Characteristics of Successful Supported Employment (SE) Programs

Mike Donegan, Downtown Emergency Service Center
Sunny Lovin, Harborview Behavioral Health Services
Lisa Floyd, King County Behavioral Health Organization
Today’s learning objectives

1. Overview of SE
2. Why the Supported Employment (SE) Model? Why now?
3. Key components of effective programs: Putting Goudy’s research into practice
4. Tips for staffing and start-up of a new program
5. How you can promote employment regardless of employment programming.
What is Supported Employment?
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
History of Employment Services

- Reference: 1987 Rehab Act
  - Competitive Employment
  - Comparable Wages
  - Integrated Setting
  - For Individuals with Most Significant Disabilities
8 Principles of IPS Model of Supported Employment

- Focus on Competitive Employment
- Eligibility Based on Client Choice
- Integration of Rehabilitation and Mental Health Services
- Attention to Client Preferences
- Personalized Benefits Counseling
- Rapid Job Search
- Systematic Job Development
- Time-Unlimited and Individualized Support
Why this employment model? Why now?
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
Local Implementation-King County

- IPS evidence based model chosen for King County employment “re-start” in 2009.
- Outcomes based payment model through local sales tax.
- Secondary payer to DVR funding.
- Serving 800-900 individuals per year
- 41% with Criminal Justice Involvement
- 11% homeless at entry to SE
- Commitment to serving those who need it most!
Local Outcomes
Source-MIDD 9th Annual Report

37% Job placement rate

60% Job retention 90 days

40% @ 6 mos. 30% @ 9 mos.
Small numbers but... Big Impact

- Four year pre/post study of participants
- **Reductions in hospitalizations & incarcerations:**
  - Episodes of hospitalization (-59%) and
  - Lengths of stay in hospital (-67%)
  - Number of jail bookings (-30%)
  - Lengths of jail days (-44%)

- Increased engagement with outpatient services
- Positive impact regardless of job seeking or employment status.

Why Now?

- New Foundational Community Supports will allow Medicaid funded SE for 5 years

- Eligible populations include individuals with:
  - Severe and Persistent Mental Illness
  - Multiple episodes of substance use treatment
  - Co-occurring disorders
  - Youth in Transition with behavioral health diagnosis
WHY Consider SUPPORTED EMPLOYMENT in your area?

- “If You Build it, They Will Come”
- It’s Evidence Based
- It addresses the triple aim
  - Reduced costs
  - Improved outcomes
  - Improved satisfaction with care
- Provides Support to Treatment Teams
- See Recovery Results in Action
- The Ripple Effect
- Because It’s the Right Thing To Do in Recovery
Key Components of Effective SE Programs
Organizational Factors Differentiating High Performing from Low Performing Supported Employment Programs

Part I - ADMINISTRATIVE FACTORS

1) Program leaders/SE Supervisors emphasize:
   - the value of work in peoples lives
   - the belief that people can work
   - strength based practices - quick to identify clients’ strengths.
   - vocational data to guide programing and practice.

Source: Goudy, Carlson, Rapp
Administrative Factors cont’d

2) **SE Staff Traits:**

- did not view stigma as a barrier to employment
- perceive consumers have desire and motivation to work
- share stories that reflect their belief that consumers can work
- focus on the positive.

Source: Goudy, Carlson, Rapp
Part II-EMPLOYMENT SPECIALIST FACTORS:

- Employment Specialists meet frequently with Case Managers and Peer Specialists
- Have a high level of collaboration.
- Case Managers and Therapists help prepare clients go to work and support employment goals (so do doctors, nurses, etc.)

Source: Goudy, Carlson, Rapp
Creating a Culture that Encourages a Return to Work
Client Reluctance to Consider Employment

- Fear of losing benefits and housing
- Lack of role models
- Caregiver’s warnings
- Poor soft skills
- Onset of symptoms coincided with first job
- Long-term unemployment leads to negative self-image
- Natural ambivalence with stages of change
- Unrealistic expectations
- Experience with inadequate employment programs
Ways to Promote Employment

- Regular trainings about Work Incentives associated with Benefit programs for clients and staff
- Have an employment area with info and recognition of clients who have gone to work
- Opportunities for testimonials
- Staff co-located with treatment team
- Market directly to clients
- Minimize paperwork
Engage Leadership

- Routinely communicating your program outcomes and needs to leadership
- Tying into broader healthcare picture
- Employment is the “good news” in mental health (fundraising, community relations, etc.)
- Equip them with SE talking points-
  - They should know at minimum the basics of what you do and what you don’t do in evidence based model.
- Leaders should be able to articulate at least one success story for community conversations
FOCUS ON RECOVERY

- Find Your Champions
- SE Staff Take on Responsibility of Promoting SE
- Everybody has gotten fired
- Nobody stays in the same job forever
- Encourage Risk Taking
- MUST Believe in Work
- Shifting from Disability Focus to one of Expectations (Instilling Hope, Combating Stigma and the Reason for Entering Treatment)
Recipe for success

- Buy in at all levels
- Hiring the right people
- Knowledge of Work Incentives
- Dedicated Employment Supervisor and Employment Specialists
- Need to identify indicators of how staff are doing – what gets measured is what gets done
- The value of Fidelity Reviews
Staff Competencies
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
Supervisor Role

- Motivating and Supporting staff
- Competition vs. transparency
- What gets measured gets done
- Leading collaboration with clinical teams
- Critical trainings –
  - Supported Employment Fidelity
  - Motivational Interviewing
  - Work Incentive rules
  - Statewide monthly Employment Specialist Network
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
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.
And Yes, We Are Expanding and Hiring!
Integration of SE Staff with Mental Health Teams
Supported Employment is not about a Hand-off or Referral. Ways to integrate:

- Co-location with teams not with SE teams
- SE lead visits teams routinely for accessibility (not just SE staff per fidelity)
- Tracking referrals and acknowledging “high referral” champions
- Routinely sharing outcomes and success stories with teams (preferably success stories are in person by consumer)
- New Hires-different processes but onboarding a must.
- Instilling a Vocational Focus in the rest of the team’s services
- Supervisor/manager needs to have a leadership role in the agency
Recovery and IPS

Work fosters hope and motivation for a better future

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

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

People make decisions about job type and setting

Hope

Holistic

Self-Direction

Responsibility

Empowerment

Person Centered

Strength-Based

Peer Support

Non-Linear

Respect

Services align with strengths, talents, skills and preferences

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

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

Competitive employment builds confidence and self-respect

Job and school transitions are supported as part of career development
Tips For SE Start-Up
Creating a New Supported Employment Program

- May be easier if you don’t already have a vocational program
- Critical to have buy-in from the top but champions are important at all levels
- It can get lonely – need more than a one person team
- Don’t try to have a Case Manager add the duties to their work load as a half-time specialist—20 client caseload; 65% in the community
New Programs- cont’d

- Benefits and Challenges of working with DVR
- Takes time to see results and it’s important to share the results
- Pay Employment Specialists as much as you can – they know how to find jobs
- Use the myriad training tools and articles that are available
- Stick to one strategy- agency run businesses might look good to the board but will it interfere with supported employment goals
Lastly,
What you can do... without an SE Program
Everyone can work

- **Ask** about employment goals and ask OFTEN
- Make a **rapid referral** to external employment if the individual indicates interest (don’t wait for “readiness”)
- **Avoid “selecting”** whose ready for work (prevent clinical bias)
- Encourage clients to **add an employment goal** to their Recovery Plan
- **Get familiar** with the two main external employment programs of DVR and Work Source (minimum-office location and referral number)
- Know where to send individuals for **external benefits counseling** information to prevent overpayments or discontinued benefits. (See handout for “WIPAs” and DVR)
- **Raise your expectations** about work and continually convey your belief that **every individual in our system can work!**
Employment Resources

Medicaid Transformation, Supported Employment Initiative #3
https://www.hca.wa.gov/about-hca/healthier-washington/initiative-3-supportive-housing-and-supported-employment

Statewide SE/IPS learning community leadership
- Healthcare Authority-Jon Brumbach, jon.brumbach@hca.wa.gov
- Division of Behavioral Health and Recovery-
  - Melodie Pazolt, melodie.pazolt@dshs.wa.gov
  - Lisa Bennett-Perry, bennell@dshs.wa.gov

IPS Supported Employment Model
- http://www.ipsworks.org

External Employment Referrals:
- Department of Vocational Rehabilitation- https://www.dshs.wa.gov/ra/division-vocational-rehabilitation
- Work Source Centers www.worksource.wa.com

Benefits Counseling and Information
- Work Incentive Planning and Assistance-1-866-497-9443
- Pathways to Employment - https://fortress.wa.gov/dshs/pathways/(S(nr4uyy3luae21s2ot5ste5sg))/p2emain.aspx
- DVR (above)
- Social Security Benefits Information- https://www.ssa.gov/redbook/ Also see handout.
Contact Information

- Mike Donegan, Employment Program Manager, Downtown Emergency Service Center mdonegan@desc.org
- Sunny Lovin, Program Manager, Harborview Behavioral Health Services slovin@uw.edu
- Lisa Floyd, Program Manager, King County Behavioral Health Organization lisa.floyd@kingcounty.gov
Thank you for your interest in recovery through employment!