

Evidence-Based Supported Employment for Housing First Participants

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What is Evidence-Based Supported Employment?

Evidenced-based Supported Employment follows the Individualized Placement and Support (IPS) Dartmouth Model.

This model was established by the Dartmouth Psychiatric Research Center (now the IPS Employment Center, Rockville Institute at Westsat).

IPS is based on eight key principles:

1. Anyone who wants to work can participate in the program, and job seekers are not excluded based on diagnosis, symptoms or history.
2. Employment specialists help job seekers look for competitive employment: jobs in the community paying at least minimum wage and not specified for people with disabilities.
3. Services are based on the job seeker's preferences and choices.
4. Services are integrated with mental health treatment teams to provide job seekers with collaborative, professional support.
5. Employment specialists help job seekers apply for employment quickly, rather than providing lengthy assessments or counseling.
6. Employment specialists develop an employer network and relationships based on job seekers' interests.
7. Professional counselors provide job seekers with information about how employment may affect their government benefits.
8. Job seekers get personalized support as long as they want it after obtaining employment.

Implementation: Pathways To Housing DC

Evidenced-Based Supported Employment at Pathways to Housing DC follows the same principles listed above but because we work with **Assertive Community Support** (ACT) and **Community Support** (CS) level of care individuals whom make up our Mental Health Rehabilitation Services.

Implementation: Determination of CS and ACT services

The LOCUS tool is used in Pathways to Housing DC to determine the level of care for clients. Currently, Pathways to Housing DC has ACT level of care and Community Support, which consist of our Mental Health Rehabilitation Services (MHRS) programs.

Assessment tool: Level of Care Utilization System (LOCUS) Locus: The Level of Care Utilization System or LOCUS tool was designed by the American Association of Community Psychiatrists (2009) to allow staff who work on inpatient hospital environments with patients with psychiatric problems (such as emergency departments, psychiatric sections of general hospitals or in psychiatric hospitals) to determine the level of care that an individual should receive.

The LOCUS provides for six levels, ranging from the least intense (recovery maintenance, such as seeing a case manager once a month and having access to a 24-hour crisis line if needed) to the most intense (medically managed residential services such as being a hospital inpatient.)

Implementation: ACT Level of Care

ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. The ACT team provides these necessary services 24 hours a day, seven days a week, 365 days a year.

Implementation: What Makes Pathways Unique?

Pathways to Housing DC is the only agency to implement the Dartmouth IPS model with ACT level of care participants. In doing this, we have been nationally recognized for program implementation by the Department of Behavioral Health.

Some of the things that were nationally recognized consisted of:

- Program structure
- Clinical implications
- Ability to identify Vocational Rehabilitation services versus IPS Supported Employment Services.

Implementation: What Makes Pathways Unique?

Program Structure

Pathways to Housing SE Program consists of two specialists whom are dedicated to a caseload of 20 each comprise of clients from an ACT and or CS team.

One specialist works with ACT 1 and 2 with a sprinkle of CS while another works with ACT 3 and 4 with a sprinkle of CS.

Pathways has grown capacity and establish recently an ACT team 5. This will be sprinkled until enough growth happens to hire another Employment specialist.

Each of these ACT teams have an embedded Vocational Specialist who coordinates care with Employment Specialist assigned to their team.

Implementation: What Makes Pathways Unique?

Clinical Implications

Pathways to Housing DC is the only agency whom score Exemplary on fidelity and this was credited to the ability for us to pay close attention to the clinical implications of Vocational Rehabilitation while running a straight IPS Modeled program. Employment Specialists are trained to understand what makes a Medicaid service and what does not when providing Vocational Rehabilitation. All interventions are carefully put in a category to ensure appropriate service delivery.

Please see handout to understand the types of services, which are not traditional IPS modeled but conducted if needed due to the severity of our client base.

Implementation: What Makes Pathways Unique?

Ability to identify Vocational Rehabilitation services versus IPS Supported Employment Services.

So with respects of these services, we use this identification to support our Vocational Specialists on the ACT teams while providing Team Coordination unlike no where else in the city. This in turns gives our clients the extra supports needed because of the severity of their cases. Employment Specialists are careful to distinguish their role versus the Vocational Specialist on ACT while working with the clients seamlessly and effectively.

Summary

People with severe persistent mental illnesses do want to work and can work in competitive jobs following the evidence-based principles of Supported Employment but programs must acknowledge the medical implications of Vocational Rehabilitation. When doing this, programs score high on fidelity and have better outcomes.

In considering this above mentioned statement, programs must address financial and organizational barriers to be successful and this has a lot to do with acknowledging that a service does not fit in the model and needs some extra attention to provide care versus employment services.

At Pathways to Housing DC, we ensure appropriate separation of services (Medicaid versus IPS model) because it maximizes outcomes of placement and ensures clinical implications of services will not be neglected while being conducted effectively.

At Pathways to Housing DC, we are able to align services correctly. We provide appropriate services to clients when in need of more clinical support while working towards obtaining a employment. With the capacity of servicing 45 clients we place 52% of our program yearly, which bypasses the 30% expectation for fidelity. Hence, the exemplary rating. Thank you for listening!

Q & A