management of Personnel Resources** — Motivating, developing, and directing people as they work, identifying the best people for the job.

• **Persuasion** — Persuading others to change their minds or behavior

• **Service Orientation** — Actively looking for ways to help people.

• **Social Perceptiveness** — Being aware of others' reactions and understanding why they react as they do.

• **Learning Strategies** — Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.

• **Systems Analysis** — Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes.

• **Instructing** — Teaching others how to do something.

• **Management of Financial Resources** — Determining how money will be spent to get the work done, and accounting for these expenditures.

• **Quality Control Analysis** — Conducting tests and inspections of products, services, or processes to evaluate quality or performance.

**ABILITIES**

• **Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

• **Problem Sensitivity** - The ability to tell when something is wrong or is likely to go wrong. It do

• **Deductive Reasoning** - The ability to apply general rules to specific problems to produce answers that make sense.

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• **Written Comprehension** - The ability to read and understand information and ideas presented in writing.

• **Written Expression** - The ability to communicate information and ideas in writing so others will understand.
• **Coaching and Developing Others** — Identifying the developmental needs of others and coaching, mentoring, or otherwise helping others to improve their knowledge or skills.

• **Training and Teaching Others** — Identifying the educational needs of others, developing formal educational or training programs or classes, and teaching or instructing others.

• **Developing Objectives and Strategies** — Establishing long-range objectives and specifying the strategies and actions to achieve them.
  
  o develop policies, procedures, methods, or standards

• **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others.
Worker Characteristics/Behaviors

<table>
<thead>
<tr>
<th>Worker Characteristics/Behaviors</th>
<th>Able to multi-task</th>
<th>Give Yourself permission to be Human</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to teach</td>
<td>Good Listener</td>
<td></td>
<td>Self-care observant</td>
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<tr>
<td>Accepting</td>
<td>Good role model</td>
<td></td>
<td>Sense of Humor</td>
</tr>
<tr>
<td>Be available</td>
<td>Grounded</td>
<td></td>
<td>Team Player</td>
</tr>
<tr>
<td>Cheerful</td>
<td>Honest</td>
<td></td>
<td>Timely-Time management</td>
</tr>
<tr>
<td>Clean &amp; Sober</td>
<td>Hopeful</td>
<td></td>
<td>Trustworthy</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Keep Promises</td>
<td></td>
<td>Welcoming</td>
</tr>
<tr>
<td>Creative</td>
<td>Kind</td>
<td></td>
<td>Willing to Learn</td>
</tr>
<tr>
<td>Dependable</td>
<td>Know your personal limitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t leave/stick with it</td>
<td>Knowledgeable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t take self too seriously</td>
<td>Optimistic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathetic</td>
<td>Organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow through</td>
<td>Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forthright</td>
<td>Peacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genuine</td>
<td>Professional</td>
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</table>

The following section outlines the selected corresponding characteristics used by the California Employment Development, Occupational Employment Systems, profiling division (EDD). These Characteristics were selected by Validation participants based upon DACUM participant responses. These characteristics are market ready areas that would be required of any applicant

**DIRECT SERVICE PROVIDERS CHARACTERISTICS**

- **Selling or Influencing Others** — Convincing others to buy merchandise/goods or to otherwise change their minds or actions.
- **Getting Information** — Observing, receiving, and otherwise obtaining information from all relevant sources.
- **Performing for or Working Directly with the Public** — Performing for people or dealing directly with the public. This includes serving customers in restaurants and stores, and receiving clients or guests.
- **Establishing and Maintaining Interpersonal Relationships** — Developing constructive and cooperative working relationships with others, and maintaining them over time.
- **Making Decisions and Solving Problems** — Analyzing information and evaluating results to choose the best solution and solve problems.
  - approve or deny credit applications
  - approve or deny loans
- **Communicating with Persons Outside Organization** — Communicating with people outside the organization, representing the organization to customers, the public, government, and other external sources. This information can be exchanged in person, in writing, or by telephone or e-mail.

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
• **Organizing, Planning, and Prioritizing Work** — Developing specific goals and plans to prioritize, organize, and accomplish your work.

• **Documenting/Recording Information** — Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form

• **Communicating with Supervisors, Peers, or Subordinates** — Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

• **Monitor Processes, Materials, or Surroundings** — Monitoring and reviewing information from materials, events, or the environment, to detect or assess problems.

• **Relevant Knowledge** — Keeping up-to-date technically and applying new knowledge to your job.
  - use government regulations
  - use negotiation techniques

• **Interpreting the Meaning of Information for Others** — Translating or explaining what information means and how it can be used.

• **Provide Consultation and Advice to Others** — Providing guidance and expert advice to management or other groups on technical, systems-, or process-related topics.

• **Judging the Qualities of Things, Services, or People** — Assessing the value, importance, or quality of things or people.

• **Thinking Creatively** — Developing, designing, or creating new applications, ideas, relationships, systems, or products, including artistic contributions.

• **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others

• **Performing Administrative Activities** — Performing day-to-day administrative tasks such as maintaining information files and processing paperwork.
  - prepare reports for management
  - prepare required government reports

**ADMINISTRATORS**

**CHARACTERISTICS**

• **Selling or Influencing Others** — Convincing others to buy merchandise/goods or to otherwise change their minds or actions.

• **Getting Information** — Observing, receiving, and otherwise obtaining information from all relevant sources.

• **Interacting With Computers** — Using computers and computer systems (including hardware and software) to program, write software, set up functions, enter data, or process information.

• **Performing for or Working Directly with the Public** — Performing for people or dealing directly with the public. This includes serving customers in restaurants and stores, and receiving clients or guests.

• **Establishing and Maintaining Interpersonal Relationships** — Developing constructive and cooperative working relationships with others, and maintaining them over time.

• **Making Decisions and Solving Problems** — Analyzing information and evaluating results to choose the best solution and solve problems.
  - approve or deny credit applications
  - approve or deny loans

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
• **Communicating with Persons Outside Organization** — Communicating with people outside the organization, representing the organization to customers, the public, government, and other external sources. This information can be exchanged in person, in writing, or by telephone or e-mail.

• **Organizing, Planning, and Prioritizing Work** — Developing specific goals and plans to prioritize, organize, and accomplish your work.

• **Documenting/Recording Information** — Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form

• **Communicating with Supervisors, Peers, or Subordinates** — Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

• conduct or attend staff meetings

• **Developing and Building Teams** — Encouraging and building mutual trust, respect, and cooperation among team members.

• **Evaluating Information to Determine Compliance with Standards** — Using relevant information and individual judgment to determine whether events or processes comply with laws, regulations, or standards.

• **Monitor Processes, Materials, or Surroundings** — Monitoring and reviewing information from materials, events, or the environment, to detect or assess problems.

• **Processing Information** — Compiling, coding, categorizing, calculating, tabulating, auditing, or verifying information or data.
  
  o compile data for financial reports
  
  o review loan applications

• **Relevant Knowledge** — Keeping up-to-date technically and applying new knowledge to your job.
  
  o use government regulations
  
  o use negotiation techniques

• **Interpreting the Meaning of Information for Others** — Translating or explaining what information means and how it can be used.

• **Provide Consultation and Advice to Others** — Providing guidance and expert advice to management or other groups on technical, systems-, or process-related topics.

• **Judging the Qualities of Things, Services, or People** — Assessing the value, importance, or quality of things or people.

• **Analyzing Data or Information** — Identifying the underlying principles, reasons, or facts of information by breaking down information or data into separate parts.
  
  o analyze financial data
  
  o analyze market conditions
  
  o analyze operational or management reports or records
  
  o conduct financial investigations
  
  o identify financial risks to company

• **Guiding, Directing, and Motivating Subordinates** — Providing guidance and direction to subordinates, including setting performance standards and monitoring performance.

  assign work to staff or employees

• **Coaching and Developing Others** — Identifying the developmental needs of others and coaching, mentoring, or otherwise helping others to improve their knowledge or skills

• **Scheduling Work and Activities** — Scheduling events, programs, and activities, as well as the work of others.

• **Thinking Creatively** — Developing, designing, or creating new applications, ideas, relationships, systems, or products, including artistic contributions.

• **Training and Teaching Others** — Identifying the educational needs of others, developing formal educational or training programs or classes, and teaching or instructing others.

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
• **Coordinating the Work and Activities of Others** — Getting members of a group to work together to accomplish tasks.

• **Developing Objectives and Strategies** — Establishing long-range objectives and specifying the strategies and actions to achieve them. develop policies, procedures, methods, or standards

• **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others

• **Performing Administrative Activities** — Performing day-to-day administrative tasks such as maintaining information files and processing paperwork.
  - prepare reports for management
  - prepare required government reports

• **Staffing Organizational Units** — Recruiting, interviewing, selecting, hiring, and promoting employees in an organization.

• **Monitoring and Controlling Resources** — Monitoring and controlling resources and overseeing the spending of money.
  - develop budgets
  - develop management control systems
  - monitor credit extension decisions

Source: http://www.cimh.org/LinkClick.aspx?fileticket=Bklhe7rKljQ%3d&tabid=242
Validation of DACUM Competency Profile for a Parent Advocate and Parent Partner

<table>
<thead>
<tr>
<th>Functional Duties</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Outreach: Parents and Primary Caregivers</td>
<td>A-1 Identify in collaboration with other systems children and families, who are unserved, underserved and inappropriately served in your community/service area. A-2 Identify potential community outreach sites, including locked facilities. A-3 Identify and initiate specific SPA outreach approaches A-4 A-5</td>
</tr>
<tr>
<td><strong>B</strong> Engage: Parents and Primary Caregivers in Wellness and Family-driven Care</td>
<td>B-1 Provide a safe secure physical environment for emotional expression B-2 Establish rapport, trust, and empowerment B-3 Explain limits of confidentiality B-4 Inform and review their rights B-5 engage family’s input B-6 Explain scope and availability of services in different programs that apply including evidence-based B-7 Explore with parents or primary caregivers possible plans of action B-8 Share appropriate storytelling of personal experience B-9 Complete satisfaction survey B-10 Understand aspects of stigma, shame, blame, and mitigate instances of this occurring</td>
</tr>
<tr>
<td><strong>C</strong> Identification: Needs and Strengths of Parents and Primary Caregivers</td>
<td>C-1 Obtain informal assessment of natural supports and living conditions C-2 Explain that offsite visits are appropriate and determined by the family C-3 Assist parents and primary caregivers in identifying their issues and C-4 Assist parents and primary caregivers in prioritizing their major issues C-5 Validate and acknowledge their prior attempts to solve problems C-6 Assist in identification of core strengths C-7 Provide relevant referrals, resources and monitor follow-through C-8 Encourage routine physical health and self-care C-9 C-10</td>
</tr>
<tr>
<td><strong>D</strong> Assist &amp; Support: Family Driven Development of Wellness Plan and Resilience</td>
<td>D-1 Assist and support in Family Driven development of a plan for wellness D-2 Work on problem solving strategies and help create the crisis plan D-3 Brainstorm options and solutions with family D-4 Assist in identifying markers toward goal attainment D-5 Assist in identifying goal attainment</td>
</tr>
</tbody>
</table>

Source: http://www.cimh.org/LinkClick.aspx?fileticket=BkIhe7mKIjQ%3d&tabid=242
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<tbody>
<tr>
<td>E</td>
<td>Assure: Culturally Competent Services</td>
<td></td>
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<tr>
<td>D-6</td>
<td>Initiate discussion about steps to graduation and post graduation strategies and resources</td>
<td>D-7</td>
<td>Obtain confirmation regarding whether the plan is realistic</td>
<td>D-8</td>
</tr>
<tr>
<td>E-1</td>
<td>Learn about family members’ unique culture</td>
<td>E-2</td>
<td>Honor and respect core values</td>
<td>E-3</td>
</tr>
<tr>
<td>E-6</td>
<td>Participate in ongoing training in cultural competence and diversity</td>
<td></td>
<td>E-7</td>
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<tr>
<td>F</td>
<td>Provide Support and Guidance: Parent’s and Primary Caregiver’s plan implementation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>F-1</td>
<td>Continue to assist in achievement of stated goals</td>
<td>F-2</td>
<td>Network with other staff specialists and other parent advocates for most accurate information and resources</td>
<td>F-3</td>
</tr>
<tr>
<td>F-6</td>
<td>Facilitate and support self-help support groups when applicable</td>
<td>F-7</td>
<td>Offer parent-to-parent support</td>
<td>F-8</td>
</tr>
<tr>
<td>G</td>
<td>Provides Cross-Training: Professionals and Community Education</td>
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<tr>
<td>G-1</td>
<td>Promote strength-based family services</td>
<td>G-2</td>
<td>Respond to requests for presentations</td>
<td>G-3</td>
</tr>
<tr>
<td>G-6</td>
<td>Participate in development and production of educational and resource materials</td>
<td>G-7</td>
<td></td>
<td>G-8</td>
</tr>
</tbody>
</table>

Source: http://www.cimh.org/LinkClick.aspx?fileticket=Bklhe7mKjQ%3d&tabid=242
### H. Promotes professional development for Parent Advocates and Parent partners

<table>
<thead>
<tr>
<th>H-1</th>
<th>Incorporate experience as parent and primary caregiver in the role as a parent advocate and parent partner (recognize personal experience in not universal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-2</td>
<td>Use language that is comfortable for involved persons to enhance communication</td>
</tr>
<tr>
<td>H-3</td>
<td>Attend to your self care and model self care for family members, encourage a wellness lifestyle</td>
</tr>
<tr>
<td>H-4</td>
<td>Develop an expanded parent advocate parent partner network</td>
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<tr>
<td>H-5</td>
<td>Develop mentoring and support systems for SELF, and enhance self-advocacy skills</td>
</tr>
<tr>
<td>H-6</td>
<td>Adhere to established policies and procedures</td>
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<tr>
<td>H-7</td>
<td>Abide by established code of conduct and ethics</td>
</tr>
<tr>
<td>H-8</td>
<td>Work towards reducing stigma and discrimination</td>
</tr>
<tr>
<td>H-9</td>
<td>Record and periodically review job description and outcomes with staff/supervisor</td>
</tr>
<tr>
<td>H-10</td>
<td>Advocate for expansion of programs and resources</td>
</tr>
<tr>
<td>H-11</td>
<td>Follow through on written or verbal contracts with parents, primary caregivers and family members</td>
</tr>
<tr>
<td>H-12</td>
<td>Represent MHSA principles at all community-based meetings</td>
</tr>
<tr>
<td>H-13</td>
<td>Review, implement, and evaluate county MHSA plans and request for Proposals when completed</td>
</tr>
<tr>
<td>H-14</td>
<td>Provide ongoing education on the value of parent advocacy</td>
</tr>
<tr>
<td>H-15</td>
<td>Take specialized parent advocate trainings</td>
</tr>
</tbody>
</table>

### I. Promotes System’s and Legislative Change

<table>
<thead>
<tr>
<th>I-1</th>
<th>Participate in local, countywide, statewide stakeholder forums</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-2</td>
<td>Collaborate with other advocacy groups to effect change</td>
</tr>
<tr>
<td>I-3</td>
<td>Participate in drafting legislation affecting parents, primary caregivers and family members at all level of</td>
</tr>
<tr>
<td>I-4</td>
<td></td>
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<tr>
<td>I-5</td>
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</tbody>
</table>
DACUM Competency Profile for

BEHAVIORAL HEALTH
PEER SPECIALIST

June 12-13, 2007

Produced by:
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Economic and Workforce
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Health Initiative
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A Behavioral Health Peer specialist is one who supports & educates clients/family members to successfully navigate systems towards the goal of community integration and overall health and well-being.

**DACUM Competency Profile for a Behavioral Health Peer Specialist**

<table>
<thead>
<tr>
<th>Duties</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>Tasks</strong></td>
</tr>
<tr>
<td>Outreach to Prospective Clients/Family Members</td>
<td>A-1 Identify underserved, unversed &amp; inappropriately served clients/family members in your community</td>
</tr>
<tr>
<td></td>
<td>A-2 Identify potential community outreach sites, including within locked facilities</td>
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<tr>
<td></td>
<td>A-3 Identify site specific outreach approaches</td>
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<tr>
<td></td>
<td>A-4 Initiate relevant contact with identified sites and/or individuals</td>
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<tr>
<td></td>
<td>A-5 Participate in clients/family members outreach activities</td>
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<tr>
<td></td>
<td>A-6 Evaluate outreach results</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td><strong>Tasks</strong></td>
</tr>
<tr>
<td>Engage Clients/Family Members in wellness and recovery</td>
<td>B-1 Provide a safe secure physical environment for emotional expression</td>
</tr>
<tr>
<td></td>
<td>B-2 Establish rapport and trust</td>
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<tr>
<td></td>
<td>B-3 Explain limits of confidentiality</td>
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<tr>
<td></td>
<td>B-4 Inform clients/family members of relevant rights</td>
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<td></td>
<td>B-5 Explore reason(s) for encounter</td>
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<tr>
<td></td>
<td>B-6 Explain scope and availability of service</td>
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<tr>
<td></td>
<td>B-7 Explore possible plans of action</td>
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<tr>
<td></td>
<td>B-8 Utilize relevant self disclosure</td>
</tr>
<tr>
<td></td>
<td>B-9 Utilize Harm Reduction Techniques</td>
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<tr>
<td></td>
<td>B-10 Complete initial contact sheet</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td><strong>Tasks</strong></td>
</tr>
<tr>
<td>Assess Needs &amp; Strengths of Clients/Family Members</td>
<td>C-1 Obtain “snap shot” of natural supports &amp; living conditions</td>
</tr>
<tr>
<td></td>
<td>C-2 Determine if (office) visit is appropriate, permissible and welcome</td>
</tr>
<tr>
<td></td>
<td>C-3 Identify issues and concerns</td>
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<tr>
<td></td>
<td>C-4 Determine if basic life needs are met</td>
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<td></td>
<td>C-5 Prioritize major issue(s)</td>
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<td></td>
<td>C-6 Validate prior attempts to solve problems</td>
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<td>C-7 Assist in identification of clients/family members core gifts</td>
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<td></td>
<td>C-8 Provide relevant referrals</td>
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<td></td>
<td>C-9 Promote routine physical health care</td>
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<tr>
<td></td>
<td>C-10 Review clients/family members knowledge of relevant rights</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td><strong>Tasks</strong></td>
</tr>
<tr>
<td>Assist in the Development of a Plan for Recovery</td>
<td>D-1 Reach agreement on shared decision making</td>
</tr>
<tr>
<td></td>
<td>D-2 Introduce problem solving strategies</td>
</tr>
<tr>
<td></td>
<td>D-3 Brainstorm options and solutions</td>
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<tr>
<td></td>
<td>D-4 Facilitate the formation of short-term objectives and long term goals</td>
</tr>
<tr>
<td></td>
<td>D-5 Assist clients/family members in identifying markers toward goal attainment</td>
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<td></td>
<td>D-6 Determine depth of involvement of natural support systems</td>
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<td></td>
<td>D-7 Initiate discussion about exiting or transitions</td>
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<tr>
<td></td>
<td>D-8 Obtain confirmation with clients/family members on true representation of plan</td>
</tr>
<tr>
<td></td>
<td>D-9 Submit plan of recovery services signed by clients/family members</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><strong>Tasks</strong></td>
</tr>
<tr>
<td>Provide Culturally Competent Services</td>
<td>E-1 Learn about clients/family members’ unique culture</td>
</tr>
<tr>
<td></td>
<td>E-2 Honor clients/family members core values</td>
</tr>
<tr>
<td></td>
<td>E-3 Provide services that are linguistically and culturally diverse</td>
</tr>
<tr>
<td></td>
<td>E-4 Work with health care interpreters</td>
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<tr>
<td></td>
<td>E-5 Utilize CBOs with cultural programs and services</td>
</tr>
<tr>
<td></td>
<td>E-6 Maintain sensitivity to cultural differences in conflict resolution</td>
</tr>
<tr>
<td></td>
<td>E-7 Participate in ongoing training about issues of client culture and other diversities</td>
</tr>
<tr>
<td>F</td>
<td>Provide support and guidance in Clients/Family Members plan implementation</td>
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<tr>
<td>F-1</td>
<td>Continue to assist clients/family members in achievement of stated goals</td>
</tr>
<tr>
<td>F-2</td>
<td>Broker with other staff specialists for most accurate information and resources</td>
</tr>
<tr>
<td>F-3</td>
<td>Broker with other agencies for programs and services</td>
</tr>
<tr>
<td>F-4</td>
<td>Provide information to clients/family members on available resources</td>
</tr>
<tr>
<td>F-5</td>
<td>Provide advocacy for clients/family members with the multidisciplinary team</td>
</tr>
<tr>
<td>F-6</td>
<td>Provide advocacy for clients/family members with community services and agencies</td>
</tr>
<tr>
<td>F-7</td>
<td>Teach clients/family members to navigate systems (i.e. SSI, transportation, housing, legal schools, corrections)</td>
</tr>
<tr>
<td>F-8</td>
<td>Facilitate wellness/recovery support groups</td>
</tr>
<tr>
<td>F-9</td>
<td>Offer peer counseling</td>
</tr>
<tr>
<td>F-10</td>
<td>Act as a buddy in accessing services/systems</td>
</tr>
<tr>
<td>F-11</td>
<td>Provide emotional support to clients/family members in doing new things</td>
</tr>
<tr>
<td>F-12</td>
<td>Attend client/family members meetings (i.e. schools, criminal justice, behavioral health, discharge)</td>
</tr>
</tbody>
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<thead>
<tr>
<th>G</th>
<th>Provide Community Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-1</td>
<td>Promote life coaching/life management skills</td>
</tr>
<tr>
<td>G-2</td>
<td>Facilitate clients/family members in self-help training/education</td>
</tr>
<tr>
<td>G-3</td>
<td>Promote self-advocacy skills</td>
</tr>
<tr>
<td>G-4</td>
<td>Assist with discharge/transition planning</td>
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<tr>
<td>G-5</td>
<td>Maintain follow-up contact</td>
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<tr>
<th>H</th>
<th>Promote Professional Development</th>
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<tbody>
<tr>
<td>H-1</td>
<td>Maintain peer quality in your role</td>
</tr>
<tr>
<td>H-2</td>
<td>Explore evolving duality of relationships</td>
</tr>
<tr>
<td>H-3</td>
<td>Model recovery resilience, wellness, and hope in your professional role</td>
</tr>
<tr>
<td>H-4</td>
<td>Learn and use recovery language</td>
</tr>
<tr>
<td>H-5</td>
<td>Attend to your self care</td>
</tr>
<tr>
<td>H-6</td>
<td>Encourage a wellness lifestyle</td>
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<tr>
<td>H-7</td>
<td>Develop and maintain peer network</td>
</tr>
<tr>
<td>H-8</td>
<td>Develop mentoring and support systems</td>
</tr>
<tr>
<td>H-9</td>
<td>Adhere to established/agency policies and procedures</td>
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<tr>
<td>H-10</td>
<td>Participate in development of peer code of conduct and/or code of ethics</td>
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<td>H-11</td>
<td>Work towards reducing stigma and discrimination</td>
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<td>H-12</td>
<td>Establish and periodically review job description with staff/supervisor</td>
</tr>
</tbody>
</table>

| H-13 | Advocate for expansion of programs and resources for clients/family members |
| H-14 | Be available to clients/family members |
| H-15 | Follow through on verbal contracts with clients/family members |
| H-16 | Keep promises with clients/family members |
| H-17 | Represent MHSA principles at all community-based meetings |
| H-18 | Review, implement, and evaluate county MHSA plans and REPs |
| H-19 | Assist in the development of peer support trainings |
| H-20 | Provide ongoing education on value of peer support for staff (agency) |
General Knowledge and Skills

- Accessibility issues
- Active listening
- ADA training & Info
- Awareness of own cultural bias
- Basic literacy
- Boundaries
- Build rapport
- Civil Service training
- Computer literate
- Conflict resolution
- Crisis management/risk assessment
- Crisis training (CIT)
- Cultural competence/sensitivity
- Engagement skills
- Foundational communication resources
- HIPAA
- Hopeful
- How to work with an interpreter
- Know power of language
- Lanterman, Petris and Short (LPS)
- Mediation skills
- Mental health in general
- Mental health laws and patient rights
- Mental Health Services Act
- Navigational skills at various Mental Health organizations
- Openness to new ideas
- Peer Counseling
- Public Speaking
- Reflective Listening
- Self-Help Philosophy
- Self-advocacy skills
- Teach basic life skills
- Web savvy
- Wellness & Recovery Action Plan (WRAP)
- Wellness & Recovery Principles
Worker Characteristics and Behaviors

- Able to multi-task
- Able to teach
- Accepting
- Be available
- Cheerful
- Clean & Sober
- Creative
- Dependable
- Don’t leave/stick with it
- Don’t take self too seriously
- Empathetic
- Follow through
- Forthright
- Genuine
- Give yourself Permission to be Human
- Good listener
- Good role model
- Grounded
- Honest
- Hopeful
- In their own recovery
- Keep promises
- Kind
- Know your personal limitations
- Knowledgeable
- Optimistic
- Organized
- Patient
- Peacemaker
- Professional
- Responsible
- Self-care observant
- Sense of Humor!
- Team player
- Timely - Time management
- Trustworthy
- Welcoming
- Well-developed support group
- Willing to learn

Tools, Equipment, Supplies, and Materials

- Access to transportation
- Cell phone (Blackberry)
- Computer with internet access
- Computer programs, including Power Point
- Daily planner / PDA
- Dedicated work space (group capacity)
- Desk
- E-mail account
- Forms in PDF format
- Hot Line
- i phone
- Locked file
- Pager
- Resource materials (from NAMI, SAMSHA, CIMH, CA Network of Mental Health Clients, Mental Health Associations of CA, MHSA, United Advocates for Children and Families)
- Self-help materials
- Warm Line
- Water/food basics
- Wellness recovery materials

Source: http://www.workingwelltogether.org/sites/default/files/resources/DACUM%202007.pdf
Future Trends & Concerns

1. Misusing Peer staff in other services & programs other than Peer
2. Dilution of Peer Role, as a team member
3. Differential of pay/salary to Peer staff
4. Assuring Peer-input/perspective in policy
5. The use of MHSA money for non-transformative programs & services
6. Electronic records – confidentiality
7. Peer staff being socially included in workplace
8. Regular MH services being cut – MHSA supplantation
9. Loss of privacy for Peer staff (i.e. their therapist is in their workplace)
10. Web as source of info/referral
11. Expanded role of peer staff
12. Develop job specs to hire clients/family & parents
13. Increase numbers hired
14. Increase understanding of recovery by all staff
15. Not lose sight of transformation
16. Peer Employee Organizations (like NASW)
17. Move to evidence-based or promising treatment
The Family Liaison for Children’s Services administration is intended to implement parent/professional partnership activities at the policy and program development level. This position will work in partnership with the Children’s Service Manager to ensure the parent/family perspective is incorporated into all policy and administrative decisions. In order to accomplish the goal, of providing the parent perspective duties of the position include, but are not limited to the following:

1. Regular attendance at program development and network meetings:
   a) Monthly Children’s Supervisors
   b) Representative Parent Partner for Riverside County at the Southern Counties Coordinators and family network meetings
   c) Mental Health Advisory Board Children’s Committee
   d) Family Liaison Meetings
   e) Criminal Task Force Committee
   f) SB163 Wraparound Committee
   g) Celebration Cultural Awareness Committee
   h) Mid-Management Interagency Meeting

2. Provide feedback to the department on all Policies effecting families

3. Monitor implementation of the parent professional partnership plan and provide suggestions for updates

4. Be Children’s Services liaison to local and state groups like NAMI, United Advocates of California Children, United Parents and other parent groups

5. Develop, order, and update resources for parents as needed and recommend other needed resources to assist families

6. Pursue parents for participation on department committees, focus groups, and volunteer activities

7. Review and provide feedback in the development of new programs for implementation of parent centered philosophy

8. Represent parents on Mid Management Interagency Council and provide assistance and input for County programs

9. Review evaluation research done by the Department for implications for families

10. Participate in contributing information for the Department and the Family Liaison newsletters

11. Network with Parent Partners in Regional Center, Early Start, and other agencies/organizations who have Parent Partners

12. Attend, present and provide feedback related to workshops, presentations, and conferences
13. Participate in Special Projects such as:
   a. Childhood Depression Awareness Month
   b. Celebration Cultural Awareness
   c. Open House
   d. Holiday Snowflakes
   e. Holiday Food Baskets
   f. Health Fairs

14. Work with Van Horn Counseling Center and Riverside Juvenile Hall to help establish support for families

15. Order, review and revise the Intake Packets for parents with suggestions from the Family Liaisons

16. View Video’s and reading material for the parent resource library

17. Research parent scholarships for local and statewide training’s/conferences

18. Share collected material, resources, information and Department updates with Family Liaisons

19. Create informational brochures/flyers as needed


21. Review reading material assigned by Program Manager and provide recommendations about usefulness in the Department

22. Contact parents of clients in the Department or in the community to provide support, information and resources

23. Attend meetings as she deems necessary to assist in developing or identifying resource and information for families

__________________________________________  ____________________
Family Liaison                                      Date

__________________________________________  ____________________
Children’s Service Manager                       Date

Source: http://www.cimh.org/LinkClick.aspx?fileticket=KX4qWDRD4C0%3D&tabid=798
Public Mental Health System
Educational/Career Pathway

High Schools
- College Ready Transfer Students
- Consumer and Family Advocates
- Parent Partners
- Peer Specialists
- Community Health Workers
- Drug and Alcohol Counselors

Adult Schools
- Regional Occupation Programs
- Consumer and Family Member Organizations
- Community Organizations

Community Colleges
- Consumer and Family Advocates
- Parent Partners
- Peer Specialists
- Psycho-Social Rehabilitation Specialists
- Community Health Workers
- Drug and Alcohol Counselors
- Psychiatric Technicians
- RNs

Four Year Colleges & Universities
- Analysts
- Case Workers
- Counselors
- Psycho-Social Rehabilitation Specialists
- RNs
- Supervisors
- Managers

Graduate & Professional Schools
- MSWs
- MFTs
- Rehabilitation Counselors
- Occupational Therapists
- Nurse Practitioners
- Physician Assistants
- Supervisors
- Managers
- Administrators

Doctoral Programs
- MD/Psychiatrists
- PhD/PsychD/Psychologists
- PhD/DNsc/RNs
- DSW
- Social Work

MHSA Workforce Essential Elements
- Integrate the principles of wellness, recovery and resiliency into all training and education programs.
- Provide consumer and family member employment and supports at all levels of the public mental health system.
- Increase cultural and linguistic competency to support the diversity of local communities.
- Address shortages identified by the needs assessment process.
- Establish outreach strategies and develop career pathway programs to recruit and retain individuals in the public mental health field.
<table>
<thead>
<tr>
<th>Type of organizational culture</th>
<th>What is salient?</th>
<th>Differences among characteristics</th>
<th>Social interaction processes</th>
<th>Effects of policy change/social movements</th>
<th>Implications for diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differentiation</td>
<td>Characteristics that are valued or rejected by organizational culture</td>
<td>Differences highlighted by power and status distinctions</td>
<td>Directed by resulting power/status structure; self-reinforcing; relationship rather than task-based conflict</td>
<td>Potentially unintended consequences: exacerbate power/status differences associated with characteristics (e.g. “reverse discrimination”; women as protected class)</td>
<td>Discount contributions, reduced opportunities for members of traditionally under-represented groups</td>
</tr>
<tr>
<td>Unity</td>
<td>Common workgroup/team membership instead of demographic differences</td>
<td>Difference between individuals suppressed; de-individuation</td>
<td>Less conflict, unified goals; however, also less creativity, fewer outstanding individuals</td>
<td>Common identity will suppress either their importance or necessity</td>
<td>Less conflict associated with differences; potential value from differences under-realized</td>
</tr>
<tr>
<td>Integration</td>
<td>Potentially differing (and therefore valued) perspectives more salient than demographic differences</td>
<td>Differences highlighted as potential for valued perspectives, contributions</td>
<td>Focus on task, rather than relationship conflict</td>
<td>Highlight differences, contribute to sense of “diversity”</td>
<td>Meaning of “diversity” shifts from demographic mix to mix of values and perspectives</td>
</tr>
</tbody>
</table>
Baldrige Health Care Criteria for Performance Excellence Framework
A Systems Perspective

Organizational Profile:
Environment, Relationships, and Strategic Situation

1 Leadership

2 Strategic Planning

3 Customer Focus

4 Measurement, Analysis, and Knowledge Management

5 Workforce Focus

6 Operations Focus

7 Results

Source: http://www.nist.gov/baldrige/publications/hc_criteria.cfm
ASSESSMENT OF PEER-RUN/PEER-SUPPORTED SELF-MANAGEMENT PROGRAMS

Client and Family Sub-Committee

Improving Care – Transforming Lives - Together

A Review and Preliminary Guidance for Organizations Considering Implementation of Self-Management Programs that Support Integrated Care

AUGUST 2011

This review was prepared by members of the Client and Family Sub-Committee of CalMEND, a program of the California Department of Health Care Services funded through the MHSA by the California State Department of Mental Health. The CalMEND Client and Family Sub-Committee and other CalMEND programs are provided and supported through a contract with the California Institute of Mental Health.

Team Members / Reviewers:
- Abigail Weissman, MSW
- Joyce Ott

Additional Reviewers:
- Karin Kalk
- Lea Nagy

Technical Assistance: Karin Kalk

CMH CalMEND Project Director: Gale Bataille, MSW
ASSESSMENT OF PEER-RUN/SUPPORTED SELF-MANAGEMENT PROGRAMS

INTRODUCTION
People with serious mental illness (SMI) die, on average, 25 years earlier than the general population. Studies document recent increases in death rates over those previously reported. This is a serious public health problem for the people served by our state mental health systems. While suicide and injury account for about 30-40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases. People with schizophrenia and other serious mental illnesses (like bipolar disorder, major depression, and schizoaffective disorders) also suffer from a high prevalence of modifiable risk factors, in particular obesity and tobacco use. Compounding this problem, people with serious mental illness have poorer access to established monitoring and treatment guidelines for physical health conditions.

Health, mental health and substance use programs increasingly recognize that reversing these trends can only be achieved when services and supports are aimed at the whole person. These programs also recognize that their role in promoting clients’ self-management of their conditions, whether physical, mental or otherwise, must be a prominent component of services and supports. Further, all efforts to promote self-management will be more effective if they are informed and supported by individuals with lived experience – and in many cases these services and supports are best led by peers.

We hope that the findings presented here will facilitate the research and selection of whole-health, peer-supported/led self-management programs in county programs, community agencies, consumer-run self-help groups, peer empowerment centers, or wellness centers seeking to reduce the modifiable risk factors and physical conditions with which their clients contend.

APPROACH
In order to provide this guidance, we identified and evaluated self-management programs that met the following criteria:
- Whole-health in scope: range of components addresses array of health need
- Evidence-based (or promising)
- Peer-run and/or peer-supported
- Readiness for/ease of implementation
- Supports individualized needs

Due to limited resources, we performed only a preliminary investigation of promising programs. Therefore, the following caveats are critical when considering our findings:
- This review was not exhaustive; in all likelihood there are more, maybe many more, promising programs than were considered here.
- Reviewers did not participate in any of these programs, rather their findings are based on readily available published materials describing the programs.

The promising programs selected based on the above criteria included:
1. **Peer Support Whole Health (PSWH):** PSW "is a peer-driven plan for transformation of the mental health system. In this approach, a peer specialist helps a peer choose and record a health goal in an individual service plan funded by Medicaid-billable peer support and provides peer support to help reach that goal."ii
2. **NAMI Hearts And Minds:** The NAMI Hearts & Minds program is an online, interactive, educational initiative promoting the idea of wellness in both mind and body. Wellness is an ongoing process of learning how to make choices that support a more successful, healthy life."iii
3. **Solutions for Wellness (SFW):** SFW is a 6-month course in which "patients receive support, counseling, and tools to help them improve diet, exercise, stress management, and sleep habits—all tailored to their unique needs." The SFW program features: Personalized Meal & Exercise Plans, Dietitian Counseling Service, Dietitian Helpline, Newsletters and Motivational Progress Updates.iv
ASSESSMENT OF PEER-RUN/SUPPORTED SELF-MANAGEMENT PROGRAMS

Two additional programs were also evaluated, although to a lesser extent:
- **Wellness Self-Management (WSM):** “Wellness Self-Management is a curriculum-based clinical practice designed to assist adults to effectively manage serious mental health problems. The topics covered include a number of research-informed approaches that are organized into a comprehensive and coordinated set of practices. The WSM program is based on Illness Management and Recovery (IMR)” and “includes lessons emphasizing the connection between physical and mental health.”
- **Facing Us Club House:** “FacingUs.org is an online community created to provide a safe haven for those living with mood disorders and offer inspiration and encouragement to anyone seeking personal wellness.” Once inside the Clubhouse, users can, among other things, “create a wellness book filled with tips for maintaining a healthy life. These tips can be a combination of personal tips and those chosen from a library of shared tips posted to the site by other users.”

Reviewers (four) used a modified Delphi Process to identify the strengths and weakness of each of the selected programs. The process enabled the work group to consider each of the programs from a variety of perspectives and variables, and rate each on a 1 (strongly disagree) to 9 (strongly agree) scale. See Appendix A for a more detailed description of the review process. Reviewers included client, family, and administrative representatives.

RESULTS

The table below summarizes the median scores for each program in each of the evaluation categories. Specific comments about each category are provided in Appendix B.

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>Meaningfulness for Clients</th>
<th>Organizational Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Importance</td>
<td>Gap</td>
</tr>
<tr>
<td>Peer Support Whole Health</td>
<td>8.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Hearts And Minds</td>
<td>8.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Solutions for Wellness</td>
<td>7.5</td>
<td>7.0</td>
</tr>
</tbody>
</table>

The following briefly summarizes key strengths and potential drawbacks for each program.

1. **Peer Support Whole Health (PSWH)**
   - **Strengths:**
     - Strongest of the three programs evaluated
     - Led by peers with mental health lived experience provides an extensive manual for facilitators as well as workbook for participants.
     - Evidence-based in published research, significant improvements found in client “activation/self-management and ability to access to primary care.
     - Consistent with recovery values of choice, self-direction and peer support
     - Helps people set, achieve and maintain goals that lead to healthier lifestyles and promote wellness
   - **Potential Drawbacks:**
     - Attention to mental health concerns is minimal, especially compared to physical health
     - May have limitations with diverse populations (materials not multi-lingual)

2. **Hearts And Minds**
   - **Strengths:**
     - Hearts and Minds pamphlet, as well as a facilitator’s guide, are available online
     - Content has the potential to advance health literacy (likely most beneficial to health care professionals)
   - **Potential Drawbacks:**
     - Written almost exclusively by doctors; no evidence of client or family input.
     - The Hearts and Minds pamphlet is very technical, difficult to grasp, overly academic
     - May have limitations with diverse populations (materials not multi-lingual)
ASSESSMENT OF PEER-RUN/SUPPORTED SELF-MANAGEMENT PROGRAMS

3. **Solutions for Wellness**  
**Strengths:**  
- SAMHSA’s 10X10 Wellness Campaign site includes a link to SFW  
- Free, personalized six-month online support program  
- Client has option of sharing SFW data with referring health care professional  
- Dietician is available by phone to participants  

**Potential Drawbacks:**  
- Not entirely independent/stand-alone; provider must enroll and provide referral  
- Appears to have high drop-out rate  
- Some may be reluctant/not able to use due to pharmaceutical company affiliation (although it does not promote any particular medication or medication use)  
- May have limitations with diverse populations (materials not multi-lingual)

As mentioned above, two additional programs were considered, but not selected for full review because they did not sufficiently focus on physical health as well as mental/emotional health. Key strengths and potential drawbacks for these are described below.

4. **Wellness Self-Management (WSM)**  
**Strengths:**  
- Peers can easily facilitate lessons; peer input helped shape modifications of this workbook  
- Personal workbook is available in Spanish and English; overall strong emphasis on cultural awareness, including role of commity, and religious and family values  
- Addresses the connection between healthy lifestyle and mental health recovery  

**Potential Drawbacks:**  
- Dedicates more time and space to mental health than to physical health or general well-being.  
- Workbook is long (however, individual lessons and/or sections could be of value)

5. **Facing Us Clubhouse**  
**Strengths:**  
- Online, user-friendly, interactive, available to anyone who wishes to use it  
- Developed by peers  
- Enables peers to share ideas and tips with each other about their lives, including a Media Room and a Creativity Center.  
- Information and tips are offered on many topics such as Managing Triggers, Crisis Management, Daily Self Care, and Physical Health  

**Potential Drawbacks:**  
- Heavily weighted toward mental, spiritual and emotional well-being; has minimal physical health promotion and self-management

CONCLUSION  
In general, the reviewers felt that none of the programs would effectively support all clients, especially given the wide range of clients’ needs in terms of stage of recovery; physical conditions; culture, race and ethnicity; socio-economic conditions; spiritual and religious preferences, and other demographic differences. Self-management support of clients’ whole health will likely require a variety of peer led or supported programs.

vi www.facingus.org

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1 Morbidity and Mortality in People with Serious Mental Illness  
3 http://www.nami.org/template.cfm?section=Hearts_and_Minds  
4 www.solutionsforwellness.info  
vi www.facingus.org  
APPENDIX A: Assessment Process

Four reviewers evaluated the programs using the categories below.

<table>
<thead>
<tr>
<th>PROGRAMS:</th>
<th>Meaningfulness for Clients</th>
<th>Organizational Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Important</td>
<td>Gap</td>
</tr>
<tr>
<td>Peer Support Whole Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMI Hearts And Minds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solutions for Wellness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The process enabled the work group to consider each of the program from a variety of perspectives and variables using a 1 (strongly disagree) to 9 scale (strongly agree).

Terms were defined as follows:

**Meaningfulness for Clients**
- **Important:** This program addresses an area of self-management for clients' whole health important to my stakeholder group*
- **Gap:** This program addresses an area where there is often a gap between actual and ideal self management of whole health
- **Culture/Diversity:** This program supports a diverse array of clients (age, ethnicity, sex, literacy, language)
- **Outcome:** Improved self-management using this program is likely to be associated with better whole health (mental health, physical health and substance use) NOTE: Evidence basis should be considered here

**Organizational Feasibility**
- **Specified:** The program components delineate role(s) for peers to support, facilitate or otherwise promote its use for client self-management
- **Burden:** Adoption of this program represents a low burden to health organizations (ease of implementation, cost of operating, etc.)
- **Literacy:** The program supports a wide array of health literacy (the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions

**Overall**
- **Development:** Peer involvement in the programs' development
- **Overall:** Overall, this program should be included in mental health/ primary care/ substance use integration projects' efforts to support self-management
## APPENDIX D-3

### APPENDIX B: Table of Results

<table>
<thead>
<tr>
<th>Important</th>
<th>Meaningfulness for Clients</th>
<th>Organizational Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program addresses an area of self-mgmt for clients’ whole health important to my stakeholder group*</td>
<td>This program addresses an area where there is often a gap** between actual and ideal self-management of whole health</td>
<td>Improved self-mgmt using this program is likely to be associated with better whole health (mental health, physical health and substance)</td>
</tr>
</tbody>
</table>

#### PROGRAMS:

##### Peer Support Whole Health

- **Turn-key program with multiple modalities**

<table>
<thead>
<tr>
<th>Peer Support Whole Health</th>
<th>Median Score = 8.5</th>
<th>Comments: Strongly oriented to physical health, mental health collaboration is not as well addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments: Goes a long way to address the gap, but falls short in terms of mental wellness and challenges with ADLs (access to recommended food, shelter/home, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

##### NAMI Hearts And Minds

- **On-line resources**

<table>
<thead>
<tr>
<th>NAMI Hearts And Minds</th>
<th>Median Score = 8.0</th>
<th>Comments: Strongly oriented to physical health, but missing relaxation and stress, mental health collaboration is not as well addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments: Very academic approach to whole health and only suited to a small portion of well clients. Lacks motivation spirit and engagement.</td>
<td></td>
</tr>
</tbody>
</table>

##### Solutions for Wellness

- **Interactive on-line program**

<table>
<thead>
<tr>
<th>Solutions for Wellness</th>
<th>Median Score = 7.5</th>
<th>Comments: Strongly oriented to weight management but may fall short in other topics necessary for whole health, particularly in some aspects mental health. Offers option of nutritionist and communication of progress to the referring MD.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments: Requires existing connection with a physician to gain access to the program, so won’t work for clients who don’t have access to a physician. The client may invite their MD to be involved, and MD may choose to review results with the client.</td>
<td></td>
</tr>
</tbody>
</table>

#### Development

- Peer involvement in the programs’ development
- Overall: This program should be included in mental health/primary care/substance use integration projects’ efforts to support self mgmt

#### Overall

APPENDIX C: Resources/Weblinks

PEER SUPPORT WHOLE HEALTH (PSWH)
- Source: Originally developed by the Appalachian Consulting Group
- Resource Links:
  - www.nasmhpd.org/general_files/Technical%20Assistance/TTIY1Y2Summary.pdf (pages 9-10)

HEARTS AND MINDS
- Source: from the National Alliance for Mental Illness (NAMI)
- Resource Links:
  - http://www.nami.org/Template.cfm?Section=Hearts_and_Minds&Template=/ContentManagement/ContentDisplay.cfm&ContentID=94415

SOLUTIONS FOR WELLNESS (SFW)
- Source: developed by ELI LILLY Pharmaceutical Company
- Resource Links: www.solutionsforwellness.info

WELLNESS SELF-MANAGEMENT (WSM)
- Source: Personal Workbook developed by the New York State Office of Mental Health (NYSOMH); The Urban Institute for Behavioral Health (UIBH); Center for Practice Innovations (CPI) New York State Psychiatric Institute

FACING US CLUB HOUSE
- Source: from the Depressions and Bipolar Support Association (DBSA)
- Resource Links:
  - www.facingus.org
  - www.dbsalliance.org/site/PageServer?pagename=home

Appendix E-1

List of Acronyms
*Developed by Working Well Together*

ADA: Americans with Disabilities Act
CWIB: California Workforce Investment Board
DACUM: Developing a Curriculum
DHHS: Department of Health and Human Services
DOL: Department of Labor
E/BD: emotional & behavioral disorders
EARN: Employer Assistance and Resource Network
EEOC: Employment Opportunity Commission
Inclusive Culture: One in which difference is embraced, all people are valued as equal and important to the collective group.
JAN: Job Accommodation Network
KSA: Knowledge, Skills, Abilities
NIDRR: National Institute on Disability and Rehabilitation Research
ODEP: Office of Disability Employment Policy
PAQ: Position Analysis Questionnaire
SAMHSA: Substance Abuse and Mental Health Services Administration
SE: Supported Employment
SMI: Serious Mental Illness
TIP: Transition to Independence Process
WELCOA: Wellness Council of America
WIBs: Workforce Investment Boards
WRAP: Wellness Recovery Action Plan