Consumer and Family Member Employment in the Public Mental Health System

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The California Mental Health Planning Council's Human Resources Project

The California Mental Health Planning Council (CMHPC) is a 40-member organization mandated by federal and state statute to advocate for children with serious emotional disturbances and persons with serious mental illnesses and to provide oversight of the public mental health system. In January 2000, members of the CMHPC identified shortages in human resources at all levels of service as one of most urgent issues facing the mental health system. The CMHPC developed the Human Resources Project to respond to the work force crisis. The project is a collaborative effort between the Department of Mental Health, the California Institute for Mental Health, and the CMHPC, which directs the project goals and activities through its Human Resource Committee. The Department of Mental Health funds the activities of the Human Resources Project, and the Zellerbach Family Fund has awarded a grant to the project.

In September of 2000, the Human Resources Project formed the Consumer and Family Member Employment Task Force (Task Force) in order to develop a survey and establish goals for promoting the employment of consumers and family members. See Appendix A for a listing of Task Force members.

Consumer Employment

Approximately 90 percent of adults with a serious mental disorder are unemployed (U. S. Department of Health and Human Services, 1999). Consequently, many adults with serious mental disorders become dependent on public assistance and have a great deal of difficulty making ends meet. Increasing opportunities for employment for consumers would produce many benefits for them. The Task Force identified consumer employment not just as a means of contending with California's human resources crisis but also as part of an empowerment vision of recovery. William Anthony provides the following description of recovery:

> Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony, 1993).

An individual's desire to work must be seen as significant as the need for long-term services and supports. Consequently, consumer employment is an integral component of comprehensive community support programs.

Family Member Employment

Family professional partnerships are currently central to the design and success of Children's System of Care. The focus of these partnerships is to improve the outcomes for children with emotional disturbances and their families by having professionals and families work together at designing and implementing treatment plans that have a recovery/resilience vision. The successful implementation of family partnership programs involves a system-wide approach involving advocacy and community activities, training and evaluation, direct services activities, family-to-family support,

and administrative activities. Family members participating at all levels is essential, and family members being employed in mental health systems helps to ensure and strengthen an approach to services that improves outcomes for children.

Family members can make numerous contributions to improving services in other systems besides the Children's System of Care. Promoting family member employment will ensure the institutionalization of family member partnerships and is an additional strategy directed at alleviating the current human resources crisis.

Methodology

In October 2000, the Task Force developed a survey for county mental health programs in order to examine four components:

1. The extent of employment of consumers and family members throughout systems of care
2. The range of salaries
3. Benefits provided for both full-time and part-time employment
4. Model approaches utilized by county mental health programs for hiring consumers and family members and recruiting and retaining them

The CMHPC distributed surveys to local mental health departments, requesting that they survey the community-based agencies with which they contract in their counties. In this way the CMHPC hoped to gather a broader perspective of employment among participating counties. The CMHPC received surveys from 36 (61%) of the county mental health programs. Figure 1 on the following page illustrates all the counties responding, with respondent counties shown in gray. The map illustrates that the survey is fairly representative of all the regions of the State except for counties from the central coast region.

Figure 1: Counties Responding to Survey on Consumer and Family Member Employment—Responding Counties Shaded in Gray

Limitations

The findings of the survey are limited by issues ranging from survey construction, rate of participation by counties, and information provided by respondents. Task Force members identified the following limitations:

- Thirty-six county mental health programs completed surveys. Thus, programs that may exist in 23 other counties remain undocumented by this effort. Additionally, county mental health departments were supposed to distribute the surveys to community-based agencies with which they contract. However, county mental health departments may not have surveyed all community-based agencies. In addition, the staff person responsible for completing the survey may not have been knowledgeable about all the consumer and family member employment programs in their mental health or agency system or may not have had the time to describe the programs fully. Therefore, numerous programs may not have been detailed in the model approaches provided by county respondents.
- The surveys requested respondents to report on self-identified consumer and family member employees. Some stakeholders believe that consumers should be defined as those persons with a mental disorder who have received services only from the public mental health system. Others believe that anyone with a mental disorder should be considered a consumer. The terms "consumer" and "family member" were not defined in order to establish an inclusive definition. Task Force members suggested that not defining consumer and family member in the report was a limitation.
- Surveys asked respondents to report the number of consumers and family members employed within six occupational categories: administrative, advocacy, mental health worker licensed, mental health worker unlicensed, maintenance/janitorial, and other. These occupations were not defined in the survey, and respondents simply placed employees in categories they felt best applied. Therefore, the survey has some ambiguity concerning what the occupational categories represent. In addition, the category "Other" did not provide an option to list what occupations were included in that category.
- The types of benefits were not described in the survey. Therefore, information on benefits indicates only that individuals were provided with a benefit package, but the details of those benefits are unknown.

Survey Results

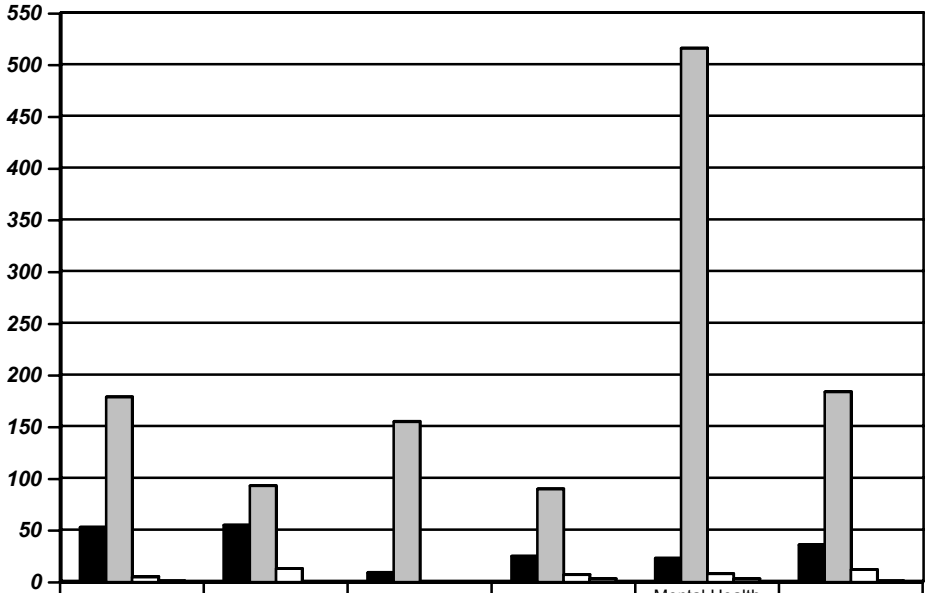
Of the 36 counties that responded, 31 (86%) reported that they employ at least one self-identified consumer or family member. Twenty-eight (78%) counties provided employment information on 1,471 consumers and 23 (64%) counties provided employment information on 211 family members, although only 8 counties employed the majority of both consumers and family members. In addition to employment data, the survey documented benefits, salaries, and model approaches used by county mental health programs to prepare the mental health community for the employment of consumer and family members, provide training for supervisors, and develop hiring and training programs.

Consumer Employment

Surveyed counties reported employing 1,471 consumers, with 766 (52%) employed full-time and 705 (48%) part-time. In hiring these consumers, 1,103 (75%) were hired by community-based agencies, and 368 (25%) were hired by county mental health departments into civil service positions. Consumers are employed predominantly in the Adult System of Care, with 82.7 percent of the positions reported in that system of care followed by 13.7 percent of positions reported as administrative. Far fewer consumers are employed in the Children's System of Care (3.1%) and the Older Adult System of Care (0.5%). Most consumers (37.4%) are employed as unlicensed mental health workers. A smaller percentage (8.5%) is employed as licensed mental health workers. Administrative technicians represent 16.2 percent of the employees; 11.2 percent are employed in maintenance/janitorial positions; and 10.9 percent are employed in advocacy positions. Positions classified as "Other" account for 15.8 percent of the employees. Figure 2 displays the distribution of these positions across the systems of care by occupation.

Statewide Direct Consumers

Number of Employees by Occupation and System of Care



	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	53	55	9	25	23	36
Adult System of Care	179	93	155	90	516	184
Children System of Care	5	13	0	7	8	12
Older Adult System of Care	1	0	0	3	3	1

Figure 2: Number of Consumers Employed Statewide by Occupation and System of Care

Appendix B contains figures displaying the distribution of consumer positions across systems of care by occupation for each region of the State. Some differences emerge in how consumers are employed in each region. Unlicensed mental health workers

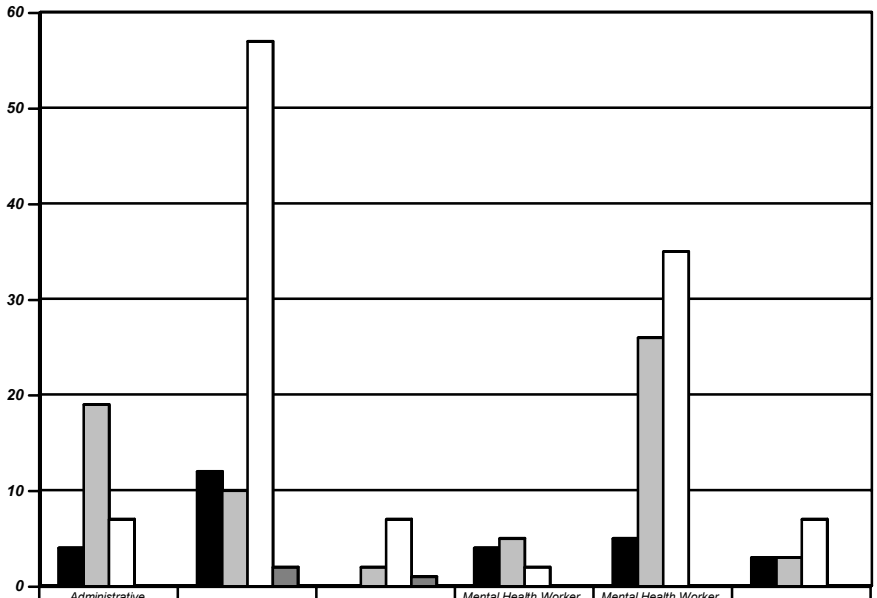
represented the largest category of consumer employment in the following regions: Los Angeles Region 42%, Bay Area Region 40%, Central Region 40%, and Southern Region 26%. The Superior Region was the only one that reported the largest category of consumer employment to be maintenance/janitorial positions at 31%.

Family Member Employment

Surveyed counties reported employing 211 family members. In hiring family members, 149 (71%) were hired by community-based agencies, and 62 (29%) were hired by county mental health departments into civil service positions. Family members are employed predominantly in the Children's System of Care, with 54.5 percent of positions reported in that system of care, followed by 30.8 percent of the positions reported in the Adult System of Care. Administrative positions accounted for 13.3 percent of the positions, and 1.4 percent of the positions were in the Older Adult System of Care. Most family members were employed as advocates (38.4%) or as unlicensed mental health workers (31.3%). Licensed mental health workers comprised 5.2 percent of the positions. Administrative technician positions accounted for 14.2 percent of the employees, and maintenance/janitorial positions represented 4.7 percent. Positions listed as "Other" made up 6.2 percent of the positions. Figure 3 displays the distribution of these positions across the systems of care by occupation.

Statewide Family Members

Number of Employees by Occupation and System of Care



	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	4	12	0	4	5	3
Adult System of Care	19	10	2	5	26	3
Children System of Care	7	57	7	2	35	7
Older Adult System of Care	0	2	1	0	0	0

Figure 3: Number of Family Members Employed Statewide by Occupation and System of Care

Appendix C contains figures displaying the distribution of family member positions across systems of care by occupation for each region of the State. Differences emerge in how family members are employed in each region. "Advocacy" was the highest reported category in three regions: the Bay Area Region (67%), the Superior Region (43%), and the Central Region (40%). Unlicensed mental health worker was the highest reported category in the Los Angeles Region at 42% and the Southern Region at 36%.

Conclusion

In 1995 the California Institute for Mental Health (CIMH) conducted a consumer employment study, which reported that 36 counties employed 465 consumers (Abbott, Wolf, & Diksa, 1995). The report also found that 349 (75%) of consumers were hired as part-time. The CMHPC Consumer and Family Member Task Force survey documented the employment of 1,471 consumers, three times the number in 1995, with only 52 percent of positions being reported as part-time. Consequently, progress has been made in the employment of consumers.

However, the Task Force survey results indicate that only a few counties employ consumers and family members in a significant number. For example, only eight counties of the thirty-six counties responding employ the majority of those consumers and family members captured in this survey: Contra Costa, San Mateo, and Santa Clara located in the Bay Area Region; Fresno and Sacramento located in the Central Region; Los Angeles; Orange County located in the Southern Region; and Mendocino located in the Superior Region.

Consumer and Family Member Salaries

The average hourly wages for consumers and family members are reported several different ways. In Appendix D, the average hourly wages are arranged by occupation and region. The occupations are: advocate; administrative technician; maintenance/janitorial; mental health worker, licensed; mental health worker, unlicensed, and other. Within each occupation, the salaries are further broken down by type of employer: county operated versus contract agency. Appendix E contains graphs for both consumer and family member salaries that array the data by occupation within each system of care. These graphs provide statewide data and regional comparisons.

Consumer Salaries

Statewide salaries for consumers ranged from $8.37 per hour for a maintenance worker to $29.36 per hour for an administrative technician position. Salaries by systems of care vary a great deal for each occupation. For example, the salaries for administrative technicians vary from $15.29 to $29.36 per hour. Among all positions, 94 percent of reported salaries are above $10.00 per hour, with 43 percent above $15.00 per hour. The Central Region demonstrated the greatest range of salaries among reported occupations.

Family Member Salaries

Statewide salaries for family members range from $10.00 per hour for a maintenance worker to $32.00 per hour for a position designated as "Other." Salaries vary a great deal among systems of care for each position described. For example, the salary for an administrative technician varies from $16.67 to $29.50 per hour. Among all positions, salaries are above $10.00 per hour, with 41 percent of reported salaries being at or above $15.00 per hour.

Conclusion

As a group, consumers and family members are making above minimum wage, with more than 90 percent of all reported salaries at or above $10.00 per hour. In addition, approximately 40 percent of salaries reported for consumer and family member positions were above $15.00 per hour. Although reported salaries did vary among occupations and systems of care, the task force salary survey indicated that consumers and family members employed in the mental health system have the opportunity to earn a livable wage.

Consumer and Family Member Benefits

Twenty counties reported that benefits were provided to consumers who worked in a full-time or part-time position: five Bay Area counties (Alameda, Contra Costa, San Benito, San Mateo, and Santa Clara); six Central counties (Fresno, Madera, Mariposa, Sacramento, San Joaquin, and Yolo); four Southern counties (Orange, Riverside, San Bernardino, and Santa Barbara); four Superior counties (Butte, Mendocino, Modoc, and Shasta); and Los Angeles.

Of the 1,471 consumer employees documented in the survey, 641 (44%) of consumers received benefits. Of the 641 consumers reported to receive benefits, 537 (84%) were full-time employees and 104 (16%) were part-time employees.

Fourteen counties reported that benefits were provided to family members who worked in full-time or part-time positions: five Bay Area counties (Contra Costa, Marin, San Benito, Santa Clara, and Santa Cruz); three Central counties (Sacramento, San Joaquin, and Yolo), two Southern counties (Orange and Riverside); three Superior counties (Inyo, Mendocino, and Shasta); and Los Angeles.

Out of the 211 family member employees documented in the survey, 172 (81%) family members received benefits. Out of the 172 family members receiving benefits, 122 (71%) were full-time employees and 50 (29%) were part-time employees.

Goals For Increasing Consumer and Family Member Employment

Because consumer and family member employment was concentrated in only 8 of the 36 counties responding to the survey, the Task Force perceived the need to stimulate additional consumer and family member employment. Consequently, it generated the goals listed below, which are developed in the balance of the report. These goals promote pragmatic approaches for contending with the current human resources crisis in the mental health system:

Goal 1: Recommend training and technical assistance programs to prepare the mental health community to increase employment opportunities for consumers and family members.

Goal 2: Develop recommendations to prepare, train, and empower consumers and family members for employment in the mental health system.

Goal 3: Recommend requiring county mental health departments to prepare hiring plans with measurable objectives for employment of consumers and family members. These plans shall be approved and monitored by DMH.

Goal 1: Recommend training and technical assistance programs to prepare the mental health community to increase employment opportunities for consumers and family members.

The Human Resources Consumer and Family Member Employment Task Force identified a number of barriers that limit the extent and the effectiveness of consumer and family member employees in the mental health system:

- Stigma and discrimination within the mental health system prevent the increase of employment opportunities for consumers and family members
- Systems of care do not acknowledge the value of consumer and family member employees
- Attitudinal barriers exist among existing staff when clients become staff
- Consumer employer positions lack clarity in their job duties
- The traditional case management position is clearly defined, but the consumer case provider position is not clearly defined
- Transition from client to staff creates confidentiality and privacy conflicts
- Employers need to offer training to consumer employers on appropriate self-disclosure
- Consumer employees fear requesting reasonable accommodations
- Extended support that consumer employees formerly received for continued recovery and wellness is frequently discontinued
- The of role of family members as employees is not well defined and neither is the required skill set
- Often a family partner develops a closer relationship with a family problem than a traditional provider, which results in power dynamics on service teams

This list reveals that substantial barriers to consumer and family member employment must be addressed. However, county mental health departments and community-based mental health agencies are devoting very little effort to address these problems. The survey of consumer and family member employment found that of the counties responding to the survey only one community-based agency had a training program for managers, supervisors, and other staff to prepare them for the employment of consumers. Only one had a training program that prepares employers for the employment of family members.

Model Approaches for Changing Attitudinal Barriers to Consumer/Family Member Employment

The California Coalition of Consumer/Survivors in Mental Health Management (CCC/SMHM) is an organization that offers technical assistance to counties interested in creating consumer/advocate/liaison positions and encourages counties to hire consumers in service delivery programs. The CCC/SMHM has developed a technical assistance proposal to ensure that counties are successful in their efforts to hire consumers. The proposal has four target areas:

- Preparation of the mental health community for the employment of mental health consumers

- Training of consumers to work in the mental health field
- Identifying and creating placement opportunities for consumer employees
- Support systems for consumers once they are employed

To develop technical assistance resources in these four target areas, the CCC/SMHM recommends that a request for proposals be issued to all consumer-administered organizations for the consideration of a statewide technical assistance project. This project would perform the following functions:

- Identify individuals, programs, and counties having expertise in the four target areas
- Survey counties to assess their technical assistance needs
- Match technical assistance constraints and/or model program resources with counties that request support

United Advocates for Children of California

United Advocates for Children of California (UACC) is an organization that strongly believes that family members play a critical role in California's public mental health system. UACC is focused on strengthening the relationship among mental health providers and family members, promoting the employment and participation of family members in the mental health system, and providing technical assistance for training family members to work in a variety of occupations. UACC uses the term "family members" to describe two populations, parent partners and youth partners. Parent partners are the primary caregivers of children and youth who are now or have in the past accessed public mental health services. Youth partners are youth and young adults who are currently or have in the recent past received public mental health services.

UACC conducts a variety of training programs throughout California to promote family member employment and family partnership. UACC reports that currently 300 family members are working in 48 counties throughout California. UACC has had a significant impact on promoting the employment of family members in California's public mental health system.

Recommendation: The State Department of Mental Health (DMH) needs additional resources to expand technical assistance and training to assist counties in increasing employment opportunities for consumers and family members. If additional resources are not available from state or federal funds, the DMH should assist organizations that can provide technical assistance in seeking grants.

Methods for Increasing Employment Opportunities

Reclassifying Civil Service Classifications

Contra Costa County

Contra Costa County has created a county classification specification that includes a consumer's experience as an eligibility requirement for a county position. Contra Costa County created eight Mental Health Community Support Worker-Project positions. Project positions are limited in duration and not part of the civil service system. Mental Health Community Support Worker positions were created as project positions in order to determine if they would be successful. In April 2000 the Mental Health Division was successful in its request to convert the project positions into the

merit system. The one disadvantage to this approach is that the process is lengthy, taking up to two years in this case. Despite the time it took to create consumer experience positions, Contra Costa County has moved forward in creating a county classification that will also include family member experience and has proposed the development of a career ladder from Mental Health Community Support Worker I to Mental Health Community Support Worker II.

Fresno County

Fresno County Department of Adult Services established a civil service classification at the management level for a mental health consumer advocate position in December of 2002. The staff person in this position plans, directs, and coordinates the activities of United Consumer Advocacy Network. This staff person also assists consumers with employment interviews and counsels them regarding employment responsibilities. The classification's minimum qualification includes an experience substitution stating that additional full-time paid work experience may be substituted for up to two years (30 units) of the required education, on a year-to-year basis. The substitution allows for individuals who may not have completed the required 4-year college degree but who have experience working in the mental health system to apply. The classification developed in Fresno County serves as a model to replicate in other counties wishing to develop management level positions that take into account consumer experience.

Solano County

The Solano County Health and Social Services Department developed a county classification for a Mental Health Specialist I position that requires mental health consumer experience. Recruitment for the position involves a supplemental questionnaire that includes questions approved by the Human Resources Department concerning the applicant's consumer-related mental health experience. The classification specification developed in Solano County specifically states that first-hand experience as a mental health consumer is required and is one of the more direct approaches in designing county classifications that include consumer-related experience.

Using Existing Civil Service Classifications

Alameda County initiated a program called STEP UP. The STEP UP program is an alternative process through which individuals with severe disabilities can join the county's permanent workforce without going through the standard civil service examination process. County departments can designate an entry-level position to be filled by an unclassified candidate under the STEP UP program. Entry-level classifications include a wide variety of positions, including skilled labor, clerical, accounting, social work management positions, and administrative positions. The county human resources service works with the county hiring department to develop a job announcement and conducts recruitment from agencies dealing with individuals with disabilities. Applications of qualified individuals with severe disabilities are screened for minimum qualifications and forwarded directly to the hiring department for interviews and appointment. The State of California Department of Rehabilitation certifies eligible candidates. The chosen candidate must satisfactorily perform the essential functions of the position before making the transition to a regular civil service position.

Contracting with Community-based Agencies

Sacramento County

Sacramento County Mental Health Division started planning mechanisms to promote consumer provider employment during the late 1980s and by 1990 secured funding to start training and placing consumers in the system of care. In fall 1992, Sacramento County initiated a process to redesign the adult mental health system. Modeling a consumer-driven approach, a system-wide task force was formed representing all sectors of the mental health community with almost 50 percent of voting members being consumers and family members. The task force met for approximately four months and was a major force in spurring a paradigm shift that resulted in an integrated service system model that included specific requirements for the proactive hiring of consumers by all agencies in the Adult System of Care. This complete redesign and shift in thinking underscored the importance of involving consumers at all levels and in all processes, including service delivery.

To further demonstrate leadership and underscore continued commitment, the Sacramento County Mental Health Division created a County-wide Consumer Advocate/Liaison position in 1995. The Sacramento Network of Mental Health Clients advocated for the Consumer Advocate/Liaison position. Currently, the Consumer Advocate/Liaison serves on the Executive Management Team of the Sacramento County Division of Mental Health. A consumer holds this position, and the job duties include planning for hiring and promoting consumers in mental health positions. In 2000 the Consumer Advocacy Program was launched through a community-based agency and was given formal approval by the Mental Health Board and Mental Health Services Division to proceed as a volunteer run program in 2002. Currently two consumers are employed in this program, and 12 volunteers facilitate the Consumer Advocacy Committee, support groups, and SACNET as well as serving on various committees and workgroups throughout the county. Staff members conduct public education and advocacy activities that promote consumer employment and system reform. The advocates employed in this program participate in full partnership with county staff and community-based organizations in system-wide efforts to improve services for adult consumers and further the commitment to support consumer employment.

In 1997 the county formed a family advocacy program called Sacramento Advocacy for Family Empowerment (SAFE), housed at the Mental Health Association, to assist families and children in the mental health system. The community-based agency employs the Consumer Advocate Liaison and Family Coordinator. The program employs three family advocates and one youth advocate. A core group of volunteers also facilitate Family Night Out and youth support groups to children and families served in the Children's System of Care (CSOC). Currently, five parents and four youth actively volunteer in this program. The Family Coordinator serves on the Executive Management Team at the Division of Mental Health. Staff in this program advocate for the needs of children and families served in the CSOC by providing full family partnership in a strengths-based, culturally competent manner.

Conclusion

County mental health departments and community-based agencies can use a variety of strategies in the development of both consumer and family positions that recognize experience in the eligibility requirements. The successful employment of consumers and family members in the public mental health system will involve using all of these strategies in order to maximize the opportunity for employment. Counties can design

classifications that include consumer and family member experience in the eligibility requirement, or designate certain positions, as does the STEP UP program. In addition, county mental health departments and community-based agencies can also work together in order to establish positions by funding contracted programs at a community-based agency which in turn hires staff outside of the civil service system. Establishing numerous pathways to employment will be the most successful way of increasing the number of consumers and family members employed in the public mental health system.

Goal 2: Develop recommendations to prepare, train, and empower consumers and family members for employment in the mental health system

Several counties highlighted developing a variety of entry-level training programs. Training programs can be run internally by the county mental health department, a community-based agency, or through a collaborative effort with a local community college.

County Mental Health Department Programs

Contra Costa County

The Mental Health Service Provider Training Program in Contra Costa County was funded for $18,000. Twenty-seven individuals enrolled in a twelve-week program. The program was five hours per day, three days per week. Participants were required to complete course work and have no more than three absences in order to obtain a certificate of completion. Eighteen students who have completed the requirements of the classroom training have now moved into work-study positions. These positions are internship positions offered at county mental health programs and contract agencies. Current estimates are that at least eight of these volunteer positions will result in ongoing paid employment.

Sacramento County

In 1990 Sacramento County Mental Health Services Division received a Community Support Program demonstration grant from the National Institute for Mental Health. Three courses were offered at the local community college during the fall semester of 1990. The courses provided training to mental health consumers who were interested in employment in the mental health system. Twenty-three consumers graduated from the program. Of the graduates, 20 were placed in paid or volunteer positions working within the mental health system. The Community Support Program hired 8 consumers to work in the case management services program.

The number of consumer providers grew dramatically during the 1990s. By 1998, over 100 consumers were employed. Today, nearly 300 consumer providers/family members are employed within the mental health system. Over the years, there have been numerous individual agency and system-wide activities to promote and support consumer/family providers. Sacramento County has been involved in the Department of Mental Health Department of Rehabilitation (DMH-DR) Cooperative program for quite some time with an active Building Employment Services Teams (BEST) network dedicated to addressing the employment needs of consumers. Crossroads Employment Services is the DMH-DR contract agency in Sacramento and has been very involved in consumer employment and BEST. In 1997, a four-part training program, *Forum on Issues and Concerns for Consumers Working in Sacramento County Mental Health Programs*, was designed with the support and involvement of the BEST and DMH-DR Cooperative Technical Assistance Unit. At that time, Sacramento County had

considerable experience and rich knowledge of the benefits and challenges of employing consumer providers. Consumer providers, non-consumer providers, administrators, and others were involved in identifying the benefits and challenges of employing consumers and developing strategies for improvement in identified areas. Follow-up activities were also developed to reinforce the knowledge that had been gained. Although the training was designed for Sacramento, the information about the training is relevant to other counties and was shared in numerous gatherings throughout the State. The training was invaluable in supporting countywide mental health plan efforts to employ consumers.

In 2002 Sacramento County Mental Health staff and contract providers participated in the Employment Partnership Training Series that offered nine full-day trainings focusing on partnerships fostering consumer employment.

Sacramento County Mental Health was recently advised that they are the recipients of the *2003 Excellence in Universal Design & Technology Award* from the California Governor's Commission on Employment of People with Disabilities, which will be conferred later this year. The award is given in recognition of the county's efforts to employ consumers over the years.

County Mental Health Departments and Community Organizations

In 1997 Alameda County Behavioral Health Care Services (ACBHCS) in collaboration with the Alameda County Network of Mental Health Clients initiated a program of "Jobs Now" trainings. The goal of the program is to provided the following:

- Peer recovery training to prepare mental health clients for employment in the human services field
- Opportunities to identify positions in county-operated and community-based human service agencies
- Job preparation at sites for successful placement of mental health clients
- Ongoing support and placement of mental health clients

The program began with a group of 24 mental health clients who were willing to find meaningful work or activities in the system of care. ACBHCS created 6 half-time positions for Jobs Now graduates. The program has been expanded to include nine months of training, with four months of classroom training and five months of on-site training. In addition, the Jobs Now program training is currently called Consumers Learning About Service to Peers (CLASP). To date there have been 101 CLASP/Job Now graduates. According to a September 2002 telephone survey of 63 Jobs Now graduates, fifty-nine percent (37) are currently working. Jobs Now graduates from the initial training have job retention rates of 2 to 6 years.

Entry-level Training Designed in Collaboration with Community Colleges

The following community college curricula and training programs provide entry-level training to consumers and family members to work in local mental health programs and community agencies:

- Human Service Worker certificated programs are currently being offered at La Canada, San Mateo, Solano, and Riverside community colleges. The program equips students with the basic knowledge and skills necessary for employment in the human services field. The course is eighteen units for a certificate.

- The Solano County Community Colleges Human Services Program has been very successful. Since the fall of 1998, 647 students have taken the course, and 86 percent of these students have a psychiatric disability. Students have been consumers of Solano County mental health services, Kaiser Permanente, and the Department of Rehabilitation. Out of the 647 students, 380 have been Human Services majors, and 96 Human Services certificates have been issued.
- California Association of Social Rehabilitation Agencies (CASRA) has initiated a Psychosocial Rehabilitation Services Certificate program at American River Community College. In 1998 CASRA began the project to develop a curriculum that could be used at community colleges to lead to a psychosocial rehabilitation certificate. The curriculum consists of five core courses: Introduction to Psychosocial Rehabilitation, the Helping Relationship, Rehabilitation and Recovery, Community Integration, and Field Work Seminar in Psychosocial Rehabilitation. Courses offer a focus on entry-level skills and the practical application of theory. They are steeped in psychosocial rehabilitation values, are recovery oriented, and provide students with a solid base of knowledge.

  The introduction of the course at American River College has been met with an enthusiastic reception. Thirty-five students have been enrolled in the first of five core courses. Twenty-five percent of the students are consumers. So far, the curriculum appears to be very transportable to a variety of community college settings and would serve as an excellent entry-level pipeline tool.
- In 1997 the Community Education Center of Pasadena City College and Pacific Clinics collaborated to develop a Paraprofessional Mental Health Certificate Program. The training program established three goals:

  1. To provide a pipeline for entry-level workers to meet the human resources crisis in the mental health system
  2. To provide an opportunity for consumers in the mental health system to join the mental health workforce
  3. To attract members of the community to the mental health workforce. The target audience for the training includes retirees, support staff in mental health agencies, bilingual/bicultural immigrants, and individuals looking for a career change.

  The curriculum is composed of 160 hours of classroom work and 48 hours of field placement. Course content covers the following topics: an orientation to mental health services and employment settings, the delivery of mental health services, professional roles, documentation and mandated reporting requirements, issues of diversity, introduction to human development, introduction to psychological and behavioral health, introduction to treatment of psychological and behavioral health disorders, principles of case management, working with families, and a field placement component. To receive a certificate, students must score in the 70th percentile in both the class and field component. Four class offerings have graduated 69 students since 1998. Twenty-four percent of graduates have been employed in the mental health field; of these 76 percent are consumers. The certificate program serves as a model approach for other organizations to follow.

California's Building Employment Services Teams Networks

California's Building Employment Services Teams (BEST) Networks are local partnerships that focus on providing employment services for individuals with

disabilities. In 1992 BEST Networks grew out of partnerships between the State Departments of Mental Health, Rehabilitation, and Transportation. BEST Networks are county-based coordinating bodies that provide support to county teams comprised of Vocational Rehabilitation and Mental Health Association (MHA) staff in areas such as training, networking with employers, and support services, including housing and transportation. They also work with special populations, such as youth and homeless individuals. BEST Networks currently has 15 contracts statewide, with a $120,000 budget. BEST Networks employ BEST technicians, who are persons with a history of mental illness who provide coordination and support services, such as training, event/meeting coordination, research, and clerical support to BEST Networks.

Currently BEST Networks have been involved in the development of a community college Human Services Certificate curriculum and recently put together a pilot BEST Tech Manual. BEST Networks have sent the manual to each of their contractors, including DMH and DOR to review.

Goal 3: Recommend requiring county mental health departments to prepare hiring plans with measurable objectives for employment of consumers and family members. These plans shall be approved and monitored by DMH.

Increasing consumer and family member employment offers one solution to the human resources crisis facing the mental health system. Employing consumers is also consistent with the recovery philosophy. Employing family members, especially in the Children's System of Care, is the basis of successful family partnership programs, which is one of the tenants of the system of care philosophy. Despite the need for additional staff resources and this strong conceptual basis for consumer and family member employment in California's mental health system, the results of the survey of consumer and family member employment reveal that this employment is clustered in only a small number of counties. Consequently, the DMH should develop Consumer and Family Member Employment Plan Requirements for county mental health departments and their community-based agencies that the DMH should approve and monitor.

The Consumer and Family Member Employment Plan Requirements should include the elements listed below. Both county-operated programs and community-based agencies that contract with county mental health departments should be subject to these requirements.

- Workforce needs assessment—county mental health departments can use the human resources analysis they have completed for the Cultural Competence Plan Requirements pursuant to DMH Information Notice No: 02-02 (Section II. B.)
- Current data on the number of consumers and family members employed by type of position to set a benchmark
- Measurable objectives with time frames for quantifiable targets for increasing consumer and family member employment by type of position
- Workforce development component with descriptions of the following features:
  - Training to be provided by managers and supervisors to create a workplace conducive to the employment of consumers and family members
  - Training and support to be provided to consumer and family member employers
  - Reasonable accommodations available to consumer employees

- Strategies for recruiting consumer and family member employees
- Career development opportunities for consumer and family member employees and career ladders, including access to supervisor and manager positions
- Employment opportunities, including an array of positions from part-time to full-time
- Positions to include benefits at parity with non-consumer and family member positions
- Consumers and family members currently employed in "extra help" positions should be offered the opportunity to transition into permanent positions

Approval and Oversight of the Hiring Plan

The Department of Mental Health will need assistance in fully developing requirements for the Consumer and Family Member Hiring Plan and in reviewing and approving all the plans. Either the Client and Family Member Task Force or the Human Resources Project Consumer and Family Member Employment Task Force could assist in that process. The following steps would be involved in fully implementing the hiring plan process:

1. Convene an advisory committee to assist in fully developing a Department of Mental Health Information Notice outlining the hiring plan requirements
2. Issue the Information Notice and provide the necessary training to county mental health departments to support their compliance with the initiative
3. Review and approve the hiring plans once they are completed
4. Work with the Compliance Advisory Committee to incorporate elements of the hiring plan into the onsite reviews
5. Require implementation reports or updates on the hiring plan at a specified interval, such as every three years

Conclusion

Surveys documented 1,471 consumers and 211 family members employed primarily among a few counties in California. The major employers of consumers and family members are community-based agencies, accounting for seventy-one percent of all consumer employment and fifty-six percent of all reported family member employment. Consumers are employed primarily in the Adult System of Care, and family members are employed primarily in the Children's System of Care. Regionally, the largest employer of consumers and family members is the Central Region, providing thirty-two percent of the total reported consumer positions and forty-two percent of the total family member positions.

Information on benefits and salaries was not generalizable to other county positions, offering only a general understanding of benefits and salaries provided for those individuals described in the survey. Information on benefits suggested that individuals who are employed full-time receive benefits while individuals who are employed part-time generally do not receive benefits. Salary information provided an understanding that as a group, consumers and family members are making above minimum wage, and a great deal of variability exists from one occupation to another and among responding regions.

Few county mental health programs detailed model approaches that uniquely promote consumer and family member employment through employment practices and innovative contract procedures. If county mental health programs are to increase consumer and family member employment, a hiring plan must be developed that takes into account the unique situation in each county and that can be shared at a statewide level. A hiring plan could detail the need for technical assistance and training that would best assist each county in promoting the employment of consumers and family members.

Summary of Policy Recommendations

The following policy recommendations emerged from the report of the Task Force at the September 2002 meeting:

Recommendation 1: Training and technical assistance is necessary in order to disseminate information to counties on how to implement and maintain successful employment projects. Allocate resources to establish and expand the work of technical assistance and training organizations in order to assist counties in expanding employment opportunities for consumers and family members.

Recommendation 2: County mental health programs need to develop a process to share successful consumer and family member employment.

Recommendation 3: Develop financial and programmatic strategies to expand the model approaches of a few counties in order to increase the number of consumers and family members working throughout California's public mental health system.

Recommendation 4: Establish county classifications that include consumer and family member experience in the eligibility requirement, or designate certain positions, as does the STEP UP program, in order to institutionalize positions and provide the opportunity for advancement within a county system.

Recommendation 5: Require county mental health departments to prepare hiring plans with measurable objectives for employment of consumers and family members. These plans shall be approved and monitored by DMH.

References

Abbott, B., Wolf, R., & Diksa, E. (1995). *Hiring mental health consumers to work within county mental health programs: Survey results*. Sacramento, CA: California Institute for Mental Health.

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Appendix A

Consumer and Family Member Employment Roster

Appendix A

Consumer and Family Member Employment Task Force

Jennifer Clancy, Executive Director
United Advocates for Children of California

Ed Diksa, ScD, Training Director
California Institute for Mental Health

Karen Hart, President
United Advocates for Children of California – Monterey County

Pam Hawkins, Program Manager - Advocacy
United Advocates for Children of California

Sharon Kuehn
Contra Costa County Mental Health Administration

Rudy Lopez, Director
San Bernardino County Behavioral Health

Sheila LaPolla, Consumer Liaison
Community and Consumer Relations
Department of Mental Health

Jay Mahler
Contra Costa County Mental Health Administration

Joan McChesney, Family Partner
Yolo County Mental Health

Donna Nunes, UCAN Network Director
Fresno County Department of Adult Services

Tina Wooton, Consumer Advocate/Liaison
Sacramento County Division of Mental Health

Human Resources Committee
Consumer and Family Member Employment Subcommittee

Edie Covent, Mental Health Specialist
Department of Mental Health

Warren Hayes, Chief, Human Services
Cooperative Programs,
Department of Rehabilitation

John Kady
Department of Mental Health

Erma Kendrick, Executive Director
Kern County Mental Health Association

Bob Martinez, Director
Center for Multicultural Development
California Institute for Mental Health

Linda Powell, Deputy Director
Administrative Services
Department of Mental Health

Luciana Profaca, PhD, Assistant Deputy Director
Department of Rehabilitation

Vicki Smith, MSW, CPRP, California Association of Social Rehabilitation Agencies

Consumer and Family Member Subcommittee—Interested Parties

Rick DeGette, TTA Consultant
Bay BEST/Solano Co-op
Solano County Mental Health

Kevin Walsh
Humboldt BEST
Humboldt County Mental Health

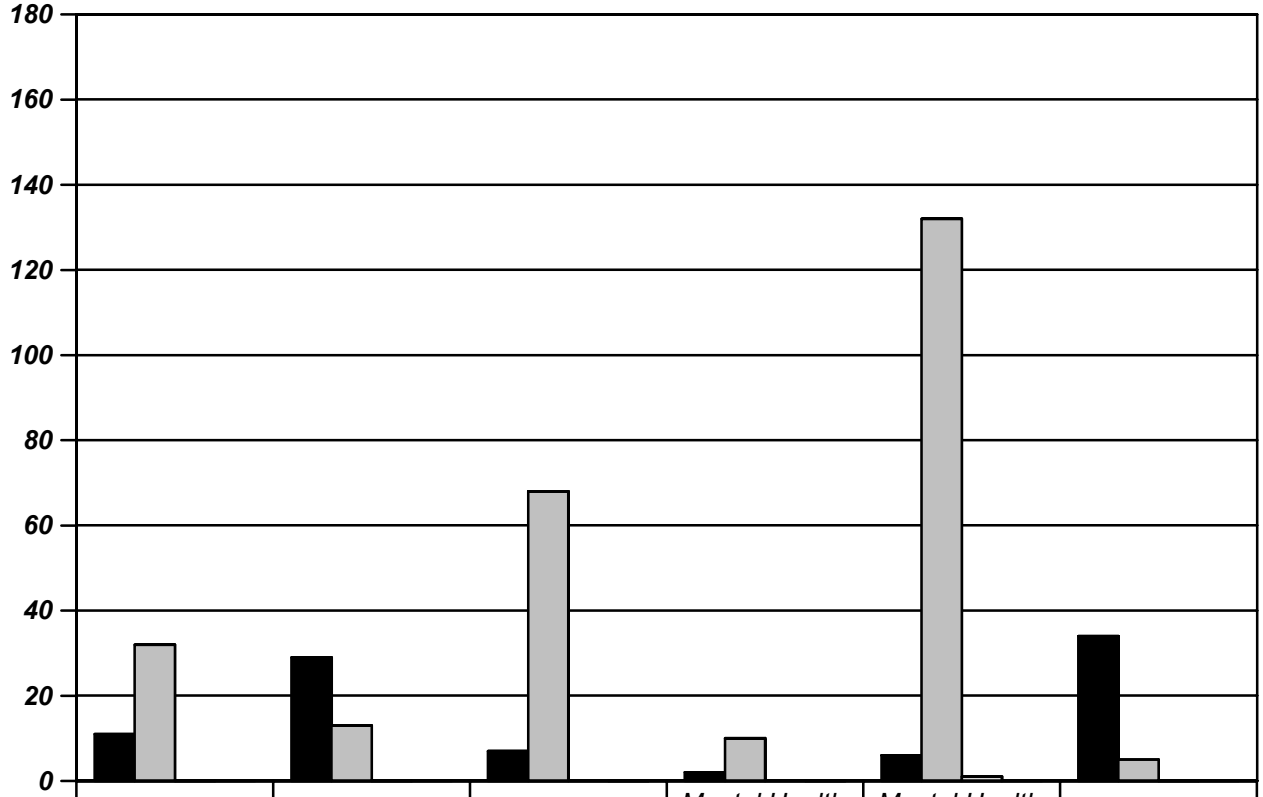
Ken Boston
Santa Cruz BEST
Community Connection

Don Cote
Bay BEST/Alameda Co-op
Alameda County Vocational Program

Appendix B

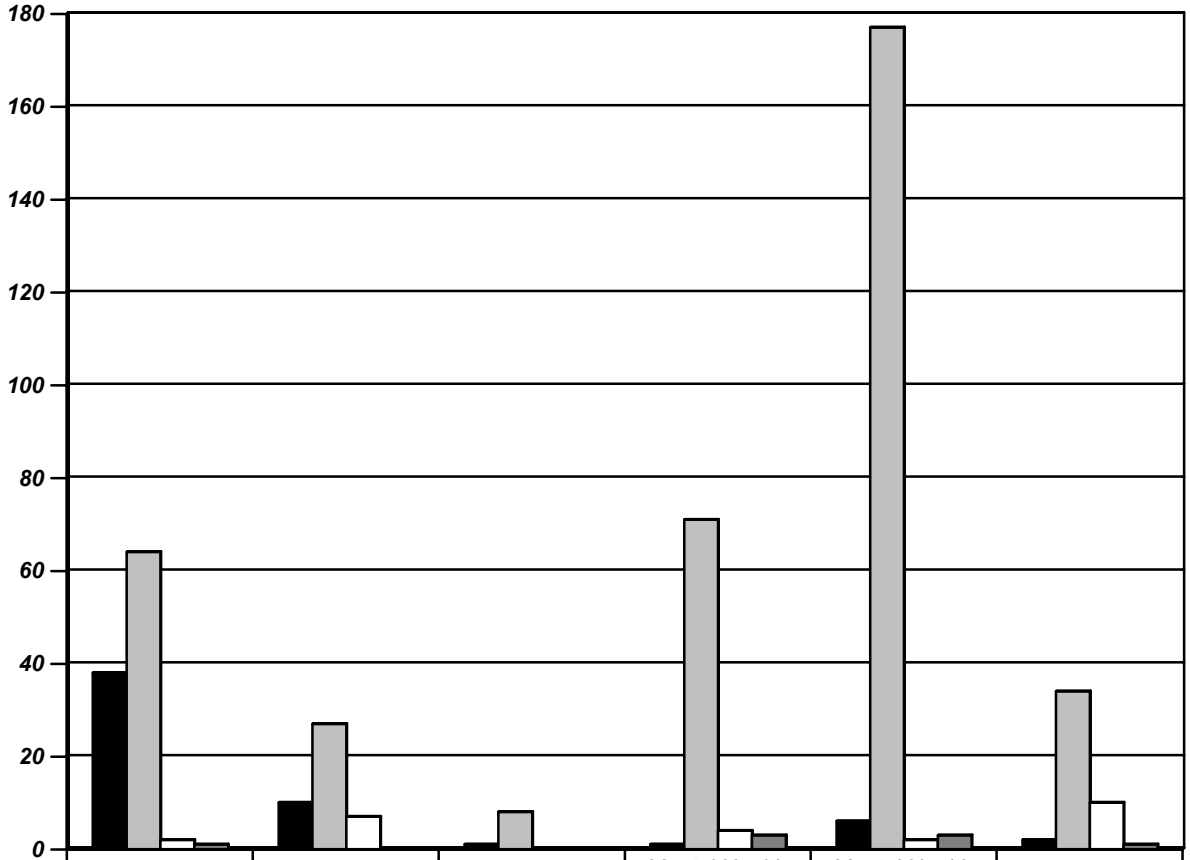
Distribution of Consumer Positions Across Systems of Care by Occupation for Each Region of the State

Bay Area Region Direct Consumers
Number of Employees by Occupation and System of Care



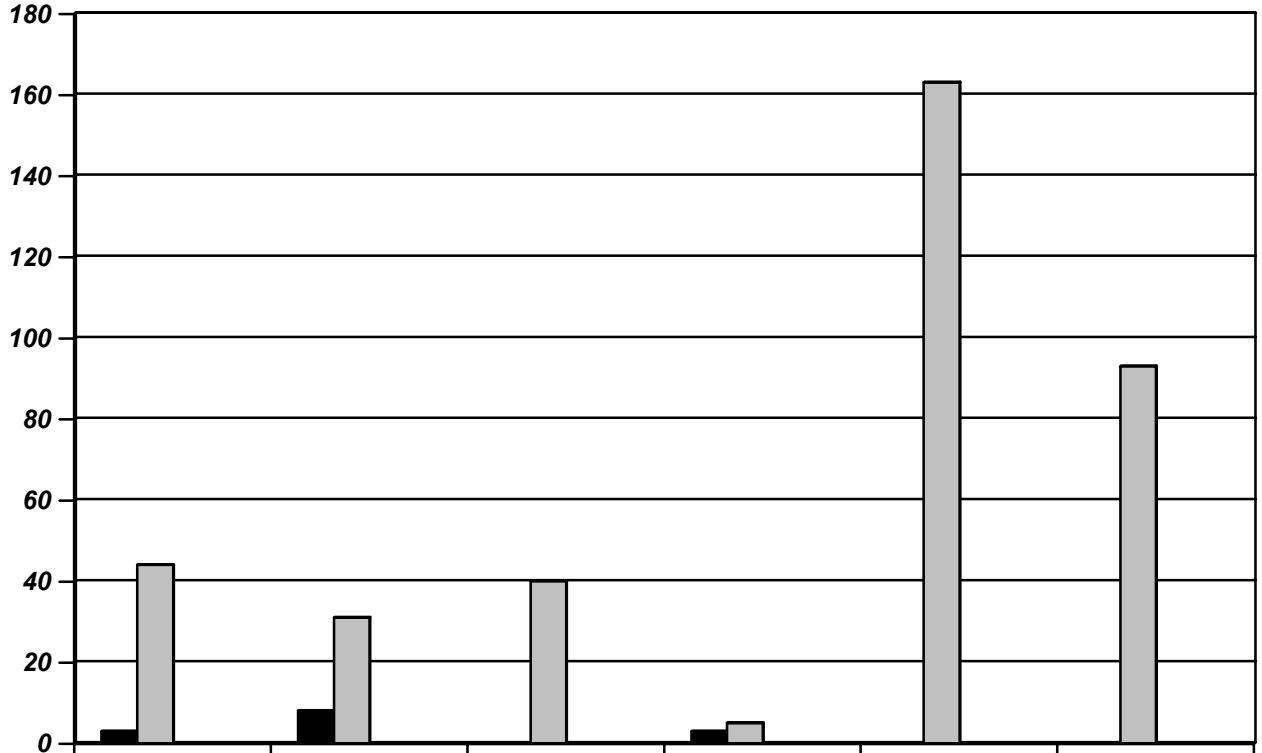
	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	11	29	7	2	6	34
Adult System of Care	32	13	68	10	132	5
Children System of Care	0	0	0	0	1	0
Older Adult System of Care	0	0	0	0	0	0

Central Region Direct Consumers
Number of Employees by Occupation and System of Care



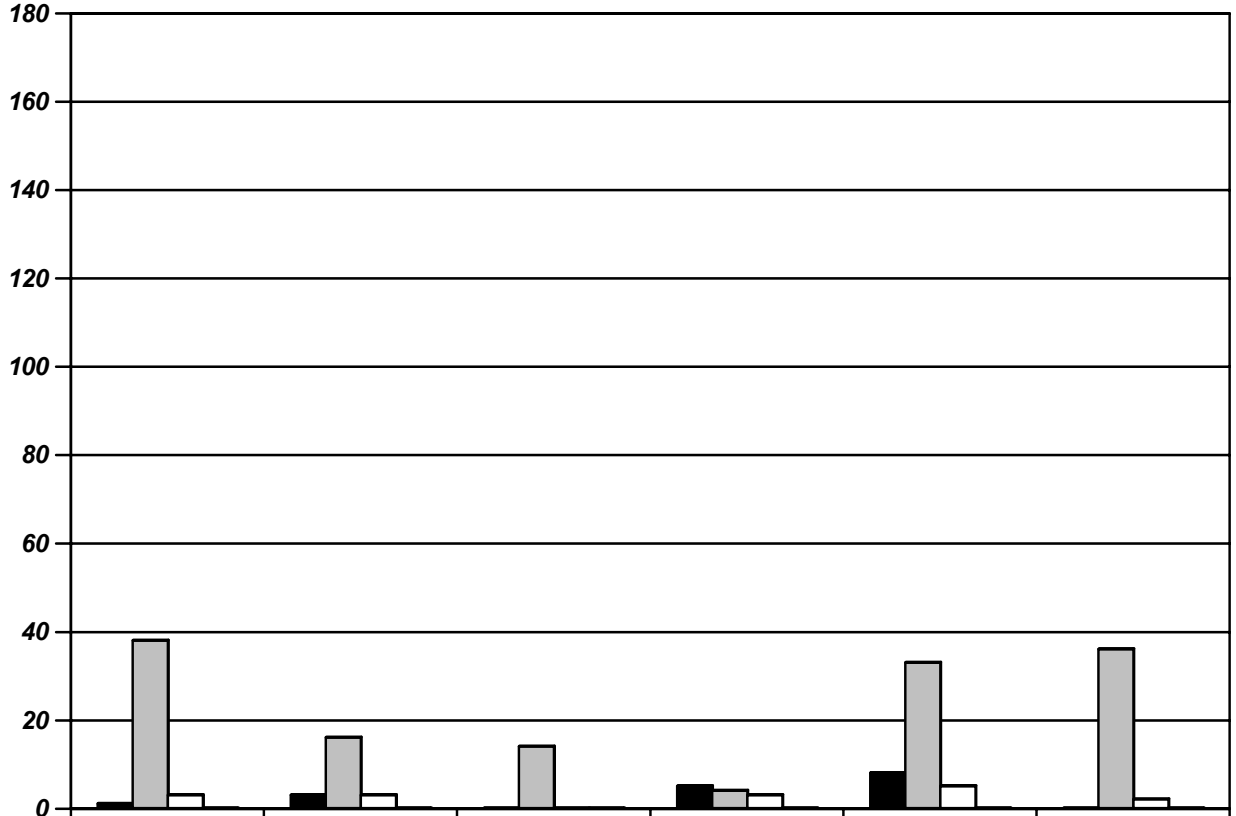
	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	38	10	1	1	6	2
Adult System of Care	64	27	8	71	177	34
Children System of Care	2	7	0	4	2	10
Older Adult System of Care	1	0	0	3	3	1

Los Angeles Region Direct Consumers
Number of Employees by Occupation and System of Care



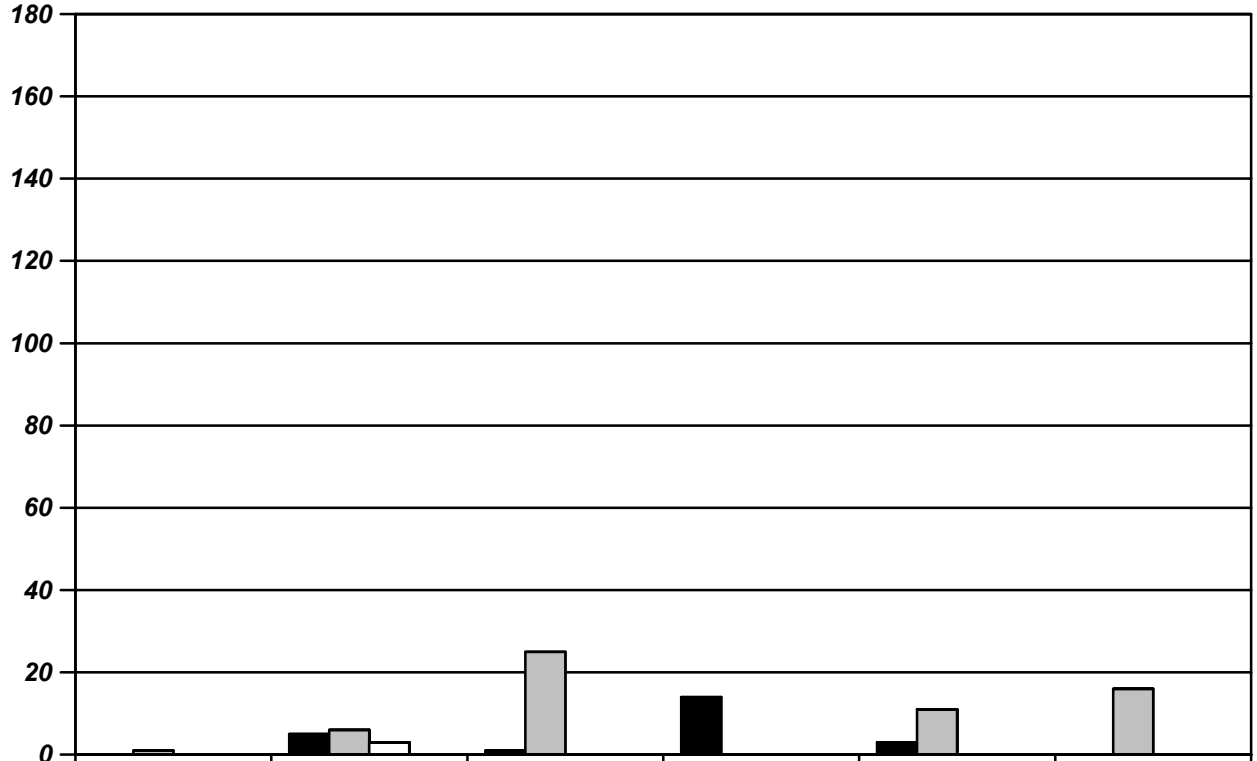
	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	3	8	0	3	0	0
Adult System of Care	44	31	40	5	163	93
Children System of Care	0	0	0	0	0	0
Older Adult System of Care	0	0	0	0	0	0

Southern Region Direct Consumers
Number of Employees by Occupation and System of Care



	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	1	3	0	5	8	0
Adult System of Care	38	16	14	4	33	36
Children System of Care	3	3	0	3	5	2
Older Adult System of Care	0	0	0	0	0	0

Superior Region Direct Consumers
Number of Employees by Occupation and System of Care

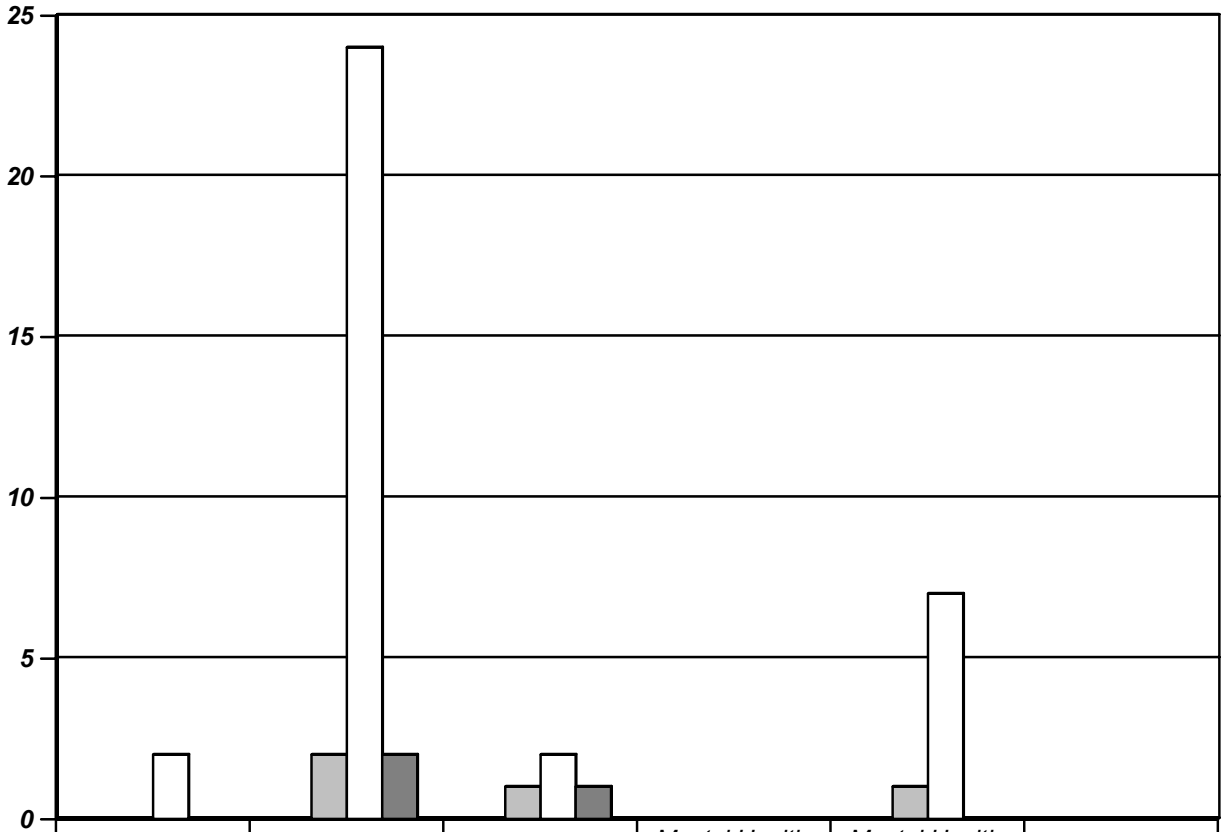


	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	0	5	1	14	3	0
Adult System of Care	1	6	25	0	11	16
Children System of Care	0	3	0	0	0	0
Older Adult System of Care	0	0	0	0	0	0

Appendix C

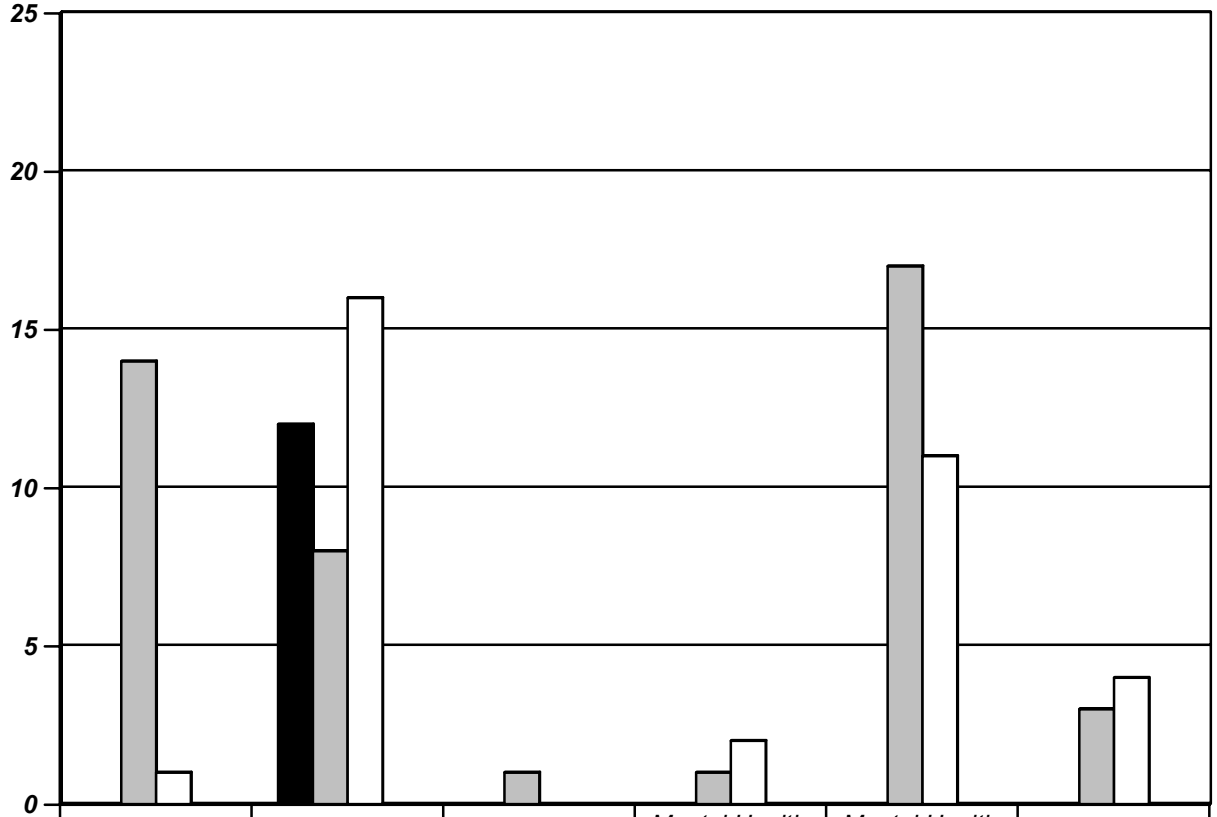
Distribution of Family Member Positions Across Systems of Care by Occupation for Each Region of the State

Bay Area Region Family Members
Number of Employees by Occupation and System of Care



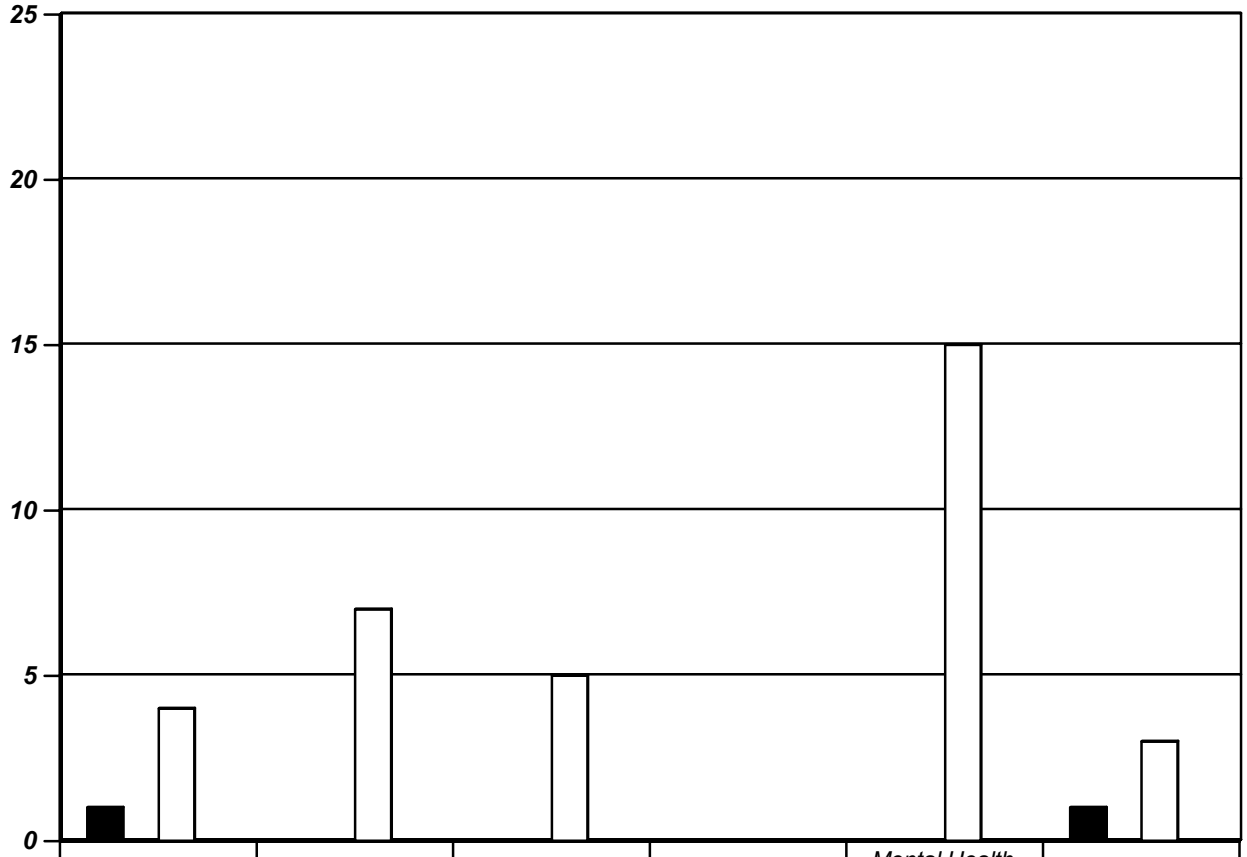
	Administrative Technician	Advocate	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker Unlicensed	Other
Administrative	0	0	0	0	0	0
Adult System of Care	0	2	1	0	1	0
Children System of Care	2	24	2	0	7	0
Older Adult System of Care	0	2	1	0	0	0

Central Region Family Members
Number of Employees by Occupation and System of Care



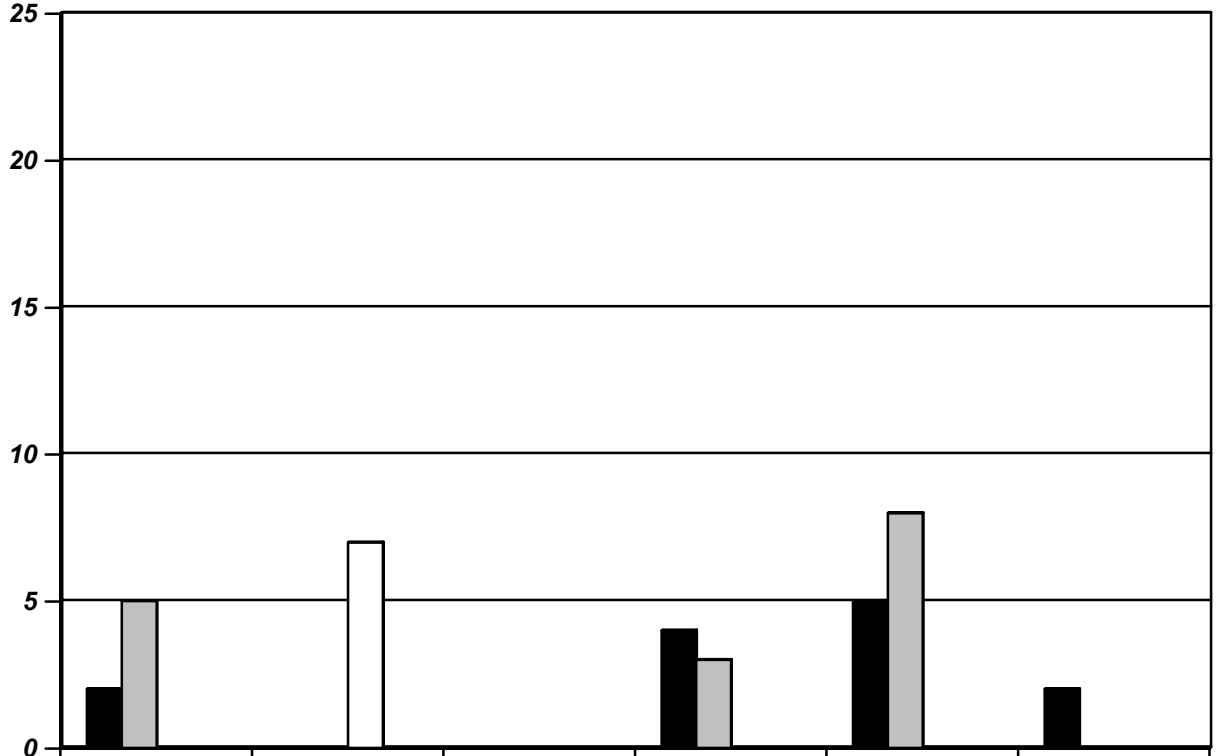
	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
■ Administrative	0	12	0	0	0	0
▒ Adult System of Care	14	8	1	1	17	3
□ Children System of Care	1	16	0	2	11	4
▓ Older Adult System fo Acare	0	0	0	0	0	0

Los Angeles Region Family Members
Number of Employees by Occupation and System of Care



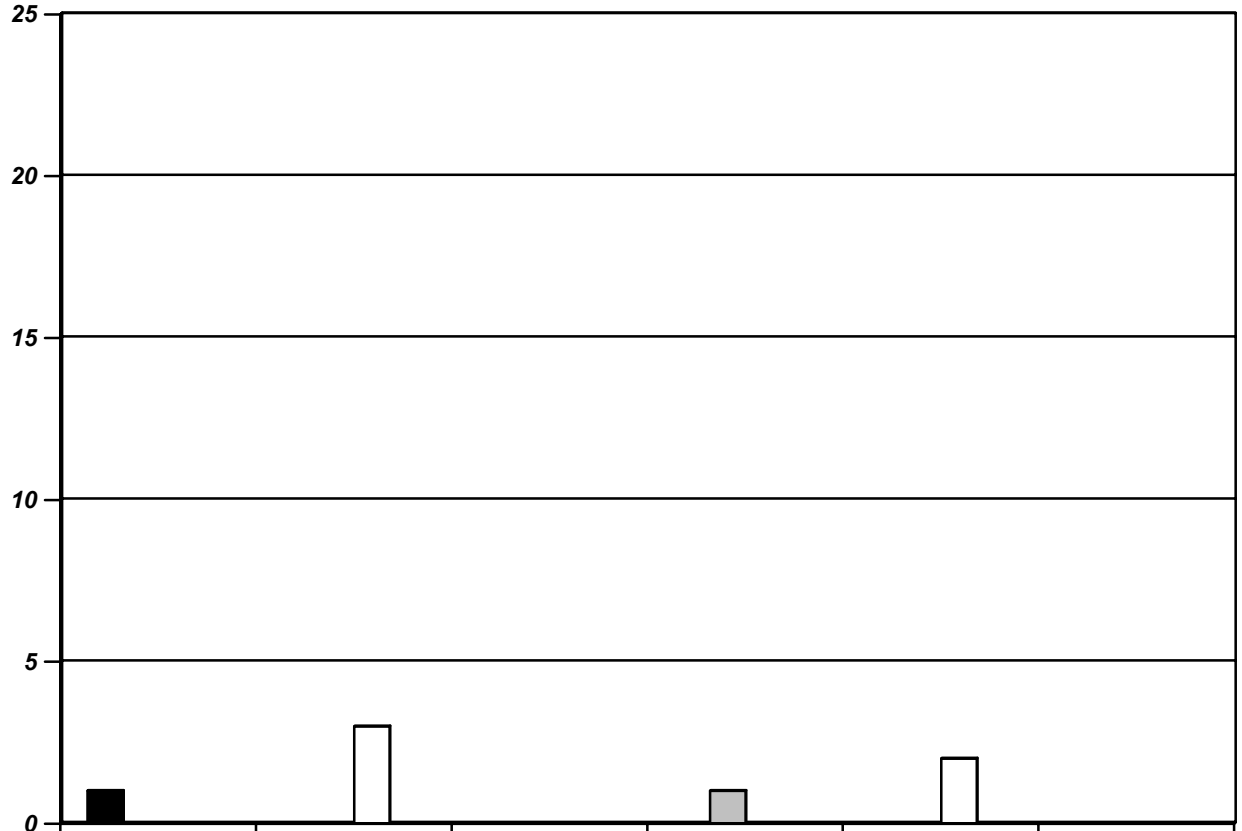
	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	1	0	0	0	0	1
Adult System of Care	0	0	0	0	0	0
Children System of Care	4	7	5	0	15	3
Older Adult System of Care	0	0	0	0	0	0

Southern Region Family Members
Number of Employees by Occupation and System of Care



	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker Licensed	Mental Health Worker, Unlicensed	Other
Administrative	2	0	0	4	5	2
Adult System of Care	5	0	0	3	8	0
Children System of Care	0	7	0	0	0	0
Older Adult Sytem of Care	0	0	0	0	0	0

Superior Region Family Member
Number of Employees by Occupation and System of Care



	Administrative Technician	Advocacy	Maintenance/ Janitorial	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	1	0	0	0	0	0
Adult System of Care	0	0	0	1	0	0
Children System of Care	0	3	0	0	2	0
Older Adult System of Care	0	0	0	0	0	0

Appendix D

Consumer and Family Member Salaries

Direct Consumer and Family Member Salary Survey Results

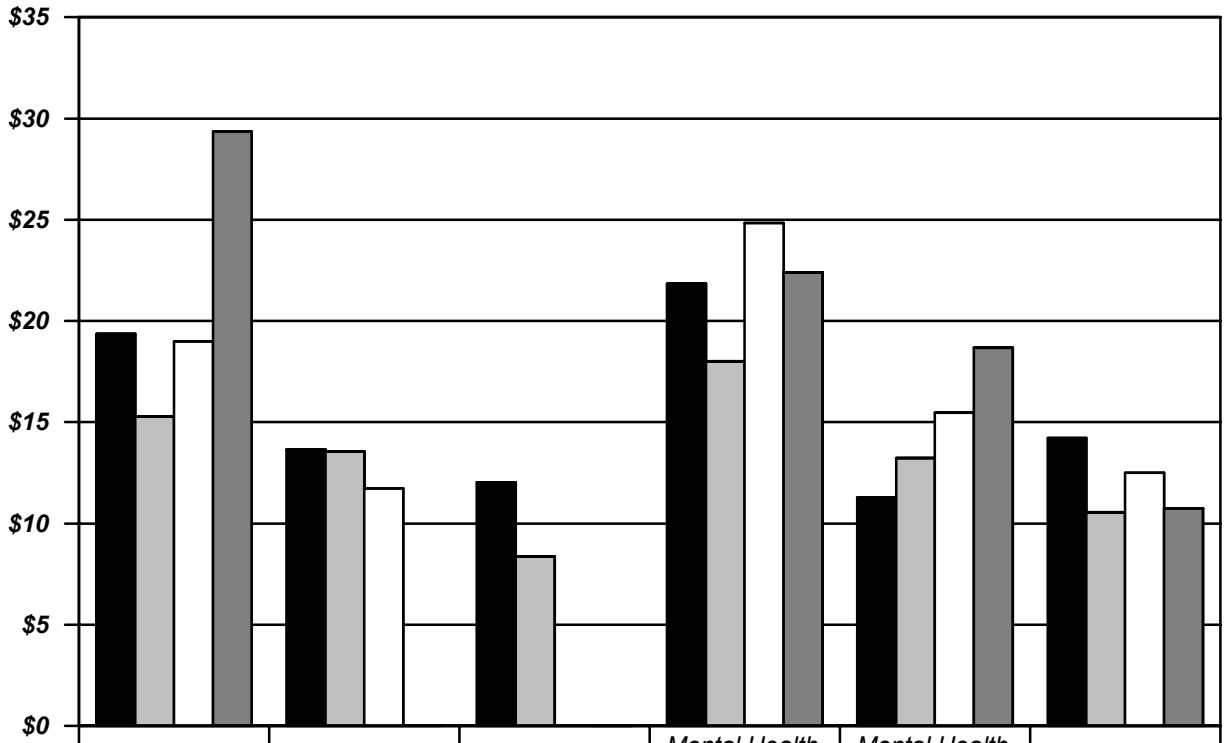
Average Hourly Wages (FY 2000/2001)	Bay Area Direct Consumers	Bay Area Family Members	Central Direct Consumers	Central Family Members	Los Angeles Direct Consumers	Los Angeles Family Members	Southern Direct Consumers	Southern Family Members	Superior Direct Consumers	Superior Family Members
Advocate										
County Operated Civil Service	$13.82	$14.75	$13.45	$11.50	$25.25	n/a	$10.06	$14.45	$11.02	n/a
County Operated Contract Employee	$11.00	n/a	$13.00	$14.25	n/a	n/a	n/a	n/a	n/a	n/a
Contract Agency	$18.00	$13.50	$12.32	$13.97	$14.58	$11.00	$10.68	$10.82	$11.51	n/a
Administrative Technician										
County Operated Civil Service	$22.00	$13.50	$24.03	n/a	$20.43	n/a	$11.13	$12.00	$10.41	n/a
County Operated Contract Employee	$9.50	n/a	n/a	n/a	n/a	n/a	$10.25	n/a	n/a	n/a
Contract Agency	$12.28	$16.67	$14.18	$18.35	$20.63	n/a	$23.38	$28.75	n/a	n/a
Maintenance										
County Operated Civil Service	$17.50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	$7.94	n/a
County Operated Contract Employee	n/a	n/a	$6.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Contract Agency	$12.10	n/a	$6.87	$10.00	$7.50	n/a	$8.00	n/a	$6.63	$13.00
Mental Health Worker, Licensed										
County Operated Civil Service	n/a	n/a	$22.60	n/a	$30.37	n/a	$15.18	n/a	n/a	n/a
County Operated Contract Employee	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Contract Agency	$13.00	n/a	$25.83	n/a	n/a	n/a	$20.33	$22.75	n/a	n/a
Mental Health Worker, Unlicensed										
County Operated Civil Service	$16.72	n/a	$15.72	$12.91	$13.92	$16.00	$11.05	n/a	$11.94	$14.21
County Operated Contract Employee	$17.24	$16.00	$13.00	n/a	n/a	n/a	$11.62	n/a	n/a	n/a
Contract Agency	$13.05	$13.63	$10.31	$14.55	$9.25	$15.63	$13.75	$13.22	$6.25	n/a
Other										
County Operated Civil Service	$16.68	n/a	n/a	n/a	n/a	n/a	n/a	$32.00	n/a	n/a
County Operated Contract Employee	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Contract Agency	$16.65	n/a	$10.64	$12.97	$8.12	n/a	$11.50	n/a	n/a	n/a

"n/a" stands for "not applicable" and indicates that no data was reported for this occupation

Appendix E

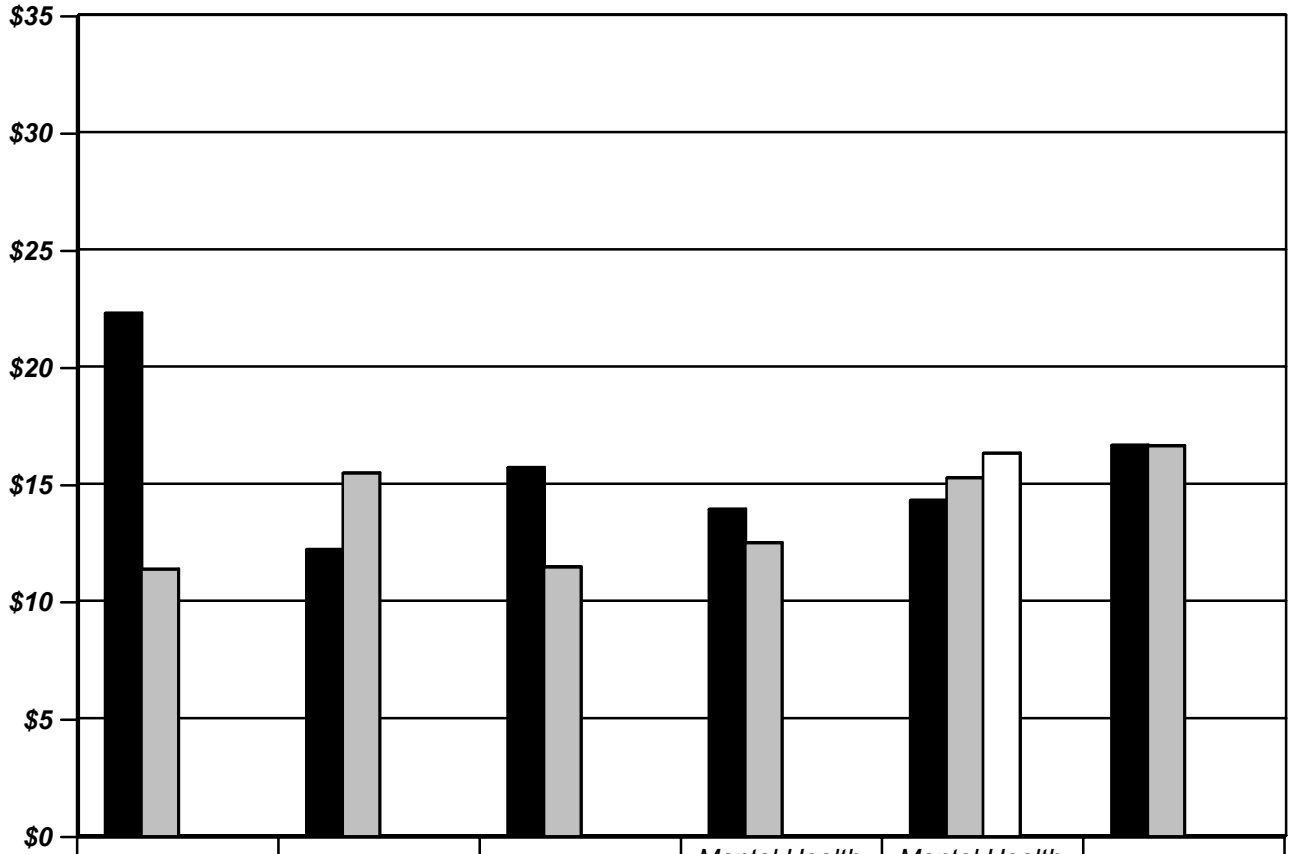
Graphs for Consumer and Family Member Salaries by Occupation Within Each System of Care

Statewide Direct Consumers
Salary by Occupation and System of Care



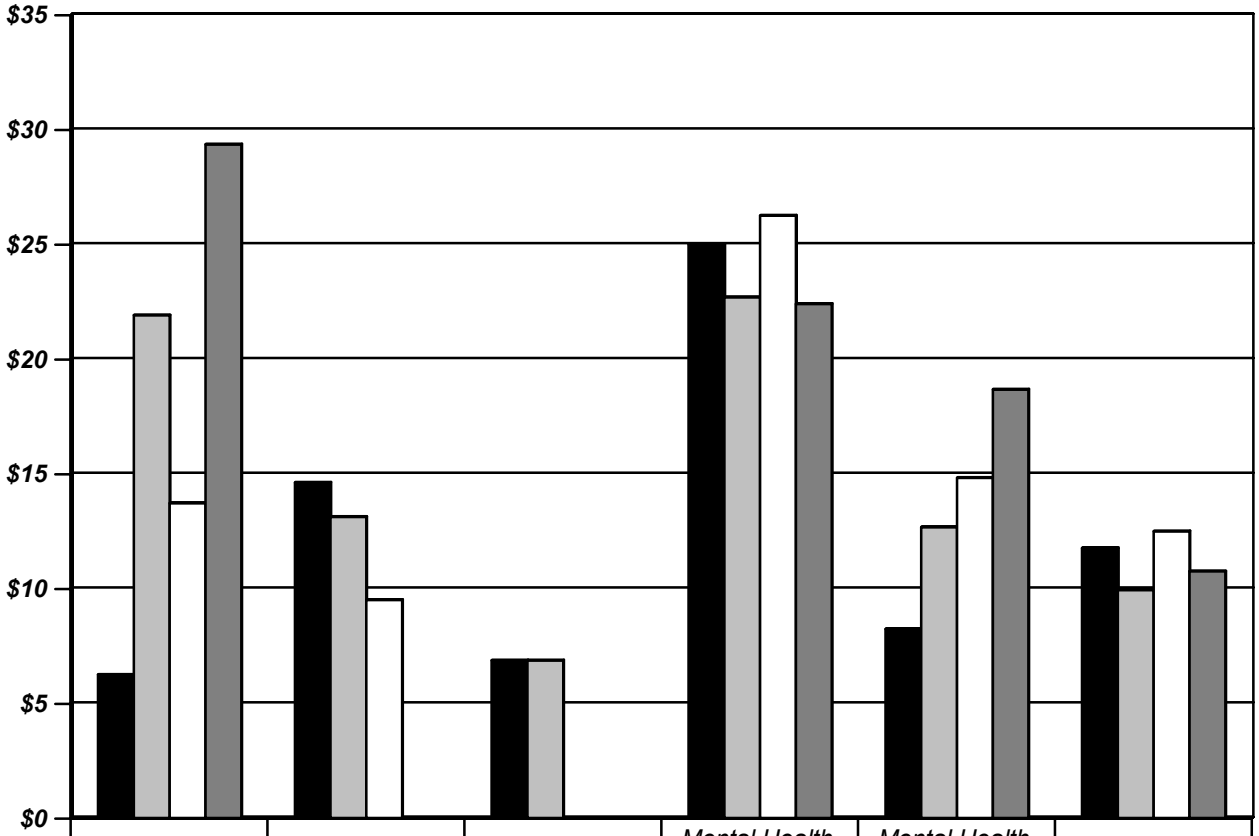
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	19.36	13.66	12.03	21.84	11.29	14.22
Adult System of Care	15.29	13.55	8.37	18.01	13.23	10.55
Children System of Care	18.99	11.73	N/A	24.83	15.47	12.50
Older Adult System of Care	29.36	N/A	N/A	22.40	18.67	10.75

Bay Area Region Direct Consumers
Salary by Occupation and System of Care



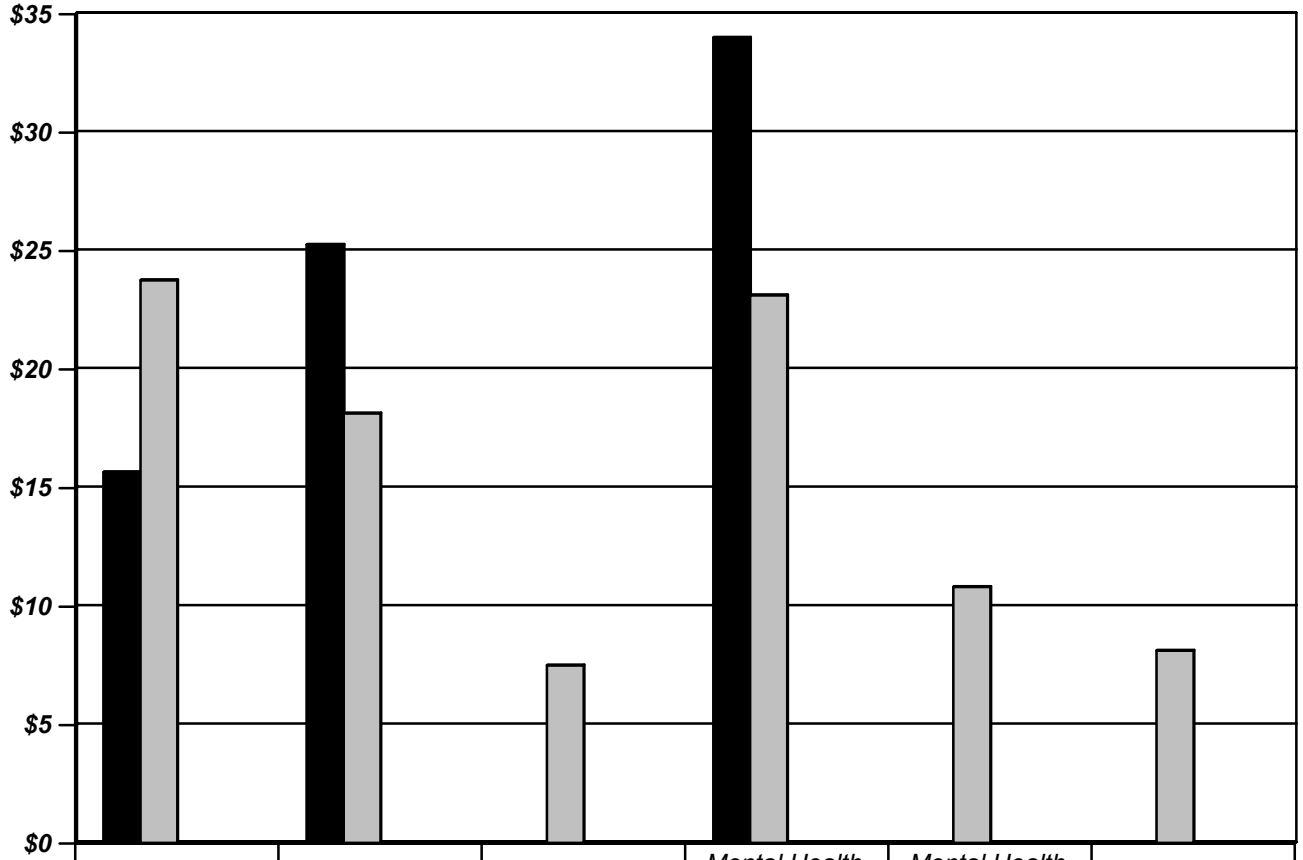
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	22.32	12.24	15.73	13.95	14.34	16.68
Adult System of Care	11.39	15.50	11.48	12.52	15.29	16.65
Children System of Care	N/A	N/A	N/A	N/A	16.34	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Central Region Direct Consumers
Salary by Occupation and System of Care



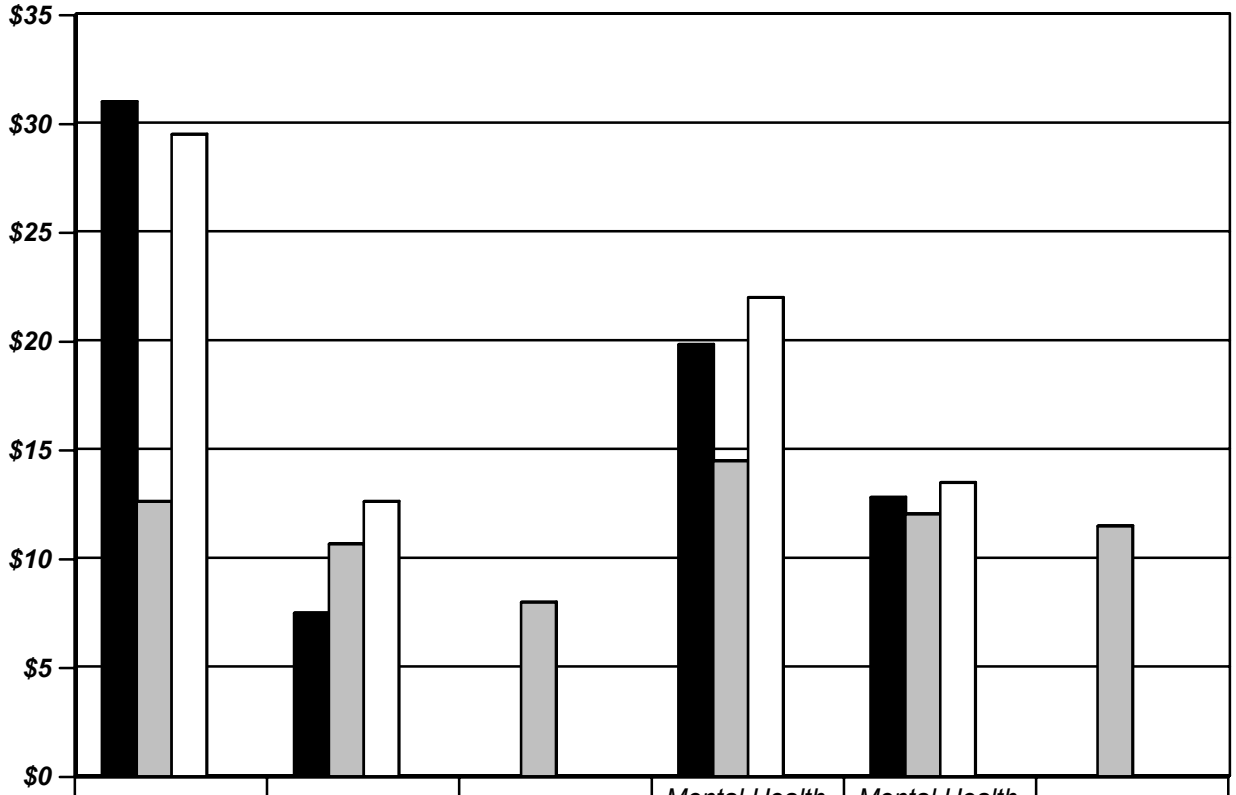
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	6.25	14.62	6.87	25.00	8.24	11.76
Adult System of Care	21.91	13.13	6.87	22.70	12.68	9.93
Children System of Care	13.73	9.50	N/A	26.25	14.82	12.50
Older Adult System of Care	29.36	N/A	N/A	22.40	18.67	10.75

Los Angeles Region Direct Consumers
Salary by Occupation and System of Care



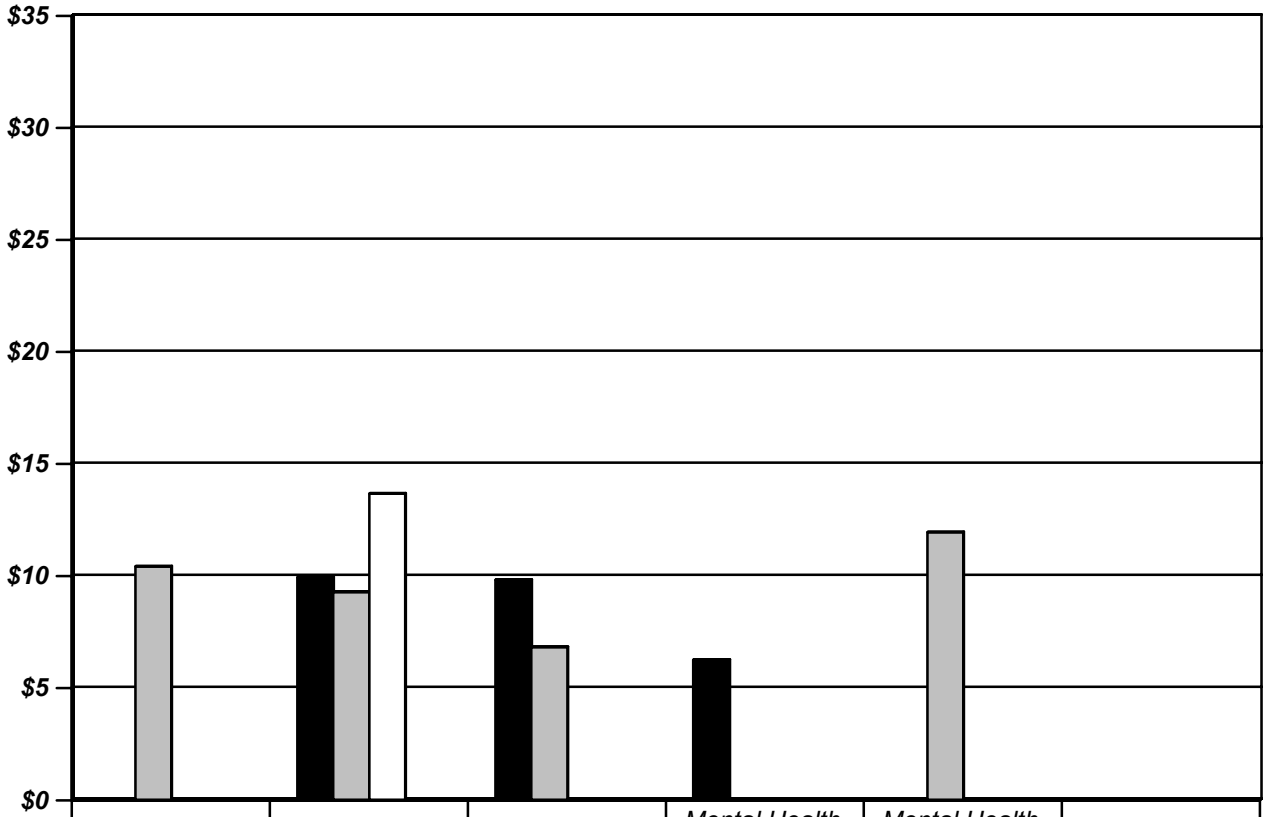
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	15.65	25.25	N/A	34.00	N/A	N/A
Adult System of Care	23.75	18.14	7.50	23.12	10.81	8.12
Children System of Care	N/A	N/A	N/A	N/A	N/A	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Southern Region Direct Consumer
Salary by Occupation and System of Care



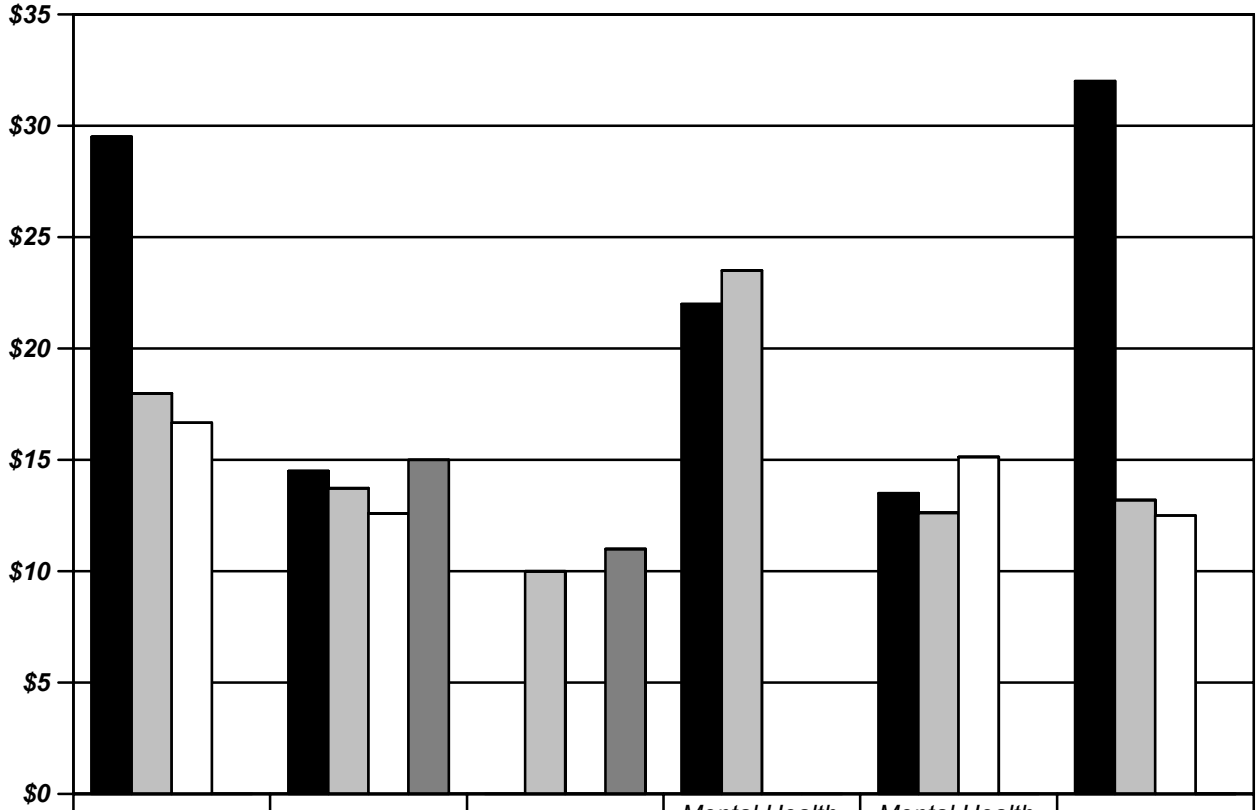
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	31.00	7.50	N/A	19.84	12.82	N/A
Adult System of Care	12.63	10.68	8.00	14.50	12.05	11.50
Children System of Care	29.50	12.62	N/A	22.00	13.50	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Superior Region Direct Consumer
Salary by Occupation and System of Care



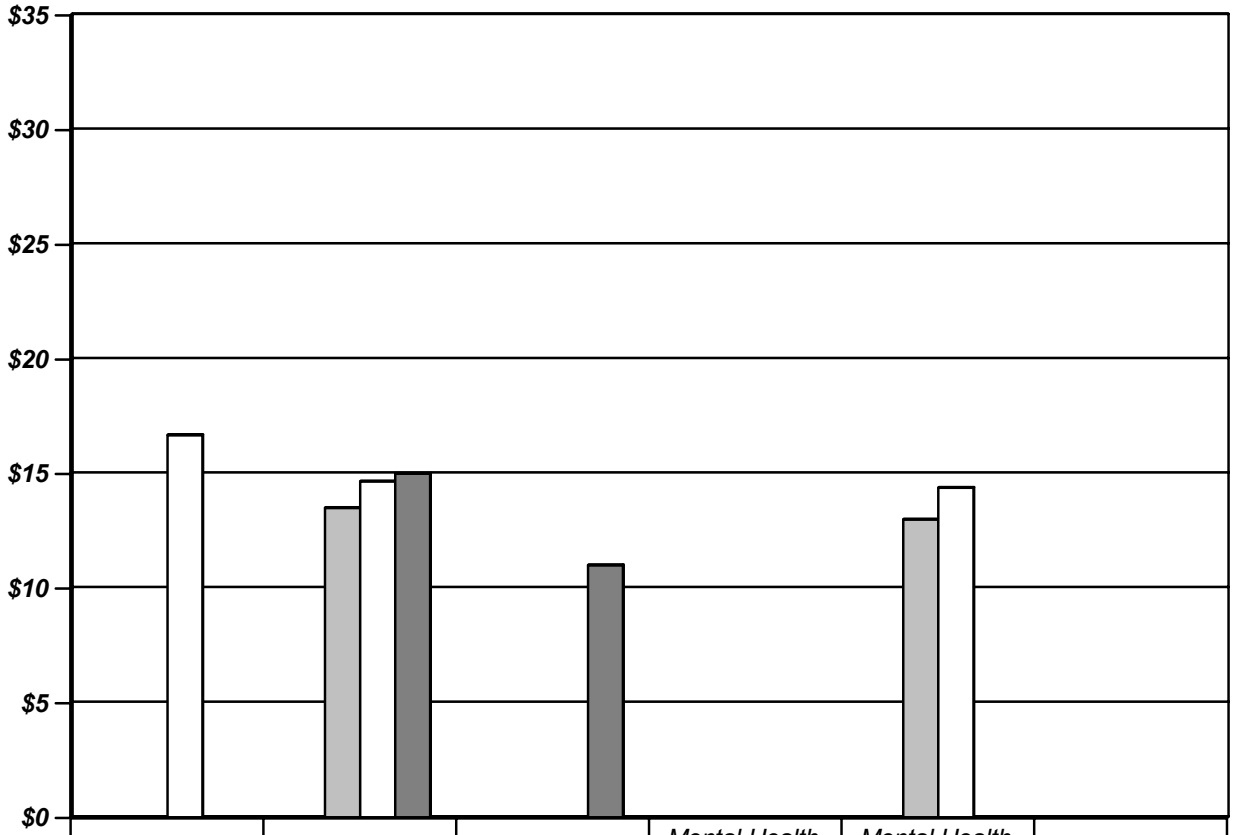
	Administrative	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	N/A	9.93	9.81	6.25	N/A	N/A
Adult System of Care	10.41	9.27	6.81	N/A	11.94	N/A
Children System of Care	N/A	13.66	N/A	N/A	N/A	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Statewide Family Members
Salary by Occupation and System of Care



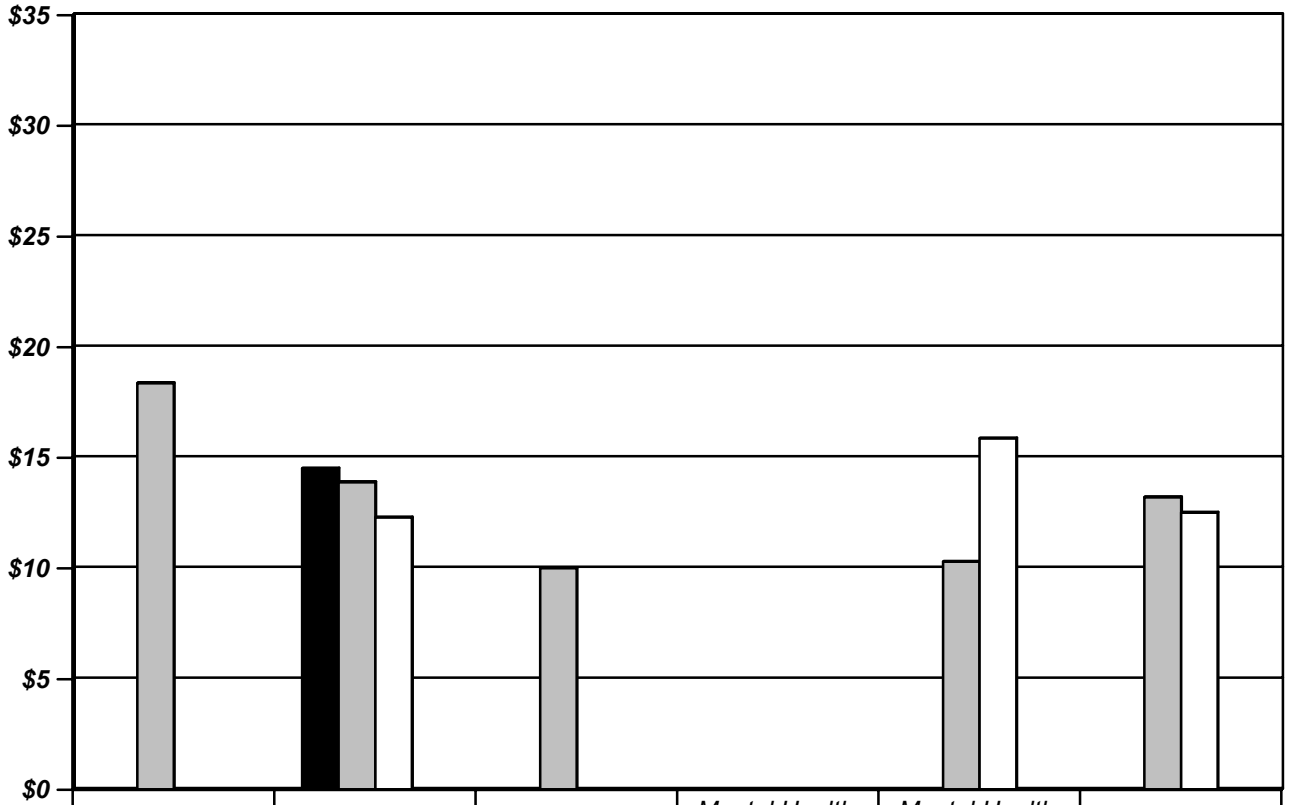
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	29.50	14.50	N/A	22.00	13.50	32.00
Adult System of Care	17.98	13.73	10.00	23.50	12.62	13.20
Children System of Care	16.67	12.60	N/A	N/A	15.13	12.50
Older Adult System of Care	N/A	15.00	11.00	N/A	N/A	N/A

Bay Area Region Family Members
Salary by Occupation and System of Care



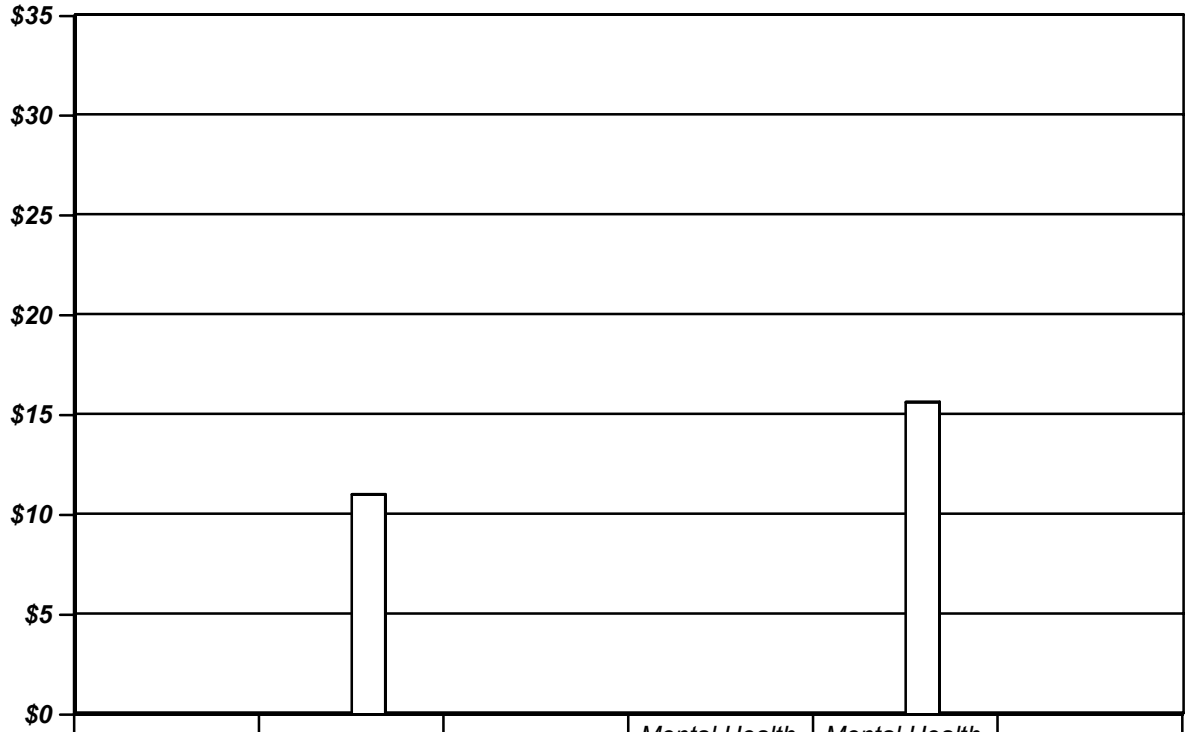
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	N/A	N/A	N/A	N/A	N/A	N/A
Adult System of Care	N/A	13.50	N/A	N/A	13.00	N/A
Children System of Care	16.67	14.67	N/A	N/A	14.38	N/A
Older Adult System of Care	N/A	15.00	11.00	N/A	N/A	N/A

Central Region Family Members
Salary by Occupation and System of Care



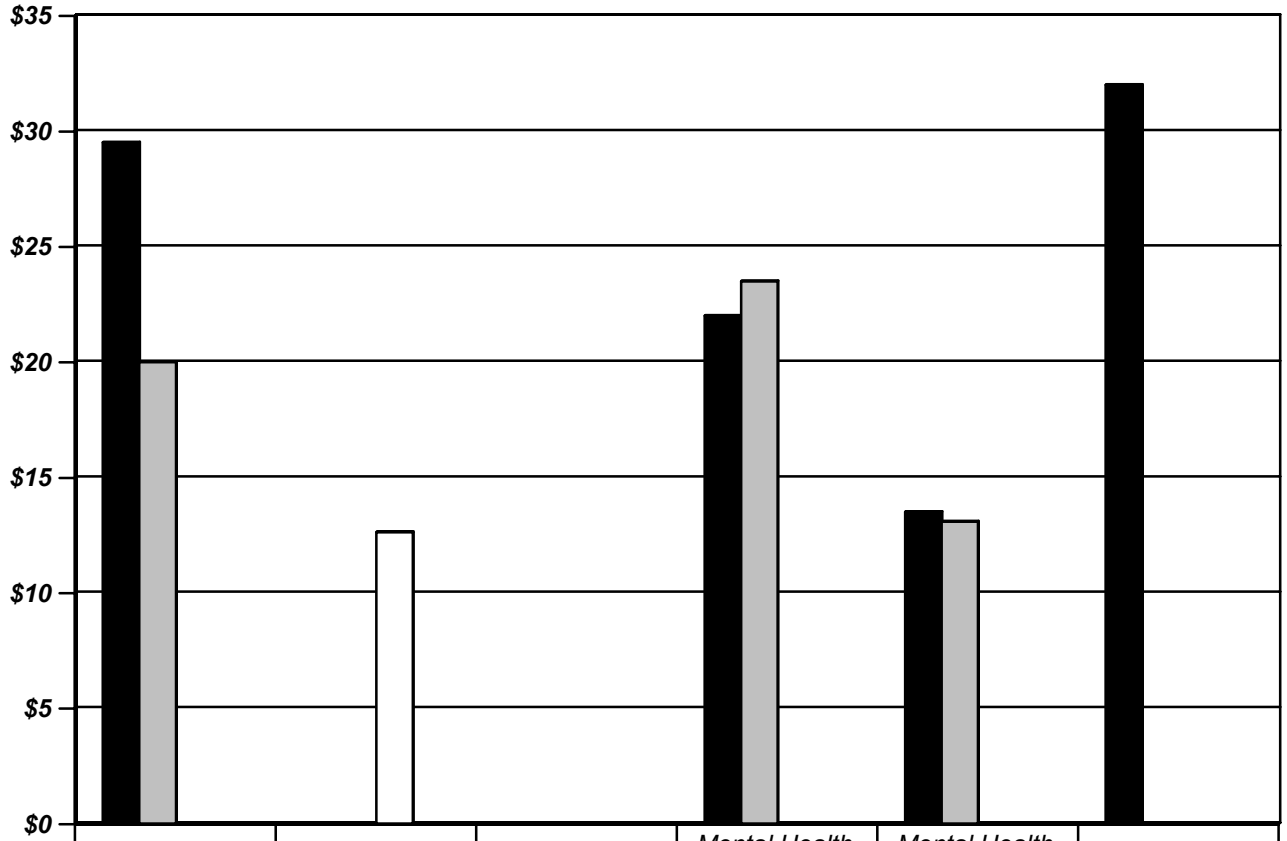
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	N/A	14.50	N/A	N/A	N/A	N/A
Adult System of Care	18.35	13.88	10.00	N/A	10.29	13.20
Children System of Care	N/A	12.28	N/A	N/A	15.86	12.50
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Los Angeles Region Family Members
Salary by Occupation and System of Care



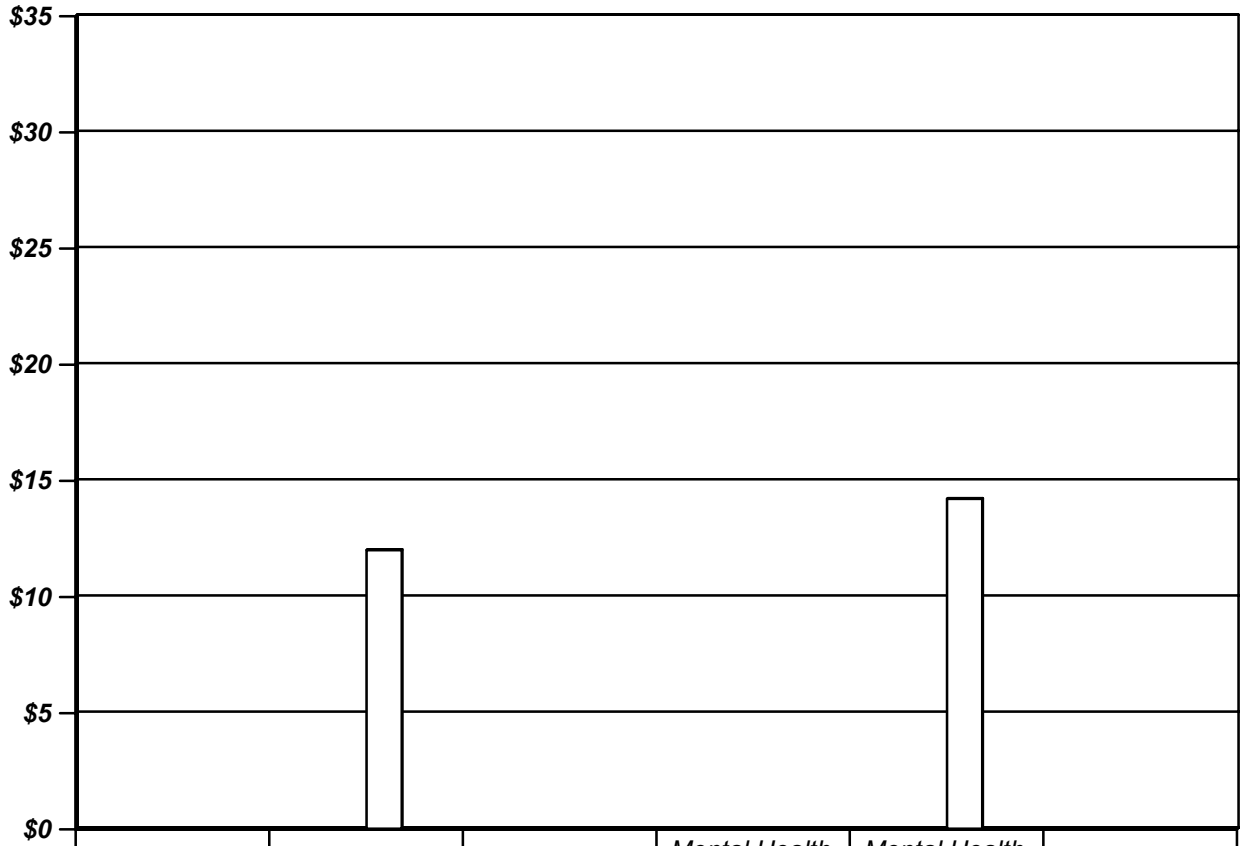
	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	N/A	N/A	N/A	N/A	N/A	N/A
Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A
Children System of Care	N/A	11.00	N/A	N/A	15.63	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Southern Region Family Members
Salary by Occupation and System of Care



	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	29.50	N/A	N/A	22.00	13.50	32.00
Adult System of Care	20.00	N/A	N/A	23.50	13.09	N/A
Children System of Care	N/A	12.63	N/A	N/A	N/A	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A

Superior Region Family Members
Salary by Occupation and System of Care



	Administrative Technician	Advocate	Maintenance	Mental Health Worker, Licensed	Mental Health Worker, Unlicensed	Other
Administrative	N/A	N/A	N/A	N/A	N/A	N/A
Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A
Children System of Care	N/A	12.00	N/A	N/A	14.21	N/A
Older Adult System of Care	N/A	N/A	N/A	N/A	N/A	N/A