**Describe the proposed program, including a description of the program’s target population. (This should be a *concise* description that clearly states the program’s purpose, what it intends to accomplish, and how it functions, etc.)**

[COMPANY NAME HIDDEN FOR PRIVACY] operates three (3) drop-in centers across Sarasota County that *provide* *peer-focused support and recovery programs for adults diagnosed with severe and persistent mental illness*. The drop-in centers include [NAMES OMITTED FOR PRIVACY].

Drop-in centers create a safe and understanding environment for members, empowering wellness and recovery by using proven and widely accepted peer-driven interactions including:

* Daily meetings, meals, and group discussions
* One-on-one mentoring sessions
* Classes and life-skill building using The 8 Dimensions of Wellness, a holistic approach initiated by the federal Substance Abuse & Mental Health Services Administration (SAMHSA)
	+ Members learn to choose wellness in eight (8) distinct areas of life: Emotional, Environmental, Financial, Intellectual, Occupational, Physical, Social, and Spiritual
* Recreational activities in the community (Theater, sports, music, park outings, events, etc.)

In addition, drop-in centers facilitate work preparedness, as well as provide direct job placement and ongoing vocational support to any and all interested members.

Trained center members and staff including a Licensed Clinical Social Worker (LCSW) may also collaborate to provide personalized case management and intervention services specific to each member’s unique needs. Such support services include housing and transportation arrangements, procuring interim medications, and acting as a liaison with medical practitioners to avoid crises often resulting in homelessness and/or hospitalization before they occur.

The program’s member population each year now exceeds 500 area adults clinically diagnosed with serious mental illnesses (SMIs) ranging from schizophrenia, depression, and bipolar disorder (manic depression), to obsessive compulsive disorder (OCD), anxiety disorders, biological brain diseases, and more.

[NAMES HIDDEN FOR PRIVACY] drop-in centers aim to provide comprehensive, non-clinical support to members, restoring stability while acting in concert with the member’s own physician care in pursuit of unique positive outcomes. Healthier living and social interactions, achieving economic success and financial independence, and assuming a more productive and fulfilling role within the community are just some of the goals held by members at each drop-in center.

***Fact****: Recent estimates suggest that 9.8 million US adults (or 4.2% of the total adult population) experience disability and functional impairment due to SMIs. (Source:* [*National Institute of Mental Health*](http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml)*)*

**What other agencies in Sarasota County provide similar services? Describe efforts to minimize duplication. Describe how formal collaborations address current community trends, needs and gaps. What is the impact of the collaboration on the program’s target population?**

[NAMES OMITTED FOR PRIVACY] are Sarasota County’s only no-cost drop-in centers providing non-clinical, outpatient support services to mentally ill citizens in our community. As a result, [COMPANY NAME HIDDEN FOR PRIVACY] near-singularly occupies a niche, serving the needs of individuals, many of whom might otherwise risk becoming displaced, homeless, and/or requiring (re-) hospitalization.

Strategic working partnerships with other area agencies, however, enables “wraparound,” or wider and more expansive community outreach, connecting individuals in need with best-fit providers and timely services to meet their specific needs as they arise.

Specifically, [COMPANY NAME HIDDEN FOR PRIVACY] facilitates urgent housing accommodations by working alongside groups like First Step, The Salvation Army, Renaissance Manor, and others. Collaborative referral programs between [COMPANY NAME HIDDEN FOR PRIVACY] and partner agencies such as these help connect persons in need with our drop-in centers’ services, as well as the specialized services offered by partners, including counseling, substance abuse prevention, and recovery tools.

In addition, transportation services are provided in partnership with SCAT; and therapeutic arrangements including treatment, medications, and consultations are made directly with practitioners and area medical groups.

Taken together, collaborative efforts help extend more quality-of-life-impacting services to citizens in need, preventing crises like homelessness, an inability to procure required medication, and non-access to treatment, substance abuse services, and suitable, sustainable employment.

**In the last 12 months, what were the key performance indicators and results for this program? Include indicators and results not measured by Sarasota County.**

Four or more key performance indicators (KPIs) have been chosen to track program results in terms of program quality, real community and member impact, and the volume of services provided to members. Program metrics are predominantly assessed using census and clinical data, like the results of quarterly member satisfaction surveys, and by gauging actual member results and outcomes.

KPIs and drop-in center performance metrics include:

**Established Benchmark for Services Provided**

* Annual benchmark for prior 12 months (spanning May 2015 – May 2016) was 550 members served across all area drop-in centers
* Actual volume for this time period was ###

**Minimization in Number of Cases Requiring Re-Hospitalization**

A core measure of program value, both in terms of members and the community, is the number and/or frequency of cases requiring re-hospitalization. Naturally, the smallest possible number of instances will reflect a more stable and even improved state of being on the part of members. Increased stability and function enables case improvement, promotes more self-sufficiency, and allows members to continue in pursuit of stated goals such as returning to the workforce.

However, there is also a sizable and immediate benefit to the community in terms of cost savings, as instances of acute care hospitalization, and perhaps ensuing post-acute care, place a tremendous cost burden on individuals, over 90% of whom are relying on economic assistance and unable to pay. As a result, the estimated cost-saving implications for the community are very significant and likely to exceed $150,000 annually.

* Most recent statistics show that over 90% of drop-in center members do not/will not require re-hospitalization

**Exemplary Quality of Care/Member Satisfaction**

Because [COMPANY NAME HIDDEN FOR PRIVACY] drop-in centers are member-driven, a heavy focus is given to the results of quarterly member satisfaction surveys, which track contentment/discontentment in as many as 10 functional areas, from staff training and drop-in center operations, to social environment, sense of community, and attitude towards diversity, and most of all, program results.

Recent key measures show the following:

* 93% of drop-in center members report being satisfied with services received
* 77% of members report becoming more physically active since joining
* 92% say their experiences at the drop-in center have helped them to improve their quality of life
* 91% report having received helpful information and support when needed

**Real Success Stories & Individual Outcomes**

On a human level, even more meaningful than agency-wide KPIs and stats are the personal achievements and firsthand success stories that originate regularly throughout the year at each drop-in center.

Unlike clinical groups, hospitals, and for-profit healthcare organizations, drop-in centers exist solely to help empower human outcomes, not achieve financial results or business objectives. As such, we also monitor and assess performance using human and emotional metrics like the expression of renewed feelings of hope and happiness, a sense of pride and belonging, and the realization of personal achievements in line with a member’s stated goals.

Exemplary program performance, for example, is perhaps reflected best by a member who had long lived dependently while battling paranoid schizophrenia, but who has since begun working in their field of choice, achieved economic independence, and moved into a single-family home of their own.

Or the member who had been too ill to leave their place of residence for months prior, but who now attends regular drop-in center meetings to interact with peers, and uses public transportation in order to perform their own, life-sustaining tasks, functions like grocery shopping, doctor visits, personal banking, and more.

These recent member comments and testimonials, used with expressed permission from each member, reflect the truest and most candid value of the drop-in centers to members:

* Member Testimonial I
* Member Testimonial II

**What systems and processes are in place to improve program quality?**

Under the member-driven center model, member feedback, experiences, and outcomes are used to continually monitor programs and improve the delivery of services. [COMPANY NAME HIDDEN FOR PRIVACY]’s Clinical Director, social workers, and drop-in center staff, by way of firsthand interaction with members, survey data and responses, ongoing member results, and continual assessment of new and traditional treatment and support systems, work in collaboration to develop, test, and implement program changes and improvements, as appropriate.

In fact, as part of an ongoing national accreditation process, [COMPANY NAME HIDDEN FOR PRIVACY] has established a formal Performance & Quality Improvement (PQI) Committee, which meets regularly and presents to the Board of Directors regarding program status and the need and/or opportunity for improvements.

Significant program changes are, however, rare and unexpected, as peer-led support systems are, by design, non-standardized and uniquely tailored by—and for—the distinct needs of each individual member. And, as a whole, peer-led support systems are scientifically and medically proven, with esteemed organizations including SAMHSA, The Center for Medicaid Services (CMS), and state and local behavioral health bodies all heralding their continued successes:

“Consumers participating in peer programs had better adherence to medication regimens, had better healing outcomes, greater levels of empowerment, shorter hospital stays and less hospital admissions (which resulted in lower costs…).” ~ OptumHealth Report

**Describe the impact the proposed program has on families and individuals earning 200% or less of the Federal Poverty Level. Provide program-specific data from FY 2015 and FY 2016, along with projected data for FY 2017 to support narrative. Please cite data sources.**

[COMPANY NAME HIDDEN FOR PRIVACY] drop-in centers provide services almost entirely to members of the priority population: Individuals living on the economic edge. In fact, agency census data confirms that each year, more than 90% of drop-in center members are individuals earning 200% or less of the Federal Poverty Level:

FY 2015: 92% FY 2016 (to date): 93% FY 2017 (projected): 93%

Drop-in center members, the overwhelming majority of whom rely on Supplemental Security Income (SSI) or Social Security Disability (SSD) as a sole or primary source of income, regularly fall into the priority category. Afterall, maximum SSI benefits for 2016 remain unchanged from the prior year at $733/month, and the 2016 average for SSD is $1,166/month. (Source. U.S. Social Security Administration) In either case, individuals would be classified as being near or even below the “30% Extremely Low Income” threshold using the latest CHS measures.

Low-income members of the population are typically unable to save, and instead are forced to spend much, if not all, of their monthly income on housing and meeting basic needs like nourishment and medication(s). As such, these individuals are highly susceptible to financial crisis resulting from unplanned expenses like rising housing costs, logistical and move-in expenses, medical emergencies/hospitalization, and the like. Drop-in centers have programs in place with a proven track record for helping members to avoid all of those aforementioned crisis scenarios, as well as empower case improvement and support ongoing recovery.

And, in Sarasota County, where low inventory and limited access to affordable housing are well-known and worrisome gaps, [COMPANY NAME HIDDEN FOR PRIVACY] drop-in centers provide valuable services free of charge that enable economically vulnerable members to find and preserve safe, stable, and cost-effective living situations, often alleviating what is a crippling financial burden on this segment of the population, the size and scope of which shouldn’t be underestimated. Case in point: An earlier state-sponsored study showed that more than 27% of individuals residing in Sarasota County earn 200% or less of the Federal Poverty Level. (Source: Florida Department of Health)

By addressing what are the most pressing needs of this at-risk population, [COMPANY NAME HIDDEN FOR PRIVACY] drop-in centers help facilitate stability and quality of life, preserve financial solvency, and prevent re-hospitalization in as many as 90% of members. Add to that the positive impact of a nurturing and understanding peer group, a free, daily meal, and arranged recreational activities, and drop-in centers are a source for life-sustaining benefits that affected members of this at-risk population segment may not receive elsewhere, nor be able to replicate using their existing, and too often, limited resources.

**Using local statistics, document Sarasota County’s need for this program’s services and include the anticipated adverse benefits of not providing services to meet the needs. Please cite data sources.**

As evidenced by telling stats like the one above, which states that more than one-in-four residents of Sarasota County are part of the priority low-income segment, there is a clear and urgent call for programs and support services that address the specific needs of this population. And, there’s one stat in particular that best shows why behavioral health should be given rightfully high priority:

There is a strong correlation between serious mental illness (SMI) and economic disadvantage, so much so that “The prevalence rate of serious mental illness among individuals living below the poverty line is four times as high as those earning 200% or more.” (U.S. Department of Health & Human Services)

By definition, SMI results in functional impairment that interferes with the performance of important life activities such as the ability to work. As such, the potential for economic growth and prosperity is seriously compromised, if not halted altogether. And, because SMI is indiscriminant, it’s known to affect skilled, well-educated, and law-abiding citizens. Regardless of who is affected by SMI, however, with proper treatment and support, many can recover and assume (or perhaps re-assume) high-functioning and productive roles within the community.

Some of the very latest and most pertinent data on members of the priority group pertain to the most adversely affected: The area homeless population. As detailed in the Point-in-Time Community Report, released on April 15 by The Suncoast Partnership to End Homelessness, there are almost 1,000 homeless individuals (971) in Sarasota County alone. Of that group, most report at least one disability, with mental health (21%) being among the most common, trailing only substance abuse and physical disabilities.

The Point-in-Time Community Report also shows that Sarasota County has seen a noted increase in homelessness over the past year, with 69 new cases reported. The data shows that progress is currently only being made to stem homelessness in two sub-groups, veterans and children. Increased awareness and funding, more dedicated programs, and a greater societal focus on these sub-groups are being credited for the improvements. Today, though, 92% of area homeless are individuals without children, and of the disabled, nearly one out of every seven expressly asked for mental health services to help them ascend from homelessness.

The County’s ability to address a demonstrated need for not only this segment of the priority group, but for the much broader “on edge” population, begins with proper funding. Time-tested and proven programs at [COMPANY NAME HIDDEN FOR PRIVACY] drop-in centers aim to provide mental health support services for any and all individuals who have been clinically diagnosed, as well as spearhead the search for accommodative living arrangements, assist with job readiness and placement, and much more. With that, an effective working partnership could be key to affecting real, decisive change, and creating the most desirable outcomes among at-risk individuals throughout our community whose illness, not their true nature and character, is preventing their continued pursuit of economic, social, and personal prosperity.

**How do clients learn about services? Describe outreach efforts and marketing activities.**

New and prospective drop-in center members find out about [COMPANY NAME HIDDEN FOR PRIVACY] and available services primarily by way of direct referral from our network of partners throughout the medical community. This includes private practitioners, counseling centers, fellow agencies, law enforcement, and collaborative referral partners like First Step of Sarasota, Coastal Behavioral Health Services, The Salvation Army, Renaissance Manor, and others. Walk-ins are always welcome as well.

Our newly re-designed and re-engineered Web site, www.[COMPANY NAME HIDDEN FOR PRIVACY]I.com, is also a robust and informative digital marketing tool, enabling prospective members, as well as donors, media, and citizens from the community to learn about services, donate funds, discover timely data and research about mental illness and recovery, and access informative blog posts, member success stories, and video content. Information about our range of community events held throughout the year is also shared with the public, in part, by way of feature on the Web site.

Community events, the most recent of which was our annual Beacon of Light Circus, held February 27, 2016 at The Venice Yacht Club, aim to raise awareness, critical funding, and continued support for mental health support programs. [COMPANY NAME HIDDEN FOR PRIVACY] is also actively involved throughout the County and appears regularly at medical and community outreach events like Chamber functions in Sarasota, Venice, and North Port, health advisory boards, caregiver forums, United Way functions, church fellowship groups, and community health action teams (CHATS).

Finally, [COMPANY NAME HIDDEN FOR PRIVACY] is a frequent producer of multimedia content and regular contributor to various print, radio, TV, and Internet outlets, relying heavily on these sources to create interest and stimulate discussion about the organization, its mission, and continuing efforts.

**How does the program address cultural competency? Describe related activities.**

Cultural competency is contained under the 8 Degrees of Wellness, whereby members are actively taught to choose healthy patterns of acceptance with regard to their environment, social network, and interactions. These tenets are woven into their very fabric of virtually all center support programs.

As part of a peer-led support system, unity, trust, and the belief that there’s strength in numbers guides most center interactions, and members are actively treated—and learn to treat others—as peers who share a common affliction, and are united in support of one another. That support is undeterred by any real or perceived cultural differences between members.

In addition, regular educational offerings educate and inform members about the history, traditions, and customs held by other cultures, with meals and cooking classes, music and films, and lectures designed, in part, to promote knowledge and acceptance into the ways and cultures of others.

All drop-in center staff, from program managers to counselors, volunteers, and directors, are also trained to promote and encourage universal acceptance and cultural sensitivity.

**Does the program utilize a waiting list? What is the program’s policy in moving individuals from wait list to entry into the program? What does the program do to address unmet needs?**

There is never a waiting list to receive drop-in center services. New members are immediately administered a detailed intake interview and needs assessment, which gathers information like medical practitioner(s), diagnosis and medication(s), emergency contacts, any and all limitations, and other key member data. Services and new member orientation are then received immediately, so no qualifying individuals in need are ever forced to go without program services.

**Describe how the program recruits, screens, and trains employees and volunteers.**

Some specialized agency staffing and recruitment is done internally through the selection and empowerment of drop-in center members, who can occupy roles including Program Facilitator, Cook, and Certified Recovery Peer Specialist.

Members who have been engaged in the program and working towards their own recovery have proven time and again to be beneficial employees. Many have set goals that include working, and our ability and propensity to hire from within enables many members to rejoin the workforce and make meaningful contributions in a non-competitive work environment that is already conducive to meeting any unique needs held by members.

Elsewhere across the organization, professional staff are recruited both locally and from afar, largely by way of referral by fellow agency contacts and our outside network of medical professionals. Experienced individuals with a strong knowledge of care systems, the changing healthcare environment, and the workings of non-profit and local government agencies are considered especially well suited.

All volunteers and staff complete a level II background screen through the Department of Children and Families, plus a local background check, and two (2) reference checks of their prior listed work experience. Staff members also undergo comprehensive training schedules, outlined below:

|  |  |
| --- | --- |
| Volunteers and New Hires | Annual Staff Training |
| Internal: Patient Rights and Facility Procedures | Abuse Reporting |
| Facility Incident Reporting | Verbal De-Escalation |
| No-Restraint Policies | Crisis Interventions |
| Cross-Trainings, Substance Abuse | Continuing Education Skills (12 hours) |
| Clinical Risks & Competency Assessments | Cultural Diversity |
| Infection Control Universal Standards | Job-Specific Training: Admin & Service Skills |
| Safety & Disaster Plans, PQI Plans, Evacuation | Risk Management |
| Employee Handbook | ADA Compliance: Deaf/Hard of Hearing |
| Agency Policies and Procedures | Confidentiality: Psychiatric, Drug Abuse, HIV/AIDS |
| Screening and Intake Procedures |  |

**What is the program’s staff turnover rate for the last 12 months? Describe the program’s staffing plan to ensure continuity of services during staff shortages.**

Staff turnover in the past 12 months has been 32%. Of that total, however, 4% is due to the death of the employee, and 16% due to the elimination of positions. The remainder, 12%, is the percentage that’s attributable to actual staff turnover.

The member-driven nature of the drop-in center model means centers are not especially vulnerable to staffing shortages. Members are able and accustomed to step in and assist with the day-to-day functions, center upkeep, and program delivery, and universal cross training of staff from other centers also ensures ample backup coverage options in the event of a staffing shortage.

**Miscellaneous Copy Held Over…**

Distinct, coordinated efforts are being undertaken by [COMPANY NAME HIDDEN FOR PRIVACY], however, to expand our organization’s message and reach, further develop online resources, and appeal to new members, donors, and partner organizations. Perhaps most important, though, for carrying out the mission and creating more desired outcomes, is the need for critical funding and larger, more coordinated efforts at the County, state, and societal levels to overcome the stigma surrounding mental illness and openly discuss the furthering of support and recovery efforts on behalf of the affected population.

**Peer-Assisted Liaison (PAL) Program**

**Describe the proposed program, including a description of the program’s target population. (This should be a *concise* description that clearly states the program’s purpose, what it intends to accomplish, and how it functions, etc.)**

The Peer-Assisted Liaison (PAL) program, operated by ([COMPANY NAME HIDDEN FOR PRIVACY]), unites at-risk and in-crisis adults diagnosed with severe and persistent mental illness with Certified Peer-Recovery Specialists (CPRS) to facilitate ongoing, mutually supportive relationships that promote recovery, restore function and quality of life, and actively combat recurrent crises including relapse and hospitalization, incarceration, and homelessness.

Program members achieve:

* Regular interpersonal interactions with PALs and an uniquely empathetic network of peers
* Significantly more community involvement and integration
* Increased engagement with care
* Education and empowerment to sustain and support recovery
* Decreased reliance upon, and usage of, costly inpatient mental health services

Peer Specialists are fellow adults in recovery from mental illness and/or biological brain disease who have completed comprehensive training and testing to become certified by the State of Florida. Because of their own experience, Peer Specialists have unique expertise that even professional medical and psychological training cannot replicate.

This program is the only one County-wide that enables such regular and recurring interactions for this high-risk sub-segment of the population, and at no cost to program members, who are perpetually low-income due to the debilitating nature of their illnesses. Frequency of visits ranges from multiple times weekly to twice monthly, depending on individual member needs.

PAL program members tend to be either new to the community, newly diagnosed, or recently discharged from a crisis unit(s). Some experience difficulty remaining engaged with care, making them susceptible to consequences such as acute care (re-) admissions, homelessness, incarceration, etc.

As part of the PAL program, services are individualized for each recipient in order to facilitate their own stated goals for functions like increased socialization, self-sufficiency, community re-integration, self-advocacy, and an all-around healthier and more stable recovery.

PAL member services may include:

* Education: Engage in one-on-one and group study on mental health- and recovery-related topics, and pursue continuing education and ongoing self-improvement initiatives
* Advocacy: PALs can attend mental health appointments upon request to help facilitate more effective communication and self-engagement by members in their own care
* Interaction: Join and/or re-connect with a healthy social network of peers, pursue hobbies, explore personal interests, and experience diverse recreational activities in the community
* Critical Support & Referral: PALs can help members secure temporary/permanent housing, assist with access to primary care and medications, and arrange transportation and logistics, and other services as needed to stay on an uninterrupted path to recovery

“Peer support is a mutual, supportive relationship that focuses on the whole of a person, not just a diagnosis….(It) is focused on health and recovery rather than on illness and disability.” - Excerpt from PAL Program Brochure

**What other agencies in Sarasota County provide similar services? Describe efforts to minimize duplication. Describe how formal collaborations address current community trends, needs and gaps. What is the impact of the collaboration on the program’s target population?**

The PAL program is the only one County-wide that enables non-clinical mentoring and recurring interactions for members of this target population. And, by way of formal working partnerships with care providers, local support and resource agencies, and the law enforcement and corrections communities, the PAL program has a unique ability to intervene in early crisis stages and before, extending worthwhile services to persons of need in any setting, from home or a local [COMPANY NAME HIDDEN FOR PRIVACY] drop-in center, and even within institutions like acute care facilities and the criminal justice system.

Groups like First Step, The Salvation Army, Coastal Behavioral Health Services, and Renaissance Manor are all PAL program partners, providing referrals, resources, and valuable housing arrangements for members in need.

In addition, transportation services are provided in partnership with SCAT; and therapeutic arrangements including treatment, medications, and consultations are made directly with practitioners and area medical groups.

Collaborative referral programs between [COMPANY NAME HIDDEN FOR PRIVACY] and partner agencies such as these help each one to achieve more expansive community outreach. And, for individuals in need, it offers faster and simpler access to comprehensive, “wraparound services,” like counseling, substance abuse services, and suitable, sustainable housing and employment, right where and when they are needed. All this is part of a shared goal and vision: To better combat and prevent crises like homelessness, hospitalization, and incarceration resulting from an inability to procure required medication, treatment, and support.

**In the last 12 months, what were the key performance indicators and results for this program? Include indicators and results not measured by Sarasota County.**

As a provider of individualized, need-based support services, the performance measures and KPIs in use for the PAL program center on program quality, member satisfaction, and the creation of positive outcomes that are consistent with wellness and healthier, more stable living, and are also in line with each member’s unique goal plan.

KPIs and performance measures specific to the PAL program include:

**Minimization in Number of Cases Involving Relapse/Re-Institutionalization**

Since many PAL program members have been newly diagnosed or are in transition from recent crisis events like acute care hospitalization, incarceration, and even displacement or homelessness, a core measure of program value is the ability to affect positive changes in daily function and routine and avoid crisis recurrence.

* Most recent statistics show that over 94% of members receiving PAL program services for 45 days or more do not/will not return to acute care hospitalization or a detox program

PAL program involvement is designed to promote more accountability and adherence to treatment plans, which, in a majority of cases, enables symptom improvement, creates more self-sufficiency, and increases propensity to adhere to a professional treatment plan.

* 80% of PAL program members score higher on the Functional Assessment Rating Scale (FARS), which measures level of function based on cognitive, social, and role-based performance, after engaging in peer services for 75 days

Aside from increased wellness and member function, however, the potential cost savings to the community represents added incentive to stem or eliminate instances of acute care hospitalization, which cost, on average, over $2,000/day. And, with more than 90% of PAL program members relying on economic assistance and unable to pay, peer services could result in an immediate and sustainable cost savings of more than $150,000 annually to local and state governments.

**Exemplary Quality of Care/Member Satisfaction**

Direct feedback from members and the results of quarterly satisfaction surveys factor heavily in performance measurement across the program and agency as a whole. Surveys track contentment/discontentment in as many as 10 functional areas, from social environment and diversity, access to resources and services, staff training and operational efficiency, and most of all, program results.

Recent key measures show the following:

* 93% of PAL program members report being satisfied with services received
* 93% report having received helpful information and support when needed

Program members rely on continued PAL guidance and support while working collaboratively in pursuit of stated goals such as returning to the workforce, increasing community involvement and social participation, and achieving a heightened level of satisfaction with life, their state of wellness, and the ongoing recovery process.

* 75% of PAL program members achieve two or more goals defined by their service plans prior to program discharge

**Real Success Stories & Individual Outcomes**

Economics aside, the human impact of mental illness, and the physical, social, and emotional toll it truly takes on individuals, families, and the community, can’t be measured using statistics. That’s why, forever more meaningful than any stats and performance figures, are the real, personal achievements and firsthand success stories that emerge from PAL program meetings, interactions, and ultimately upon PAL program discharge, which typically occurs after 6-12 months.

The truest and most candid value of the PAL program to members are expressions of renewed feelings of hope and happiness, a sense of pride and belonging, and the realization of personal achievements in line with a member’s stated goals. Persistent efforts are made to identify and interpret actual outcomes and sentiments like these as indicators of exemplary program performance:

“PAL helped bring me back to life and I will never forget my experiences…I feel so much better today…and I wrote this letter to show people how one person in your life can make such a dramatic difference. Thank you Charli and Mental Health Community Centers.” - Tom, PAL Program Graduate

**What systems and processes are in place to improve program quality?**

The PAL program and its newest outcomes are also routinely monitored and results reported to [COMPANY NAME HIDDEN FOR PRIVACY]’s Performance & Quality Improvement (PQI) Committee, which meets regularly and presents to the Board of Directors regarding program status and the need and/or opportunity for improvements.

Key performance metrics, member feedback and experiences, and real outcomes are also used to improve the delivery of PAL program services. [COMPANY NAME HIDDEN FOR PRIVACY]’s Clinical Director, peer specialists, and program members work collaboratively, with clinical staff assessing results, survey data, and direct responses in order to refine program delivery methods in pursuit of continued improvement.

By nature, however, peer-led support systems are non-standardized and uniquely tailored by—and for—the distinct needs and goals of each individual member. As a result, program delivery varies, sometimes widely, between members. As a whole, though, peer-led support systems are scientifically and medically proven, with high-level organizations including SAMHSA, The Center for Medicaid Services (CMS), and state and local behavioral health bodies all heralding their continued successes.

In fact, “The largest and most comprehensive study ever” conducted on depression found that peer-led recovery produced better patient/physician communication in 95% of cases, and a 97% rate of compliance with prescribed treatment plans and medications. (OptumHealth)

**Describe the impact the proposed program has on families and individuals earning 200% or less of the Federal Poverty Level. Provide program specific data from FY 2015 and FY 2016, along with projected data for FY 2017 to support narrative. Please cite data sources.**

There’s an essential need for services and supportive programs that target mental illness among the low-income population, especially when considering the strong correlation between serious mental illness (SMI) and economic disadvantage. To illustrate, consider that the U.S. Department of Health & Human Services states that “The prevalence rate of serious mental illness among individuals living below the poverty line is four times as high as those earning 200% or more.”

And, with very few exceptions, virtually all PAL program members would be classified as part of the County’s priority population: Individuals living on the economic edge. Most rely on Supplemental Security Income (SSI), which offers max benefits of $733/month, or Social Security Disability (SSD), which averages $1,166 per month, as their sole or primary income. (2016 Stats: U.S. Social Security Administration)

Agency census data (see below) confirms that each year, more than 92% of members are individuals earning 200% or less of the Federal Poverty Level, as compared to an earlier study by the Florida Department of Health, which showed that 27% of all Sarasota County residents fall into this same low-income category:

FY 2015: 92% FY 2016 (to date): 93% FY 2017 (projected): 93%

To reach this priority population and create positive impact, core features of the PAL program include: 1) Open, ready access for affected members regardless of income; 2) Eliminates common barriers to entry like a need for transportation, cost burden, or other items that could otherwise hinder or prevent program membership and sustainability; and 3) Offers regular, lasting support and benefits that continue for 6-12 months or more to empower case improvement, prevent relapse/crisis recurrence, and sustain ongoing recovery.

The free and flexible nature of the program also enables services to reach individuals who are currently in a crisis situation, whether under acute medical care, in custody of law enforcement, or even homeless. Due to income and life circumstances, these individuals would normally be passed over or unable to afford and/or receive need-based services.

In total, the PAL program helps economically vulnerable individuals find and secure stable housing, and facilitate better lifestyle and medical care scenarios. It also helps at-risk individuals navigate more effective lifestyle transitions, whether from institutionalized care toward more independent living, or perhaps when graduating to less restrictive care and case management.

With a proven track record for preventing re-hospitalization in as many as 94% of members, the PAL program can create a wealth of viable solutions for low-income individuals affected by severe and persistent mental illness. These individuals stand to realize improved quality of life and protect their financial solvency against the devastating impact of emergency medical, housing, or living costs.

Add to this the positive impact of a nurturing and understanding peer group, a free, daily meal, and arranged recreational activities, and the PAL program is a readily available source for life-sustaining benefits that affected members of this at-risk population segment may not receive elsewhere, nor be able to replicate using their existing, and too often, limited resources.

**Using local statistics, document Sarasota County’s need for this program’s services and include the anticipated adverse effects of not providing services to meet the needs. Please cite data sources.**

Local statistics reflect some troubling trends throughout Sarasota County in recent years, most notably increased poverty among adults (now 12%) and an increased reliance on government assistance. In fact, needy residents now require total assistance of over $1,400/month to account for rising rents and cost of living increases that far outpace area wage growth. (Stats: Gulf Coast Community Foundation)

As evidenced by some telling earlier stats, namely the fact that mental illness is four times more prevalent across the low-income population, and that one-in-four residents of Sarasota County are part of the priority low-income segment, there is a clear and urgent requirement for programs and support services that address the specific needs of this population, with specific calls for mental health services now on the rise, too.

In fact, some of the very latest and most pertinent data regarding members of the priority group and their needs pertain to the most adversely affected: The area homeless population. As detailed in the Point-in-Time Community Report, released on April 15 by The Suncoast Partnership to End Homelessness, there are almost 1,000 homeless individuals (971) in Sarasota County alone. Of that group, most report at least one disability, with mental health (21%) being among the most common. Today, 92% of area homeless are individuals without children, and of the disabled, nearly one out of every seven expressly asked for mental health services to help them ascend from homelessness.

Valuable services like those that are provided free of charge to PAL program members throughout our community can give economically vulnerable citizens lasting opportunities to pursue newfound wellness, as well as find and preserve safe, stable, and cost-effective living and work situations. And there are also some telling statistics that help illustrate the many incentives for the County through the funding and empowerment of mental health support programs:

* Cost savings: Peer-driven services cost local and state governments, on average, over $5,400 less, per person, than acute care hospitalizations lasting the same duration. (SAMHSA)
* Potential for reduced homelessness: Sarasota County has seen a noted increase in homelessness over the past year, with 69 new cases reported (Point-in-Time Community Report)
* Fewer hospital re-admissions and incarcerations: 86% of PAL program members did not require crisis or addiction services nor return to the criminal justice system six (6) months following program discharge
* Curb other health-related risk factors: Mental illness is associated with elevated risk of cardiovascular disease, diabetes, asthma, obesity, epilepsy, and even cancer (Center for Disease Control and Prevention)
* Increased public safety: The rates for both intentional and unintentional homicide are 2 to 6 times higher in people suffering from mental illness (Source: CDC).

One final point is that mental illness is indiscriminant, and while it’s decidedly more common throughout the low-income population, many affected individuals are also well-educated, law-abiding, and once-productive members of their community. And, with proper treatment and support, many can recover and assume (or re-assume) those elevated roles within this community.

**How do clients learn about services? Describe outreach efforts and marketing activities.**

Prospective PAL program candidates arrive primarily via direct referral from local acute and post-acute care providers, clinical case managers, and physicians. [COMPANY NAME HIDDEN FOR PRIVACY]’s network of partners throughout the medical community includes private practitioners, counseling centers, fellow agencies, law enforcement, and collaborative referral partners like First Step of Sarasota, Coastal Behavioral Health Services, The Salvation Army, Renaissance Manor, and others. Individuals may also receive information, free consultation, and request PAL program admission in person at any area [COMPANY NAME HIDDEN FOR PRIVACY] drop-in center.

Ongoing outreach efforts are conducted to preserve and strengthen ties with current partners as well as reach formal arrangements with additional agencies and care providers across Sarasota County. In addition, by hosting semi-annual, large-profile community events like the Beacon of Light Circus, we aim to raise awareness, critical funding, and continued support for the PAL program and other mental health support programs in the area.

Active involvement and regular speaking engagements at local medical and community outreach events including Chamber functions in Sarasota, Venice, and North Port, health advisory boards, caregiver forums, United Way functions, church fellowship groups, and community health action teams (CHATS) aim to educate individuals and healthcare providers on the many benefits of PAL and peer-focused methods.

Timely information is also made available on our newly re-designed and re-engineered Web site, www.[COMPANY NAME HIDDEN FOR PRIVACY]I.com, which is a 24/7 digital resource for valuable data and insights that enables prospective members, as well as donors, media, and citizens from the community to learn about PAL and peer services, plus access informative blog posts, member success stories, and video content about the program.

Finally, [COMPANY NAME HIDDEN FOR PRIVACY] is a frequent producer of multimedia content and regular contributor to various print, radio, TV, and Internet outlets, relying heavily on these sources to create interest and stimulate discussion about the PAL program and share real stories of recovery happening throughout this community and worldwide as a result of peer services.

**How does the program address cultural competency? Describe related activities.**

All Certified Peer Recovery Specialists are trained to promote and encourage universal acceptance and cultural sensitivity as a tenet of the PAL program. Unity, trust, and the belief that there’s strength in numbers are part of the overall framework of any peer-led support system, and members are actively treated—and learn to treat others—as peers who share a common affliction, and are united in support of one another. That support must be undeterred by any real or perceived cultural differences between members.

All drop-in center staff, from program managers to counselors, volunteers, and directors, receive regular, ongoing training in cultural diversity as part of their annual education regimen. Plus, cultural competency is contained under the 8 Degrees of Wellness, a holistic approach to wellness whereby members are actively taught to choose healthy patterns of acceptance with regard to their environment, social network, and interactions. These tenets are woven into the very fabric of the PAL program and virtually all center support programs as well.

In addition, regular educational offerings educate and inform members about the history, traditions, and customs held by other cultures, with meals and cooking classes, music and films, and lectures designed, in part, to promote knowledge and acceptance into the ways and cultures of others.

**Describe how the program recruits, screens, and trains employees and volunteers.**

The PAL program actively recruits peer specialists from its own ranks in order to enable members who have been engaged in the program and used it successfully towards their own recovery to help empower healing in others as well. Certified Peer Recovery Specialists (CPRSs) complete comprehensive training and testing to become certified by the State of Florida.

For many peer specialists, the return to the workforce is a milestone step in their own recovery, and represents the achievement of one of their primary stated goals. The ability and propensity to hire from within has proven time and again to be beneficial, as each peer specialist is—and has—a real success story that inspires new PAL program members. These individuals have unique knowledge and experience that helps create mutual trust and supportive relationships that have proven more likely to produce positive outcomes.

Due to Health Insurance Portability & Accountability Act (HIPAA) regulations and the highly sensitive nature of the personal information shared between PALs, volunteers are not utilized in the PAL program specifically. All PAL program staff, however, do complete a level II background screen through the Department of Children and Families, plus a local background check, and two (2) reference checks of any prior listed work experience. Staff members also undergo comprehensive training schedules at the agency level, outlined below:

|  |
| --- |
| Annual Staff Training |
| Abuse Reporting |
| Verbal De-Escalation |
| Crisis Interventions |
| Continuing Education Skills (12 hours) |
| Cultural Diversity |
| Job-Specific Training: Admin & Service Skills |
| Risk Management |
| ADA Compliance: Deaf/Hard of Hearing |
| Confidentiality: Psychiatric, Drug Abuse, HIV/AIDS |
|  |

**Supported Employment Program**

**Describe the proposed program, including a description of the program’s target population. (This should be a *concise* description that clearly states the program’s purpose, what it intends to accomplish, and how it functions, etc.)**

The Supported Employment (SE) program, operated by ([COMPANY NAME HIDDEN FOR PRIVACY]), offers direct job placement and personalized, ongoing support services to capable, work-aspiring individuals clinically diagnosed with and recovering from severe and persistent mental illnesses.

Employment specialists work to place program members across a wide range of competitive jobs and industries deemed a natural fit to each individual’s prior training, education, and experience. The combination of established employer relationships, no testing requirements, and no fees for program services helps expedite placement, with meaningful employment highly proven in its ability to impart a more structured and fulfilling lifestyle, promote improvement in symptoms, produce fewer instances of relapse and/or return to crisis centers or homelessness, and create more economic independence for traditionally low-income individuals and their families.

Services available to Supported Employment program members include:

* **Vocational Readiness** – Assist with resume and interview preparations, plus foster job preparation and performance skills ranging from grooming and effective communication to a fuller understanding of payroll deduction, benefits counseling, workplace safety, and more
* **Job Site & Employer Consultation** – Assess suitability of the work environment, securing any necessary accommodations, and ensuring rightful placement best suited to both member and employer objectives
* **Retention Services** – Provide regular training and assistance, and follow up as needed to cultivate new skills and ensure consistency, quality of performance, and longevity in the workforce

Gainful employment is a key part of the recovery process for program members, however, Supported Employment offers two-way benefit by also helping area employers, many of which have an immediate need for new workers, to find and develop practical, working relationships with qualified and uniquely motivated members of our community.

In turn, SE program members, as many as 90% of whom are economically vulnerable, can receive critical assistance needed to access competitive job opportunities and ongoing, professional support to ensure their success in the workforce. Faster placement and facilitation, combined with lasting, continual support set the program aside from other employment programs and position Supported Employment as an innovative solution that makes employment—and in turn, recovery from mental illness—both achievable goals.

“Mental illness should no longer sentence people to poverty. People living with mental illness want to work, frequently can work, and models have been developed to help them succeed.” – National Alliance on Mental Illness

**What other agencies in Sarasota County provide similar services? Describe efforts to minimize duplication. Describe how formal collaborations address current community trends, needs and gaps. What is the impact of the collaboration on the program’s target population?**

In Sarasota County, [COMPANY NAME HIDDEN FOR PRIVACY]’s Supported Employment program is the only provider of services to the targeted population: Individuals diagnosed with severe, persistent mental illness. And, throughout the County and nationwide, supported employment programs geared towards individuals with mental illnesses are non-prevalent, or worse, non-existent. Studies have shown, in fact, that less than 2% of individuals in U.S. state and local mental health programs are able to receive supported employment services due to a lack of available programs targeting individuals with mental illness who want to work. (Source: National Alliance on Mental Illness)

While employment services are available through other agencies County-wide, with Goodwill Industries specializing in helping low-income individuals find work, [COMPANY NAME HIDDEN FOR PRIVACY]’s Supported Employment program is distinguishable by three unique characteristics:

1. Exclusively serves individuals diagnosed with, and being treated for, severe mental illness;
2. Targets competitive employment rather than general placement in non-skilled positions; and…
3. Provides ongoing support services post hire that aid in performance, adaptation, and skill building, and promote sustainable success and longevity in the position/company

Although providing unique and specialized services, formal collaboration with mental health organizations, private practitioners, acute care facilities, and government agencies have been established to stimulate referrals and allow for services to reach more qualifying individuals throughout the community. This includes individuals who have been, or currently are, in some form of crisis situation, whether homeless, under acute care, or in custody of the criminal justice system.

In addition to referral partnerships, established relationships with area employers expedites placement and helps maximize program performance. Case in point: Since inception in 2014, [COMPANY NAME HIDDEN FOR PRIVACY]’s Supported Employment program has achieved a 66% placement rate (versus national average near 30%), with 75% of members maintaining their current job for six months or more.

**In the last 12 months, what were the key performance indicators and results for this program? Include indicators and results not measured by Sarasota County.**

Four or more key performance indicators (KPIs) have been chosen to track SE program results in terms of member placement, sustainability of employment, member satisfaction, and the creation of positive outcomes that are consistent with wellness and healthier, more functional living, and are also in line with each member’s unique goals and aspirations.

Program metrics are predominantly assessed using census and clinical data, like the results of quarterly member satisfaction surveys, and by gauging actual results and outcomes.

KPIs and performance measures specific to the SE program include:

**Increased Percentage of Member Placement**

* Historical benchmark for placement has been 66%, the program’s success rate since inception in 2014
* Actual placement rate for the prior 12 months, spanning May 2015-May 2016, is XX%

**Maximize Sustainability of Employment & Promote Continued Workplace Success**

Beyond simply securing initial placements, a core measure of program quality is the duration and sustainability of each member’s gainful, successful employment. While most mainstream employment services stop once placement occurs, Supported Employment continues, providing ongoing career support in pursuit of stated objectives like financial stability, new skill building, and career continuation and advancement as part of ongoing recovery. Supported Employment program membership continues for as long as members feel services are needed.

Because work plays such a pivotal role in defining an individual’s quality of life, the quality of retention services is seen as a central part of overall program value. As a result, members achieving continuous employment for periods of at least six months or more are particularly telling.

* Most recent statistics show that 86% of SE program members who receive job placement will keep their job for 6 months or more

**Overall Program Quality/Member Satisfaction**

Because [COMPANY NAME HIDDEN FOR PRIVACY] programs are member-driven, a heavy focus is given to the results of quarterly member satisfaction surveys, which track contentment/discontentment in as many as 10 functional areas, from staff training and program operations, to social environment and diversity, access to resources and services, and most of all, program results.

Recent ratings measures show the following:

* 100% of SE program members report being satisfied with services received and would return to the program in the future if employment circumstances dictated
* Six months following SE program discharge, 80% of SE program members reported improved mental health and well-being after having returned to work

**Real Success Stories & Individual Outcomes**

On a human level, even more meaningful than agency-wide KPIs and stats are the personal achievements and firsthand success stories that show how Supported Employment services impact the lives of individuals and families throughout the community.

Exemplary program performance, for example, is perhaps reflected best by member comments and testimonials that show recoveries on track, and that exhibit renewed feelings of hope and happiness, a sense of pride and acceptance, and the realization of personal achievements in line with a member’s stated goals. One such expression is this one from an SE program member’s family, used with permission:

“After almost two months on the job, our son appears to be doing well. He comes home happy and tired, loves helping customers, and actually looks forward to going to work. We are so thankful for the thorough coaching and encouragement from his job coach. It is a significant part of our son’s recovery and helps make Sarasota even sunnier for our family.”

Because Supported Employment exists to help empower recovery and human outcomes, [COMPANY NAME HIDDEN FOR PRIVACY] observes and gauges SE program performance using “humanized” data that measures results like those evident in the sentiments above. Those include, among others, improved quality of life, stronger financial standing, healthier day-to-day structure, and decidedly more favorable perceptions about family life and the surrounding community.

Cases like this exhibit, in real, human terms, the multi-faceted benefits created by Supported Employment programs, with a demonstrated positive impact seen firsthand among members, families, and the community.

**What systems and processes are in place to improve program quality?**

The SE program and its newest outcomes are also routinely monitored and results reported to [COMPANY NAME HIDDEN FOR PRIVACY]’s Performance & Quality Improvement (PQI) Committee, which meets regularly and presents to the Board of Directors regarding program status and the need and/or opportunity for improvements.

Key performance metrics, member feedback and experiences, and real outcomes are also used to improve the delivery of SE program services. [COMPANY NAME HIDDEN FOR PRIVACY]’s Clinical Director, employment specialists, and program members work collaboratively, with clinical staff assessing results, survey data, and direct responses in order to refine program delivery methods in pursuit of continued improvement.

By nature, however, approaches to Supported Employment are non-standardized and uniquely tailored by—and for—the distinct needs and goals of each individual member. As a result, program delivery varies, sometimes widely, between members. As a whole, though, Supported Employment systems have been proven effective, with high-level organizations including SAMHSA, The American Psychiatric Association, NAMI, and state and local behavioral health bodies all heralding their continued successes.

In fact, a recent study found that at least half of all individuals who received Supported Employment services were still competitively employed 3-5 years later. (Source: National Alliance on Mental Illness)

**Describe the impact the proposed program has on families and individuals earning 200% or less of the Federal Poverty Level. Provide program specific data from FY 2015 and FY 2016, along with projected data for FY 2017 to support narrative. Please cite data sources.**

In addition to the documented therapeutic benefits of returning to work, Supported Employment can facilitate for program members short- and longer-term benefits including more financial independence, the ability to secure and maintain stable housing, better provide for themselves and their families, and supplement existing SSI or SSD income to achieve an elevated quality of life.

Supported Employment specialists receive direct training in benefits counseling and can help determine precisely how working will impact each member’s benefit structure and eligibility. In most cases, though, program members can earn work-related income each month without affecting the receipt of much-needed benefits, as with very few exceptions, virtually all SE program members rely on Supplemental Security Income (SSI), which offers max benefits of $733/month, or Social Security Disability (SSD), which averages $1,166 per month, as their sole or primary income source. (2016 Stats: U.S. Social Security Administration) Taken alone, either source would place an individual at or very close to a dangerously low income threshold that’s just 30% of the County median.

Agency census data (see below) confirms that each year, more than 92% of program members are individuals earning 200% or less of the Federal Poverty Level, as compared to an earlier study by the Florida Department of Health, which showed that 27% of all Sarasota County residents fall into this same low-income category. From this, it can be established that each year, the Supported Employment program is catering directly and almost exclusively to members of the County’s priority population: Individuals living on the economic edge.

 FY 2015: 92% FY 2016 (to date): 93% FY 2017 (projected): 93%

The above stats also clearly illustrate what is a supremely strong correlation between serious mental illness (SMI) and economic disadvantage. This is further illustrated by data from the U.S. Department of Health & Human Services, which states that “The prevalence rate of serious mental illness among individuals living below the poverty line is four times as high as those earning 200% or more.” All stats point to an essential need for services that address mental illness among the low-income population, and Supported Employment programs that can help sustain life and improve these individuals’ fragile housing and financial situations.

Using current projections and success rates, it can be estimated that upwards of two-thirds of all new SE program members will become competitively employed in the 2016-2017 period, with 86% of those individuals remaining in those positions for 6 months or more.

Taken another way, this amounts to significant and sustainable life changes for as many as 30 or more individuals and their families over the next year, with a potential reduction in homelessness, fewer instances of relapse and return to crisis situations, more stability and quality of life, and maybe even the ability to build savings, some for the first time. Each outcome would be representative of life-sustaining benefits that affected members of this at-risk population segment may not receive elsewhere, nor be able to replicate using their existing, and too often, limited resources.

**Using local statistics, document Sarasota County’s need for this program’s services and include the anticipated adverse effects of not providing services to meet the needs. Please cite data sources.**

Local statistics reflect a troubling, three-way trend throughout Sarasota County in recent years that has continued into 2016, most notably increased poverty among adults (now 12%), a 7% increase in the homeless count, and an increased reliance on government assistance. In fact, needy residents now require total assistance of over $1,400/month to account for rising rents and cost of living increases that far outpace area employment and wage growth. (Stats: Gulf Coast Community Foundation)

As evidenced by some telling earlier stats, namely the fact that mental illness is four times more prevalent across the low-income population, and that one-in-four residents of Sarasota County are part of the priority low-income segment, there is a clear and urgent requirement for programs and support services within the County that address the specific needs of this population, among which specific calls for mental health and employment-related services have been on the rise.

In fact, some of the very latest and most pertinent data regarding members of the priority group and their needs pertain to the most adversely affected: The area homeless population. As detailed in the Point-in-Time Community Report, released on April 15 by The Suncoast Partnership to End Homelessness, there are almost 1,000 homeless individuals (971) in Sarasota County alone. Of that group, more than 48% report unemployment as the reason for their becoming homeless, and most report at least one disability, with mental health (21%) being among the most common.

Today, 92% of area homeless are individuals without children, and of the disabled, nearly one out of every seven expressly asked for mental health services to help them ascend from homelessness. In addition, a full 34% of homeless residents indicated employment services as one of their most pressing needs. Considering this data, the Supported Employment program at [COMPANY NAME HIDDEN FOR PRIVACY] is the only program available County-wide that can simultaneously serve these particular “wraparound” needs of this specific population, and potentially hundreds or more at-risk individuals not represented in this, or other key statistical measures.

The County’s recent published unemployment rate of 4.4%, for example, will not reflect individuals from the homeless and/or priority populations who are persistently unemployed and unable to find work. (Data: U.S. Bureau of Labor Statistics) For these individuals, access to Supported Employment services could provide critical access to competitive employment opportunities and act as a lifeline for overcoming homelessness and returning to a state of greater health and self-sufficiency.

Unfortunately, national estimates suggest that fewer than 2% of those who would stand to benefit from Supported Employment programs receive services because no programs exist in their respective communities. In partnership with [COMPANY NAME HIDDEN FOR PRIVACY]’s Supported Employment program, however, Sarasota County stands ready to offer services that have already proven effective, continuing in the County’s pursuit to make meaningful strides toward reducing instances of homelessness, returning displaced and disadvantaged workers to the workforce, and promoting wider and more ready access to stable housing.

Add to this the documented therapeutic improvements that often stem from a return to work and trickle-down effects for the community and local government could potentially include elevated health and safety; fewer instances of crisis recurrence, like hospital re-admission, substance abuse relapse, or incarceration; and a sizable cost savings of $150,000 or more in areas like emergency medical services, law enforcement and corrections, and select public services.

“One key remaining task is to overcome implementation barriers to make supported employment services available on a widespread basis.” – Dr. Gary Bond, American Psychiatric Association

**How do clients learn about services? Describe outreach efforts and marketing activities.**

Prospective SE program candidates arrive primarily via direct referral from local treatment providers, clinical case managers, and physicians. [COMPANY NAME HIDDEN FOR PRIVACY]’s network of partners throughout the medical community includes private practitioners, counseling centers, fellow agencies, law enforcement, and collaborative referral partners like First Step of Sarasota, Coastal Behavioral Health Services, The Salvation Army, Renaissance Manor, and others. Individuals may also receive information, free consultation, and request SE program admission in person at any area [COMPANY NAME HIDDEN FOR PRIVACY] drop-in center.

Ongoing outreach efforts are conducted to preserve and strengthen ties with current partners as well as reach formal arrangements with additional agencies and care providers across Sarasota County. In addition, by hosting semi-annual, large-profile community events like the Beacon of Light Circus, we aim to raise awareness, critical funding, and continued support for the PAL program and other mental health support programs in the area.

Active involvement and regular speaking engagements at local medical and community outreach events including Chamber functions in Sarasota, Venice, and North Port, health advisory boards, caregiver forums, United Way functions, church fellowship groups, and community health action teams (CHATS) aim to educate individuals and healthcare providers on the therapeutic benefits of returning to work, and about the power of Supported Employment programs to facilitate those outcomes.

Timely information is also made available on our newly re-designed and re-engineered Web site, www.[COMPANY NAME HIDDEN FOR PRIVACY]I.com, which is a 24/7 digital resource for valuable data and insights that enables prospective members and employers, as well as donors, media, and citizens from the community to learn about SE and peer services, plus access informative blog posts, member success stories, and video content about the program.

Finally, [COMPANY NAME HIDDEN FOR PRIVACY] is a frequent producer of multimedia content and regular contributor to various print, radio, TV, and Internet outlets, relying heavily on these sources to create interest and stimulate discussion about Supported Employment and share real stories of recovery happening throughout this community and worldwide as a result of this and similar programs.

**How does the program address cultural competency? Describe related activities.**

All Supported Employment Specialists are trained to promote and encourage universal acceptance and cultural sensitivity as a tenet of SE program values. As success and longevity in today’s workplace depends on the quality of interpersonal, intergenerational, and often cross-cultural interactions, members receive education and further their existing knowledge about cultural issues and diversity.

Regular educational offerings at [COMPANY NAME HIDDEN FOR PRIVACY] drop-in centers educate and inform members about the history, traditions, and customs that typify US and other cultures, with meals and cooking classes, music and films, and lectures designed, in part, to promote knowledge and unify members, whether identifying in their shared qualities and traits, or developing insights into the personal, cultural, and/or generational differences of others.

All drop-in center staff, from program managers to counselors, volunteers, and directors, receive regular, ongoing training in cultural diversity as part of their annual education regimen. Plus, cultural competency is contained under the 8 Degrees of Wellness, a holistic approach to wellness whereby members are actively taught to choose healthy patterns of acceptance with regard to their environment, social network, and interactions. These tenets are woven into the very fabric of the SE program and virtually all center support programs as well.

**Does the program utilize a waiting list?**

There is never a waiting list to receive Supported Employment services. With no testing requirements or programming prerequisites, admission and rendering of services is expedited for all qualified applicants, with new members typically moving from initial call to program intake in less than 72 hours.

Program eligibility is determined using a referral and comprehensive assessment from a treatment provider, which together demonstrate an individual’s capacity, motivation, and desire to work, and identify the diagnosis and any special needs. Supported Employment services begin immediately following program admission, with employment specialists working to place program members in positions deemed a natural fit to each individual’s prior training, education, and experience.

**Describe how the program recruits, screens, and trains employees and volunteers.**

Supported Employment specialists are devoted outside hires uniquely trained to provide specialized and comprehensive vocational services including job readiness, benefits counseling, search and suitable placement, and continuing facilitation and support on behalf of employers and program members. Advanced training is provided to create a deep-rooted understanding of benefits practices, vocational resources, and the SAMHSA evidence-based model on which the SE program is built.

By developing key relationships with area employers, SE specialists help further program reach and expand member placement. However, specialists also act as a counselor, agent, and liaison for both program members and employers, working proactively and long term to ensure best-fit placement and maximize retention and mutual satisfaction.

Due to Health Insurance Portability & Accountability Act (HIPAA) regulations and the highly sensitive nature of the personal information shared between SE program members and employment specialists, volunteers are not utilized in the SE program specifically. Specialists, like all other agency staff, do complete a level II background screen through the Department of Children and Families, plus a local background check, and two (2) reference checks of any prior listed work experience. Staff members also undergo comprehensive training schedules at the agency level, outlined below:

|  |
| --- |
| Annual Staff Training |
| Abuse Reporting |
| Verbal De-Escalation |
| Crisis Interventions |
| Continuing Education Skills (12 hours) |
| Cultural Diversity |
| Job-Specific Training: Admin & Service Skills |
| Risk Management |
| ADA Compliance: Deaf/Hard of Hearing |
| Confidentiality: Psychiatric, Drug Abuse, HIV/AIDS |
|  |

**What is the program’s staff turnover rate in the last 12 months? Describe the program’s staffing plan to ensure continuity of services during staff shortages.**

As of May 2016, there have been zero instances of staff turnover within the SE program for the last 12 months.

In the event of a staff shortage, however, any excess caseload would be redistributed among remaining staff members. At the time of writing, there were ## additional employment specialists and the agency’s Clinical Director who are all duly able to assume excess caseload and ensure proper coverage in times of need or in cases of staff shortage within the SE program.