

Increasing the Effectiveness of Employment Services Provided by Full Service Partnerships

Sacramento County Mental Health Board

November 2022

Full Service Partnership Employment Effectiveness

Full Service Partnerships (FSPs) are funded by the Community Services and Supports component of the Mental Health Services Act. FSPs provide the full spectrum of high intensity outpatient mental health treatment for children and youth (and their families) living with severe emotional disturbance and transition age youth (TAY), Adults, and Older Adults living with serious mental illness. The Sacramento County Mental Health Board (MHB) Adult Systems of Care Committee established a goal in 2022 to improve the vocational rehabilitation services for consumers provided by FSPs in Sacramento County.

Recovery Philosophy

The Substance Abuse and Mental Health Administration defines recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. One of the dimensions of recovery is to have purpose in your life, including meaningful daily activities such as a job, school, or volunteerism, and the independence, income, and resources to participate in society. Partners¹ in FSPs should be offered effective employment services so that they achieve the greatest degree of recovery available to them.

Methodology

This issue brief is based on a survey conducted by Bernice Zaborski, Mental Health Program Coordinator, Behavioral Health Services (BHS), of the 9 FSPs in Sacramento County's Adult System of Care.² The survey of FSPs gathered information about aspects of services provided by FSPs related to employment, changes in employment focus during the pandemic, challenges helping consumers find employment, and ideas to improve employment outcomes. Outcome data was provided by BHS Research Evaluation Program and Outcomes. Information was also obtained from research literature related to employment of persons with serious mental illness (SMI).

Benefits of Employment

Being productive is a basic human need. In most societies, work is a typical adult role. Over two-thirds (66%) of individuals with SMI want to work and indicate that finding appropriate employment opportunities is a top priority (Drake et al., 2016). In addition to providing income, the opportunity to work facilitates social inclusion and community integration, and contributes to better health and well-being. It may also prevent entry into the disability system (Drake & Wallach 2020).

¹ Clients who are served by FSPs are referred to as "partners." Both terms will be used in this issue paper.

² In FY 2021-22, the Sacramento County behavioral health system had 9 FSPs. In FY 2021-22, it added two more FSPs for a total of 11 FSPs.

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Consumers report that they benefit from competitive employment (regular jobs with regular wages) in many ways (Drake et al., September 2015; Drake & Wallach, 2020):

- A higher quality of life
- Fewer psychiatric symptoms
- A higher income that provides assistance out of poverty
- A path out of homelessness
- Improved self-esteem
- A positive role and identity
- New friendships and inclusion in the community
- Increased structure, routines, and goals
- A key part of their recovery

Employment Outcomes

One type of employment outcome measuring the effectiveness of FSPs is the number of partners who have employment as a recovery goal.³ Partners may come to an FSP with that goal or develop it once they become a partner. During the treatment planning process, partners identify whether employment is a recovery goal. Table 1 shows the average percentage of partners in all FSPs from Fiscal Year (FY) 2016-17 to FY 2021-22 who have done so. The results for the individual FSPs are provided in Appendix A. The percentages are substantially less than the 66% of clients identified in the research literature who state they want to work.

For FSPs serving Adults, there is very little variance with percentages ranging from 7.1% to 13.6%. FSPs serving TAY had much higher percentages of youth who had employment as a recovery goal with over 40% in FY 2016-17, FY 2017-18, and FY 20-21 and 62.2% in FY 2021-22. The FSP serving Older Adults had the percentage of partners with employment as a recovery goal comparable to Adults ranging from 5.4% to 11.0%.

FSPs serving TAYs may have had better outcomes than those serving Adults for several reasons according to BHS staff. FSPs serving TAYs are very focused on obtaining an income source for TAY clients and thus may focus on identifying an employment goal early in treatment. FSPs serving TAYs also want to launch their clients successfully into adulthood, and obtaining employment is part of that process. In addition, Adults face more barriers to employment when they first start as an FSP partner. They may have higher acuity of symptoms, be in and out of jail or hospitals, or have a criminal record. All of these factors may make it more difficult to initially establish employment as a recovery goal for Adult partners.

³ This outcome measure is determined by dividing the number of partners identifying employment as a recovery goal in the FY by the total number of partners in the FY.

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Table 1: Partners with Employment as a Recovery Goal for FY 2016-17 to FY 2021-22

Fiscal Year	Total Number of Partners Enrolled an Entire Year	Number of Partners with Employment as a Recovery Goal	Percent of Partners with Employment as a Recovery Goal
FSPs Serving Adults			
FY 2016-17	1530	108	7.1%
FY 2017-18	1554	168	10.8%
FY 2018-19	1645	139	8.4%
FY 2019-20	1830	252	13.8%
FY 2021-22	1848	252	13.6%
FSPs Serving TAY			
FY 2016-17	202	92	45.5%
FY 2017-18	394	170	43.1%
FY 2018-19	689	188	27.3%
FY 2019-20	600	282	42.0%
FY 2021-22	577	359	62.2%
FSP Serving Older Adults			
FY 2016-17	157	11	7.0%
FY 2017-18	164	18	11.0%
FY 2018-19	174	10	5.7%
FY 2019-20	166	9	5.4%
FY 2021-22	165	14	8.5%

Source: Behavioral Health Services Research Evaluation and Performance Evaluation

Clients in FSPs may not have the life experience to envision themselves as employed, and, therefore, do not identify employment as a recovery goal. Mental health staff need to hold hope for a client when they do not have it for themselves and help them see recovery goals that they cannot yet envision. Some staff with the best of intentions may not want to help clients establish employment as a recovery goal thinking it would be too stressful for a client or potentially set them up for failure. However, serving clients consistent with the recovery philosophy and the strengths model necessitates giving clients these opportunities to experience life and subsequent consequences with support from FSP staff when needed.

Having peers who are employed and have received wages while on benefits work with clients when they join FSPs can help model have employment as a recovery goal. Peers can demonstrate by example the benefits of employment and the fact that receiving an income does not mean that clients lose their benefits, a barrier that clients frequently cite as a reason they do not seek employment. Educating clients about the Social Security wage incentive programs that enable clients to earn an income and still receive a portion of their benefits, which results in an overall boost to their monthly income, would also be helpful in removing a barrier to identifying employment as a recovery goal.

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Another type of employment outcome to measure the effectiveness of an FSP is employment placement.⁴ The tables in Appendix A also report the partners with employment added in each fiscal year from FY 2016-17 through FY 2021-22 for each individual FSP. Table 2 below reports the total employment added in the FY by fiscal year for each age group. For FSPs serving Adults, the percentages ranged from 2.2% to 6.3%. For FSPs serving TAY, the range is 1.6% to 4.1%. For the FSP serving Older Adults, the percentages ranged from 0.0% to 14.3%. The data show that none of the FSPs are effective in placing partners in employment. Intervention is needed to assure that mental health clients being served in Sacramento County in this modality in the service system receive effective assistance in obtaining employment that is so essential to their recovery.

Table 2: Partners with Employment Added in FY for FY 2016-17 to FY 2021-22

Fiscal Year	Number of Partners with Employment as a Recovery Goal	Number of Partners with Employment Added in FY	Percent of Partners with Employment Added in FY
FSPs Serving Adults			
FY 2016-17	108	6	5.6%
FY 2017-18	168	7	4.2%
FY 2018-19	139	3	2.2%
FY 2019-20	252	12	4.8%
FY 2021-22	252	16	6.3%
FSPs Serving TAYs			
FY 2016-17	92	2	2.2%
FY 2017-18	170	7	4.1%
FY 2018-19	188	3	1.6%
FY 2019-20	252	10	4.0%
FY 2020-21	359	11	3.1%
FSP Serving Older Adults			
FY 2016-17	11	1	9.1%
FY 2017-18	18	0	0.0%
FY 2018-19	10	0	0.0%
FY 2019-20	14	1	7.1%
FY 2021-22	14	2	14.3%

Source: Behavioral Health Services Research Evaluation and Performance Evaluation

Questions from the survey are helpful in interpreting the employment outcome results.

Do FSPs have Employment Specialists, Employment Groups, or Counseling?

Very few FSPs have Employment Specialists. There are 6 FSPs serving Adults. Five of them do not have Employment Specialists. The one that does has had a vacancy in

⁴ This outcome measure is determined by dividing the number of partners adding employment in the FY by the number of partners with employment as a recovery goal in the FY.

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that position for the last few months. Two FSPs serve TAY. None of them have Employment Specialists, but one has a Housing and Benefits Specialist that also provides employment services. One FSP serves Older Adults, and it does not have an Employment Specialist.

Of the 6 FSPs serving Adults, 2 have employment groups or counseling. Of the 4 that do not, one did have those services, but curtailed them due to the COVID-19 pandemic. Of the 2 FSPs serving TAY, both do not currently have employment or counseling groups; however, one did have an employment group on Zoom. The FSP serving Older Adults does not have either of these services.

Has the employment focus changed in the past 2 years? If so, how?

The employment focus changed for 6 of the 9 FSPs, with reasons related to the COVID-19 pandemic being the cause for that change for 5 FSPs.

Adult FSPs

The employment focus did not change for 3 FSPs. However, one of those FSPs reported that, although employment services were important, they were not a priority. Given the acuity level of its clients, crisis work, community stabilization, symptom reduction, housing, and alcohol and drug abuse services are its priority.

The employment focus increased for one FSP, with that program sending more clients to another provider's job readiness program.

Three FSPs' employment services were affected by the COVID-19 pandemic, primarily because clients' experienced a decrease in their motivation to work. This decrease in motivation had a variety of causes: increased isolation, problems with job retention, and receipt of increased unemployment benefits. One of these 3 FSPs did have a Career Exploration Program prior to the COVID-19 pandemic, which provided members with job opportunities on-site and assisted those interested with the California Department of Rehabilitation application process.

TAY FSPs

The employment services focus changed for both TAY FSPs due to the COVID-19 pandemic. One increased its focus. More clients on the younger end of the spectrum were seeking employment. In addition, more young people have multiple employment opportunities due to the lack of employees in many businesses.

Pre-COVID-19, the FSP worked on linking youth to internship style employment or job readiness programs. Although it has seen an increase in youth wanting employment, since the COVID-19 pandemic, its focus on employment services has decreased. Overall, there is more of a focus now on basic needs and supporting youth in identifying

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resources and benefits because employment challenges lead the youth to focus on any income or supports they are able to access.

Older Adult FSP

The Older Adult FSP decreased its focus on employment services due to the impact of the COVID-19 pandemic for several reasons:

- Limited availability of jobs for the population served
- Employers not willing to hire older/at-risk candidates
- Client's not being motivated to seek employment

What are the challenges in helping consumers find employment?

Adult FSP

One of the biggest challenges relates to the effect of employment and wages on Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits. Clients who are applying for SSI are concerned that being employed part-time will threaten their eligibility for SSI. Some of those who are on SSI believe that working will threaten their receiving their SSI. Finally, receiving benefits can reduce the motivation to seek employment.

Employment history can also be a barrier to employment. Three problems were cited:

- Large gaps in employment history
- Having a criminal record
- No high school diploma or GED

Two FSPs reported that the high acuity of their clients' symptoms and their mental health needs were a challenge. Clients were not at a point in treatment where the program could begin to work on the employment training process. Chronic medical conditions were also reported to be a challenge by one FSP.

Personal attitudes can also be a barrier to employment with clients being insecure about their ability to work or about their skill level. A client also may just not be motivated to work.

Past or present substance use is a challenge.

Transportation was mentioned as a challenge by 2 FSPs.

The FSP that serves Asian Pacific Islanders has some unique challenges because of linguistic issues. It reported language barriers and issues related to citizenship and legal status. To address these challenges, staff have been supporting members to connect with English as a Second Language (ESL) classes or job openings that do not require English competence.

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TAY FSPs

One of the FSPs serving TAY clients identified the following challenges:

- Clients laid off their jobs during the COVID-19 pandemic
- Being let go due to recurring mental and physical health challenges
- Not being hired due to limited experience
- Lack of transportation (this challenge was also mentioned by the other TAY FSP)
- Lack of childcare
- Not wanting to get vaccinated
- Job readiness programs not offered during the COVID-19 pandemic
- Job readiness programs having transitioned to telehealth for orientation when clients need more in-person support

Older Adult FSP

As with Adults, SSI affects employment for Older Adults. They do not need the income from work because the majority already receive stable monthly income from SSI/SSDI. The clients that do not have income will likely qualify for benefits and are linked through the SMART process, a benefits acquisition protocol.

Physical or cognitive limitations also affect Older Adults. Many clients have job histories that involved physical responsibilities (either physical labor or service jobs). Physical decline, which can impact Older Adults, often exacerbated by the cognitive decline associated with long-term severe and persistent mental illness makes it more difficult to fulfill these tasks.

Even with the pandemic creating more jobs that are remote/work from home, these jobs still require knowledge of computers, stable internet connection, and other assets to which Older Adult clients often times lack access.

Additionally, clients often do not consider employment as a possibility. They do not view themselves capable of working either due to severity of mental health symptoms or struggles in past jobs. They may also have medical disabilities that have been exacerbated due to aging.

Transportation also is a challenge. Some clients do not have access to a personal vehicle or are unable to operate one independently. They either live in placements that are located far from public transport and/or lack knowledge of how to navigate public transport systems. Teaching clients how to utilize public transport is a social rehabilitation intervention, but clients at the FSP level of care are not always ready to prioritize this skill.

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Ideas to Improve Employment Outcomes

Adult FSPs

- Adopt a strengths-based approach that addresses both employment and members' intensive mental health concerns
- Provide funding for development and staffing of an employment-focused component for the FSPs
- Educate clients on employment and government benefits
- Offer more employment readiness groups
- More intentional supports to keep members interested, such as fun activities and employment skills building homework
- Related to the ethnic-specific FSP:
 - ✓ Have job fairs for non-English speakers

TAY FSPs

- Use resource specialists on staff to create a series of workshops throughout 2022 to focus on important linkages and skills building. One of the monthly workshop series will be dedicated to employment to provide support in different areas (resume building, completing applications, locating employment that accepts criminal background, etc.)
- Employment specialists would be beneficial because they would allow another avenue outside of job readiness groups for employment linkage support
- For TAY clients without job experience, offer paid stipend experience for volunteer work that can build professional skills and boost confidence and esteem. This approach also gives youth an opportunity to increase income
- Have team conversations about increasing the education and linkages to vocational programs like Job Corp, SAVA, Sacramento Regional Conservation Corp, or AmeriCorps. This would be beneficial in showing clients various options for skills building for long-term employment. This approach can supplement the support some teams provide as they address employment during independent living skills building
- Host a job fair for youth
- Provide options for transportation

Older Adult FSP

- Have employment as part of suggested goals in client planning sessions
- Have closer collaboration and communication between FSPs and various vocational training resources (e.g. Dept. of Rehabilitation, EDD, SMART)

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Individual Placement and Support Supported Employment (IPS)

Providers of employment services to persons with SMI argue that a new mental health treatment paradigm is needed with employment being a standard mental health intervention. IPS is the model that is recommended for implementation. IPS is a model of supported employment that has been developed over the past 25 years specifically for people who have behavioral health needs. It is the only evidence-based approach to employment for people with behavioral health needs (Marshall et al., 2014).

IPS is based on the belief that work can facilitate recovery and wellness. IPS practitioners focus on people's strengths and preferences. Services are individualized and long-lasting. It has a well-validated, 25-item fidelity scale that is used for program evaluation. It helps people with SMI work at regular jobs of their choosing. IPS offers a pragmatic, person-centered, relatively inexpensive approach to helping people with psychiatric disabilities find and succeed in competitive jobs. The client of an agency offering IPS services chooses when he or she is ready to work and identifies preferences for type of job, desired hours of work, participation in the job search, and type and amount of supports needed on the job. The IPS specialist, usually working within and paid by a community mental health agency, helps the client find a preferred job, coordinates closely with mental health professionals, provides counseling regarding benefits, and offers supports to help maintain employment. The IPS model avoids extensive assessments, pre-employment training, and demonstrations of readiness.

IPS is the most extensively and rigorously researched of all employment models. In 28 randomized controlled trials assessing the effectiveness of IPS for people with SMI, all but one in mainland China found competitive employment outcomes significantly favoring IPS. Across the 28 studies (N=6,468), 55% of IPS participants achieved competitive employment, compared to 25% of control participants receiving other vocational services (Bond 2020). Over the last decade, a number of systematic reviews and meta-analyses have confirmed this basic finding (Brinchmann et al. 2020, Frederick & VanderWeele 2019).

One meta-analysis reported moderate to large effects favoring IPS for a range of other employment outcomes, including job tenure, job length, income, global functioning, mental health, and quality of life (Frederick & VanderWeele 2019). Another meta-analysis found that, compared to control participants, IPS participants gained employment faster, maintained employment four times longer during follow-up, earned three times the amount from employment, and were three times as likely to work 20 hours or more per week (Bond 2020).

Long-term studies show that half of all clients enrolled in IPS become steady workers, maintaining employment for 10 years or longer. A recent follow-up study of a large, multisite trial found that significantly higher earnings for IPS clients compared to controls persisted over a five-year period after the two-year intervention (Baller et al. 2020).

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Supported employment is a relatively inexpensive intervention (Latimer et al. 2004). Cost-effectiveness analyses of randomized controlled trials of IPS have generally found the aggregated costs of vocational and mental health services to be no higher, and sometimes significantly lower, for IPS than for standard services (Drake et al. 2016).

Practice Principles of IPS Supported Employment

1. The focus is on competitive jobs: These are jobs in the community that anyone can apply for that pay at least minimum wage. They are not jobs set aside for people with disabilities. Competitive jobs can be full or part time.
2. Eligibility is based on consumer choice: Any person who has serious mental illness and is interested in a job is eligible for IPS services. No one is excluded because of prior work history, substance use, mental health symptoms, criminal history, etc. Every person is encouraged to think about employment, and all interested people are referred to IPS services.
3. Consumer preferences are important: Employment specialists help people find jobs based on their preferences for job type, location, schedule, etc. People also decide how the job search will be conducted and how follow-along supports will be provided.
4. IPS and mental health services are integrated: Employment specialists and mental health practitioners meet weekly to think of ways to support a person's goals.
5. Rapid job search: People are not asked to go through vocational evaluation, situational assessment, work readiness groups, or work adjustment programs. Instead, they are assisted directly in the job search. Employment specialists and/or clients have face-to-face employer contact within 30 days of the first IPS meeting.
6. Employment specialists build relationships with employers: Employment specialists develop relationships with employers through multiple visits aimed at learning about the needs and preferences of each employer. Employers are seen as another customer, and the employment specialist makes at least six in-person employer contacts with hiring managers weekly.
7. Follow-along supports are continuous: Employment specialists and other treatment team members provide individualized and time-unlimited follow along supports until the person is stable and happy in their job.
8. Work incentives planning is offered to all: People are provided accurate information about their benefits (e.g., Social Security) before they start work and over time as they need to make decisions about jobs.

IPS will address the challenges that the FSP providers identified in the survey as barriers to employment for partners. Gaps in employment and having a criminal history are not a barrier to ISP employment placement. Neither is past or present substance use.

One of the biggest barriers cited was clients worried that that working during the application process for benefits would affect their eligibility. They were also worried about losing their benefits if they worked. Some FSP staff did not appear to have

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accurate information to provide to clients on these issues. Employment specialists in IPS programs would be able to correct the misunderstandings on these issues and help motivate clients to make employment a recovery goal.

Too often, SSI/SSDI applicants are discouraged from working while their application is in progress, or are told that if they pursue employment their disability application will be denied. This misinformation about how the Social Security Administration (SSA) considers work during the SSI/SSDI application process unnecessarily prevents individuals from accessing life-saving income and pursuing their vocational goals. SSI/SSDI applicants should be encouraged to pursue employment during the disability application process. Not only does this help provide them income for housing and basic needs, but applicants may find that with the appropriate employment supports, they are able to earn more than the cash benefits they would have received through SSA disability benefits. (Elder October 2020)

Individuals who are disabled and receive cash and other benefits through the SSA's SSI/SSDI programs are eligible for employment supports to assist them in obtaining and maintaining employment (Elder October 2020). When SSI/SSDI benefits begin, lifelong employment goals do not have to end. In the spirit of SSI/SSDI Outreach, Access and Recovery (SOAR) as a stepping stone to recovery, people who receive SSI/SSDI are encouraged to seek employment and employment services throughout the application process and after benefits are obtained. There are a number of programs specific to SSI and SSDI that allow beneficiaries to work and retain all or portions of their benefits that IPS employment specialists would be able to help clients enroll in. (Elder, October 2020)

Implementing IPS would also incorporate many of the ideas that FPS providers had for improving employment outcomes:

- Adopting a strengths-based approach that addresses employment
- Providing funding for development and staffing of an employment-focused component for FSPs
- Educating clients on employment and government benefits
- Hiring employment specialists, which would be beneficial because they would allow another avenue outside of job readiness groups for employment linkage support
- Having employment as part of suggested goals in client planning sessions

Recommendations

- BHS should add IPS to services offered by FSPs to provide evidence-based employment services to partners.
- BHS should collaborate with FSPs to host job fairs periodically for clients. The job fairs should also address the needs of youth and non- and limited-English speakers.
- FSPs should teach clients when possible to use public transportation to mitigate transportation as a barrier to employment.

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- FSP staff should be trained so that they understand how wages from employment affects SSI/SSDI so they can educate clients about the effects of working on their benefits.
- FSP clients should receive training on SSA Work Incentive Programs for SSI/SSDI beneficiaries
- For clients without job experience, offer paid stipend experience for volunteer work that can build professional skills and boost confidence and self-esteem. This approach also gives clients an opportunity to increase income.
- Increase the education and linkages to vocational programs, such as Job Corp, Sacramento Regional Conservation Corp, and AmeriCorps. This would be beneficial in showing clients various options for skills building for long-term employment. This approach can supplement the support some providers offer as they address employment during independent living skills building.
- Have closer collaboration and communication between FSPs and various vocational training resources (e.g. Dept. of Rehabilitation, EDD, SMART).

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Appendix A

Table 3: Partners with Employment as a Recovery Goal and Employment Added in Fiscal Year 2016-17

Full Service Partnership	Total Number of Partners	Partners with Employment as Recovery Goal		Partners with Employment Added in Fiscal Year	
		Number	Percent	Number	Percent
Integrated Services Agency	252	15	6.0%	1	6.7%
Sac Outpatient Adult Recovery	252	13	5.2%	1	7.7%
New Directions	339	15	4.4%	2	13.3%
Pathways	365	24	6.6%	0	0.0%
Transcultural Wellness Center	322	41	12.7%	2	4.9%
Total	1530	108	7.1%	6	5.6%
Capital Star	N/A	N/A	N/A	N/A	NA
Juvenile Justice Diversion Program	202	92	45.5%	2	2.2%
Sierra Elder Wellness	157	11	7.0%	1	9.1%
Grand Total	1889	211	11.2%	9	4.3%

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Table 4: Partners with Employment as a Recovery Goal and Employment Added in Fiscal Year FY 2017-18

	Total Number of Partners	Partners with Employment as Recovery Goal		Partners with Employment Added in Fiscal Year	
		Number	Percent	Number	Percent
Full Service Partnership					
Integrated Services Agency	259	27	10.4%	2	7.4%
Sac Outpatient Adult Recovery	260	26	10%	1	3.8%
New Directions	329	30	9.1%	1	3.3%
Pathways	374	41	11.0%	1	2.4%
Transcultural Wellness Center	332	44	13.2%	2	4.5%
Total	1554	168	10.8%	7	4.2%
Capital Star	164	71	43.3%	3	4.2%
Juvenile Justice Diversion Program	230	99	43.0%	4	4.0%
Total	394	170	43.1%	7	4.1%
Sierra Elder Wellness	164	18	11.0%	0	0.0%
Grand Total	2112	356	16.9%	14	3.9%

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Table 5: Partners with Employment as a Recovery Goal and Employment Added in Fiscal Year FY 2018-19

Full Service Partnership	Total Number of Partners	Partners with Employment as Recovery Goal		Partners with Employment Added in Fiscal Year	
		Number	Percent	Number	Percent
Integrated Services Agency	281	13	3.2%	0	0.0%
Sac Outpatient Adult Recovery	290	17	4.5%	0	0.0%
New Directions	338	31	6.5%	1	3.2%
Pathways	405	37	9.1%	0	0.0%
Transcultural Wellness Center	331	41	9.1%	2	4.9%
Total	1645	139	8.4%	3	2.2%
Capital Star	451	98	7.3%	2	2.0%
Juvenile Justice Diversion Program	238	90	35.3%	1	1.1%
Total	689	188	27.3%	3	1.6%
Sierra Elder Wellness	174	10	5.7%	0	0.0%
Grand Total	2508	337	9.5%	6	1.8%

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Table 6: Partners with Employment as a Recovery Goal and Employment Added in Fiscal Year FY 2019-20

Full Service Partnership	Total Number of Partners	Partners with Employment as Recovery Goal		Partners with Employment Added in Fiscal Year	
		Number	Percent	Number	Percent
Integrated Services Agency	280	19	2.9%	3	15.8%
Sac Outpatient Adult Recovery	285	16	3.6%	2	12.5%
New Directions	337	35	5.6%	2	5.7%
Pathways	438	33	7.1%	1	3.0%
Arise	121	92	30.6%	3	3.3%
Transcultural Wellness Center	369	57	7.3%	1	1.8%
Total	1830	252	13.8%	12	4.8%
Capital Star	361	154	13.6%	7	4.5%
Juvenile Justice Diversion Program	239	98	33.5%	3	3.8%
Total	600	252	42.0%	10	4.0%
Sierra Elder Wellness	166	14	5.4%	1	7.1%
Grand Total	2596	518	20.0%	23	8.5%

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Table 7: Partners with Employment as a Recovery Goal and Employment Added in Fiscal Year FY 2020-21

Full Service Partnership	Total Number of Partners	Partners with Employment as Recovery Goal		Partners with Employment Added in Fiscal Year	
		Number	Percent	Number	Percent
Integrated Services Agency	281	17	6.0%	3	17.6%
Sac Outpatient Adult Recovery	299	25	8.4%	2	8.0%
New Directions	357	30	8.4%	2	6.7%
Transcultural Wellness Center	373	39	10.5%	2	5.1%
Pathways	271	70	25.8%	2	2.9%
Arise	267	71	26.6%	5	7.0%
Total	1848	252	13.6%	16	6.3%
Capital Star	344	253	73.5%	8	3.2%
Juvenile Justice Diversion Program	233	106	45.5%	3	2.8%
Total	577	359	62.2%	11	3.1%
Sierra Elder Wellness	165	14	8.5%	2	14.3%
Grand Total	2590	625	24.1%	29	4.6%

Bibliography

Baller, J.B., Blyler, C.R., Bronnikov, S. Xie, H., Bond, G.R., Filion, K., Hale, T. 2020. Long-Term Follow-Up of a Randomized Trial of Supported Employment for SSDI Beneficiaries with Mental Illness. *Psychiatric Services*. 71:243–249.

Bond, G. (7/4/22). PowerPoint. Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment. IPS Center.

https://docs.google.com/presentation/d/e/2PACX-1vTTTrdOV1IMTLfQN5kLpf11jJavFShwRDp5EiVCa0sCRM_ws_ouoY6C3Jo0GKXoGev5KzK_qD3qMOIT/pub?start=true&loop=false&delayms=10000&slide=id.p3

Bond, G., Drake, R.E., Becker, D.R. (October 2020). An update on Individual Placement and Support. *World Psychiatry*. 19(3): 390–391.

Brinchmann, B., Widding-Havneraas, T., Modini, M., Rinaldi, M., Moe, C.F., McDaid, D., Park, A-L., Killackey, E., Harvey, S.B., Mykletun, A. (2020). A Metaregression of the Impact of Policy on the Efficacy of Individual Placement and Support. *Acta Psychiatrica Scandinavica*. 141: 206–220.

Drake, R. E., Bond, G., Becker, D., Swanson, S., & Langfitt-Reese, S. (September 2015). IPS Supported Employment for People Experiencing Homelessness. Substance Abuse and Mental Health Services Administration.

<https://soarworks.samhsa.gov/sites/default/files/article/upload-files/2022-01/IPS%20Supported%20Employment.pdf>

Drake, R. E., Bond, G. R., Goldman, H. H., Hogan, M. F., & Karakus, M. (2016). Individual Placement and Support Services Boost Employment for People with Serious Mental Illnesses, but Funding is Lacking. *Health Affairs*, 35(6), 1098–1105.

Drake, R. E., Wallach, M.A. (2020). Employment is a Critical Mental Health Intervention. *Epidemiology and Psychiatric Sciences*. 29 e178, 1-3.

Elder, J., (October 2020). SOAR and Employment for SSI/SSDI Beneficiaries. Substance Abuse and Mental Health Administration.

<https://soarworks.samhsa.gov/sites/default/files/article/upload-files/2022-05/SOAR%20and%20Employment.pdf>

Frederick, D.E., VanderWeele, T.J. (2019). Supported Employment: Meta-analysis and Review of Randomized Controlled Trials of Individual Placement and Support. *PLoS ONE* 14(2): e0212208. <https://doi.org/10.1371/journal.pone.0212208>

Latimer, E.A., Bush, P.W., Becker, D.R., Drake, R.E., Bond, G.R. (2004). The Cost of High-Fidelity Supported Employment Programs for People with Severe Mental Illness. *Psychiatric Services*. 55(4), 401-406.

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Marshall T., Goldberg R., Braude, L. Dougherty, R. H., Daniels, A. S., & Ghose, S. S. (2014). Supported employment: Assessing the evidence. *Psychiatric Services*, 65, 16-23.