

***SUPPORTED EMPLOYMENT AND
SUPPORTED EDUCATION
SUMMIT MEETING***

*Monday May 3, 2010
State Department of Rehabilitation
Sacramento, California*

***SUPPLEMENTARY MATERIALS:
San Mateo County's Transition to College
Supported Education Program***

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About The Transition to College Program and the Development of these Supplementary Materials

San Mateo County's Transition to College supported education program is a result of a partnership between College of San Mateo Disabled Student Services and San Mateo County Behavioral Health and Recovery Services (SMBHRS) and is staffed by Caminar, a non-profit mental health provider under a contract with SMBHRS. The Department of Rehabilitation and a collaborative of some twenty other organizations and advocacy groups, called the **Community Recovery Coalition (CRC)**, also supports and steers the program. An important feature of **Transition to College** is that it serves as the educational arm of Caminar's **Jobs Plus** employment program which links consumer educational goals to employment through a partnership with the Department of Rehabilitation (DOR). Besides being a model supported education program for over eighteen years, the fact that Transition to College is linked to supported employment services made it an ideal choice for a featured program at the May 2010 Supported Employment and Supported Education Summit Meeting. These materials were prepared to provide participants with in-depth information and examples about best practices in supported education as they are manifested in the **Transition to College program**.

SECTION 1

THE PRACTICE OF SUPPORTED EDUCATION

- **Basic Challenges**
- **Definition and Goals**
- **Supported Education Programs**
- **Colleges with Supported Education Programs**
- **The Transition to College Program Components**
- **The Transition to College Flow Chart**
- **About the Transition to College Program**
- **About Supported Education**
- **Fact Sheet on Supported Education**

SUPPORTED EDUCATION

“Individuals with psychiatric disabilities increasingly recognize that education can play a significant role in enhancing their recovery and reintegration process. To support them in reclaiming the valued role of the ‘student’, the practice of supported education has evolved.”

Karen Unger, MSW, Ed.D.

THREE CHALLENGE AREAS FACING SUPPORTED EDUCATION PROVIDERS AND EDUCATORS

1. **ACCESS:** HOW DO WE EFFECTIVELY LINK ADULTS AND TAY TO OUR COMMUNITY COLLEGES?
2. **RETENTION:** HOW DO WE SUPPORT ADULTS AND TAY TO STAY AT OUR COMMUNITY COLLEGES?
3. **OUTCOMES:** HOW DO WE FACILITATE EDUCATIONAL AND EMPLOYMENT OUTCOMES?

THE MOST SUCCESSFUL RESPONSE TO THESE CHALLENGES HAS BEEN THE DEVELOPMENT OF SUPPORTED EDUCATION PROGRAMS AND PRACTICES.

SUPPORTED EDUCATION: DEFINITION AND GOALS

Supported education involves the provision of ongoing supports to assist people with psychiatric disabilities to take advantage of skill, career, education and interpersonal development opportunities within a normalizing academic environment.

Supported Education has the following goals:

- Provide access to a normalizing environment within which individuals with psychiatric disabilities can experience a wide range of people and social situations that allow for an alternate means of self-definition, from patient to student.
- Provide access to the cultural and recreational resources available in educational settings.
- Provide opportunities to strengthen basic competencies necessary to succeed in school and competitive employment.
- Provide opportunities to explore individual interests relating to career development and vocational choice.
- Provide opportunities to earn degrees, certificates, or vocational training that will lead to employment and careers.

SUPPORTED EDUCATION PROGRAMS

Supported Education Programs are community partnerships made up of mental health consumers, family members, agencies providers and colleges with the intention of pooling resources to maximize educational opportunities and employment outcomes for persons with psychiatric disabilities. Supported Education programs modify existing educational environments by making them more receptive, supportive and encouraging to students with psychiatric disabilities.

These modifications are over and above existing educational supports, services and accommodations for students with disabilities and may include:

- Outreach and Recruitment
- Special orientations
- Specialized transitional classes
- Identified counselors and instructors familiar with psychiatric disabilities
- Educational coaching
- Liaison and service coordination between the college and mental health and rehabilitation providers
- Special crisis intervention procedures
- Peer counseling
- Support groups
- Clubs and social activities
- Award ceremonies
- Newsletters and communications
- Book and scholarship funds
- Research and evaluation

Every Supported education program will vary in structure according to the unique needs and assets of each community and the participating partnership organizations and colleges.

California Community Colleges with Supported Education Programs

(A partial list)

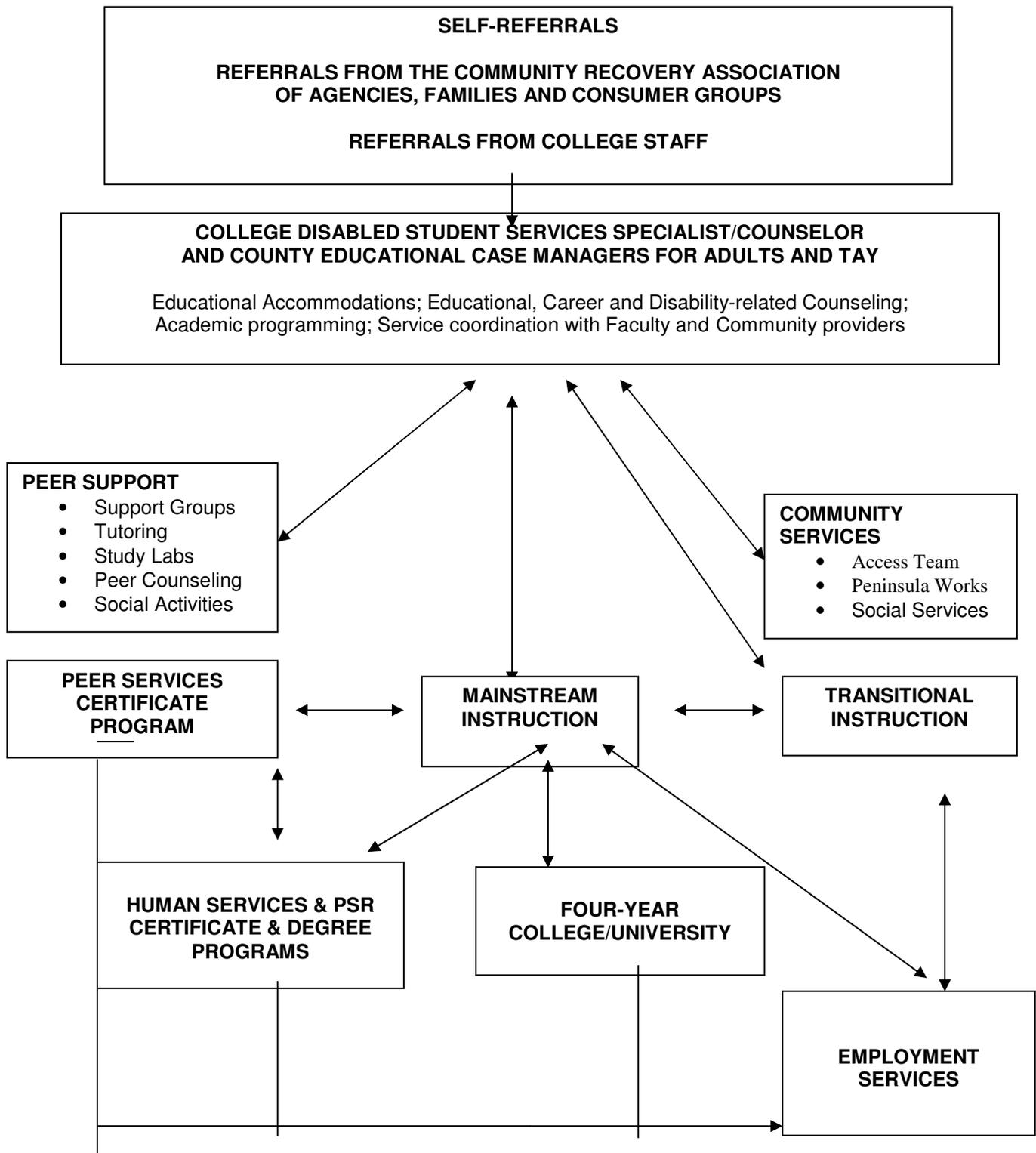
- Bakersfield
- Cabrillo
- College of San Mateo
- Contra Costa
- Diablo Valley College
- Fresno
- Hartnell
- Laney
- Monterey Peninsula
- Solano

TRANSITION TO COLLEGE PROGRAM FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

PROGRAM COMPONENTS

- OUTREACH AND RECRUITING
- TRANSITIONAL INSTRUCTION FOR ADULTS AND TAY
- PEER MENTORING FOR ADULTS AND TAY
- INTERFACE WITH THE COMMUNITY SYSTEM OF CARE
- ACADEMIC AND DISABILITY RELATED COUNSELING
- EDUCATIONAL CASE MANAGEMENT FOR ADULTS AND TAY
- EDUCATIONAL ACCOMMODATIONS
- PEER COUNSELOR TRAINING AND CERTIFICATION (a MH workforce development project)
- LINK TO HUMAN SERVICES CERTIFICATES AND DEGREE PROGRAM (a MH workforce development project)

TRANSITION TO COLLEGE STUDENT FLOW CHART



ABOUT THE TRANSITION TO COLLEGE PROGRAM

San Mateo County's **Transition to College (TTC)** program has served as a state and national model and research site for Supported Education since 1991. The program, a partnership between San Mateo County Behavioral Health and Recovery Services and the College of San Mateo (CSM), has been an integral part of the college's Disabled Students Programs and Services for 18 years and has successfully supported individuals with psychiatric disabilities to attend college and achieve academic, career, and Recovery goals. The program's unique approach combines Recovery focused instruction, educational case management, accommodations, peer support and vocational certificate programs to assist students to succeed. Traditionally, the attrition rate at colleges for individuals with psychiatric disabilities has been exceptionally high as a result of anxiety, low stress tolerance, lack of academic and social skills, and low self-esteem. Transition to College has reversed this trend and is significantly assisting San Mateo County in meeting its recovery, employment and workforce development goals.

The Students

Students in the Transition to College program are individuals recovering from severe mental illnesses such as schizophrenia, bipolar disorder or manic depression and are self-referred or referred by community agencies, college staff or consumer groups to the program's adult or Transition Age Youth (TAY) case managers. Most of the students entering the program are initially unemployed and most adult students have been ill for more than 10 years. Seventy-five percent of all students enrolling in the program have unsuccessfully previously attempted college and prior to entering the program, had abandoned any hope of achieving educational or career goals. Once enrolled in the program, students find new hope for recovery and employment success. Thus far, TTC has served more than 2,500 individuals over a period of 17 years. Approximately 100 students are presently active in the program each semester.

Special Class Sections Provide a Safe Re-Entry to College

Students in the Transition to College program experience a safe beginning or re-entry to college through attendance in courses on college orientation, study skills, wellness, and peer counseling. These Recovery focused courses are all specially designed with the needs of individuals with psychological or psychiatric disabilities and separate sections are offered for adults and TAY.

Students report that these classes are most helpful in providing encouragement and support and in developing their self-confidence in the college environment. These courses also build toward certification in Peer Support Services and employment as a peer service provider in the community.

As a result of attending classes, often within weeks, students show improvement in the following areas:

- ❖ Higher self-esteem and increased self-confidence in the campus environment
- ❖ Improved study skills and increased knowledge of campus resources
- ❖ Improved interpersonal skills
- ❖ Improved classroom skills (i.e., higher personal, academic and career goals; increased number of long-term goals)
- ❖ Counseling and referral skills that can lead to employment
- ❖ Interest in employment and readiness for the workplace

Case Management, Counseling and Peer Support

Students are regularly advised and encouraged by college Disabled Student counselors and San Mateo County Behavioral Health employees or contractors stationed at the campus in the roles of instructors, educational case managers and peer counselors. Educational case managers maintain liaison with community therapists and mental health providers serving the students and coordinate campus services with college faculty and staff. Weekly support groups and study labs led by peers and staff provide additional support.

Collaboration Key to Program's Success

Key to the Transition to College program's success is the community collaborative called the Community Recovery Association (CRC). The CRC is made up of representatives from the college, San Mateo County Behavioral Health and Recovery Services, Caminar, Mental Health Association of San Mateo County, National Alliance for the Mentally ILL, Hearts and Souls Consumer Network, County Vocational Rehabilitation Services, the Department of Rehabilitation and numerous other agencies. These community groups were instrumental in the development of the program and continue to steer the program through regular monthly meetings of the CRC. They also contribute staff time to the program and provide funds for books, achievement celebrations, and other supports.

The college and mental health and rehabilitation community are motivated to work together in that they have overlapping missions. Mental health and rehabilitation agencies must assist and support their clients to assume meaningful roles in the community. Colleges must prepare these students with the skills and knowledge to assume those roles. Neither can achieve complete success without the support and cooperation of the other. Continued success over the years through collaboration now fuels the process.

ABOUT SUPPORTED EDUCATION

(www.ssw.umich.edu/sed/about.html)

Supported education prepares people with psychiatric disabilities to achieve educational goals in a college campus setting. Built on a psychosocial rehabilitation model, supported education addresses problems related to achieving educational success, such as managing stress, improving academic skills, problem solving, self-confidence, and career development. Its aim is to help students overcome the obstacles that prevent them from successfully completing their higher education.

Goal of Supported Education

- To empower adults with serious mental illness to:
 - Choose and acquire the tools necessary to achieve their post-secondary educational goals
 - Attain their highest potential and succeed in their efforts

How Supported Education Works

- Supported education allows individuals to transform their perceived identities from the stigmatized, role of psychiatric patient to the valued and culturally acceptable role of college student.
 - Participants create for themselves a new identity - student!
 - Participants experience a new and normalizing environment on college campuses
 - Students develop and participate in the structure afforded by a meaningful program
 - Students receive supports needed to focus on their educational goals
 - Most importantly, supported education students feel a renewed sense of hope for their futures

Background

The onset of mental illness generally occurs between the ages of 17 and 25 - the same years in which many young adults leave home to explore careers through educational opportunities. Kessler et.al., 1995, estimated that 4.7 percent of college dropouts are students with psychiatric disorders. (1)

Prior to the 1990 passage of the Americans with Disabilities Act, equal access and freedom from discrimination were rarities for people with psychiatric disabilities on college campuses.

Supported education programs have been developed over the past decade to assist people with psychiatric disabilities in achieving their educational goals. Adapted to local circumstances, Supported Education programs use group or individual-based services, to increase the access to, retention in, and completion of post-secondary education of adults who have had difficulties in higher education because of psychiatric disabilities. Karen Unger, 1993, identified four supported education prototypes - classroom, on-site, mobile support, and individual. (2) Typically taking place on a college campus, Supported Education programs emphasize integration into a normalizing environment, access to campus resources, skill-building and skill-practice of educational competencies, opportunities to identify and explore vocational interests, support in

mastering the educational environment, and peer support from others pursuing education.

Underlying Philosophy of Supported Education

- Students take control - of their disability, of their environment, and of their future.
- Choice is fundamental. Students identify and explore their career interests and, in return, receive support in acquiring the skills and resources to meet their career goals
- Many supports are necessary for learning. Students are encouraged to maintain relationships with the supported education staff, special student services on campus, CMH case managers, peers, families, and residential providers.
- Students are involved in the implementation of the program. Students can serve as staff, peer mentors, tutors, and/or as board members.
- Supported education programs incorporate empowerment strategies.

Core Values of Supported Education

- Flexibility: Services are evaluated on an ongoing basis
- Dignity: Services are provided In a manner and In an environment that protects privacy, enhances personal dignity and respects cultural diversity.
- Coordination: The resources are brought together to work for the benefit of the students.
- Individualization: Services are tailored to meet the unique and changing needs of each student. Services build on the individual strengths of participants.
- Self-determination: Students set their own goals.
- Active involvement: Students participate in all aspects of the program from planning to implementation to evaluation.
- Strengths: Services are built on the unique strengths of students.
- Hope: Participants are treated as developing persons, capable of growth and change.
- Advocacy: Participants are supported to advocate on their own behalf.

Myths & Facts about Supported Education

- ***Myth***
People with psychiatric disabilities can't meet the demands of college
- ***Fact***
With support and reasonable accommodations, people who choose college can be successful in school.
- ***Myth***
People with psychiatric disabilities are disruptive in an academic setting

- **Fact**
People with psychiatric disabilities are no more disruptive than other students
- **Myth**
People with psychiatric disabilities are not interested in pursuing higher education
- **Fact**
When offered the opportunity to experience college, most students with psychiatric disabilities respond positively!
- **Myth**
People with psychiatric disabilities can't take the stress of college
- **Fact**
Persons with psychiatric disabilities are able to adapt to a level of stress of their own choosing; having a meaningful choice can actually reduce stress.

1. Kessler, R., Foster, C., Saunders, W. and Stang, P (1995), Social consequences of psychiatric disorders. Educational attainment. *American Journal of Psychiatry*, 152 (7), 1026-1033.
2. Unger, K (1993), Creating supported education programs, utilizing existing community resources. *Psychosocial Rehabilitation Journal*, 17(1), 11-2

SUPPORTED EDUCATION FACTS

What is it? Supported education is the process of providing services to people who are recovering from mental illness so they can have access to resources that will help them succeed in a college, university or technical training setting.

What services are provided? College personnel provide academic counseling, and accommodations to address problems in functioning that students may have because of their psychological disabilities. Mental health staff provides information about educational services, advocacy, and case management services.

Who returns to school? The average supported education student is about 34 years of age and has a diagnosis of schizophrenia, major depression or bipolar disorder. Since the usual onset of psychiatric illness is 20 years of age, most supported education students have been hospitalized an average of seven times and have spent approximately 11 months in the hospital prior to returning to school. Recently, supported education programs for younger students are being successfully developed.

What accommodations are necessary? The most common accommodations needed by people with mental illness are assistance with registration and financial aid. They also may need extended time for exams, changes in format or time frames for exams or assignments, tutoring, note taking assistance or tape recorders. Research has shown they do not require more accommodations than other disability groups.

What is the greatest challenge? Stigma is the greatest challenge students face. Many people still believe that mental illness is a debilitating life-long disease and that people with a mental illness are dangerous. Research has shown that the majority of people with mental illness do recover. Research has also shown that people with mental illness do not commit more crimes than other populations. They are, however, often the victims of crime.

Do people with a mental illness disrupt the learning environment? Research has shown that students with a mental illness are no more disruptive than other college students.

Can students recovering from mental illness be successful in school? According to a nationwide study, students in supported education programs complete 90 percent of the courses for which they enroll with an average grade point average of 3.3.

What are the positive benefits of supported education? A national research study reveals that supported education students report a significantly greater level of satisfaction with their quality of life. They report higher levels of satisfaction with their living situation, finances, daily activities, social relations and family contacts than those who are not going to school. People who are enrolled in a supported education program have had decreased incidence of hospitalization and more than half of them are employed.

Karen Unger, 2000

SECTION 2

STRATEGIES FOR THE DEVELOPMENT OF SUPPORTED EDUCATION PARTNERSHIPS

- **The Community Recovery Coalition (CRC) of San Mateo County**
- **The Background and Development of the CRC and the Transition to College Program**
- **Strategies for Creating a Community Coalition**
- **The Benefits of Collaboration**
- **Transition to College: Collaboration with Community Agencies**

The Community Recovery Coalition of San Mateo County (CRC)

The CRC is a coalition of public and private agencies in San Mateo County that serve persons recovering from mental illness. Their mission is to support and empower persons with psychiatric disabilities to develop and attain personal, educational and career goals. Membership includes:

- San Mateo County Behavioral Health and Recovery Services
- Caminar
- Mental Health Association
- San Mateo Community Colleges
- Vocational Rehabilitation Services
- Department of Rehabilitation
- Mateo Lodge, Inc.
- National Alliance on Mental Illness of SMC (NAMISMC)
- Heart and Soul Consumer Network
- Veterans Administration Medical Center
- Kaiser Permanente
- TeleCare
- Stamp Out Stigma

These community agencies and consumer groups were instrumental in the development of the Transition to College program and continue to partner with the college by contributing staff time as co-instructors for the specialized courses, consultants to college personnel, educational case managers and supervisors for peer counselors. They also assist by providing funds for books, art supplies and peer counselors.

Background and Development of the San Mateo County Community Recovery Coalition (CRC)

Collaborative efforts to serve the educational needs of citizens with psychiatric disabilities in San Mateo County first began in 1989. At that time, College of San Mateo joined with Caminar, a local rehabilitation agency, and San Mateo County Behavioral Health and Recovery Services to offer peer counseling classes for mental health consumers to introduce them to college, create a peer support network, prepare them for employment and fill local agency needs for trained peer helpers.

In 1991, they expanded this partnership to include eight additional agencies including: National Alliance for the Mentally Ill, Mental Health Association of San Mateo County, Heart and Soul Network for Mental Health Consumers, Vocational Rehabilitation Services and others. Together, under the title of the **Community Recovery Coalition (CRC)**, they applied for and received a California State Model Service Site Grant to test a college/community collaborative service model recommended by the State Community College Chancellor's office. This service model included counseling, service coordination, specialized instruction, accommodations, crisis intervention and peer support.

The CRC coalition of agencies in partnership with CSM was highly successful as a State Model Service Site. Today, the **Transition to College** program is viewed as a model approach to supported education services throughout the state and nation. The program has also served as a research site for Boston University's Center for Psychiatric Rehabilitation and for the University of Arizona's Rehabilitation Department. Collected data demonstrated the effectiveness of community assisted post secondary supported education programs.

Since 1992, College and community members on the CRC have worked together to further develop the program, collect outcome data, and produced and/or modified curricula for courses intended to be offered primarily for students with psychological disabilities. Examples of these courses are Transition to College, Skill Development for Career Growth and Peer Counseling. In 1998, under the mentorship of the State Departments of Mental Health and Rehabilitation Cooperative Program (DMH/DOR), the college and the CRC created a Human Services Certificate and Degree Program to meet the local training needs created by the passage of the Welfare Reform Act and the Workforce Investment Act. The two laws made employment outcomes the common objective of all human services providers and required that human services workers assume new roles as mentors, case managers and employment service specialists. The new Human Service program with its specializations in Family Development, Community Health Work and Peer Support Services fulfilled the training needs mentioned above and, like the TTC program, has been widely emulated.

Most recently, the Mental Health Services Act encourages all California community mental health services to hire qualified mental health consumers and family members to work as service providers. This has acted as a stimulus for the CRC and its college Human Services program to develop a Certificate in Psychosocial Rehabilitation (PSR). This is the first successful PSR training and certification program for paraprofessionals in the state. Now in its second year, it is receiving a great deal of attention.

STRATEGIES FOR CREATING A COMMUNITY COALITION FOR THE DEVELOPMENT OF A SUPPORTED EDUCATION PROGRAM

- MEET OFTEN AND REGULARLY AND DISTRIBUTE MEETING NOTES AND EVENT ANNOUNCEMENTS
- CONTINUOUSLY ASK, “WHO ELSE SHOULD BE HERE”?
- TAKE AN INVENTORY OF RESOURCES AND DISTRIBUTE IT
- POOL RESOURCES AND IGNORE FUNDING PATHS
- MOVE EXISTING COMMUNITY PROGRAMS TO THE COMMUNITY COLLEGE CAMPUS
- AS A GROUP, CONTINUOUSLY APPLY FOR FUNDS
- EXPLORE PROGRAM MODELS FROM OTHER SITES AND MODIFY THEM TO MEET YOUR COMMUNITY NEEDS
- BE WILLING TO REDIRECT STAFF AND RESOURCES TO THE COLLEGE. ABOVE ALL, SUPPORT YOUR LOCAL COLLEGE DISABLED STUDENTS PROGRAM
- SEEK CONSULTATION AND TRAINING FROM THE DMH/DOR COOPERATIVE PROGRAM

THE BENEFITS OF COLLABORATION

County Mental Health Provides	Benefit to College
Referrals to the college and DSP&S	Increased enrollment in college and DSP&S
Staff to assist in teaching	Reduced impact on teaching resources
Funding of a contract with a community-based agency (CBO) that provides <ul style="list-style-type: none"> • Case management • Peer counseling • Additional disability-related counseling • Liaison with community mental health staff • Crisis intervention • Teaching assistance for specialized classes 	Additional services relieves pressure on DSP&S, Counseling Services, Career instruction and campus Psychological Services

The Community College Provides	Benefit to County Mental Health
A hopeful, Recovery, and employment focused environment	Increased recovery and employment of mental health consumers
College classes	College Credit, Certification and Degrees that lead to employment
Office space for educational case managers and peer mentors	Allows mental health staff to assist consumers at the campus
Teacher/coordinator of record for specialized classes	Allows use of specially trained mental health staff in the classroom
A point person for students with Psych disabilities at DSP&S	Ease in accessing all DSP&S services, including academic advising and accommodations for consumers

TRANSITION TO COLLEGE PROGRAM COLLABORATION WITH COMMUNITY AGENCIES

Collaboration of community agencies and consumer groups has been essential to the success of San Mateo County's Transition to College Program (TTC) located at College of San Mateo (CSM). Since 1990, members of the CSM faculty have met monthly with representatives from twenty different social service agencies and consumer groups as part of the Community Recovery Coalition (CRC). An important part of the CRC mission is to develop and maintain collaborative educational support services to students with psychiatric disabilities. These agencies and groups have accepted various responsibilities as part of a joint effort to support students with psychological disabilities to be successful.

Six key agencies and their specific contributions are:

San Mateo County Behavioral Health and Recovery Services

- Provides through contracts with non-profit agencies, on-campus case managers/instructors and instructional assistants to assist both Transition Age Youth (TAY) and adult students
- Assists in recruitment of students
- Provides consultation to college faculty and staff
- Hosts, with the CSM, in-service trainings for County Mental Health staff and other community providers on supported post-secondary education
- Seeks out grants and funding sources to support various TTC program components

Caminar: A Rehabilitation Agency

- Serves as the main contractor for San Mateo County Mental Health providing case management, peer counseling training and instructional assistants and employment services to the TTC program
- Acts as a source of student referral to the project
- Consults to college faculty, staff, and administration
- Writes funding proposals and administers grants that support various TTC program components
- Assists the college in the development of specialized curriculum for Peer Counseling, Case management and Psychosocial Rehabilitation classes for the Human Service Certificate programs connected to the TTC program
- Provides job development, placement and job coaching services to TTC students through its Jobs Plus employment program and access to the State Dept of Rehabilitation
- Hosts parties, graduation celebrations, trainings and events

Mental Health Association of San Mateo County

- Assists in student recruitment
- Writes funding proposals and administers grants received

San Mateo County Vocational Rehabilitation Services

- Provides job development and job placement for students
- Assists in student recruitment
- Provides consultation to TTC staff
- Assists students with vocational goals to access State Department of Rehabilitation services
- Assists the college in the development of curriculum for Human Services classes utilized by the TTC program

National Alliance for the Mentally III

- Assists in student recruitment
- Provides consultation and supportive materials to TTC staff
- Lobbies legislators regarding funding augmentations for services to students with psychiatric disabilities
- Provides book scholarship fund
- Holds fundraising events to benefit Supported Education

Hearts and Souls Consumer Network

- Assists in student recruitment
- Provided an in-service training for College counseling staff on removing the stigma of mental illness
- Provides student speakers for various conference presentations related to this program
- Contributes to a book scholarship fund

SECTION 3

THE CALIFORNIA COMMUNITY COLLEGE AND EXISTING STUDENT SUPPORT SERVICES

- **Recovery and Personal Development Characteristics of our Community Colleges**
- **Community College Student Support Services**
- **Disabled Students Programs and Services**
- **Skills Strengthening for the Educational Environment**
- **Typical Accommodations for Students with Psychiatric Disabilities**
- **Indications for the Need for Supports and Matching Accommodations**

RECOVERY AND PERSONAL DEVELOPMENT CHARACTERISTICS OF OUR COMMUNITY COLLEGES

- OPEN DOOR POLICY
- SOCIALLY ACCEPTED ADULT TRANSITIONAL ENVIRONMENT
- HOPE INFUSED FUTURE FOCUSED ATMOSPHERE
- TOLERANT OF A WIDE RANGE OF CULTURES, VALUES AND BEHAVIOR
- POSITIVE AND WHOLEISTIC VIEW OF THE PERSON AND SOCIETY
- OFFERS NUMEROUS AND DIVERSE STUDENT SUPPORT SERVICES
- FORGIVING BY NATURE AND OFFERS NUMEROUS OPPORTUNITIES TO SUCCEED
- INCORPORATES NUMEROUS ACCEPTABLE OUTCOMES

COMMUNITY COLLEGE STUDENT SUPPORT SERVICES

California Community Colleges maintain a wide variety of student services to meet the support needs of their diverse student populations. The challenge for persons in recovery from mental illness and mental health providers is to successfully access these services.

Typical Existing Support Services on Community College Campuses

- Disabled Students Programs and Services (DSP&S)
- Learning Disabilities Resource Center
- Adaptive Computer Technology Center
- Adaptive Physical Education Center
- Workability III Program (DR Coop)
- Extended Opportunities Programs and Services (EOP&S)
- Health Center
- Psychological Services
- Counseling Services
- Financial Aid Office
- Scholarship Office
- Career Development Center
- Cooperative Education Department (credit for work)
- Student Employment Services
- Veteran's Assistance Office
- Multicultural Center
- Tutoring Center
- Writing Center (computer focused)
- Reading Center
- Math Lab
- CalWORKS Office
- Transfer Center
- Student Activities (clubs, events, student government)

COMMUNITY COLLEGE DISABLED STUDENTS PROGRAMS AND SERVICES (DSP&S)

Disabled Students Programs and Services Exists to Insure Access and Accommodations to Students with Disabilities.

Typical Services and Accommodations include:

- Disability management counseling
- Registration assistance
- Test accommodations
- Note-taking assistance
- Assessment for Learning Disabilities
- Specialized Classes
- Adaptive computer technology
- Referral to campus resources
- Individualized fitness training
- Priority registration

SKILLS STRENGTHENING FOR THE EDUCATIONAL ENVIRONMENT

Research has shown that a majority of students with psychiatric disabilities may require assistance in learning or strengthening skills related to one or more of the following:

- Selecting classes
- Having peer relationships (e.g., meeting people, managing small tasks)
- Concentrating in class
- Completing registration process
- Applying for educational finances
- Tolerating stress
- Executing a plan of action
- Making and carrying out decisions
- Remembering materials for class
- Working in small groups
- Meeting with professor/advisor
- Asking questions
- Responding to feedback
- Managing unfamiliar surroundings
- Taking notes
- Listening
- Utilizing college resources and administrative services
- Managing crowded test-taking situations
- Managing crowded parking
- Dealing with panic caused by difficulty processing instructions
- Dealing with panic caused by hallucinations
- Commuting to campus
- Maneuvering around campus
- Clarifying assignments
- Managing time
- Managing free time on campus
- Retaining learned material

Skills may be taught or strengthened during disability-related counseling, in group settings such as peer support groups and special classes, or may be compensated for through educational accommodations.

Karen Unger, 1998

TYPICAL ACCOMMODATIONS AND SERVICES FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

- Assistance with registration and financial aid
- Extended time for exams
- Change of location for exams
- Parking
- Tape recorders
- Seating arrangement modifications
- Beverages allowed in class
- Peer support groups and peer counseling
- Identified place to meet on campus before or after class that is non-threatening
- Time management and study skills training
- Special emphasis instruction

INDICATIONS OF THE NEED FOR SUPPORTS AND MATCHING ACCOMMODATIONS IN THE EDUCATIONAL SETTING

Indications of the Need for Supports

Easily distractible

Poor concentration

Managing internal distractions during class

Problems concentrating under pressure

Difficulty focusing for extended periods

Problems with comprehension

Difficulty clarifying assignments

Difficulty asking questions

Difficulty focusing during timed tests

Panics in crowded class or test-taking situations

Difficulty taking notes

Problems using administrative services

Difficulty selecting classes

Difficulty with lines and crowds

Difficulty processing instructions

Possible Accommodations

Tape recorder in class

Note takers

Small classes

Disability management instruction

Self-paced modules

Books on tape

Learning disabilities testing and training

Liaison with faculty

Peer support

Student skills coaching

Testing accommodations (e.g., change of exam location and extended time)

Seating changes

Extra breaks

Study skills coaching

Tape recorders

Note takers

Peer/staff supports

Supplemental academic counseling

Priority registration

Tutoring

Individualized instruction

Difficulty utilizing college resources (e.g., the library)	Peer/staff supports
Difficulty dealing with crowded parking	Special parking
Difficulty with relationships	Peer supports
Difficulty initiating interpersonal interactions	Social skills training
Difficulty maintaining relationships	Social skills training
Difficulty managing small talk	Social skills training
Difficulty managing free time on campus	Peer support Social skills training
Managing unfamiliar surroundings	Disability management coaching Peer support
Difficulty making and/or carrying out decisions	Teach problem-solving skills
Difficulty executing plans	Reevaluate goals and timetables
Difficulty meeting deadlines, keeping appointments, and poor class attendance	Teach time management
Difficulty sustaining effort over time	Liaison with faculty Short courses Tutoring Peer support
Absences caused by hospitalization	Liaison with faculty Late withdrawals/incompletes
Medication side effects	Take liquids to class Plan class schedule Plan kinds and numbers of classes Discuss changes with psychiatrist

Study results: CCC Project on Services to Students with Psychological Disabilities (Donna Parten, LCSW); and rese results, Boston University, Center for Psychiatric Rehabilitation (Dr. Karen Unger) and College of San M “Transition to College” program for students with psychological disabilities (Tim Stringari, MA).

SECTION 4

STRATEGIES FOR SUPPORTED EDUCATION PROGRAM DEVELOPMENT

- **Funding and Commitment**
- **Funding Levels and Matching Program Options**
- **Securing New Funding for Supported Education**
- **The Role of the Supported Education Provider**
- **Sample Job Descriptions: Educational Case Manager**
- **Recovery Focused Instruction: Sample Course Outlines**

FUNDING AND COMMITMENT

Program Possibilities: Large and Small

Partnerships with the mental health and rehabilitation community can assume many forms both large and small. The collaboration between College of San Mateo and San Mateo Behavioral Health and Recovery Services and other local community agencies is extensive. With the community's yearly in-kind contribution amounting to more than \$150,000, regular contact and well committed relationships are required to keep things running smoothly. Other California colleges and their local county community agencies have established more modest partnerships requiring less maintenance and commitment of resources. Examples of some of these collaborations are: jointly sponsored orientations and campus tours for mental health consumers prior to the start of the school year; in-service trainings for faculty on psychological disabilities presented by mental health and DSP&S staff; and bi-annual meeting between DSP&S staff and community providers to coordinate services.

Although these smaller partnerships which focus primarily on access are a great way to start, partnerships which provide the greatest assistance to students are those which involve the redirection or reassignment of community and college staff and the use of newly acquired funding. These also have the greatest impact on retention and course completion. Examples of some of these endeavors are: on-campus support groups led by mental health staff or peer advocacy groups; campus visits to students by mental health and rehabilitation case managers; career or disability management classes co-taught by college and community staff; and peer counseling provided by peers trained and supervised by community providers. These types of arrangements take more time to initiate and maintain but in the end will pay off with significant increases in educational and employment outcomes.

FUNDING LEVELS AND MATICHING PROGRAM OPTIONS

Options that require no new funds or staff reassignment

- Jointly sponsored orientations and campus tours for mental health consumers prior to the start of the school year
- In-service trainings for faculty on psychological disabilities presented by mental health and DSP&S staff
- Bi-annual meetings between DSP&S staff and community providers to coordinate services
- Provide a peer support group on campus. Using peer counseling staff from the local self-help center, offer “Brown-Bag Lunches on Campus”

Options that require funding from existing college and MH budgets through staff reassignment or redirection

- On-campus support groups led by mental health staff or peer advocacy groups
- Campus visits to students by mental health and rehabilitation case managers
- Career or wellness classes co-taught by college and/or community staff
- Peer Counseling provided by peers trained and supervised by community providers or consumer groups
- College counselor assigned as a contact person for consumer students

Options that require new college and or community funds

- County mental health contracts with community-based agencies to provide recruitment, educational case management and peer counseling services on campus
- College creates a new counselor or specialist position to support consumer/students
- College hires adjunct faculty with MH experience to teach career and/or wellness classes for consumer students

SECURING NEW FUNDING FOR SUPPORTED EDUCATION

Examples

SAMHSA Grants

Apply for these grants in partnership with a coalition of community stakeholders.

Mental Health Services Act

Supported Education could be funded as part of a MHSA Workforce Development or Early Intervention Plan, or included as part of a MHSA Full-Service Partnership contract for TAY.

Community Foundation Grant

Apply for these grants in partnership with a coalition of community stakeholders. These foundations usually want to see some promise of future funding.

College Program Improvement Grants

These grants are given by Community College Districts to improve existing programs.

Corporate Foundations Local, regional, national, and global corporations frequently have a not-for-profit arm that support educational and non-profit organizations. They usually have very specific program focus or interest areas.

Individual and Family Foundations Examples are: The David and Lucile Packard and Robert Wood Johnson Foundations.

THE ROLE OF THE SUPPORTED EDUCATION PROVIDER

“Providing educational support services to students with psychiatric disabilities may require new knowledge about the procedures and requirements of post secondary institutions. However, the service provided to students is typical case management.”

Karen Unger, MSW, Ed.D.

- Assessing strengths and needs
- Developing service plans
- Linking to services and accommodations
- Monitoring the provision of services and accommodations
- Providing personal support and encouragement
- Evaluating progress
- Modifying plans, services and accommodations

Returning to school is often an indication of progress and growth. However, it is a stressful time that may require more support services rather than less as clients cope with a new lifestyle and increased responsibilities.

SECTION 5

SAMPLE JOB DESCRIPTIONS FOR COMMUNITY PROVIDERS STATIONED ON THE COLLEGE CAMPUS

- **Educational Case Manager**
- **Instructional Assistant**

CAMINAR, INC. - SAMPLE JOB DESCRIPTION

JOB TITLE: *Case Manager, Supported Education*, Non-exempt, hourly, full- or part-time, with benefits depending on full- or part-time status

SUPERVISOR: Program Coordinator

GENERAL RESPONSIBILITIES:

Case Managers provide support and assistance as necessary to psychiatrically disabled individuals in the community college setting and provide and/or assist in the instruction of specialized classes, groups and other supportive modalities as directed.

MINIMUM QUALIFICATIONS:

Bachelors Degree in a mental health-related field plus two years experience working with persons with psychiatric disabilities and co-occurring disorders is preferred. Extensive experience may be substituted for the degree requirement, depending on nature and length of experience. Knowledge of social rehabilitation and community college settings is preferred. Must be able to communicate effectively both orally and in writing. Must demonstrate acceptable level of maturity, good judgment, and emotional stability.

ALL JOB FUNCTIONS STATED ARE ESSENTIAL AND NOT LIMITED TO POSITION:

- A. Support the development and attainment of clients' educational goals.
- B. Maintain a positive working relationship with the Disabled Students Programs and Services (DSPS) staff, the Career Center, Learning Disabilities Center, Psychological Services, and other service agencies on the college campus.
- C. Provide linkage and brokerage services to additional services and supports as needed for the attainment of other rehabilitation goals.
- D. Assist with and teach skills relevant to success on the community college campus, such as time management, symptom management, study skills and other skills, as necessary.
- E. Assist in the instruction of specialized classes for psychiatrically disabled individuals and provide related support and assistance as necessary.
- F. Develop and maintain a respectful, caring, tolerant, ethical, and empowering relationship with all individuals served.
- G. Evaluate need for financial aid benefits, and other related school requirements and deadlines, and assist as required in obtaining/meeting them.
- H. Perform all job functions in cooperation with the supervisor, other staff on the case management team, and other service providers involved in the treatment effort, including sharing information regarding all-important interventions
- I. Document in a timely manner treatment planning and interventions according to agency, county, and Medical billing and quality assurance requirements
- J. Drive own car to educational and treatment destinations, documenting and reporting mileage according to agency procedures, so that instruction and services can be provided in a timely manner
- K. Negotiate stairs of client apartments, homes and other venues so that services can be provided on site according to agency philosophy and values
- L. Perform other related duties, responsibilities and special projects as assigned

CAMINAR, INC. - SAMPLE JOB DESCRIPTION

JOB TITLE: *Instructional Assistant Supported Education Transition Age Youth*, Non-exempt, hourly, full- or part-time, with benefits depending on full- or part-time status

SUPERVISOR: Program Coordinator

GENERAL RESPONSIBILITIES:

Instructional Assistants assist TAY/Supported Education program staff and provide services to Caminar Supported Education clients, as assigned.

MINIMUM QUALIFICATIONS:

Experience working with persons with a disability is preferred. Knowledge of social rehabilitation is preferred. Must be able to communicate effectively. Must demonstrate acceptable level of maturity, good judgment, boundaries and emotional stability.

ALL JOB FUNCTIONS STATED ARE ESSENTIAL AND NOT LIMITED TO POSITION:

- A. Assist Supported Ed. Staff with curriculum planning, educational activities, and supported education program services.
- B. Assist Supported Education staff in meeting clients' educational goals.
- C. Report any client concerns/issues to Supported Education staff.
- D. Participate in Supported Ed. Program presentations to other community providers/members.
- E. Provide support to Supported. Ed. Special events. I.e. open house, fundraiser, graduation ceremony etc.
- F. Identify individualized supports and interventions to assist in clients' goals.
- G. Facilitate support groups on and off campus.
- H. Support TAY Program Coordinator in providing Special Events for TAY Program participants.
- I. Develop and maintain a respectful, caring, tolerant, ethical, and empowering relationship with all individuals served.
- J. Submit timesheets and any expense reimbursements to direct supervisor in a timely manner.
- K. Participate in program staff meeting and supervision as directed.
- L. Participate in all mandatory trainings as determined by supervisor.
- M. Negotiate stairs of college facilities, offices, and other venues so that instruction and services can be provided on site according to agency philosophy and values.
- N Perform other related duties, responsibilities and special projects as assigned.

SECTION 6

RECOVERY FOCUSED COURSES FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

- **Course Syllabus: *TRANSITION TO COLLEGE***
- **Course Syllabus: *SKILL DEVELOPMENT FOR
CAREER GROWTH***
- **Course Syllabus: *PEER COUNSELING***
- **Course Syllabus: *ADVANCED PEER COUNSELING***

COLLEGE OF SAN MATEO

SAMPLE COURSE SYLLABUS

CAREER 879: TRANSITION TO COLLEGE

Semester: SUMMER 2007
Location: Bldg, 14 Room 201
Instructors: Chris Robinson, (650) 574-6472, robinsonc@smccd.edu
Walter McVeigh, (650) 574-6487, mcveighw@smccd.edu
Office: Bldg. 15, Room 127
Hours: Mon-Fri 9:00 am-5:00 pm (See office door for individual hours)
Fax: (650) 358-6805

Description

Transition to College promotes wellness, by providing a positive and supportive environment for students who may be slightly overwhelmed by the college experience. The course will orient students to the College of San Mateo so they will be aware of the resources available to them. We will study approaches to clearing roadblocks in achieving our own personal goals. This class emphasizes the importance of developing effective interpersonal skills needed for attending college as well as for personal growth. This class is offered primarily to new or re-entry students with psychiatric disabilities.

Class Requirements

Students are expected to come to class prepared to discuss the material that is assigned or presented to them. Group quizzes are given throughout the semester. Please be sure to have your binder with you in class at all times.

Materials: 3-ring binder for keeping loose-leaf papers, handouts, and worksheets. Binder paper and a pen or pencil is required for writing exercises and other class activities.

Attendance: At the beginning of the semester, students are required to sign an attendance contract that will inform the instructor of how many units each student has enrolled. This will determine the number of classes each student will be required to attend.

Class Schedule

June 19: Introduction: Exercises, Ice Breakers & Registration; Financial Aid

June 21: College Awareness: Tour of Disabled Student Program & Services;

June 26: College Awareness: Exploring Student Interest & Academic Majors;

June 28: College Survival: The Importance of Attending Your Classes, Building a College Survival Kit; Time Management Tips; Time Log Exercise.

July 3: College Survival: Time Log Exercise and the Benefits of Scheduling

July 5: Support Systems: Tour of Extended Opportunities Program & Services

July 10: Stress Management: Tour of Health & Psychiatric Services;

July 12: Constructing a Wellness Toolbox; Quiz

July 17: Learning Styles and Left and Right Brain Hemisphere Modalities of learning.

July 19: Learning Styles: Constructing Your Own Personal Learning Profile; Library tour

July 24: Learning Styles: Taking Notes; Processing Information From Lectures.

July 26: Class Discussion – Pot Luck

COLLEGE OF SAN MATEO

SAMPLE COURSE SYLLABUS

CRER 138: SKILL DEVELOPMENT FOR CAREER GROWTH
Semester: SPRING, 2008
Course Days/Time: Tuesdays & Thursdays: 1:10-2:25 pm
Location: Building 10, Room 109
Instructors: Chris Robinson, (650) 574-6472, ChrisR@CaminarInc.org
Shelly Horan (650) 574-6442, HoranM@smccd.edu
Office Location: Bldg 15, Room 111
Hours: Mon-Fri 9:00 am-5:00 pm (See office door for individual hours)
Fax: (650) 358-6805

COURSE DESCRIPTION

A practical, contemporary, and diversified approach to maintaining a healthy, purposeful, well-balanced life. Emphasizes the importance of developing effective personal skills for career growth. *This course is offered primarily for students with psychological disabilities and meets the criteria towards the Peer Support Services Certificate; may be taken for CR/NC or for a letter grade.*

OBJECTIVES

Following successful completion of this course, students will:

1. Demonstrate strategies for effective learning and awareness of their personal learning style.
2. Utilize techniques of effective time management strategies.
3. Demonstrate effective communication skills including active listening & use of I-statements.
4. Demonstrate knowledge of self-care strategies.
5. Demonstrate enhanced self-management skills.
6. Demonstrate a greater awareness of their unique personal interests and career aspirations.

IMPORTANT DATES & DEADLINES

FEBRUARY 19: Last day to drop class without having class appear on academic record

FEBRUARY 26: Last day to request Credit/No Credit (CR/NC) instead of letter grade

MAY 1: Last day to withdraw from classes (receive a W instead of a grade)

ATTENDANCE & PARTICIPATION

Attendance and participation are essential aspects of this course. This class is experiential and most of the learning will take place in class. It is the student's responsibility to arrange with the instructors to make-up or receive materials missed in the event of an absence. *Attendance is measured on a points system, listed below.*

MIDTERM

The Midterm will consist of a personalized career exploration project and presentation. Further details will be discussed at the beginning of the semester.

FINAL PRESENTATION

Final presentation will be a group project on a topic of interest selected by the group and approved by instructors.

NOTEBOOK

Each student is also required to obtain and maintain a 3-ring binder and bring it to class each meeting. Materials handed out in class are to be kept in the binder for student's ongoing reference. The binder will be reviewed at the end of semester for completeness.

GRADING

Grading will be determined on a point scale with 500 points possible. The breakdown is as follows:

500-450 =	A
449-400 =	B
399-350 =	C
349-300 =	D
299-0 =	F

Attendance & Participation	170 points	5 points deducted for each absence
Midterm	75 points	
Final Presentation	130 points	
Notebook	125 points	
TOTAL:	500 points	

CRER 138 Weekly Schedule and material to be covered

- WEEK 1** CRER 138: SYLLABUS, INTRODUCTION TO CLASS
- WEEK 2** PREPARING TO DEVELOP YOUR INDIVIDUALIZED WRAP
- WEEK 3** WHO CAN BENEFIT FROM USING WRAP
- WEEK 4** LIBRARY TOUR
- WEEK 5** STRESS; RELAXATION, AND REDUCTION ACTIVITIES
- WEEK 6** ACTIVITY CHECKLIST; MY DAILY MAINTENANCE LIST
- WEEK 7** YOUR DAILY ROUTINE; PERSONAL SURVEY
- WEEK 8** WHAT I'M LIKE WHEN I'M FEELING WELL; YOUR DAILY OPTIONAL REMINDER
- WEEK 9** THREE COGNITIVE LEARNING STYLES AND LEARNING STRATEGIES
- WEEK 10** FOUR STEPS OF YOUR WELLNESS RECOVERY ACTION PLAN
- WEEK 11** THE COMMUNICATION LOOP; THINGS YOU CAN DO
- WEEK 12** IDENTIFYING ENVIRONMENTAL TRIGGERS
- WEEK 13** REVIEW YOUR DAILY ROUTINE/SCHEDULE
- WEEK 14** EARLY WARNING SIGNS AND RELIEVING TENSION & STRESS
- WEEK 15** IF YOU COULD BE PAID FOR DOING SOMETHING YOU LIKE
...
- WEEK 16** PRESENTATION OF CAREER RESEARCH PROJECT
- WEEK 17** WHEN THINGS ARE BREAKING DOWN
- WEEK 18** SIGNS OF POTENTIAL CRISIS

COLLEGE OF SAN MATEO

SAMPLE COURSE SYLLIBUS

CRER 140:	PEER COUNSELING
Semester:	Fall 2007
Course Days/Time:	Tuesdays & Thursdays: 3:00-4:15 pm
Location:	Building 14, Room 118
Instructors:	Shelly Horan, (650) 574-6642, HoranMichelle@fhda.edu Walter McVeigh, (650) 574-6487, McVeighw@smccd.net
Office Location:	Bldg 15, Room 127

COURSE DESCRIPTION

This course will provide students with an overview of the role and responsibilities of a Peer counselor. Students will learn about the process of rehabilitation and recovery, basic helping, counseling and interpersonal skills. *This course is offered primarily for students with psychological disabilities and meets the criteria towards the Peer Support Services Certificate. Students are encouraged to take CRER 138 first or concurrently when enrolling in this course.*

STUDENT LEARNING OUTCOMES

Following successful completion of this course, you will:

1. Understand the role and responsibilities of being a Peer Mentor.
2. Demonstrate basic helping skills, such as active listening and giving feedback.
3. Understand the basic concepts of how to develop a Wellness Recovery Action Plan.
4. Understand the importance of maintaining confidentiality and ethical principles.
5. Demonstrate knowledge of personal boundaries and appropriate self-disclosure.
6. Demonstrate knowledge of community resources.

ATTENDANCE & PARTICIPATION

Attendance and participation are essential aspects of this course. It is the student's responsibility to arrange with the instructors to make-up or receive materials missed in the event of an absence. After three absences, the student's grade may be negatively affected. The student may be dropped from the course if absences continue. *Please do your best to communicate with instructors prior to an absence or quickly following an absence to maintain good communication.*

MIDTERM EXAM

Midterm exam will consist of Multiple Choice, true/false, and short-answer responses.

INTERVIEW PRESENTATION

Each student is responsible for a brief presentation (5 minutes) on "Informational Interviewing". The interview must be conducted at an appropriate field placement or potential job site for peer mentors or volunteer workers.

CHECK-IN WITH INSTRUCTORS

Each student is required to schedule and keep an individual meeting with the instructors once during the semester to discuss progress in class.

FINAL EXAM

Details will follow later in the semester.

GRADING

Grading is based on a point scale with 500 points possible. The breakdown is as follows:

500-450 =	A
449-400 =	B
399-350 =	C
349-300 =	D
299-0 =	F

Attendance & Participation	200 points	40%
Midterm Exam	125 points	25%
Homework & Presentation	50 points	10%
Final Exam	125 points	25%
TOTAL:	500 points	100%

CRER 140: PEER MENTORING CLASS SCHEDULE

Thursday	8/23	Introductions: Everybody registered?
Tuesday	8/28	What is a Peer Mentor? Handout: Guiding Principles
Thursday	8/30	Recovery
Tuesday	9/4	Building a Helping Relationship
Thursday	9/6	Wellness Strategies Exercise: What is Wellness? Handout 1: Wellness Recovery Action Plan Handout 2: The Five Foundations of Recovery
Tuesday	9/11	Philosophical Points of View Handout 1: The Goals, Values and Guiding Principles of Psychosocial Rehabilitation Handout 2: Philosophical Points of View
Thursday	9/13	Peer Mentoring Skills
Tuesday	9/18	Introduction to Basic Helping Skill Handout 1: A Client's View of Needed Qualities of a Peer Counselor Handout 2: Listening is... Handout 3: Listen
Thursday	9/20	Practice in Listening Skills
Tuesday	9/25	Responding—Helpful Communication Skills
Thursday	9/27	Confidentiality Exercise: Confidentiality
Tuesday	10/2	Self-Disclosure: <i>Role Plays for Self-Disclosure</i>
Thursday	10/4	Goal Setting & Decision Making

Tuesday	10/9	Review for Midterm
Thursday	10/11	Midterm Exam
Tuesday	10/16	Informational Interviewing
Thursday	10/18	Problem Solving: Handout: Problem Solving Steps
Tuesday	10/23	Giving Feedback
Thursday	10/25	Understanding & Maintaining Healthy Boundaries
Tuesday	10/30	Running a Peer Group Handout: Peer Group Facilitation Guidelines
Thursday	11/1	Personal Potholes: Anger & Vulnerability Chapter 9
Tuesday	11/6	Personal Potholes Continued: Anger & Vulnerability
Thursday	11/8	Ethical Guidelines
Tuesday	11/13	Community Housing—Residential & Independent Living
Thursday	11/15	Mental Health Advocacy
Tuesday	11/20	Work Incentives Information
Thursday	11/22	No Class—Thanksgiving Holiday ☺
Tuesday	11/27	Health & Wellness Handout: A Balanced Life
Thursday	11/29	An Overview of Medications
Tuesday	12/4	Talking with your Doctor Exercise: Small Group Discussions
Thursday	12/6	Student Presentations
Tuesday	12/11	Student Presentations
Thursday	12/13	Review for Exam
Tuesday	12/18	FINAL EXAM! Congratulations! You have completed CRER 140 Peer Counseling!! Have a wonderful winter break!

COLLEGE OF SAN MATEO SAMPLE COURSE SYLLIBUS

CRER 142: **ADVANCED PEER COUNSELING**
Semester: SPRING, 2008
Course Days/Time: Tuesdays & Thursdays: 3:00-4:15pm
Location: TBA
Instructors: Shelly Horan, (650) 574-6642, HoranMichelle@fhda.edu
 Walter McVeigh, (650) 574-6487, McVeighw@smccd.net
Office Location: Bldg 15, Room 127

COURSE DESCRIPTION

This course is an advanced in-depth study of those aspects of counseling theory and practice that are applicable to peer mentor placements and requires advanced problem solving and intervention skills. This course includes a review of theoretical perspectives accompanied with experiential practice. *This course is offered primarily for students with psychological disabilities and meets the criteria towards the Peer Support Services Certificate.*

PREREQUISITE

Students must first take and pass CRER 140 (or HMSV 110) and achieve a grade of C or better

STUDENT LEARNING OUTCOMES

Following successful completion of this course, students will:

1. Demonstrate an enhanced understanding of roles and responsibilities of a peer mentor
2. Understand basic concepts related to mental health diagnostic categories
3. Understand basic counseling theory and application of advanced counseling and intervention skills
4. Demonstrate basic understanding of group facilitation skills
5. Demonstrate enhanced self-management skills.
6. Demonstrate knowledge about resources in the community

MIDTERM EXAM

Midterm exam will consist of Multiple Choice, true/false, and short-answer responses.

PRESENTATION

Presentation consists of a group project researching a mental health diagnosis & group presentation to class.

NOTEBOOK

Each student is also required to obtain and maintain a 3-ring binder and bring it to class each meeting. Materials handed out in class are to be kept in binder for student's ongoing reference. The binder will be reviewed at the end of semester for completeness.

HOMEWORK

Students may be asked to read assigned materials for each class prior to coming to class and come to class prepared to discuss assigned material

ATTENDANCE & PARTICIPATION

Attendance and participation are essential aspects of this course. It is the student's responsibility to arrange with the instructors to make-up or receive materials missed in the event of an absence. Attendance is based on a points system, listed below.

GRADING

Grading is based on a point scale with 500 points possible

500-450 =	A
449-400 =	B
399-350 =	C
349-300 =	D
299-0 =	F

:

Attendance & Participation	170 points	5 points deducted for each absence
Participation	30 points	30 points: Active participation 20 points: Participates with cues 10 points: Present, but little participation
Midterm Exam	100 points	
Presentation	100 points	
Notebook	50 points	
Homework	50 points	
TOTAL:	500 points	

Advanced Peer Mentoring Class Outline

Date	Topic	Assignment
January 16	Welcome and overview	
January 18	Self-Esteem	
January 23	Thoughts, Moods and Feelings	
January 25	Negative Thinking	
January 30	Positive Actions and Goals Introduction to group project	Group project assigned
February 1	Problem Solving	
February 6	Communication Styles	
February 8	Conflict Management	
February 13	Domestic Violence/group work time	
February 15	Stress and Relaxation	
February 20	Take home midterm	
February 22	Take home midterm	
February 27	Self-care Tools and Group work time	
March 1	Review midterm	
March 6	Advance Directives	
March 8	Listening Skills and group work time	
March 13	Major Depression	Group project due
March 15	Bipolar Disorder	Group project due
March 20	Anxiety Disorders	Group project due
March 22	Schizophrenia	Group project due
March 27	Personality Disorders	Group project due
March 29	Self-care Tools	
April 3	Spring break	
April 5	Spring break	
April 10	Working with Groups (process)	Bring in information about your interest in working with people who have disabilities
April 12	Working with Groups (psycho-education)	
April 17	Physical Fitness	
April 19	Present information you researched	
April 24	Boundaries I	
April 26	Boundaries II	
May 1	Substance Abuse Basics	
May 3	Relapse Prevention	
May 8	Relapse Prevention	
May 10	Diversity	
May 15	TBA	
May 17	Collective Potluck and Networking	

SECTION 7

EDUCATIONAL, EMPLOYMENT, AND WORKFORCE DEVELOPMENT OUTCOMES RELATED TO SUPPORTED EDUCATION

- **Program Level Strategies for Facilitating Outcomes**
- **Outcome Facilitation Strategies for Supported Education Providers**
- **Transition to College Program Outcomes**
- **A Review of Outcomes in Three Key Studies**

SUPPORTED EDUCATION OUTCOMES

“There are many positive outcomes resulting from providing supported education services to people with psychiatric disabilities. A major one is that mental health consumers become students. The role of the student in our society is highly valued. The role of the mental health patient is very devalued. With this change in identity, students realize that they are not their illness, but a functioning, productive member of the community.”

Karen Unger, MSW, Ed.D.

PROGRAM LEVEL STRATEGIES FOR FACILITATING SUPPORTED EDUCATION OUTCOMES

- **Provide access for students to employment services** and Department of Rehabilitation representatives
- **Develop internship and work experience opportunities** that include college credit
- **Develop agreements with local transfer colleges** that allow for individualized matriculation process for students with Psychiatric Disabilities
- **Develop Certificate and Degree Programs** that meet the career interests of mental health consumers and the workforce development needs and MHSA mandates of community mental health. Examples are Peer Services, Human Services and Psychosocial Rehabilitation training programs.

OUTCOME FACILITATION STRATEGIES FOR SUPPORTED EDUCATION PROVIDERS

- Coordinate services with the college Disabled Student Services, DR, employment services and treatment providers
- Align service plans with education plans
- Coordinate career assessment with the college, DR and other providers
- Conduct benefits analysis
- Provide assistance with Degree and Certificate applications
- Liaison with local transfer college's Disabled Students programs
- Conduct tours of transfer schools
- Provide assistance with financial aid application at transfer sites

TRANSITION TO COLLEGE PROGRAM OUTCOMES

Educational Outcomes

Prior to the development of the Transition to College program, the attrition rate for students with psychological disabilities at College of San Mateo was approximately 90% to 95%. Since the implementation of the program the attrition rate for students enrolled in the program has only been 17% to 20%. Students complete 90% of the courses in which they enroll with grade point averages between 2.0 and 3.3. Degree, certificate and transfer rates equal those of the non-disabled population.

Recovery Outcomes

Research conducted on the CSM campus by Boston University and University of Arizona revealed that students enrolled in Transition to College report a greater level of satisfaction with their quality of life than persons recovering from mental illness who are not attending college. Students also had decreased incidence of hospitalization.

Employment Outcomes

As part of the above mentioned research, approximately half of the students in the Transition to College program were found to be employed during their enrollment or at the completion of their studies. Those completing AA Degrees and or certificates are expected to show higher employment rates (study in progress). Antidotal evidence gathered through student feedback suggests that many students who were unable to succeed at competitive employment before entering the program find work with the help of program employment services; usually after two semesters of attending classes

Workforce Development Outcomes

An average of twenty-five percent of Transition to College students complete degrees and/or certificates through CSM's Human Services Certificate and Degree Program qualifying them to work as paraprofessionals in local mental health and social service agencies (longitudinal study in progress). The Human Services Certificate and Degree Program offer sub-certificates in Peer Support Services, Family Development, Community Health Work and Psychosocial Rehabilitation (PSR). Because of its success, the Human Services program serves as an example of a college/community partnership that is meeting local social service workforce development needs.

SUPPORTED EDUCATION FOR STUDENTS WITH PSYCHIATRIC DISABILITIES: A REVIEW OF OUTCOMES IN THREE KEY STUDIES

By Daniel Chandler PHD, California Institute of Mental Health

The earliest empirical report of supported education outcomes dates back to a 1984 article entitled, in the language of the times, "Education for the young adult chronic client" (Beardsley, Kessler, & Levin, 1984). The literature in the succeeding 15 years documents outcomes from many programs but few are methodologically sophisticated (Mowbray & Collins, 2002). In this section, we detail results from the three strongest studies and briefly summarize the evidence for another 16 empirical reports. Our goal is to reach an overall assessment of the level of evidence for supported education.

The Community Scholars Program study took place in Chicago at the well-known psychiatric rehabilitation agency Thresholds (Cook & Solomon, 1993; Razzano, Pickett, & Cook, 1997). Outcomes are reported for 102 clients as they prepare for and enter post-secondary academic and vocational/trade school settings during a three year study period. Eighty-four percent of the participants entered Thresholds with a high school diploma or GED, and 50% of these graduates had attended college, with 11% having received a college degree. Participants averaged 29 years of age and reported a lifetime number of psychiatric hospitalizations of 4.6; 86% were taking psychiatric medications. The program consisted in remedial education if needed, assessment, three types of skills building modules, and mobile support on a campus by a case manager.

At least one class was completed by 42% of participants. Of those taking any classes, the average was 3.6. Six students completed a degree. During the study period, 78% of the clients held at least one job even though 90% were unemployed at baseline, and 47% of these clients were employed on the date of their follow-up interview. Self-esteem increased (correlated with the number of courses taken), coping mastery scores increased, and satisfaction with the program was high.

The Michigan Supported Education study was conducted between 1992 and 1995, with information about implementation and empirical findings reported in several articles (Collins, Bybee, & Mowbray, 1998; Collins, Mowbray, & Bybee, 1999a, 1999b, 2000; Mowbray, 2000; Mowbray, Bybee, & Collins, 2001; Mowbray, Bybee, & Shriner, 1996; Mowbray, Collins, & Bybee, 1999). A total of 397 participants were assigned to one of three conditions: support group, classroom, and individual (control). Mean age was 36, with a range of 17 to 75. Half had some postsecondary education, but a quarter had not yet completed high school. The average duration of the participants mental disability was 14 years. At the 12-month post program completion time, 262 of 378 participants were re-interviewed. Forty-three percent of the participants never continued beyond the orientation session. Nonetheless, the percentage of individuals enrolled in school or vocational education at follow-up (21%) was more than twice that reported at baseline (10%). After a year, 65 participants were still in college. At graduation from the program significant differences in program participation rates were found; group members participated most, followed by classroom participants, then those assigned to the individual condition. No group difference was found in rates of school enrollment at 12 months, but the support group and classroom *improvements* were statistically significant. Forty-six percent of the support group members were employed or in school (vs. 19% at baseline); statistically higher than the control group, which changed little. Major

transformations of self in line with recovery goals occurred. Predictors of success in a multivariate model were productive activity at baseline or having a partner. Mental health related variables (diagnosis, symptoms, duration of illness) were not related to productive activity at a statistically significant level.

The third major study measured outcomes in three separate programs, two on the East coast and one in California (Unger, 2000; Unger & Pardee, 2002). For five semesters a total of 124 students were studied. Study participants were randomly selected from program participants or else all participants were included. Study group members were likely to have been hospitalized (86%), to be taking psychiatric medication (85%), and to live independently (85%). Some 29% had been homeless and 38% had been arrested at some point. The mean age was 40.5 years. However, at enrollment in the study, 49% had earned income. Fifty of the 124 students already had at least an AA degree. Study attrition was 15%. Overall, 83% enrolled in school and 90% completed courses, completing an average of 6 units with a grade point average of 3.14. While, 78% stopped attending school during the 2.5 years, 21% received a certificate or degree. Increases were noted in the number of students living independently. Type of psychiatric diagnosis was not a predictor of school completion but having one's own car and number of psychiatric hospitalizations prior to program participation were. The employment rate of 42% during the study was lower than the rate for other part-time students but higher than the rate for persons experiencing severe mental illness generally. There were no significant changes in either quality of life or self-esteem. Students who worked reported their education helped them do their jobs (71% of an indeterminate number); and 50% reported their job fit their educational level. The study design also included a test of whether the outcomes differed by program; few statistically significant differences were found, perhaps due to many common program elements.

SUMMARY OF EVIDENCE

We conducted our own assessment of these three and the other 16 supported education outcomes studies, rating each study both with regard to quality of the study and strength of the evidence for supported education. These ratings are presented in the full report that is available on the CIMH website.

Virtually all programs report some positive results on some measures. However, the studies as a whole have many methodological weaknesses. Only the Michigan Supported Education Program had a randomized control group. In most cases the N is small, limiting statistical power. In general the process of selection into supported education programs and reasons for attrition are not clearly described. Most studies use self-report exclusively. Only a couple of studies have a follow-up period of 2 years or more. In summary, out of eight possible points for quality and strength of evidence, one study received a 6, four studies received a 4, eight studies received a 2, five studies received a 1, two studies could not be rated, and one study showed negative change rather than positive.

The evidence reviewed above indicates that supported education is what CIMH would term an effective practice.¹ Effective in this case means that at least one randomized control trial supports the intervention and there is positive evidence from multiple studies with less rigorous designs. The evidence base overall, however, leaves much to be

desired. There are few methodologically sound studies and none conducted within the last 9 years.

Program models have varied widely and the evidence is not sufficient to clearly determine the most effective elements. A fidelity scale developed at the University of Kansas provides a principle-driven model that is likely to be of use in a variety of settings and programs. As used here "fidelity" means concordance with principles rather than adherence to key elements of programs proven effective. The evidence does not constrain program development into one narrow model. Given the range of the program and participant characteristics studied so far, program planners might with some justification assume that many approaches can be effective. Adaptation to local campus conditions and populations will be required for any model. For example, Cooper discusses the pros and cons of developing a mobile support program (Cooper, 1993). Tracking educational outcomes over a sufficient period of time to see career consequences has been a part of only one study. Three to five year studies of supported employment show high competitive employment rates in the first year or so, but considerably less favorable outcomes over longer periods of time (Becker, Whitley, Bailey, & Drake, 2007; Salyers, Becker, Drake, Torrey, & Wyzik, 2004). Studies of supported education, similarly, need to measure short-term outcomes such as enrollment but also need to extend several years in order to assess completion rates and the effect of education on employment and career.

Finally, research to date has focused on re-entry students. But given the recent strong interest in serving persons experiencing a "first break," (Penn, Waldheter, Perkins, Mueser, & Lieberman, 2005) there is a need for research on supported education interventions that attempt to keep young students in school or help them return very quickly. To illustrate the promise of this approach, a UCLA program that combined supported employment and skills training achieved a rate of 93% employment or education within one year for persons with recent on-set schizophrenia (Nuechterlein et al., 2005).

¹ Categories used by CIMH are: Effective—achieves outcomes in controlled experimental research (random assignment or consistently strong comparison groups) with a range of typical clients in usual practice settings; Efficacious—achieves outcomes in controlled experimental research (random assignment or consistently strong comparison groups) with a homogeneous group of clients in a highly controlled setting; Promising—some positive research evidence, (i.e. pre- post designs), of success and/or expert consensus.; Emerging practice—recognizable as a distinct practice with "face" validity or common sense test; Not effective—significant evidence of a null, negative, or harmful effect.

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SECTION 8

CREATING HUMAN SERVICES CERTIFICATE AND DEGREE PROGRAMS TO ACHIEVE WORKFORCE OUTCOMES

- **About the College of San Mateo Human Services Program**
- **The College of San Mateo Humans Services Certificate and Degree Program**
- **College of San Mateo Peer Support Services Certificate**
- **Characteristics of the Peer Support Services Program**
- **Psychosocial Rehabilitation Certificate**

About the College of San Mateo Human Services Certificates and Degree Program

The *Human Services Certificates and Degree Program* has been designed to train human services personnel to provide services for individuals and families in need of social, health, and economic assistance. The program prepares individuals for various occupations, such as mental health case manager, job coach/employment specialist, social service intake specialist and other entry-level human services agency positions and has specialty certificates of completion in *Peer Services*, *Psychosocial Rehabilitation*, *Family Development* and *Community Health Work*. Additionally, the program encourages transfer to four-year colleges and universities.

The target populations for the certificate and degree program include potential human services employees, current employees of mental health and human services agencies, and human services customers and mental health customers who are interested in entering human services occupations. By design, the human services program is “customer-friendly” because they have been made accessible to participants in the mental health and human services system who want to pursue human services occupations. This has been accomplished by linking the program to CSM’s existing supported education program, *Transition to College*. This supported education program is a partnership between the college and the mental health community and functions to provide on-going supports to students with psychological disabilities.

I. Program Goals

The primary goals of the Human Service Certificates and Degree Program are to:

- **Respond to the training and staffing needs** of the individual human services communities
- **Offer areas of concentration or specialization** that include, but are not limited to Psychosocial Rehabilitation, Family Development, Community Health Work, Peer Support, and others to be developed as needs emerge
- **Maintain a human services program and curriculum model** that can be disseminated state-wide and will respond to system changes in health and human services
- **Provide human services career opportunities** for interested participants seeking human services job skills or skills upgrade
- **Provide a skill based human services lower division transferable curriculum that has workplace applicability** while, encouraging and providing the opportunity for transfer to four-year institutions thereby meeting human services workforce development needs for bachelors and masters level professionals.

II. Program Level Student Learning Outcomes (SLO's)

Upon completion of the Human Services Certificate and Degree Program, students will be able to:

- **Demonstrate an understanding and familiarity of the field of Human Services, human services theory career opportunities, job functions, and the role of today's human services worker.**
- **Demonstrate an understanding of how to apply general counseling skills to a variety of human services settings.**
- **Demonstrate skill in customer needs and strengths assessment, advocacy, referral and services coordination.**
- **Demonstrate a working knowledge of the various public assistance and benefits programs available to persons in need.**

College of San Mateo Human Services Program

<p>COLLGE OF SAN MATEO HUMAN SERVICES PROGRAM</p> <p>Certificates of Specialization Community Health Family Development Peer Support Services Psychosocial Rehab</p> <p>Certificate of Achievement Human Services Associate in Arts Degree Human Services University Transfer Program Human Services, Social Work, Public Health, Human Resources.</p> <p>-----</p> <p>University Transfer Program Associate degree major requirements often do not meet the major requirements for transfer. Universities encourage, and some require, students to complete lower division major courses at the community college prior to transfer. Students can fulfill lower division major courses for transfer at College of San Mateo. Use Project Assist (www.assist.org) to identify lower division major preparation for the California State University and the University of California systems. Research majors in Human Services or related areas such as Social Work, Social Welfare, or Human Resources. For independent or out of state colleges and universities use the catalog to locate this information. Transfer Services can assist you to gather this information.</p> <p>Associate in Arts – Major in Human Services Complete General Education and other requirements listed for the Associate degree and</p> <p>Major requirements: 19 semester units HMSV 100 -- Introduction to Human Services 3.0 HMSV 110 -- Introduction to Counseling 3.0 HMSV 115 -- Introduction to Case Management 3.0 HMSV 120 -- Public Assistance and Benefits 1.0 And, select 9 units from the following courses: Any COOP and/or CRER 152 - 3.0 CRER 138 -- Skill Development for Career Growth 3.0 CRER 140 -- Peer Counseling 3.0 CRER 142 -- Advanced Peer Counseling 3.0 HMSV 130 -- Employment Support Strategies 1.0 – 3.0 HMSV 131 -- Job Development 3.0 HMSV 150 -- Rehabilitation and Recovery 3.0 HMSV 151 -- Current Trends and Issues 1.0 – 3.0 HMSV 262 -Empowerment Skills for Family Workers 3 HMSV 264 -- Supporting Family Success 3.0</p>	<p>Certificate of Achievement – Human Services 19 semester units required Complete major requirements listed under Associate in Arts Major in Human Services.</p> <p>Certificate of Specialization – Family Development 9 semester units required. HMSV 262 -- Empowerment Skills for Family Worker 3.0 HMSV 264 -- Support Family Success 3.0 Any COOP and/or CRER 152 3.0</p> <p>Certificate of Specialization –Community Health Worker 17 semester units required. HMSV 262 -- Empowerment Skills for Family Worker 3.0 HMSV 264 -- Supporting Family Success 3.0 Any COOP and/or CRER 152 3.0 HSCI 100 – General Health Education 2.0 Plus 3 units of any HSCI (Health Science courses) Plus 3 elective units selected from HMSV 100, 110, or 115</p> <p>Certificate of Specialization – Peer Support Services 12 semester units required. HMSV 110 -- Introduction to Counseling and Interviewing OR CRER 140 - Peer Counseling 3.0 HMSV 150 -- Rehabilitation and Recovery OR CRER 142 - Advance Peer Counseling 3.0 CRER 138 -- Skill Development for Career Growth 3.0 Any COOP and/or CRER 152 3.0</p> <p>Certificate of Specialization – Psychosocial Rehabilitation 9 semester units required. HMSV 150 -- Rehabilitation and Recovery 3.0 HMSV 151 -- Current Trends and Issues 3.0 Plus 3 units from any COOP and/or CRER 152</p>
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COLLEGE OF SAN MATEO

PEER SUPPORT SERVICES CERTIFICATE OF SPECIALIZATION

GOAL

The curriculum of the Peer Support Services Certificate of Specialization (PSSC) is designed to prepare students to provide empowerment focused and strength based peer support and mentoring to persons recovering from mental illness.

CAREER OPPORTUNITIES

The PSSC prepares students for entry-level peer positions in public and private non-profit agencies serving persons recovering from mental illness. Job titles include Peer Counselor, Recovery Mentor, Peer Recovery Educator, Activities Coordinator, Peer Support Group Leader, and Consumer Advocate. Typical job duties include: Counseling and mentoring peers, facilitating peer recovery groups, conducting home visits, planning and coordinating activities for peer drop-in centers, connecting peer clients to resources and services and advocating on their behalf, accompanying peers to medical appointments or social activities, and assisting peers to complete housing, employment or educational responsibilities. Current indications are that the number of peer positions in mental health agencies is increasing and that the need for trained peer service providers will increase.

CERTIFICATE

The PSSC consists of six units in counseling or human services, three units of skill development and three units of supervised work or volunteer experience to assist students in the application of course material to the work site. The 12 unit requirements are:

	Units
CRER 140 Peer Counseling /or HMSV 110 Introduction to Counseling and Interviewing	3
CRER 142 Advanced Peer Counseling /or HMSV 150 Rehabilitation and Recovery	3
CRER 138 Skill Development for Career Growth	3
Cooperative Education 641, 645, or 650	3
Total:	12

All units completed by students in the PSSC also apply toward completion of the Human Services Certificate and/or Degree at College of San Mateo.

COLLEGE OF SAN MATEO

PEER SUPPORT SERVICES CERTIFICATE

PROGRAM CHARACTERISTICS

- Focuses on recovery and empowerment
- Utilizes a strength-based approach to instruction and service delivery
- Emphasizes skills and hands-on practice over theory
- Incorporates self-care, wellness, self-knowledge, and self-empowerment into the curriculum
- Includes employment readiness, job search and career growth instruction
- Coordinates with local employment services agencies and DOR
- Partners with mental health employers in the delivery of instruction, curriculum development and program staffing
- Feeds into CSM's Human Services Certificate & AA Degree Programs and all units are transferable to state universities
- Supports and monitors students through CSM's Transition to College supported education program for students with psychiatric disabilities
- Recruits students through county-wide outreach that included outreach to family members who make up 20% of program participants

COLLEGE OF SAN MATEO

PSYCHOSOCIAL REHABILITATION CERTIFICATE OF SPECIALIZATION

GOAL

The curriculum of the **Psychosocial Rehabilitation Certificate of Specialization (PSRC)** is designed to prepare students to provide recovery focused rehabilitation services to persons with psychiatric disabilities.

CAREER OPPORTUNITIES

The PSRC prepares students for entry-level positions in public and private rehabilitation agencies serving persons recovering from mental illness. Job titles include: Assistant Case Manager, Community Worker, Family Partner, Peer Partner, Residential Counselor, Recovery Educator, Job Coach and Consumer Advocate. Typical job duties include: Assisting professionals in planning and coordinating rehabilitation and recovery services, connecting clients and their families to resources and advocating on their behalf, recovery focused counseling and wellness planning, facilitating groups and teaching recovery focused seminars, conducting job site visits and home visits, record keeping and billing. Current indications are that the number of available psychosocial rehabilitation positions in mental health is on the rise and that the need for trained service providers will continue to increase.

CERTIFICATE

The PSRC consists of two three unit courses in Human Services and three units of Cooperative Work Experience Education and/or Service Learning.

The nine unit requirements are:

	Units
HMSV 150 Rehabilitation and Recovery	3
HMSV 151 Current Trends and Issues	3
COOP ED and/or CRER 152	3

Total: 9

All units completed by students in the PSRC apply as electives toward completion of the Human Services Certificate and/or Degree at College of San Mateo.

Completion of HMSV 150 and 151 also satisfies the educational requirement necessary to test for the nationally recognized Certified Psychosocial Rehabilitation Certificate offered through the United States Psychiatric Association.

