TRANSITIONS TO COMMUNITY LIVING INITIATIVE

Supported Employment: EBP model & engagement techniques

for MCO InReach and Transition Coordinators

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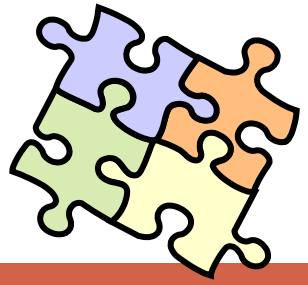
WEBINAR – January 31, 2014

Federal Focus on ADA and Olmstead

- Supreme Court landmark decision came in 1999: Title II of the ADA which **prohibits the unjustified segregation of individuals with disabilities.**
- DOJ has made *Olmstead* enforcement a top priority – "*Community Integration for all*"
- **August 28, 2012 – NC Settlement Agreement and plan implemented**
- This affects the full Adult Mental Health service array

http://www.ada.gov/olmstead http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm

TCL: The Pieces



- TRANSITIONS= empowers individuals to choose where they live
  - ***InReach (peer support engagement/mentoring)***
  - ***Transition Coordination***

- HOUSING= community living options
  - ***Supportive Housing with Tenancy Supports & Rental subsidy***

- **SERVICES= evidence-based, recovery-oriented, community-based**
  - ***ACT, Supported Employment, and others***

- DIVERSION= diverts individuals from congregate housing arrangements to apartment settings if they choose.
  - ***PASRR (Preadmission Screening and Resident Review)***

Settlement Section III.C. p.8
http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/nc-settlement-olmstead.pdf

Target Population

Primary mental health diagnosis- "Serious Mental Illness" ("SMI"), "Serious and Persistent Mental Illness" ("SPMI")

- That impairs or impedes functioning in one or more major areas of living and is unlikely to improve without treatment, services and/or supports
- Includes co-occurring SA, IDD, acquired brain injury, or other condition

Individuals <u>with and without</u> a Housing Slot

- Even if someone doesn't want a housing slot, they should have options counseling and access to evidence-based services that will help with treatment and recovery process

Priority list *(same as housing!):*

1. Individuals with SMI who reside in an adult care home determined by the State to be an IMD
2. Individuals with SPMI who are residing in ACHs licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness;
3. Individuals with SPMI who are residing in ACHs licensed for between 20-49 beds in which 40% or more of the resident population has a mental illness;
4. Individuals with SPMI who are or will be discharged from a State Psychiatric Hospital and who are homeless or have unstable housing; and
5. Individuals diverted from entry into ACHs pursuant to the pre-admission screening and diversion process (PASRR).

Adult Mental Health Service Array

- The State will rely on the following community mental health services to satisfy the requirements of this Agreement:
  - ✓ **Assertive Community Treatment (ACT)**
  - ✓ **Supported Employment (SE)**
  - ✓ **Peer Support Services (PSS)**
  - **Community Support Teams (CST)**
  - **Psychosocial Rehabilitation Services (PSR)**
  - **Case Management** *(not currently a service- gap needs to be addressed)*

- **Services are being revised to ensure evidence-based, recovery-oriented practices**

BUILDING AWARENESS, INCREASING REFERRALS

Emery Cowan

SE and Transitions

- Employment is priority for the settlement (and for community inclusion) as much as Housing is
- InReach staff should offer SE services whether the person is choosing to move or not
  - All individuals on the InReach list should have accurate information about SE services
  - MCO TCL Staff should cross-train with SE providers on services offered and get education around marketing SE services
- InReach Specialists (who are peer specialists) are modeling the importance of recovery and work
  - Building credibility
  - Creating the emotional connection
  - Creating loyalty, developing trust

SE and Transitions

- *Person wants to move!*
  - SE services must be offered to the individual transitioning during options counseling and the person-centered planning process
  - SE providers should be at the table to engage the individual who may have questions or is still undecided
- *Person moved and still hasn't decided on what to do during the day, or said no to SE before*
  - After moving in to their apartment they should hear again about SE services and perhaps link with an employment support professional who can offer specific information about the service.

SE and Transitions

- Individuals can be referred to the SE provider even if they are not 100% sure they know they want to work or what kind of job they want
  - The question to ask is
    - ***"Do you want to find out more? We can link you to someone who can explain SE services in better detail. You can decide then if you want to stick with it or not"***

- It's the SE team's job to help a person overcome ambivalence, barriers, and insecurities.

InReach, Diversion, and Housing numbers

- As of December, 1650 individuals on the InReach list
- As of today, 186 individuals in housing

- These are all folks that, per the Settlement, should be offered options counseling and potentially referred to Supported Employment!

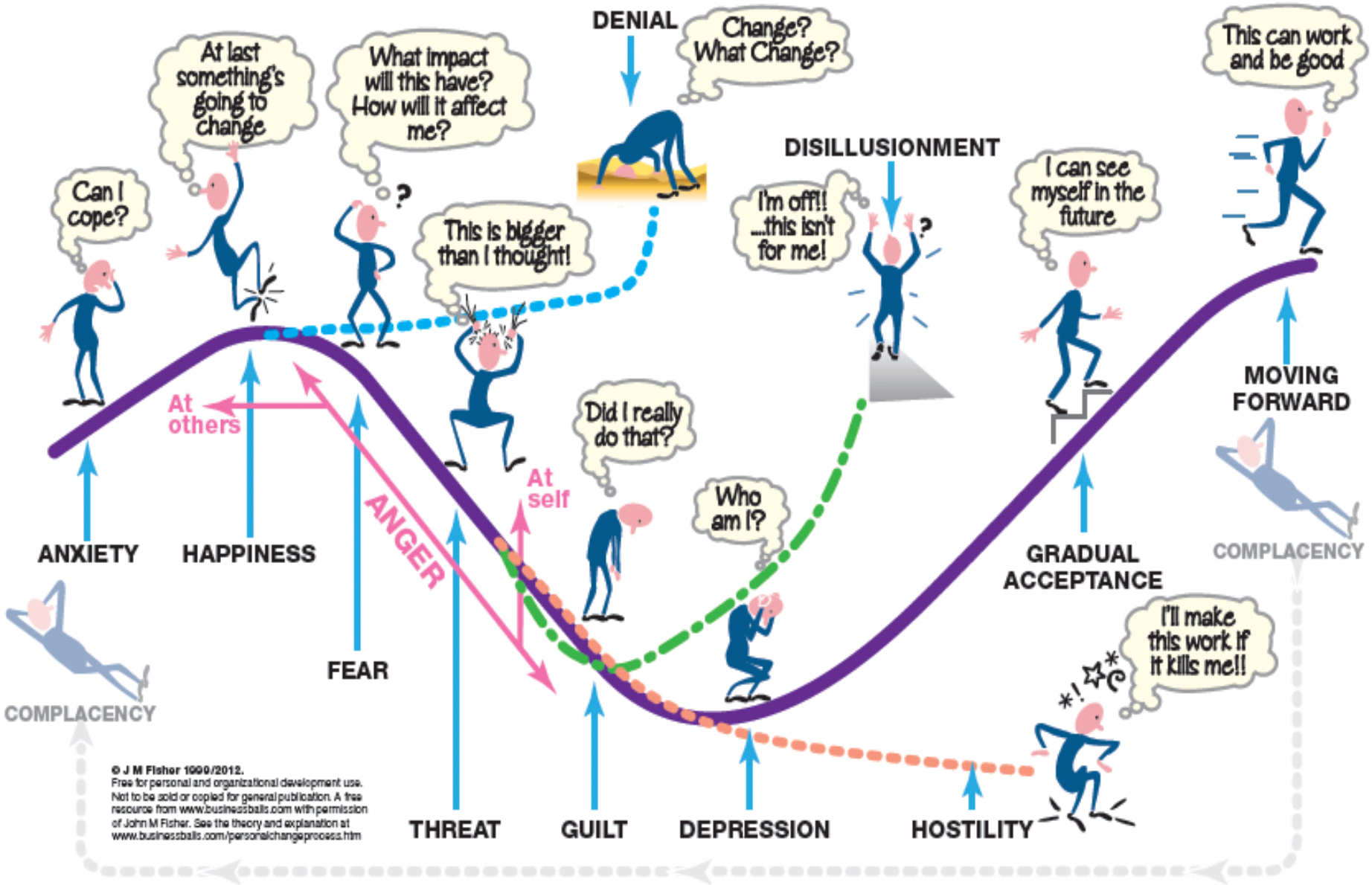
Where do Referrals come from?

- From the MCO- individuals in DOJ priority population who are on the InReach or Diversion list are referred to your contracted SE providers
- From other Behavioral Health providers
- From Adult Care Homes, Group Homes, others
- VR may refer to your providers if they know they specialize in working with MH/SA
- Other:
  - PSRs, CST teams, step-downs from ACT
  - Shelters
  - Recovery Education Centers
  - Hospitals

Recovery and Employment

Cherene Allen-Caraco

Occupational Recovery



Supported Employment as a pathway to Recovery

- People with SPMI/SMI can and do Recover.

- Recovery is ***not*** rigidly defined as a cure, removal of symptoms, or merely stabilization, functioning and maintenance

*its about "**reclaiming a positive sense of self"***

"Working helps further recovery more than any other single thing – more than therapy, case management or medication alone."

-Dartmouth PRC

Work and Recovery

Work is commonly viewed by clients as a critical step in the recovery process and because work is broadly considered "normative behavior", employment has anti-stigmatizing effects on people with severe mental illness

(McGurk & Mueser, 2003: 789)

Employment Works!

- significant improvement in social skills after 17 weeks of job placement.
- employment results in significant symptom improvement and fewer hospitalizations.
- participants who were in employment after 18 months tended to have
  - lower symptoms (particularly thought disorder),
  - better self esteem and
  - more satisfaction with their finances and vocational services than those who were unemployed.
- being in employment was associated with an increase in independence, an improved sense of self worth and an improved family atmosphere.

Dignity of Risk

- ‘Community integration demands that we encourage persons in recovery to expect nothing less than that which individuals living without disabilities look forward to in their lives.’
  - This is the core of legal underpinnings with the Americans with Disabilities Act (ADA), DOJ, Olmstead

“We all have value despite where we are on our journey and what challenges we are facing. Employment is worth struggling for and worth the risk”

An Excellent Read for TCL staff =

Managing Risk in Community Integration: Promoting the Dignity of Risk and Supporting Personal Choice

http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Managing_Risk_in_CI.pdf

"But work is too stressful"…

- Staying busy and <u>productively</u> occupied should be a basic tenet of mental health care. But it is not.
  - individuals have way too much time on their hands—and their mental health suffers as a result.
- It is very difficult to keep your mind off of negatives when you have a lot of time to think. And nothing productive to think about.

Research tells us that…

- 'There is a strong evidence base showing that work is generally good for physical and mental well-being.
- Unemployment is associated with poorer physical and mental health and well-being.
- Work can be therapeutic and can reverse the adverse health effects of unemployment'

(Waddell & Burton, in Freud, 2007: 5)

"My clients are too sick"…

- We need to believe – and expect- that people recover and gain employment; We must encourage curiosity, risk, and change

Research tells us that…

- Psychiatric symptoms or diagnosis do not predict vocational rehabilitation outcomes;
- Psychiatric symptoms do not correlate with skill level

(Dorio & Marine, 2004: 33)

- Psychiatric symptoms, diagnostic category, and standardized psychometric assessments (for example, intelligence or aptitude tests) are poor predictors of future work performance and that there s little or no correlation between a person's symptoms and functional skills.

(MacDonald-Wilson et al 2001: 222)

A good article titled **"Getting our own house in order"**-
http://www.socialrolevalorization.com/articles/reidy/getting-our-own-house-in-order.html

"Don't people need to learn skills?"…

- On the job training vs. pre-vocational training

- Supported employment is more effective than prevocational training at helping people with severe mental illness obtain competitive employment

  (Crowther, R. E., Marshall, M., Bond, G. R., & Huxley, P. , 2001)

- Evidence-based SE specifically has produced consistently better outcomes than traditional vocational rehabilitation in terms of both competitive employment and employment of any type.

ASSERTIVE ENGAGEMENT

Emery Cowan

Building Relationships with Clients

- **How do you talk about employment to someone who is just now changing their whole environment?**
  - Doesn't mean we cant have a conversation about the benefits of employment
  - Reluctance to change is not resistance
  - Ambivalence, or feeling two ways about the same issue, is normal, not a sign of pathology

People struggle with making a big change in their life whether or not they have a mental illness.

What is Assertive Engagement (AE)?

- Assertive Engagement combines several evidence based practices into a cohesive approach to services that can be used in any setting with any client population.
- Assertive Engagement includes:
  - A Heart Set based on Assertive Community Treatment
  - A Mind Set based on Strengths Based Practice
  - A Skill Set based on Motivational Interviewing

Some Presumptions of AE

- People want and need to change to improve their lives
- Most vulnerable people don't live in environments that are conducive to change
  - most staff will encounter their clients in environments that are by and large untherapeutic
- Lives can be changed and professionals can help in that process
  - If staff view clients as pathological & defensive and meet them with those ideas in mind, those views become true
- Change requires processing and decisions in a safe environment

Consumers should receive a consistent, trauma-informed, and culturally competent approach to services regardless of what system or agency they encounter

Key Concepts of Engagement

- Effective practitioners believe in the following philosophies:
  - It's important to know each person as an individual.
  - During recovery, clients benefit from relationships with people who are hopeful.
  - Every client deserves to be treated with respect.
  - Focusing on a person's strengths helps them be more successful.

Assertive Engagement Techniques

- A “don’t take no for an answer” approach designed to engage clients who express little or no interest in services or assistance
- A high degree of persistence and creativity by staff in discovering what it is that clients most want and need and what it takes to connect with and motivate them

Assertive Engagement

- AE assumes people are willing and able to make change to their lives

- A process whereby a practitioner (most times Peer Specialists!) uses their interpersonal skills and creativity effectively to make the environment conducive to change

http://ezinearticles.com/?What-is-Assertive-Engagement&id=2241305

QUIZ!

- ***Which is not a helpful way to build a good relationship with an IPS client?***
  a) Treating the client as an equal partner
  b) Giving lots of advice based on your experience of finding a job
  c) Respecting the person's preferences for how they want to receive services
  d) Asking open-ended questions and listening carefully to the responses

QUIZ!

- ***What should you do if someone is unsure about wanting to work?***
  a) Don't refer them until they are 100% ready to work
  b) Acknowledge that going back to work can be difficult for everyone
  c) Ask the mental health workers to talk the client into working
  d) Impose a deadline where the client needs to decide whether or not to get a job

Developing a good "working" relationship

- Make a good first impression
  - Convey from the beginning that the person is in charge of determining his or her own goals and that you are there to help the person reach those goals

- Treating client as an equal partner
  - **"When the two of you feel like equals and can collaborate together on the person's goals, only then will you have a true working alliance."**
  - Power-with versus power-over
  - Follow the person's preferences for their job and services
  - Communicate in an explicit and transparent manner
  - Explicitly articulate plans and expectations for yourself and the client
  - Check in frequently, e.g., "tell me if I'm being too pushy"

Developing a good "working" relationship

- Nonverbal communication
  - Showing eye contact, facial expressions, and body language that conveys respect, interest in the person, and facilitates speaking
- Be on time for appointments
- Focus on strengths, and believe that your client can work.
- Be willing to take some risks- we don't know the future and usually can't predict who will be successful.

Strategies for supporting clients who are Transitioning

- Integrated team support- this model of SE uses all of the folks on the SE and BH treatment team to support the person in their process.
  - Consider working together with the client and the SE provider to give consistent, hopeful, empowering messages. Team can all celebrate successes with the client.
- Showing unconditional positive regard to the client. Normalize their ambivalence and convey your care for their overall wellness and happiness.
- Work at the client's pace and follow their preferences about what types of support that they want.
- Keep the door to services open so people don't feel pressure from you.
  - In IPS, the main criterion is that the person says they want to work
  - If people say that they don't want to work, give them some time (a month or so) to be sure of their choice, and whether they have questions later
  - The SE team can continue to check in with them on occasion about their interest in employment.
  - The door to SE services should remain open for people to be re-referred.

We need to continuously examine our own attitude and communication

- Attitude and communication characterized by hope, optimism, and enthusiasm is the most effective.
- If we don't have these attitudes toward our clients, we need to do some self-work to get there
  - Utilize your supervisor, seek additional recovery or employment training, check for burnout, reconnect to your reasons for getting into the work in the first place, and/or remember your values.

How to talk about employment to someone who may not be familiar with the service or supports

Guest Speaker:

Amy Chavis

Program Director, Monarch NC

INDIVIDUAL PLACEMENT AND SUPPORT - SUPPORTED EMPLOYMENT

The Model

Evidence-Based Supported Employment is referred to as…*INDIVIDUAL PLACEMENT AND SUPPORT (IPS)*

- IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness and co-occurring disorders.

- Developed by the ***Dartmouth Psychiatric Research Center***
  - IPS was first studied in a randomized controlled trial in 1996; Between 1996 and 2014, IPS was evaluated in now **20** randomized controlled trials. This research has established IPS as an *evidence-based practice*
  - Endorsed by SAMHSA; developed into the SE-EBP toolkit

http://sites.dartmouth.edu/ips/

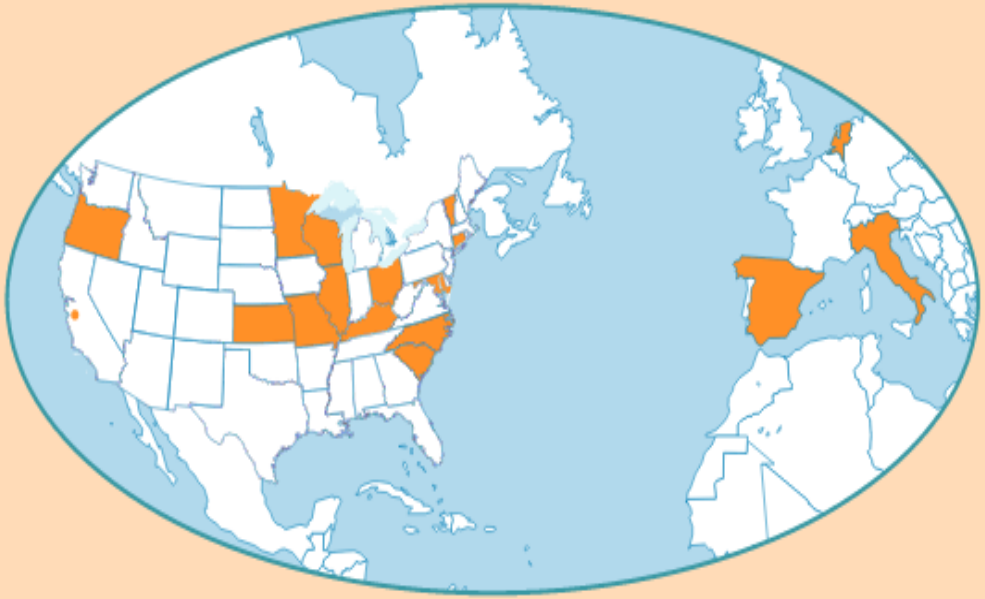
SAMHSA

States implementing this EBP

Dartmouth

IPS LEARNING COLLABORATIVE GROWS

The state of North Carolina and Catalonia, Spain have joined the 14 other states/regions in the U.S. and the two countries in Europe.



Making the Case

- IPS is 3 x's more effective than other vocational approaches in helping people with mental illness to work
- IPS has been found effective for numerous populations
  - To date, Dartmouth has not discovered a subgroup for which IPS has not been effective.
- IPS is an excellent investment, with an annual cost of $5500 per client in 2012 dollars.
- IPS has been successfully implemented in both urban and rural communities

Changing Landscape

- Integration with behavioral health
- Work Readiness is not a factor
  - employment leads to recovery
- Less focus on pre-vocational or transitional employment
- Meeting people where they are at
  - harm reduction
- Person-centered planning
  - Integrated documentation with behavioral health

The Eight Practice Principles of IPS

1. Zero exclusion criteria
2. Client preferences are important
3. Benefits planning is offered to all
4. The focus is on competitive jobs
5. Supported employment services and mental health services are integrated
6. Rapid job search
7. Employment specialists build relationships with employers
8. Follow-along supports are continuous

1. Zero Exclusion

- IPS supported employment practitioners need to be advocates for clients
- When the IPS model is in place, case managers and employment specialists don't discourage people from working based on any of these factors

- Psychiatric diagnosis
- Symptoms
- Treatment choices
- Work history
- Substance abuse
- Cognitive impairment

- Missed appointments with mental health treatment team
- Grooming
- Legal history
- Med “non-compliance”

Do you mean providers take someone to a job interview when they are drunk?

- NO! IPS providers help overcome barriers
- By engagement in the employment process and working with the employment and behavioral health team, the person can get their needs addressed and start working on recovery while they are working on employment.
- Simply means that clients are not excluded from engaging with SE services simply because of "readiness" factors like symptoms, substance use history, psychiatric hospitalizations, level of disability, or legal system involvement.
- Remember, you now have the behavioral health provider working with the team, collaborating side by side with the employment specialist to address barriers, symptoms, behaviors, etc.
- For most, employment becomes the "gateway" to recovery!

2. Attention to Client Preferences

- Client preferences strongly influence the type of job that is sought, the nature of the support provided by the employment specialist, and decisions about disclosing one's disability to the employer

- This is the principle that trumps all others. *IPS supported employment is about empowering people to have more choices and options in their lives*. Even the way that services are provided should be based upon client preferences

- Preferences often relate to the issue of disclosure of a disability

Discussion about disclosure about one's disability to an employer

- One of the primary areas that the team discusses is disclosure during job development and the perception of stigma from employers in your community.
- The SE team respects the client's preferences and people are not required to disclose in order to receive IPS services.
- It's important to find out about a person's stance on disclosure in order to plan services and to know what's OK to share with employers.
- A lot of the SE staff's job coaching and follow along supports may happen "*behind the scenes*".

3. Benefit Planning

- Every person should have accurate information about benefits and work incentives
  - Rapid discussion about benefits *at the start*
  - Referrals to benefits counselors as needed

- Benefit planning is also helpful to working clients. Many things can affect net income; thus Benefits Counseling should be an **Ongoing Discussion**

What is the #1 thing people fear when thinking about going to work?

Losing Benefits!!!

- "I'm going to lose my benefits!"
  - *Example: Your benefits **might** be affected by your work earning however there are ways to protect your benefits especially your insurance*
- "I don't want my son or daughter to lose their benefits!"
  - *Example: If their check is reduced and they are earning more income, does it make a difference?*
- "How will work affect my housing subsidy?"
  - *Example: Yes income affects any subsidy, your SSI check, housing subsidy, etc. but with earning a bigger paycheck, you have more discretionary funds…*

- Some people transitioning do not have benefits reinstated so this may not be an issue, but it will come up with most
- Many of these are misinformed- InReach/Transition staff should know the basics of benefits counseling
  - *We can help you with that!*

http://www.disability-benefits-help.org/faq/go-back-work-when-receiving-ssd

Benefits Counseling is part of the engagement process with the client and their family

- Mostly clients receive benefits counseling from VR or a contracted vendor. And often, family members are not engaged in this benefits review.
- With the IPS model, the SE team has training in basic benefits counseling, and refer to VR or another vendor if in-depth benefits assessment is needed.
  - Also, the team has more access to family members which will help to identify concerns that may occur once an individual expresses a desire to work.
  - This in turn will help to alleviate artificial barriers imposed by the individual themselves or their family members once employment checks begin to accumulate.
- This role- in discussing the reality of how work affects benefits- may also be supported by the new role of peer support specialists on the team.

4. Competitive Employment

- Part-time or full-time
- Regular jobs in the community rather than jobs that are set aside for people with disabilities
- Jobs that pay at least minimum wage
- Jobs that don't include artificial time limits
- Jobs that have the same pay and benefits for everyone who holds those positions

- Temporary/Seasonal jobs do count

5. Integration with Behavioral Health Treatment Services

- Frequent communication between SE/BH team members is critical
- All of the people working with a person function as a team
- All meet at least once a week to discuss the best strategies to help people attain their goals
- Team members also touch base with each other between meetings for quick updates and problem solving sessions
- The treatment team shares ideas with the client who will make the final decision
  - *Most often, SE and BH staff share office space!*

How is this different than what is already out there?

Integration with Behavioral Health

- Traditionally, employment services and behavioral health services work generally in a silo, making services fragmented. With the IPS model, the SE team is talking to the behavioral health section at least weekly.
- Clients are staffed by the groups in a team meeting format to appraise each other on behavioral and employment developments. With the IPS model, employment goals become a focus of behavioral health services and vice versa.
- VR counselors will finally have the collaboration of the behavioral health professional working towards the common goal of employment for the shared client.

6. Rapid Job Search

- It demonstrates that practitioners are taking their client's goals seriously
- It demonstrates that practitioners believe that their clients have strengths and skills to take to the job
- For some people, there is a ***'window of opportunity'*** when it comes to going back to work
- Exploring jobs in the community is one way to take advantage of that ***motivation***: people get excited as they see the possibilities

How rapid is Rapid?

- IPS programs use a rapid job search approach to help clients obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling.
- Within 30 days an employer contact has been made on behalf of this client.
- "Assessments" are not paper and pencil tests, but rather community-based and guided by the development of a Career Profile that asks about the client's likes, dislikes, skills, etc.

7. Systematic Job Development

- *Employment specialists build an employer network based on clients' interests, developing relationships with local employers by making systematic contacts.*
- Employment specialists visit employers to schedule appointments, learn more about the needs and preferences of those employers and only then may decide to talk about a person whom they believe to be a good fit for that business

8. Long Term Job Supports

- Individualized assistance to working clients is available as long as needed and desired
- Although employment specialists provide many of the follow-along supports needed, case managers or therapists can also help out
- Family members and friends can be a part of this support if so requested
- It is important not to transfer a working client off of the IPS team too quickly

Program Structure

SE TEAM- or
"vocational unit"

Team Leader and employment specialists, employment peer mentors

Meet monthly

Meet weekly

DVR liaison

BEHAVIORAL HEALTH STAFF- therapist, case manager, doctor, nurse…etc.

INDIVIDUAL

Introduction to Employment Peer Mentorship

New role for NC Certified Peer Support Specialists

As part of the SE Team, they can help:

- Promote recovery
- Support individual in their treatment team meetings
- Engagement & Outreach
- Wellness management strategies
- Linkage to support groups- promote hope, problem solving- decrease social isolation

They also provide Employment Supports

- Train transportation skills
- Share personal story as model
- Support vocational choices- discovery process
- Support development of Job development plan
- Support self-directed job search
- Support development of Training strategies
- Support LTVS

Employment Peer Mentors:

- A NC Certified Peer Support Specialist is now part of the SE team.
- The peer brings in lived experience in both recovery and employment (and its effects on benefits!).
- They can offer the individual hope and empower them to achieve their employment and recovery goals.

Who provides this model?

- Behavioral health providers who add SE to their array
- Stand-alone SE programs who must partner with behavioral health agencies to establish collaboration and integration

- *Provider list will be shared with MCO TCL staff soon*

- Delivered by programs that have access to
  - SE staff
  - VR liaison from local office
  - benefits specialists
  - Peer Specialists
  - Psychiatrists, nurses
  - Housing staff
  - Substance abuse counselors
  - Therapists
  - Other staff members who are involved with the person
    - Family members, friends, peers

EVIDENCE-BASED PRACTICES & PROGRAM FIDELITY

Tara Alley

Program Fidelity

What is an Evidence-Based Practice?

- Based in theory and has undergone scientific evaluation, replication, and
- Usually comes with
  - An Implementation manual
  - Tool to measure fidelity: “Fidelity Scale”

What is Fidelity?

- The degree to which a program includes features that are critical to achieving the intended outcomes
- Program fidelity is positively correlated with improved outcomes and cost-effectiveness

Critical Elements to Fidelity

- Developing/Revising service definitions so that they are supportive of high-fidelity practice
  - Ensure funding
  - Ensure adequate provider network
- Conducting ongoing fidelity evaluation
  - can also be used as a training tool, roadmap, and guide for program implementation
  - Sites internally rate themselves as part of program supervision and agency oversight
- Providing ongoing training and consultation
  - a developmental process that supports good practice

EFFECTIVE INNOVATIONS X EFFECTIVE IMPLEMENTATION = (+) OUTCOMES

Fidelity is a Developmental Process

- Programs closely adhering to model ordinarily achieve *high fidelity* implementation within one year's time.
- Programs that fully implement SE according to the scale criteria have shown to have higher competitive employment rates than those that do not.
- Fidelity scales can also be used as a training tool, roadmap, and guide for program implementation
- Sites internally rate themselves as part of program supervision and agency oversight

Fidelity Screening Tools

- Per the current SE/LTVS Service Definition (p.12), all SE providers serving individuals with MH/SA will be screened to fidelity using the *SE Fidelity Scale* as found on the Dartmouth website: http://sites.dartmouth.edu/ips/fidelity/

The Fidelity Scale

- The SE Fidelity Scale is divided into three sections, including staffing, organization, and services.
- Each item is rated on a 5-point response format, ranging from 1 = no implementation to 5 = full implementation
- Total Scores added up:
  - 115-125 = Exemplary Fidelity
  - 100-114 = Good Fidelity
    - 74-99 = Fair Fidelity
  - 73 and below = Not Supported Employment
- The response alternatives are behaviorally anchored, identifying measurable elements of the practice.

Fidelity Evaluation Process

Preparation

- Team/Provider gets 1 month of preparation ahead of visit to gather documentation/data
- MCO gets info on when review will take place

Evaluation

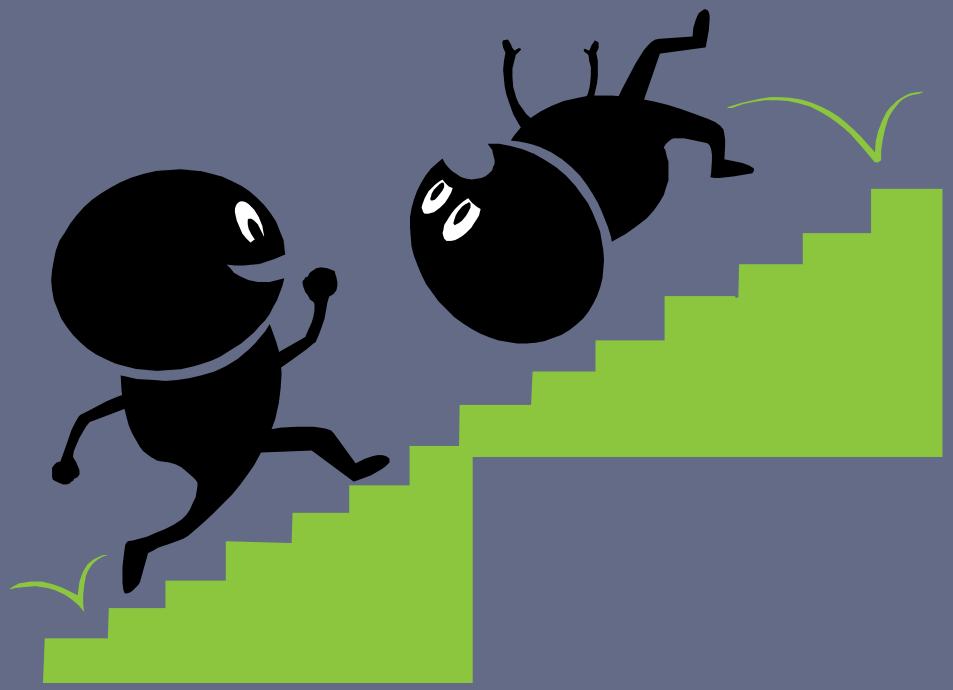
- 2 day on-site with provider
  includes observation, chart reviews, team/client interviews

Post-Evaluation

- Evaluators verify data through inter-rater reliability & come up with a "rating"
- A thorough evaluation report is developed (15-30 pages)

Completion

- If the provider meets fidelity, rating is sent to MCO
- If provider does not meet fidelity, rating and report is sent to MCO for decisions around provider compliance



TCL MILESTONES & REQUIREMENTS

Emery Cowan

SE Milestones

- July 1, 2014, the State will provide Supported Employment services to a total of 250 individuals
  - July 2015, 750 individuals
  - By 2019, 2,500 individuals

Stats thus far

- ~27 providers, many new in different areas of readiness
- 1 team screened thus far using SE-IPS tool
  - 1 met fidelity serving 25 individuals
  - providers queued up through July

Changes Implemented

- New State-Funded service definition May 2013, revision this month
  - Available for Medicaid B3, additional funding July 2014
- New **Employment First Technical Assistance Center** through Promise Resource Network, Inc. for training of staff
  - Co-Directors Pat Keul, Cherene Allen-Caraco & State IPS Trainer- Tania Bowers
- **Grant from Dartmouth** for NC to be part of their International Learning Collaborative- DMH & DVR
- Fidelity Evaluation Process
  - DMHDDSAS- lead Evaluators Emery Cowan, Tara Alley

SE/LTVS Service Definition

- Version 1.0 = released May 2, 2013
- Version 2.0 = Now being revised to clarify evidence-based model and align with Medicaid B3 waiver requirements > *hopefully approved for Feb/Mar.*

- Changes to expect:
  - Clarity on implementing "IPS" model for MH/SA population
    - Still able to use customized employment, self-employment, and business led internships under the framework of IPS.
  - Flexibility in staffing and ramping up (from small to large team)
  - Clarity around role of Employment Peer Mentor
  - Emphasis on Fidelity Screening and scoring expectations
  - Emphasis on integrated behavioral health
  - Clarity on working with VR

SE Provider Selection

- Most MCOs have already selected their SE providers that will following IPS through the new service definition
  - Some MCOs are still in the process of final selection
- Providers must begin developing their programs and offering services
  - Some providers are, some are not- we need MCO's help with this
- Providers will need to actively seek referrals and work with the MCO to offer services to the DOJ population.
- DMH and TAC will offer assistance- let us know!

What is ACTs role in IPS-Supported Employment?

- ACT teams all have a vocational specialist
- Vocational Specialists must follow the practice principles of IPS and get training in that model
  - Are not expected to meet all fidelity items on the IPS scale/ ACT teams have their own fidelity scale that includes employment
- Vocational Specialists
  - Provide direct employment services
  - Do not need to refer to VR
  - Help cross-train other ACT team members in Employment First

SUCCESS
Because you too can own this face of pure accomplishment

Pat Keul

NC Employment First Technical Assistance Center

- **New Technical Assistance Center**
  - Co-Directors: Pat Keul & Cherene Allen-Caraco
  - Tania Bowers, State IPS Trainer for Dartmouth Sites

- **Goals**
  - Development and training of curriculum required for providers
  - Development and training of **vocational peer mentorship curriculum**
  - **TA website** with training info and resources- www.nceftac.org
  - Compilation of **work incentives materials and information**; contacts for community work incentives coordinators/Benefits Counselors
  - **Consultation/TA** for LME-MCOs, providers, and stakeholders

Customized Training and Technical Assistance

- SE staff are going to receive training designed to work specifically with this population.
- Behavioral Health specialists will also be trained in the benefits and roles of employment for those with severe mental illness.
- This has never been done like this before in this state.

What can the TAC do for you?

- We can come to your In-Reach meetings to offer suggestions/guidance/ideas to engaging people in employment and troubleshoot ways to overcome "resistance" to employment
- We can establish a regularly scheduled phone call or learning community for you
- We can meet some people you are supporting and facilitate discussion about employment
- We can offer In-Reach specific trainings on employment
- Ask us! We're to help…. Tell us what you need

Check us out at: www.nceftac.org

- Upcoming webinars/MCO learning communities

Feb 28 10am-12pm

Mar 28 10am-12pm

May 2 10am-12pm

*we can establish the topics based on your needs!

Video http://www.youtube.com/watch?v=DoLO_p04uKY

Resources

DHHS:

- DMH Employment Page:
  - http://www.ncdhhs.gov/mhddsas/services/employment
- DOJ:
  - http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm

SE resources can be found at the Dartmouth Psychiatric Research Center site: http://www.dartmouth.edu/~ips/

The free Supported Employment Toolkit on the SAMHSA website: http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365

Books:

- Supported Employment: A Practical Guide for Practitioners and Supervisors, Second Edition, 2008. (Swanson, S.J., Becker, D.R., Drake, R.E., Merrens, M.R.) Use Order Form for purchase
- A Working Life for People with Severe Mental Illness. (Becker, D.R., Drake, R.E.) , 2013, Order directly from Oxford University Press
- Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help Clients Compete in the Workforce, 2011, Sarah J. Swanson & Deborah R. Becker
  Order directly from Hazelden
- Drake, R.E., Bond, G.R., & Becker, D.R. *Individual Placement and Support: An Evidence-Based Approach to Supported Employmen*. New York: Oxford University Press, 2012.

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