Evidence Based Employment Programming:
Westat/Rockville’s Individual Placement and Support Model (IPS)

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Today’s Training Goals

✓ Overview & Evidence for IPS
✓ Key Principles of IPS
✓ Efforts to increase employment rates in Washington State & King County
✓ Individuals with criminal justice involvement and IPS
✓ Tips for implementation of this model
✓ 1115 Demonstration Project-one example for other States/Countries.
WHY WORK?
Associated Benefits of Competitive Employment for People with Mental Illness

✓ Increased income
✓ Improved self esteem
✓ Increased quality of life
✓ Reduced symptoms

More Benefits of Work for People with Mental Illness

Work may also:

- Improve (increase) people’s incomes;
- Enhance self-esteem, social relationships, housing stability, and quality of life; and
- Reduce the severity of psychiatric symptoms and psychiatric hospitalizations.

Associated Benefits of Competitive Employment for Persons with Substance Use Disorders

Numerous research studies indicate that employment before or during substance abuse treatment predicts both:

- longer retention in treatment and
- higher likelihood of a successful outcome.

(Platt, 1995)
Why this employment model? Why now?
History of Employment Services

- Reference: 1987 Rehab Act
  - Competitive Employment
  - Comparable Wages
  - Integrated Setting
  - For Individuals with Most Significant Disabilities
Olmstead’s Role in Community Integration for People with Disabilities Under Medicaid:

Themes emerging from recent Olmstead cases highlight Medicaid’s role in
- providing community-based services instead of institutionalization;
- providing services in the most integrated setting to enable people with disabilities to interact with non-disabled peers to the fullest extent possible;
- providing community-based services to prevent institutionalization for people at risk;
- replacing sheltered workshops with supported employment; and
- eliminating disability-based discrimination within the Medicaid program.

Kaiser Commission on Medicaid and the Uninsured 2014 Issue Brief
Supported Employment/Individual Placement & Support (IPS)

- An evidence based employment practice;
- Assists with defining one’s circumstances, capabilities, and level of motivation in pursuit of employment; then
- Adds the supports to assist someone to find and retain an appropriate job.

-Advocates for Human Potential
IPS U.S. Learning Community – Also in Italy, Spain, & The Netherlands
Competitive Employment Rates in 23 Randomized Controlled Trials of IPS
Westat IPS Findings

- All 23 studies showed a significant advantage for IPS
- Mean competitive employment rates for the 23 studies:
  - 55% for IPS
  - 23% for controls
Eight Principles of IPS - Zero Exclusion

1: Every interested person is eligible

Every person is encouraged to consider work and can be included. The choice is theirs.

Source: 8 principles /Michael J. Cohen, Dartmouth Psychiatric Research Center, Johnson & Johnson-Dartmouth Family Advocacy Project for Supported Employment
Impact of work on benefits

2: Benefits Planning is Offered

People are offered an opportunity to meet with a trained benefits planner before going to work and as they consider changes in their jobs.
Job Development

3. Building Employer Relationships

3. Employment Specialists build employer networks based on client’s preferences—a process called *job development*
Integrated Team Approach

4: Employment Services and Mental Health Services are Integrated

Employment specialists are part of the mental health treatment team; regular communication and problem-solving meetings are for the benefit of the consumer.
Rapid Job Search

5: The job search occurs rapidly

The employment specialist and/or job seeker makes face-to-face contact within a month of joining the IPS program.
Competitive, Integrated Jobs

6: Competitive jobs are the goal

Regular jobs at regular wages.

Jobs anyone can apply for, regardless of disability status.
Participant Preferences Lead Decisions

7: Preferences are honored

Preferences may be related to type of job, work hours, job location, physical and health conditions
Follow Along Supports

8: Job supports are continuous

Job supports are provided for as long as the person needs and wishes to receive IPS services. Typically about a year. Eventually, a mental health practitioner such as a case manager, may be chosen to provide supports. The SE Specialist is always available.
Building on Opportunities – Housing & Employment:

• Legislative direction to improve client outcomes (Employment and Housing) and use Evidence-based, Research-based, and Promising Practices – SB5732-HB1519 (2013)

• Supportive Housing and Supported Employment services authorized in SB 6312 (2014)

• Grant funded demonstration projects

• 1115 Medicaid Transformation Demonstration Waiver
BEST and TANF SE Pilot Participating sites

Sunrise Community Mental Health
North Sound RSN
Snohomish and Skagit Counties

Grant Mental Healthcare
Spokane County RSN

Columbia River Mental Health Services
Southwest Washington Behavioral Health RSN
Clark County

BEST Site

TANF SE Site
IPS TANF Program Metrics, April 2015 through March 2017

- **Systematic job development and time-unlimited support**
  - Total employer contacts: 3,189
  - Total enrolled participants: 215
  - Found jobs for clients: 100
  - 16 participants had 2nd job placements, 2 had 3rd and 4th job placements

- **Timely job development and job placement and competitive wages**
  - Job Development (days)
    - Minimum: 0
    - Average: 18
    - Maximum: 107
  - Job Placement (days)
    - Minimum: 0
    - Average: 69
    - Maximum: 365
  - Hourly Wage
    - Minimum: $9.47
    - Average: $11.68
    - Maximum: $24.00

SOURCE: TANF SEP Participant Logs. Job development, placement, and hourly wage information not available for all participants.
King County Behavioral Health Organization

- Serves approximately 55,000 adults and children with behavioral health disorders
- Wide geographic area - Auburn to Shoreline (39 cities)
- 40 plus contracted agencies
- Over 40,000 working age adults
King County Supported Employment Network Background

- Started in 2010 as a result of the end of the B3 funding
- Intended to be a secondary payer to DVR
- Funded through local sales tax dollars—Mental Illness and Drug Dependency or “MIDD”
- Outcomes based payment (KC only funds job placements and job retentions*)
- Based on Individual Placement and Support/SE Model from Westat/Rockville Model (formerly Dartmouth)
Our SEP Network

7 teams serve 850+ total individuals per year. Number of staff varies-1.5-5 staff. KC SEP agencies:

- Asian Counseling and Referral Service
- Downtown Emergency Service Center
- Harborview Mental Health and Addiction Services
- Hero House
- Navos
- Sound Mental Health
- Valley Cities Behavioral Health
Who we serve - Everyone! (a.k.a. zero exclusion)

- 43% of individuals have criminal histories
- 11% are homeless at the time of entry into SE
- Significant co-morbidity of MH and SUD disorders
- Equity and Social Justice in practice: SEP Services by ethnicity are proportional to the outpatient population within 5%.
MIDD Outcomes

- MIDD yearly evaluation of SE outcomes
- Monthly monitoring of outcomes for each agency (Some agencies monitor by voc. staff.)
- Transparency in comparison of SE programs and/or staff.
- Quarterly & yearly agency comparisons

- 37% Job placement rate
- 60% Job retention at 90 days
- 50% Job retention at 6 months
Yes, but what was the IMPACT?

- Pre/post study of costly service use among SEP participants
- 12 months prior and first 12 months of SEP.
- Approximately 2,000 unduplicated participants.
Reductions in Hospitalizations

-59% • Episodes

-67% • Lengths of Stay
Reductions in Incarcerations

-30%

• Jail Bookings

-44%

• Length of Stay
New Evidence for IPS with Additional Individuals

- Post-Traumatic Stress Disorder (PTSD)
- Mental Illness + Substance Use
- Older Adults
- First Episode of Psychosis
- Homeless
- Criminal Justice History
- Disability Beneficiaries
- Families receiving ‘Temporary Assistance for Needy Families (TANF)’
Individuals with Criminal Histories

- 31% competitive employment compared to 7% in traditional job club model.
- IPS vocational staff received a one day training specific to serving individuals with criminal justice histories and ongoing routine IPS trainings.
- Traditional model was self-directed job search with word of mouth job leads and resume, etc. supports from job club staff (similar to Work Source or “One-stop models) vs. employment specialist job development based on participant preferences.

Source: Bond, et al. Psychiatric Services, October 2015
Considerations from IPS CJI study

Lack of engagement barrier.
Other priorities:
- reinstating financial benefits,
- housing search,
- medical issues,
- transportation.

Westat-May need to allow more time before entry into program or delay of job search.

King County-Peers recommended as critical component to address motivation and engagement as well as MI for vocational staff.
What you can do

- Reach out to nearby IPS programs to partner. [www.ipsworks.org](http://www.ipsworks.org)
- Reach out to local mental health agencies. Many are exploring IPS options.
- If going it alone, use the implementation toolkit from website. Know what you are signing up for.
- Hire those most passionate and hopeful about employment. Your participants will know this.
Some IPS Tips for Implementation...
Find Your Early Champions on Employment

“Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable.”

William Pollack
Connect Your Impact to Healthcare’s Triple Aim

- Better healthcare outcomes;
  - MCOs-physical pre/post?

- Improved quality;
  - Customer satisfaction surveys
  - Outpatient data collection & comparison with SEP group

- Reduced costs.
  - Cost offsets from reduced hospitalizations, incarcerations, or ER use

Track and monitor items in your program that directly demonstrate achieving these goals through measurable outcomes.
Make the most of Peers or Mentors

- Heavily involve peers. Best champions= first hand accounts of transitioning from “client” to worker.

- Peers can often educate and challenge staff and participants more effectively than anyone else on your team!

- Great source for helping participants to stay hopeful and motivated.
Supervisor Competencies

- Clinical experience
- Supported Employment experience (encouraged to hire from within SE teams)
- Supervisory experience
- Supervisors of high performing teams provided more job shadowing and modeling of SE activities in the community for new staff
- Competition vs. Transparency
- Collaboration with clinical teams
Employment Specialists Competencies

- Marketing training or experience or desire to learn.
- Have to want to do marketing/job development as well as “social service” aspect of the job.
- Needs networking abilities and a large network.
- Ability to engage individuals/be “engaging”.
- Computer expertise.
- Organizational Skills.
- Ability to complete thorough documentation.
- Ability to work independently.
- Internal vs. external hire.

Source: Mike Donegan, Downtown Emergency Service Center.
Supporting and Retaining SE Staff

- Recruitment, training and retention activities
- Promote ongoing funded training opportunities to demonstrate the career option in SE/IPS (e.g. benefits training etc.)
- Frame as a learning community-continuous improvement (not from compliance lens)
- Promote from within your teams/your network
- Create team building activities whenever possible.
A Word About Fidelity

Fidelity adherence does work so aim for it.
- 2 FTE per team
- Only employment related job functions and Modify as needed....
- Rapid job search 30 days-maybe more for CJI.
People make decisions about job type and setting

Work fosters hope and motivation for a better future

Hope

Self-Direction

Recovery & IPS-Supported Employment

Empowerment

Person Centered

Strength-Based

Respect

Non-Linear

Job and school transitions are supported as part of career development

Competitive employment builds confidence and self-respect

Peers share personal stories about work, school and recovery to benefit others

People have the right to choose their supports and participate in work decisions

Work fulfills a human need along with health, relationships, housing and spirituality

Holistic

Responsibility

People actively participate in goal setting, job finding and maintaining work

Treatment and services are based on each individual’s goals

Services align with strengths, talents, skills and preferences

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RESOURCES

PATHWAYS TO EMPLOYMENT –
www.pathwaystoemployment.wa.gov

IPS Works – www.ipsworks.org

SAMHSA Supported Employment Toolkit -
https://store.samhsa.gov/product/Supported-Employment-
Evidence-Based-Practices-EBP-KIT/SMA08-4365

HCA 1115 Medicaid Transformation Demonstration Waiver -
https://www.hca.wa.gov/about-hca/healthier-
washington/initiative-3-supportive-housing-and-supported-
employment
Medicaid Transformation Demonstration
Foundational Community Supports (FCS)
Foundational Community Supports

What it is

- Targeted Medicaid benefits that help eligible clients with complex health needs obtain and maintain housing and employment stability.
- Supportive Housing services
- Supported Employment services

What it isn’t

- Ongoing payments for housing, rent, or room & board costs
- Wages or wage enhancements for clients
- Entitlement
Supported employment
*Individual Placement and Support (IPS) model*

**Principles of supported employment**
- Open to anyone who wants to work
- Focus on competitive employment
- Systematic job development
- Prioritize rapid job search
- Client preferences guide decisions
- Individualized long-term supports
- Integrated with treatment

**Services may include**
- Employment assessment and development of a plan to address barriers
- Assistance with applications, community resources and outreach to employers
- Education, training, coaching to maintain employment
Supported employment eligibility criteria

• Health Needs (medical necessity)

• Risk Factors:
  – HEN/ABD enrollees
  – Behavioral health needs, including
    • Serious mental illness
    • Multiple inpatient SUD treatments
    • Youth in transition (16+)
  – Unable to be employed due to conditions related to age, physical disability or TBI.
Supportive housing

<table>
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<tr>
<th>Community Support Services</th>
<th>Housing assessment and development of a plan to address barriers</th>
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<tr>
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<td>Assistance with applications, community resources, and outreach to landlords</td>
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<tr>
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<td>Education, training, coaching, resolving disputes, and advocacy</td>
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*Supportive housing services do not include funds for room and board or the development of housing.*
Supportive housing eligibility criteria

- Health needs (medical necessity)
- Risk factors
  - Chronically homeless (HUD definition)
  - Frequent/lengthy institutional contact
  - Frequent/lengthy adult residential care stays
  - Frequent turnover of in-home caregivers
  - PRISM Score 1.5+
Third Party Administrator - Amerigroup
Medicaid funds flow
Current Model

Medicaid

HCA – DBHR – ALTSA

TPA – Amerigroup

SH/SE – Health care providers
SH/SE – Comm. BH Agencies
SH/SE – LTSS Providers
SH/SE – Tribal Providers

Program oversight
Benefits administrator
Provider

Data

Healthcare providers
Comm. BH Agencies
LTSS Providers
Tribal Providers
What is a third party administrator?

- Contracted with the state
- Provides administrative oversight of benefit programs
  - Provider network development and maintenance
  - Service authorization
  - Distribution of reimbursement payments
  - Data/encounter tracking
What does this mean for providers?

• Single contracting entity for both benefits
• HCA, BHA and ALTSA will continue to provide technical assistance and consultation
• Licensed/certified CBHAs, LTSS providers will have the opportunity to provide FCS services
What does this mean for beneficiaries?

• Target populations remain the same
• Service array remains the same
• Single point of accountability
  – Benefit eligibility decisions
  – Service authorization
  – Grievances & Appeals
Foundational Community Supports

Next steps

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<th>Foundational Community Supports protocol</th>
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<tr>
<td>· Protocol must be approved before services can be provided</td>
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<table>
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<tr>
<th>Third party administrator</th>
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<tr>
<td>· Amerigroup announced as apparently successful bidder 6/8</td>
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<table>
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<tr>
<th>WAC</th>
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<td>· HCA: Program authorization</td>
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<td>· DBHR: Certification WAC</td>
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<th>Initial provision of services to begin upon protocol approval</th>
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<td>· Benefits will be provided statewide</td>
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Learn more at www.hca.wa.gov/hw

Features:
• Demonstration videos
• Fact sheets
• Timeline
Join the Healthier Washington Feedback Network. Sign up at: hca.wa.gov/hw

Send questions to: medicaidtransformation @hca.wa.gov
Thank you for your interest in recovery through employment!

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