Supported Employment also known as the Individual Placement and Support Model (IPS)

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Background

- Prevalence of behavioral health conditions among TANF participants
- Individuals with Mental Health and Substance Use Disorders tend to stay on TANF longer, and cycle back into the TANF system more frequently (WorkFirst, 2010)
- Governor’s proclamation to use LEAN strategies to address barriers
- Paradigm shift for Behavioral Health/Health Care Systems to see unemployment as a social determinant of health
Behavioral Health Risks among SFY 2014 TANF Clients
IDENTIFIED USING POOLED SFY 2012 TO SFY 2016 RISK INDICATORS

Neither MH nor AOD Treatment Need

MH Treatment Need Only

AOD Treatment Need Only

Both MH and AOD Treatment Need

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither MH nor AOD</td>
<td>21,467</td>
<td>32%</td>
</tr>
<tr>
<td>MH Treatment Need Only</td>
<td>21,561</td>
<td>32%</td>
</tr>
<tr>
<td>AOD Treatment Need Only</td>
<td>4,476</td>
<td>7%</td>
</tr>
<tr>
<td>Both MH and AOD Treatment Need</td>
<td>19,635</td>
<td>29%</td>
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</tbody>
</table>

Alcohol and or Drug Treatment Need 36%
Mental Health Treatment Need 61%

Highlights:

1. 36 percent of clients have an identified alcohol/drug treatment need at some time over the FY 2005 to FY 2009 time period
2. 61 percent of clients have an identified mental health need at some time over the period
3. 29 percent have both alcohol/drug and mental health needs identified over the period

SOURCE: Washington State administrative data.

* Population is restricted to individuals who were 18 years of age or older as of July 1, 2013. Mental health and alcohol or substance use disorder (AOD) treatment needs were identified using administrative data. Mental illness is indicated for any individual who: 1) was diagnosed with a psychotic, mania/bipolar, depressive, anxiety, attention deficit and/or hyperactive, disruptive/impulse control/conduct, or adjustment disorder; 2) had a psychotropic medication prescription, 3) received mental health services, or 4) received behavioral health rehabilitation services from the Children’s Administration. AOD treatment need is indicated through medical records, arrest information, and substance use disorder diagnoses and treatment.
Why Individual Placement and Support (IPS) model was chosen for the pilot project

• Legislatively mandated to implement evidence-based/research-based practices
  – 23 Randomized Controlled Studies
• Aligns with the WorkFirst Principles and efforts to reduce barriers for TANF families
  – Practitioners focus on each person’s strengths
  – Work promotes recovery and wellness
  – Practitioners work in collaboration with state vocational rehabilitation counselors
  – IPS uses a multidisciplinary team approach
  – Services are individualized and last as long as the person needs and wants them
  – The IPS approach changes the way mental health services are delivered
TANF SE Pilot Overview

- Built pilot on California State’s CalWORKS Individual Placement and Support (IPS) project.
- Braided funding between Division of Behavioral Health & Recovery (DBHR), TANF Block Grant Funds, North Sound BHO, Snohomish County/Building Changes System Innovation and Sunrise Services.

Principles of IPS:
- Zero exclusion criteria
- Participant preferences
- Work incentives planning offered
- Ongoing support services from Employment Specialists
- SEP and Mental Health services are integrated
- Rapid job search – assumption of readiness
- Competitive Jobs are integrated in the community
- Systematic job development
Why Supported Employment?

Designed to transform how we serve WorkFirst clients with mental illness by promoting sustainable access to supported employment.

Research behind supported employment services (RDA 2016):

- Increased employment rates
- Increased use of Community based outpatient mental health services (non-crisis)
- Decreased arrest rates
3 Goals of the Pilot

- Demonstrate and evaluate evidence-based practice IPS for TANF population with BH conditions (small cohort=homeless)
- Bring the BH system and CSO system closer together (monthly administrative calls: BHO, CSD, MH Provider, County)
- Braiding 4 funding streams together (TANF BG, MHBG, Gates Foundation, Medicaid)
Three Components of IPS SE Evaluation

1. Program Implementation

DESCRIPTION – Monitoring the enrollment numbers, describing participant characteristics, and services received

2. Changes Overtime

DESCRIPTION – Examining the changes over time since client entered TANF SEP program

KEY COMPARISON – Client employment and other key indicators during/after TANF SEP participation compared to the same client at/prior to TANF SEP enrollment

3. Outcome Evaluation (Possible in Future)

DESCRIPTION – Examining how Supported Employment helped clients in the TANF SEP program relative to a comparison group not in the program

KEY COMPARISON – Outcomes for clients who participate in the TANF SEP program relative to outcomes for similar Washington adults receiving other (non-TANF SEP) publicly funded services
TANF SE Pilot Participants Enrolled as of April 2017

CUMULATIVE

SOURCE: TANF SEP Participant Logs
IPS Program Metrics, April 2015 through March 2017

**Systematic job development and time-unlimited support**

- Total employer contacts: 3,139
- Total enrolled participants: 218
- Found jobs for clients: 99

13 participants had 2nd job placements, 2 had 3rd and 4th job placements

**Timely job development and job placement and competitive wages**

- Job Placement (days) Average = 18 (0 – 365)
- Job Development (days) Average = 69 (0 – 107)
- Hourly Wage Average = $11.70 ($9.47 – $24.00)

SOURCE: TANF SEP Participant Logs. Job development, placement, and hourly wage information not available for all participants.
TANF SEP Participant Demographics and Mental Health Treatment Needs

as of March 2017 (TOTAL Both Sites = 206)

**Gender**

- Female: 86% (n = 177)
- Male: 18% (n = 29)

**Age Distribution**

- Average Age: 34 years
- 18-24: 10% (n = 20)
- 25-34: 50% (n = 103)
- 35-44: 31% (n = 63)
- 45-54: 10% (n = 20)

**Race/Ethnicity**

- White Only Non-Hispanic: 63% (n = 129)
- Any Minority: 37% (n = 76)
  - American Indian: 13% (n = 27)
  - Hispanic: 13% (n = 27)
  - Black: 10% (n = 21)
  - Native Hawaiian or Pacific Islander: 7% (n = 14)

**SOURCE:** Washington State administrative data. Data lag in linkage processes yields some missing data.
Behavioral Health Needs and Self-Sufficiency of BEST Participants

TOTAL Both Sites = 206

Mental Health and Substance Use Disorder Treatment Need
24 months prior to enrollment, as of March 31, 2017

- Mental Health Treatment Need: 91% (n = 188)
- Receipt of Psychotropic Medication: 76% (n = 103)
- Substance Use Disorder Treatment Need: 50% (n = 66)
- Co-Occurring Mental Health and Substance Use Disorder: 48% (n = 145)

Measures of Self-Sufficiency

- Medicaid Enrollment: 99% (n = 203)
- Basic Food Receipt: 97% (n = 199)
- TANF Participation: 93% (n = 192)
- Employment 12-Months Prior to Program Entry: 33% (n = 67)
- 9 in 10 received TANF benefits in the 12-months prior to enrollment
- 1 in 3 were employed 12-months prior to enrollment

SOURCE: Integrated Client Database (ICDB)

* Broad definition (presence of substance use disorder and mental illness over a 24-month window based on health and behavioral health diagnoses, prescriptions, and treatment records, combined with related drug and alcohol-related arrest data maintained by the Washington State Patrol).
198 of 206 clients received TANF services in the year prior to enrollment in supported employment.

The 198 clients who were enrolled in TANF prior to their program enrollment... Had a median TANF service length of 7 months, and... Received TANF for an average of 13 months.

Length of Most Recent TANF Receipt Span

- **1 to 6 months**: 47%
- **7 to 12 months**: 15%
- **More than 12 months**: 35%

NO TANF Receipt: 4%

SOURCE: Integrated Client Database (ICDB).
Preliminary Outcomes: Employment and Earnings

Comparison of outcomes 12 months prior to enrollment and 12 months after program discharge, as of March 31, 2016
Data is restricted to individuals discharged from the program • TOTAL Both Sites = 66

<table>
<thead>
<tr>
<th>Percent of clients employed</th>
<th>Any employment</th>
<th>Median earnings in 12-month period</th>
<th>Median hourly pay</th>
<th>Median hours in 12-month period</th>
</tr>
</thead>
<tbody>
<tr>
<td>... had some type of employment for all four quarters of the year</td>
<td>... at least one quarter in the year</td>
<td>... of those with employment</td>
<td>... of those with employment</td>
<td>... of those with employment</td>
</tr>
<tr>
<td>PRE PERIOD</td>
<td>POST PERIOD</td>
<td>PRE PERIOD</td>
<td>POST PERIOD</td>
<td>PRE PERIOD</td>
</tr>
<tr>
<td>6%</td>
<td>21%</td>
<td>30%</td>
<td>59%</td>
<td>+23%</td>
</tr>
</tbody>
</table>

SOURCE: Integrated Client Database (ICDB).
*All results are preliminary and descriptive in nature. Further analysis is needed to determine if these changes are statistically significant.
RESOURCES:
• Prevalence data on MH and TANF, research reports from our DSHS Research and Data Analysis team and a link to the Integrated Database.

https://www.dshs.wa.gov/sesa/rda/research-reports/integrated-client-database

https://www.dshs.wa.gov/sesa/rda/research-reports

IPS Works – www.ipsworks.org

CalWorks Study – www.cibhs.org
Next Steps:

• Sustaining Supported Employment – IPS through 1115 Medicaid Transformation Demonstration
Medicaid Transformation Project Demonstration
Medicaid transformation goals

Over the five-year demonstration, Washington will:

– Integrate physical and behavioral health purchasing and service delivery
– Convert 90% of Medicaid provider payments to reward outcomes
– Support provider capacity to adopt new payment and care models
– Implement population health strategies that improve health equity
– Provide targeted services that address the needs of our aging populations and address the key social determinants of health
Supported employment target population

• Aged, Blind, Disabled (ABD)/Housing and Essential Needs (HEN)
• Individuals with severe and persistent mental illness, individuals with multiple episodes of inpatient substance use treatment and/or co-occurring
• Working age youth with behavioral health conditions
• Individuals receiving long-term services and supports
Questions?

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