MIDD Briefing Paper

ES 2b Employment Services for Individuals with Mental Illness and Chemical Dependency
BP 65 Supportive Employment Program

Existing MIDD Program/Strategy Review √ MIDD I Strategy Number- ES 2b BP 65 Supportive Employment
New Concept √ (Attach New Concept Form)
Type of category: Existing Program/Strategy EXPANSION

SUMMARY: This paper combines expanding existing MIDD Strategy MIDD 2b Employment Services for Individuals with Mental Illness and Chemical Dependency, also known as "Supported Employment" and a new concept of modified employment services to expand and enhance employment services for people living with mental illness or substance use disorders.

Based on the needs of each individual job seeker within the integrated behavioral health system (formerly the mental health and substance use disorders systems), this concept would provide a two tiered model to assist the job seeker to receive either the fidelity-based, intensive, Supported Employment (SE) services or a modified employment model that provides less intensive services for individuals requiring less employment support who can benefit primarily from linkage and referral to external employment service providers. This model will allow employment services to be offered to a greater number of individuals while disseminating the principles of the evidence based supported employment model. The common goal for both programs is to increase the rates of employment by individuals within the King County Behavioral Health System.

Collaborators:

Name	**Department**
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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	**Role**	**Organization**
Eight Supported Employment Provider Representatives: Yoon Joo Han, Laura Fleagle, Mike Donegan, Sunny Lovin, Kailey Fiedler-Gohlke, Darren Paschke, Janet Arthur and Mandi Ucab	Supported Employment Program Managers who manage the evidence-based Supported Employment Service Programs contracted by BHRD	Asian Counseling and Referral Services, Community Psychiatric Clinic, Downtown Emergency Services Center, Harborview Mental Health and Addiction Services, Hero House, Navos, Sound Mental Health, Valley Cities Counseling and Consultation
Five Substance Use Disorder (SUD) Treatment Provider Agencies participating in the Substance Use Disorder Employment Pilot: Janet Arthur, Arden James, Anne	Managers/representatives of SUD treatment providers who manage their agency's participation in the SUD Employment Pilot	Cowlitz Tribal Treatment, Intercept Associates, Seattle Indian Health Board, Sound Mental Health, and Therapeutic Health Services

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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This paper combines expanding existing MIDD Strategy MIDD 2b Employment Services for Individuals with Mental Illness and Chemical Dependency, also known as "Supported Employment" and a new concept of modified employment services to expand and enhance employment services for people living with mental illness or substance use disorders.

Based on the needs of each individual job seeker within the integrated behavioral health system (formerly the mental health and substance use disorders systems), this concept would provide a two tiered model to assist the job seeker to receive either the fidelity-based, intensive, Supported Employment (SE) services or a modified employment model that provides less intensive services for individuals requiring less employment support who can benefit primarily from linkage and referral to external employment service providers. This model will allow employment services to be offered to a

greater number of individuals while disseminating the principles of the evidence based supported employment model. The common goal for both programs is to increase the rates of employment by individuals within the King County Behavioral Health System.

Based on the level of employment support needed, each individual job seeker will be directed to either:
A. Fidelity-based Supported Employment: for individuals needing intensive employment supports (e.g., a lack of recent employment and/or a high degree of behavioral health barriers to achieve and retain employment) or;
B. Employment Services (linkage, coordination and support): for individuals needing less intensive support, linkage, referral and coordination of employment services to achieve and maintain employment (e.g. individuals having recent, consistent employment history and/or minimal behavioral health barriers to achieve or retain employment.

Supported Employment Existing Strategy:
The MIDD 2b supported employment strategy delivers a nationally recognized, evidence-based practice[1] model of employment services to assist individuals with chronic and persistent mental illness who are enrolled in the King County Mental Health System to achieve and maintain integrated jobs in the community. Recognized job placements include only those jobs that are:

- competitively acquired;
- have integrated work environments alongside individuals with and without disabilities; and
- pay at or above minimum wage.

The eight core principles[2] of this employment model include:

1. Zero Exclusion: everyone who is interested in working is eligible for the program;
2. Competitive, integrated jobs are the goal;
3. Employment services are integrated with mental health (and other) treatment services;
4. Benefits planning is offered (e.g. how work income will impact Social Security benefits);
5. Emphasis on rapid job search and placement (vs. lengthy pre-vocational activities);
6. Employment specialists cultivate employer relations through multiple in-person visits;
7. Employment supports continue after job placement for ongoing job retention; and
8. Individual preferences are honored (hours/schedule, type of work, work environment, etc.)

In 2013, the Supported Employment program served roughly 720 individuals with chronic mental illness across eight community-based mental health agencies. In more recent years, program enrollment has climbed to serve nearly 1,000 individuals per year,[3] with a similar growth rate expected in 2016.
The primary goal of this program is to increase the number of individuals with chronic mental illness that gain and maintain employment in competitive and integrated jobs in the community that pay at or above minimum wage.

[1] Substance Abuse Mental Health Services Administration- Substance Abuse and Mental Health Services Administration. Supported Employment: The
Evidence. DHHS Pub. No. SMA-08-4364, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.
[2] Dartmouth Center for Supported Employment/ Individual Placement and Support-"Principles of IPS."
[3] Based on 2014 Year-end King County, Mental Health, Chemical Abuse and Dependency Services Supported Employment Enrollments.

Employment Services (Expanded Strategy): There are two parts to the expansion/enhancement strategy.

1) Double the funding for the evidence-based supported employment model and open eligibility to serve not only individuals enrolled in the current King County Mental Health Services, but also individuals enrolled in King County's Substance Use Disorder Services, since these two programs will become one integrated behavioral health system as of April 1, 2016. This expansion to serving both of these populations is aligned with the originally identified service population of the Mental Illness and Drug Dependency Plan (MIDD) employment strategy that was intended to serve both populations[4]. Due to limitations in service capacity, the current strategy only serves individuals with mental health disorders or co-occurring mental health and substance use disorders; the fidelity based program does not currently serve individuals with a sole diagnosis of substance use or abuse. An employment pilot started in 2015 and continued in 2016 now provides limited employment services to individuals with substance use disorders with the intent of expanding this service in MIDD II.

2) Offer a modified employment model that disseminate the principles of the intensive model of Supported Employment, but not have the restrictions that currently limit the capacity to serve and more broadly disseminate the evidence-based principles throughout the behavioral health system. The proposed modified employment model will focus primarily on employment linkage, referral and support, yet it will maintain consistency with the evidence based model's emphasis on rapid job placement in competitive and integrated jobs in the community. Since this model will primarily focus on mental health and substance use treatment providers offering linkage and support for employment goals, the program will have the ability to serve far greater numbers of individuals than the current system allows. The evidence based fidelity model limits vocational specialists' caseloads to no more than twenty to forty participants per specialist,[5] and essentially places a cap on the number of people served based on staffing levels. This modified and less intensive employment model will be offered to individuals who demonstrate less intensive employment needs than the existing comprehensive model provides, while infusing the system with the promotion of employment goals on a system-wide scale as an integral part of every working age adult's recovery plan.

The current program is limited to serving roughly 1,000 individuals per year based on fidelity adherence out of the approximate 20,000 plus adult mental health consumers and 4,000 plus adult consumers with substance use disorders[6] within the Behavioral Health & Recovery Division (BHRD) system. The primary focus of this expansion model will involve behavioral health providers offering in-house employment *supports* while providing linkage to external employment *services*. Behavioral health providers will assist individuals with building or re-building their motivation for pursuing employment goals, exploring and supporting their "work readiness" tools (e.g., identification cards or driver's licenses required by all employers) and behaviors (e.g., "soft skills" such as workplace communication with colleagues) to assist the individuals with gaining and retaining employment. These types of behavioral supports are already being routinely offered by treatment providers for a variety of other topics or life domains (areas of an individual's life), so although the topic will change to employment, providers will be well positioned to provide this support. In addition, current clinical training, such as motivational interviewing, that is being

[4] Mental Illness and Drug Dependency Plan (MIDD), 2008
[5] Evidence-based IPS Fidelity Rating Scale, 2008 (most recent revised scale)
[6] Division of Behavioral Health and Recovery, Substance Abuse Treatment Reports-Outpatient Services/King County

provided via the MIDD workforce development initiative will be leveraged to support providers with this focus on employment as a primary goal of treatment. The job development activities will be the responsibility of the external employment service providers such as Work Source or the Division of Vocational Rehabilitation (DVR). They will develop and access existing employer contacts and connect job seekers within the behavioral health system to these hiring employers.

Note that individuals will have the ability to change employment programs, depending on an assessment of both employment and behavioral health needs, so individuals not achieving job placement in the less intensive employment model could move to a higher level of intensive employment supports in the fidelity based supported employment model.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

☐	**Crisis Diversion**	☒	**Prevention and Early Intervention**
☒	**Recovery and Re-entry**	☒	**System Improvements (what does this mean?)**

Please describe the basis for the determination(s).

Recovery and Re-entry; *Empower people to become healthy and safely reintegrate into the community after crisis:*
Multiple studies have demonstrated the positive impact of supported employment on an individual's recovery, including improvements in these non-vocational outcomes[7]:

- Increased income;
- Improved self-esteem;
- Increased quality of life;
- Reduced symptoms; and
- Life satisfaction – (3/9 studies).[8]

Prevention and early intervention; *Keep people healthy by stopping problems before they start and preventing problems from escalating:*
The SE program routinely enrolls young adults over 18 and other individuals who are new to the mental health system, such as newly enrolled individuals from the federal Medicaid Expansion program. Research has demonstrated that individuals who are new to the mental health system, specifically individuals who are experiencing their first psychotic break (often a younger age population), have benefitted from the evidence-based model[9].

System Improvements; *Strengthen the behavioral health system to become more accessible and deliver on outcomes:*
Supported employment is one of the few outcomes based payment models within BHRD that is already aligned with the future outcomes based funding commitments from the Accountable Communities of Health and the Washington State Division of Behavioral Health and Recovery. As funding trends towards an outcomes-based payment system vs. a service based system, SE is a model for other payment

[7] Rogers, J.A. (1995). Work is key to recovery. Psychosocial Rehabilitation Journal, 18(4),5-10.
Working is transformative: Sources: Arns, 1993, 1995; Bond, 2001; Fabian, 1989, 1992; Museser, 1997; Van Dongen, 1996, 1998
[8] The Impact of Competitive Employment on Non-vocational Outcomes (Luciano, Bond, & Drake, 2014)
[9] Young Adults with Psychosis-Review of Early Intervention Literature. (Bond, Drake and Luciano, 2014)

methods within the current BHRD system. With the exception of one type of service based payment for the initial vocational assessment, the current SE program only reimburses treatment providers based on the actual job placements and job retentions achieved. The program has demonstrated that by paying for outcomes instead of services, the rates of job placements have increased for individuals enrolled in mental health services, compared to the job placement rates in the previous "B3 waiver" model of employment services that was funded in Washington State in the mid-1990s.[10] The proposed expansion of SE services to a larger group of individuals will enhance the accessibility of this evidence based practice to any working age individuals enrolled in the King County Behavioral Health System who are interested in seeking employment.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

Over 70 percent of consumers receiving mental health services nationally report that they have a desire to work.[11] However, historically, and as recently as 2014, only 10-15 percent of individuals enrolled in publicly funded mental health services in King County and throughout Washington State became employed in any given quarter[12]. Although current employment rates are now at 18 percent[13], at least a portion of this increase can be attributed to the newly enrolled individuals through Medicaid expansion, since many of these individuals had prior work experience or were already working before becoming enrolled in the system. For individuals diagnosed with substance use disorders, the need for assistance to help individuals re-enter the workplace is also well established. In a 2008 study of substance use impacts on the labor force, it is noted that *one out of every seven* or "18.3 percent of substance abuse treatment admissions being admitted aged 18 to 64 were labor force 'dropouts,'(not employed, not looking for work, and not disabled, retired, a homemaker, a student, or an inmate of an institution).[14]

Helping individuals achieve employment outcomes will make a significant difference not only in the income levels of the individuals being served within the behavioral health system, but will also help them achieve self-sufficiency and improve non-vocational based outcomes such as improved self-esteem, sense of purpose, decreased isolation and meaningful activities that employment often provides.[15] In addition, King County currently spends almost seventy-percent of the King County general budget on criminal justice related costs.[16] In a four year pre/post examination of MIDD funded supported employment, the program demonstrated a significant impact not only on decreasing the

[10] Mike Donegan, Downtown Emergency Services Center, Sunny Lovin, Harborview Mental Health and Addiction Services, and Darren Paschke, Navos, who managed employment services under the "B3 waiver".
[11] SAMHSA Supported Employment Toolkit.
[12] BHSIA-Mental health Consumer Employment Outcomes, 2012-2014.
[13] BHSIA-Mental health Consumer Employment Outcomes, Q1 2015.
[14] Treatment Episode Data Set, May 2011.
[15] The Impact of Competitive Employment on Non-vocational Outcomes (Luciano, Bond, & Drake, 2014)
[16] King County website-Equity and Social Justice

number and length of stays for hospitalizations, but also the number of jail bookings, and lengths of stays in jail.[17] (See graphic and details under the "evidence" section.)

Within the current eight supported employment programs, nearly two-thirds of the supported employment providers note that there are more individuals wanting to be enrolled in their employment programs than the programs can currently enroll due to the fidelity requirement of maintaining limited caseloads. Valley Cities Counseling and Consultation, currently the largest provider of employment services with four dedicated full time staff, has estimated that there are several hundred individuals within the agency who are interested in participating in employment services when there is more capacity.[18]

Existing Strategy if unfunded: If the existing strategy is not funded, many supported employment programs within the mental health system would likely need to dismantle their employment programs. This is due to the limited funding by the Washington State Division of Vocational Rehabilitation that only partially funds employment outcomes, leaving employment programs unable to keep their doors open if not for the MIDD funding. Evidence of this dismantling can be seen in the closing of several employment programs statewide serving individuals with severe mental illness. In 2013 there were only forty-two "Certified Rehabilitation Programs (CRPs)" through the Division of Vocational Rehabilitation (DVR). These CRPs are employment programs within mental health agencies that are subcontracted by DVR and reimbursed for providing successful employment outcomes to individuals diagnosed with mental health disorders in the State of Washington. Due to the lack of consistent funding for employment services, today there are only twelve mental health agencies statewide that are licensed to provide employment services in Washington State[19]. Due to MIDD I funding, King County maintains eight out of that twelve (66 percent) of all DVR contracted mental health employment programs statewide. While the Division of Vocational Rehabilitation serves as a primary funder and has been a critical and supportive partner with King County BHRD, it is important to call attention to how the King County and DVR systems are not aligned due to mandates and the limited capacity to fully fund employment services through this entity. DVR is limited in capacity to fully serve this population, given that King County has far more individuals enrolled in behavioral health services (roughly 25,000 total) than the total number of individuals (8,000) with *all* disabilities served by DVR.[20] This number served by King County does not include individuals enrolled in the substance use disorder system, which is another approximately 4,000 working age individuals. King County MIDD funding serves as a secondary payer if and when DVR is unable to pay for the successful job placement outcomes, due to DVR eligibility requirements that individuals in our system often do not meet (e.g., ineligible due to a high degree of symptoms or relapse that may have been several months or years prior, etc.) Because of this decrease and dismantling of employment programs throughout the state, DVR, in partnership with the Division of Behavioral Health and Recovery, is currently doing a cost analysis and considering raising rates of reimbursement for employment services. However, the key component is not solely the rates of funding for employment, but the guidelines that are part of DVR's mandate to offer services only to those who are likely to benefit from services, which often excludes individuals based on the counselor's judgement of the perceived ability of the individual to benefit from DVR services and become successfully placed in employment, instead of being based on motivation, which is noted as one of the

[17] Impact of Supported Employment in Reducing Hospitalizations and Incarcerations, Floyd, 2015
[18] Phone interview with Sonia Handsforth-Kome and Wendy Tanner, Valley Cities Counseling and Consultation, December, 2015
[19] Division of Behavioral Health and Recovery, Supported Employment Policy Academy, 2015
[20] Division of Vocational Rehabilitation, Annual Report, 2014 and 2015.

primary predictors of successful job placement[21]. The most recent rate of funding by DVR for individuals seeking employment supports was 45 percent compared to King County's funding of the other 55 percent, and accounted for the reimbursement to providers for less than half of the successful job placement outcomes[22].

While DVR remains a collaborative and meaningful partner in their contributions to the successful outcomes for individuals being served in SE services and in their commitment to funding and supporting this population, SE Providers within King County has voiced their appreciation for MIDD funded employment services and are clear that they would not be able to sustain their employment programs with the current DVR rate of funding.

Expanded Strategy if unfunded: If the expanded strategy is not funded, King County BHRD will likely continue to increase the current rates of employment in the current fidelity based model, however because the current fidelity based model limits caseloads to no more than 20-40 enrollees per SE staff[23], the program will likely be limited to serving only a fraction of the service population, roughly 1,000 individuals per year out of approximately 25,000 individuals within the behavioral health system. If the expansion is funded, the ability to increase the rate of employment on a broader scale is achievable, as evidenced by the current pilot outcomes. (See outcomes section.)

Similarly, treatment providers of substance use disorder services have also identified employment as a much needed service that is currently only provided to a handful of individuals in the Substance Use Disorder (SUD) Employment Pilot. This pilot that began in 2015 has recently been continued in 2016 and is currently limited to five SUD agencies: Therapeutic Health Services; Cowlitz Tribe; Seattle Indian Health Board; Sound Mental Health and Intercept Associates. SUD employment providers approximate that at least a third or more of the total individuals they serve would be interested in pursuing employment goals are receiving support from the agency if employment programming was expanded.[24]

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

As noted in previous information, multiple studies have demonstrated the positive impact of supported employment on an individual's chronic and persistent mental illness, including improvements in non-vocational outcomes[25]:

For individuals with criminal justice involvement, research has demonstrated that the current evidence based practice helps intercept individuals before they return to incarceration or prison. In alignment with the Sequential Intercept Model, [26] by helping connect individuals leaving the criminal justice system or having a recent history of criminal justice involvement to employment services and "second chance" employers, individuals are able to gain employment with intensive supports. Supports include the

[21] The Evidence for IPS, Dartmouth Center for Supported Employment, 2015
[22] 2015 SEP system-wide data-DVR/King County funding ratio of job placements.
[23] IPS Fidelity Ratings Instrument, current edition, 2008
[24] SUD Employment Pilot Monthly Meeting, September 2015
[25] Rogers, J.A. (1995). Work is key to recovery. Psychosocial Rehabilitation Journal,, 18(4),5-10.
Working is transformative: Sources: Arns, 1993, 1995; Bond, 2001; Fabian, 1989, 1992; Museser, 1997; Van Dongen, 1996, 1998
[26] Sequential Intercept Model, Munetz, Griffin, Psychiatric Services, April 2006

integrated and supportive team of prescribers, case managers, therapists, housing, SUD and peer specialists that comes with the employee through the integrated supported employment team approach to service delivery. The evidence based model has demonstrated a reduction in the poverty level of participants with past criminal justice involvement by lifting their overall incomes[27].

The expanded strategy: This expansion will allow for a hybrid version to provide employment services to the remaining individuals in the BHRD system that are not able to enroll due to needing less intensive linkage and service coordination to achieve and maintain employment or due to the high fidelity teams having limited capacity. As is often the case with many evidence based practices, there is a limited capacity in this type of high fidelity program. By modifying and expanding the strategy to outpatient services, the program will allow more individuals to participate more fully in their recovery by pursuing employment in the window where they are most interested, rather than waiting for space to become available.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

Supported Employment (SE) is the most widely researched employment service sfor individuals with mental illnesses; research has demonstrated that SE is effective for a variety of populations, including individuals with substance use disorders, recent and/or past criminal justice involvement, and individuals experiencing first episodes of psychosis.[28]

In over twenty-two randomized controlled studies[29] of "Individual Placement and Support," also referred to as "Supported Employment (SE)," this model achieved significantly higher rates in competitive employment compared to traditional employment services. Across these twenty-two studies, 56 percent of those individuals with chronic and persistent mental illness who participated in the supported employment model obtained competitive employment, compared to 23 percent in traditional programs.

Participants of the program have also provided feedback about the impact of the supported employment program on their quality of life and satisfaction with services.[30] The following is a recent quote from a participant of the SE services at Asian Counseling and Referral Services:

"I am happy that I have a job that I love. Sometimes I sing at work. My job is like dancing. I hope I keep this job for a long time. I am very proud of myself and so are my children. I would like to help

[27] A Control Trial of Supported Employment for People with Severe Mental Illness and Justice Involvement, Bond, et al.

[2828] The Evidence for IPS, Dartmouth Center for Supported Employment, 2015

[29] Dartmouth IPS/Supported Employment Center

[30] 2013-2015 SE Fidelity Review Committee Interviews with Employed Participants

other people who are like me, who do not have education, who do not speak English, and who are scared. There is hope that they can also work and live a good life in the U.S.A."[31]

In the expanded employment model, individuals with mental health diagnoses or substance use disorders that have significant employment and/or behavioral health needs will be eligible for this service. Research confirms that evidence based supported employment works not only for individuals with severe and persistent mental illness, but also for individuals with substance use disorders and/or criminal justice involvement, with recent randomized trial results demonstrating 31 percent of individuals with criminal justice involvement achieving competitive employment, compared to seven percent in the traditional, non-evidence based model. [32]

The substance use disorder (SUD) employment pilot was created in 2015 with a hypothesis that a modified employment service model could be successfully implemented for individuals with less intensive employment needs, e.g., Individuals who had previous work history and did not need the intensive level of services of the supported employment model. Findings from the year-end 2015 substance use disorder employment pilot demonstrated that in less than six months there were 163 individuals with substance use disorders who were identified and referred for employment services. Sixty individuals became enrolled and 15 (25 percent), of enrolled participants were placed into a job with an average wage of $13.91. These outcomes provide evidence that there is not only a need for employment services as identified by providers, but that this model has produced successful job placement outcomes with a 25 percent job placement rate. The pilot also demonstrates that this model of having treatment providers provide referrals and an external employment provider connect individuals to employers, is an effective way to expand services for individuals needing less intensive employment services. [33]

A recent study in Britain has also demonstrated successful job placement results in modifying evidence based supported employment. [34] While this model limits the amount of time in supported employment, it serves to demonstrate the need for expanding service capacity and the positive results in job placement rates from a modified employment model, based on the evidence-based SE principles. While the modified employment strategy is not an evidence-based strategy, the model demonstrates that providing "IPS lite," in a modified form of supported employment, was an effective model for increasing rates of employment while serving a greater proportion of clients than evidence-based SE.[35]

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

Individual Placement and Support or Supported Employment is cited on Substance Abuse Mental Health Services Administration's (SAMHSA) Evidence Based Practices listing, with a recognized "Evidence-Based

[31] SEP Participant quote provided via e-mail on 1/8/16 by Yoon Joo Han, Director of Behavioral Health, Asian Counseling and Referral Services
[32] Psychiatric Services, Oct 2015. Bond, et al.
[33] Year-end Outcomes on 12/3/15 from Stephanie Moyes, Program Manager, CSD/EER
[34] IPS-LITE, Burns, British Journal of Psychiatry, July, 2015
[35] IPS-lite, Burns, British Journal of Psychiatry, July 2015

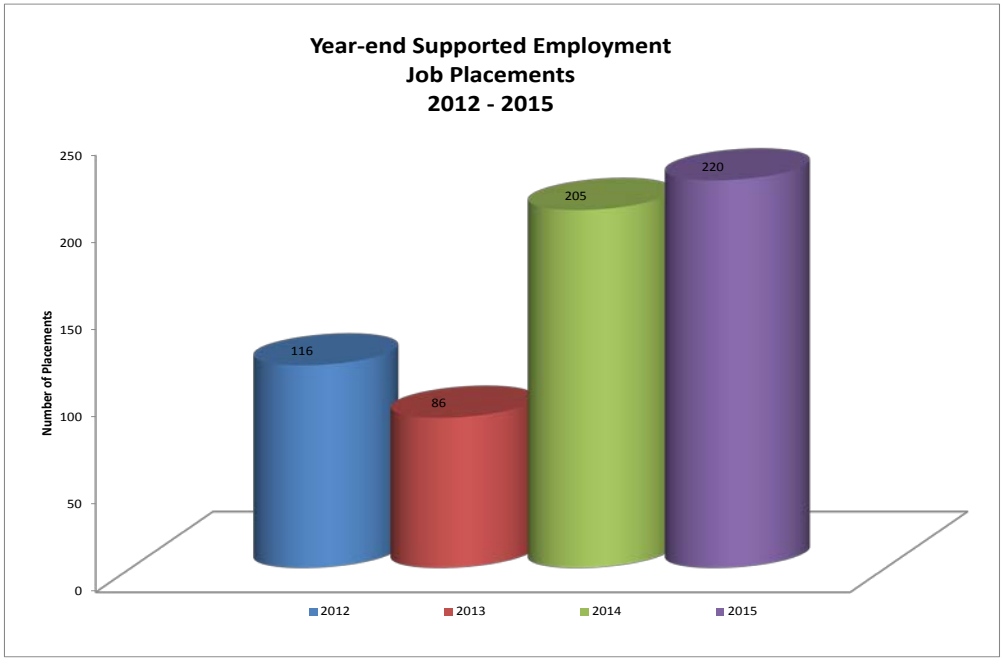
Practice-Supported Employment Implementation Kit".[36] IPS is recognized as the most widely researched employment model for individuals with severe and persistent mental illness to date.[37]

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

Outcomes:

Year-end outcomes for 2015 demonstrate that one in every four employment services participants are successfully placed in jobs.[38] Current job placement outcomes demonstrate a steady increase in the number of competitive and integrated job placements in the community on a yearly basis. (see graph below) According to the most recent MIDD annual report on job placements from this program, evaluators note:

> **"A total of 271 people (31 percent) had one or more job placements before October 2014. This employment rate is consistent with that reported one year ago, up from 20 percent or less in prior MIDD years".** [39]



[36] Substance Abuse and Mental Health Services Administration. Supported Employment: The Evidence. DHHS Pub. No. SMA-08-4364, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

[37] The Evidence for IPS, Dartmouth Center for Supported Employment, 2015

[38] 2015 Year-end SEP Job Placement Rates, Floyd

[39] MIDD evaluation, Year Six Annual Report

An exception to the increase in job placement outcomes is noted in 2013, due to reimbursement rates being reduced in early 2013 in order to pay for the increasingly higher number of job placement outcomes from the "capped" funding level of the SE program. This example demonstrates that in a performance based payment model, when reimbursement rates are decreased, performance is negatively impacted. Due to the reduction in reimbursement rates, many providers held off on hiring SE staff when attrition occurred out of concerns for the inability to pay staff salaries based on decreasing reimbursement levels. This example is also the reason for a request to taper up funding levels rather than having a fixed amount of funding for the SE program. Since payment is outcomes based, when the program grows, which is noted as a positive outcome, the funding must also have the ability to grow in order to pay for the increasing outcomes. Otherwise the result is paying providers the same amount for more outcomes; essentially paying less for more each year, which would be unsustainable for providers. (See the "other comments" section at the end of this report for the tapered funding approach to this outcomes based payment model.)

Outcomes also demonstrate that not only are job placement rates increasing, job retention rates are also increasing. Based on MIDD evaluation data for year six, evaluators note that:

> **"Jobs were retained more than 90 days for 177 employed clients (65%), and one in four retained their job for nine months or more."[40]**

Significant Reductions in Hospitalization and Incarceration Rates by Supported Employment Participants:

Most promising of all outcomes from a systems perspective, is the significant reduction in the number of jail bookings, lengths of stay in jail, number of hospitalizations, lengths of stay in hospitals, and the reduction in Western State Hospital admissions from individuals who have participated in this employment program.[41] Substantial cost offsets are noted for both the criminal justice system and the behavioral health system. The table below demonstrates the pre/post analysis of outcomes for supported employment participants that resulted in a reduction in hospitalizations and incarcerations within the first twelve months of individuals becoming enrolled in the supported employment program.

Data below includes all individuals enrolled in supported employment services from January 2010 through March 2014. The pre/post analysis provides information on the number of episodes and/or the lengths of stay for specific services and institutions in the twelve months prior to the individual receiving SE services and in the first twelve months of receiving SE services.

[40] MIDD evaluation, Year Six Annual Report

[41] Treatment Effect of Supported Employment on Reducing Hospitalizations and Incarcerations, Floyd (with data support from Hoffman), 2015

	PRE			POST			Pre to Post Change			% Pre to Post Change	
	Total	Costs		Total	Costs		Total	Costs		Total	Costs
King County Jail Bookings	254	$53,264		177	$37,117		-77	-$16,147		-30.3%	-30.3%
King County Jail Lengths of Stay (days)	5,256	$745,579		2,896	$410,743		-2,360	-$334,836		-44.9%	-44.9%
Episodes of Psychiatric Hospitalization	318	NA		129	NA		-189	NA		-59.4%	
Psychiatric Hospitalization Lengths of Stay (days)	7,469	$7,095,550		2,459	$2,336,050		-5,010	-$4,759,500		-67.1%	-67.1%
Episodes of Western State Hospitalizations	63	NA		5	NA		-58	NA		-92.1%	
Western State Hospitalization Lengths of Stay (days)	2,053	$1,043,745		128	$65,075		-1,925	-$978,670		-93.8%	-93.8%
Crisis service hours	3,851			4,300			449			11.6%	
Outpatient non-crisis service hours	65,079			100,610			355,307			54.6%	

The data also indicates that even for those individuals who did not achieve employment yet, the treatment still has a positive impact on decreasing the individual's involvement in more costly and non-recovery oriented outcomes of incarcerations and hospitalizations.

Projected outcomes for this expanded employment strategy are expected to be similar to what has already been demonstrated.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☒ **Transition age youth 18-25**
- ☒ **Adults**
- ☒ **Older Adults**
- ☒ **Families**
- ☒ **Racial-Ethnic minority (any)**
- ☒ **Black/African-American**
- ☒ **Hispanic/Latino**
- ☒ **Asian/Pacific Islander**
- ☒ **First Nations/American Indian/Native American**
- ☒ **Immigrant/Refugee**
- ☒ **Veteran/US Military**
- ☒ **Homeless**

☐ **Anyone** ☒ **GLBT**

☒ **Offenders/Ex-offenders/Justice-involved** ☒ **Women**

☒ **Other – Please Specify:** Note for clarification- "transition age youth 18-26" are eligible for the existing program if they are enrolled in an adult service benefit. (See paragraph below on transition age youth for more information.)

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Twenty-two percent of King County's population currently lives at or below 200 percent of the federal poverty level[42] with a significant disproportionality in incomes for individuals with disabilities. All individuals enrolled in King County's behavioral health services either meet the requirements of enrollment for being in mental health services, 200 of the federal poverty level, or substance use disorder services, 175 percent of federal poverty level, in order to be eligible for services.[43]

In addition to providing employment services to a variety of populations, the supported employment program is serving individuals who remain disproportionality under-employed. In a 2013 review of participants by ethnicity, compared to participants by ethnicity receiving outpatient services (community based mental health services), data demonstrated that the identified ethnicities were represented proportional to the service provision in outpatient services within a five percent range.[44] *

Comparative Participation by Ethnicity								
	White	Black	Asian Pacific Islander	Hispanic	Mixed	Native American	Other	Unknown
Supported Employment	53%	24%	9%	5%	8%	1%	1%	0%
Outpatient	52%	21%	9%	7%	5%	2%	2%	0%

*Percentages have been rounded to nearest whole number.

In addition, two out of the five contracted substance use disorder treatment providers in the SUD employment pilot, Seattle Indian Health Board and the Cowlitz Tribe, predominantly serve the Native American community and demonstrated the highest rates of referrals (in proportion to total agency enrollments) in the SUD pilot[45]. Below is the participation of individuals in the SUD employment pilot program by ethnicity.

SUD Employment Pilot-Participation by Ethnicity						
	White	Black	Asian Pacific Islander	Hispanic	Native American	Unknown
Supported Employment	62%	16%	7%	4%	12%	3%

[42] King County Equity and Social Justice Mapping and Report, 2015.
[43] King County Mental Health, Chemical Abuse and Dependency website.
[44] SEP/OBP Participant Comparison by Ethnicity for 2013, Creighton (in 2015).
[45] SUD-Employment Pilot Monthly Report, December, 2015.

Transition age youth (18-26): Both the existing and the expanded model focuses on serving working age adults who are enrolled in the adult behavioral health service system. Any 18-26 year old enrolled in adult services is eligible to receive SEP, and since inception this program has routinely provided services to this age group. Individuals who are enrolled in the child/youth serving behavioral health system are not included in current SE services because there is more limited research on the evidence of the SE model on successful outcomes of individuals within this age group.The current research on SE for teens is primarily focused on individuals having a first episode of psychosis, some, but not all of whom are within this age group.[46] One option is to broaden existing SE services to individuals within the child serving system. However, there is also a need to consider a more comprehensive approach to employment services for youth with behavioral health needs in King County since there is already a large youth employment program within the King County Community Service Division's Employment, Education and Resources Programs that provides *programming specifically targeted to youth*,. This includes at risk youth, who are often individuals enrolled in the behavioral health system. This existing program may only need additional funding/support to customize existing services to youth with behavioral health needs. A separate youth in transition plan would allow an opportunity to partner and leverage existing resources with employment entities such as the Work Source system and the Division of Vocational Rehabilitation to create programming that addresses the unique considerations of employment programming for youth in the child serving behavioral health system. Given that the Washington Innovation and Opportunity Act (WIOA) of 2014 new guidelines require 15 percent of the Division of Vocational Rehabilitations funding to be used for the youth in transition population and other funding is becoming more directed at this age group, a comprehensive exploration of existing and potential employment service provisions for youth in King County, including youth with behavioral health needs, appears to be warranted with funding/support for existing programs.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide. Eight providers have extended coverage throughout King County with offices in Downtown Seattle, Rainier Valley, Burien, West Seattle, Auburn, Tukwila, Federal Way, Kent and Bellevue. All agencies provide job development and job placement services throughout King County and beyond the city of their office location(s).

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Partnerships include:

- Job seekers receiving behavioral health services who are seeking employment assistance to improve their self-sufficiency and overall quality of life by becoming employed.

[46] Evidence for the Effectiveness of IPS, revised 4-16-15.

- Families, friends, and advocates of individuals with behavioral health needs who are seeking ways to help their loved ones achieve their full potential and address stigma by assisting individuals to fully integrate into society by working in integrated positions in the community.
- Employers throughout incorporated and unincorporated areas of King County who are seeking qualified entry-level candidates to fill a vast number of positions in an era of exceptionally low unemployment, (low supply and high demand for workers) to address the hiring and retention needs[47] for King County's increasing population growth and robust regional economy.
- Eight mental health agencies currently providing supported employment services, as well as potential future intensive employment model service providers:
    - Asian Counseling and Referral Services, Community Psychiatric Clinic, downtown Emergency Services Center, Harborview Mental health and Addiction Services, Hero House, Navos, Sound Mental Health, and Valley Cities Counseling and Consultation.
- Five substance use disorder treatment providers, as well as potential future expanded employment model services providers:
    - Cowlitz Tribal Treatment, Intercept Associates, Seattle Indian Health Board, Sound Mental Health, and Therapeutic Health Services
- Roughly ten to twenty behavioral health treatment providers that may choose to participate in the expanded (and less intensive to implement) employment services exhibit.
- The Division of Vocational Rehabilitation that provides primary funding and support for assisting individuals with achieving their highest potential.
- King County's Community Services Division (CSD)/Employment and Education Resources that is a partner and provider in the substance use disorder pilot program by providing an external employment service provider for treatment providers to refer to for employment assistance.
- TRAC-a [48]contracted employment service provider through DCHS/Employment and Education Resources (EER).
- Additional yet to be determined employment service providers in the expanded model.
- The community at large as more individuals with behavioral health disabilities go back to work or go to work for the first time in their lives and reduce behavioral health stigma through exposure, becoming more fully integrated into the lives of their co-workers/supervisors, their companies, their customers, and the general public, while providing goods and services throughout the King County economy.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

With the upcoming transition into Behavioral Health Organizations statewide, the SE program is likely to be positively impacted by a renewed focus from this transition on cost savings, improved quality of care, and customer satisfaction, with an emphasis on outcomes based performance measures. This is because SE employment outcomes are clearly defined and the SE program is exhibiting successful outcomes of increasing rates of job placements and job retention. It is also demonstrating significant cost-offsets to costly healthcare services (as previously noted in the "Evidence" section) and has first-hand outcomes of

[47] Workforce Development Council News-Career Bridge-Job Trends, March 2015

[48] http://tracassoc.com/ TRAC Associates has been a leader in offering employment services for job seekers and employers in Washington since 1983. We assist job seekers meet the changing needs of employers and the labor market

how employment has provided a "life-changing" effect on many participants, as seen in participant interviews during fidelity reviews that provide ample evidence of improved quality of life and customer satisfaction with services.[49]

The potential for passage of the Medicaid 1115 waiver will also increase the feasibility of providing SE services, since Supported Employment is specifically identified as a funded service in the waiver. If this waiver is accepted by the Center for Medicaid Services, Medicaid would fund a limited portion of the SE services that are currently funded by MIDD.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

While the passage of Medicaid 1115 waiver may assist with SE funding, it would likely not be able to replace all SE funding. Based on initial discussions for service capacity, the number of individuals in King County and Statewide that would be eligible to be served based on capacity limitations, would be less than the approximate 1,000 individuals currently being served.[50] Additional funding through the 1115 waiver would assist the program; however it is noteworthy that funding would not be completely covered for this existing program or the expanded program.

As previously noted in the service populations section, with new Workforce Innovation and Opportunity Act (WIOA) changes, DVR will be allocating 15 percent of their funding to youth in transition. The SE programs will continue to work with DVR to seek support and funding for services to address what may likely become a decrease in services to King County's adults enrolled in behavioral health services due to this new DVR funding requirement.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

Potentially, DVR may unintentionally and inadvertently decrease funding if funding via MIDD II is passed because there could be a presumption among DVR staff that most employment services will be reimbursed by King County. This unintended consequence may be avoided through close monitoring of eligibility rates and ongoing communications with DVR.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

As previously discussed in the "Needs" section, it is likely that employment programs within existing agencies would be decreased and/or dismantled if funding were not continued.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of**

[49] 2011-2015 Fidelity Review Interviews: Job Seekers and Employed Participants.
[50] Olmstead Policy Academy on Employment-October 2015, preliminary capacity discussions.

cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Other approaches include traditional employment services that rely primarily on DVR and are not reimbursed by a secondary payer. As this approach was previously employed in the 1990's with less successful job placement outcomes, the evidence-based model appears to be a more effective approach to employment services.[51]

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

As previously noted above, SE is uniquely positioned to provide outcomes based services within an integrated behavioral health care system as individuals would receive SE services according to their level of employability and employment needs instead of receiving services based on their diagnosis or their level of care within the current continuum of care. The SE program has provided successful job placement services to individuals in outpatient, residential and stand-alone clubhouse services, as well as recently serving individuals in inpatient residential substance use treatment at Seattle Indian Health Board's Thunderbird Treatment Center in the SUD employment pilot.

Aligned with the goals of the Best Start for Kids, the supported employment program assists working age adults with behavioral health disabilities, including single parent families, dual parent families, individuals meeting 200 percent of federal poverty income guidelines, and youth in transition (ages 18-25). Many of these individuals have multiple risk factors as noted in vulnerability screenings[52] and have limited access to improve the social determinants of health recognized in King County's Determinants of Equity[53]. These individuals who are enrolled in adult behavioral health services are assisted by the SE program to achieve their highest potential in employment and self-sufficiency. There is also an opportunity to explore partnerships with the Best Start for Kids stakeholders in order to provide more customized employment programming for youth enrolled in the child serving behavioral health system. While domestic violence remains the number one cause of homelessness in King County[54], the SE program has assisted individuals leaving domestic violence situations by removing the financial dependency that is often a barrier to leaving an abuser and recognized by advocates as part of the cycle of abuse. As part of the health and human services transformation goals, SE outcomes are aligned with and help produce the identified outcomes of being prevention and recovery focused while reducing disparities of individuals with disabilities, including people of color (see table under "Service Populations" section) who often are disproportionally under-employed and unemployed. In addition SE decreases healthcare costs, (see hospitalizations table under "Evidence").

[51] Mike Donegan, Downtown Emergency Services Center, Sunny Lovin, Harborview Mental Health and Addiction Services, and Darren Paschke, Navos, who managed employment services under the "B3 waiver".
[52] Mike Donegan-SEP Manager of DESC 2015
[53] King County Determinants of Equity, 2015
[54] Employee Town Hall Meeting, 2015

2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

The table below demonstrates the alignment with recovery services[55].

Recovery Principle	Supported employment Service Delivery Principle
Holistic	Work/sense of purpose impacts whole self; health, relationships, housing, spirituality.
Responsibility	Active participation in goal setting, and finding and keeping a job
Strength-based	Focused on strengths, talents, skills, abilities and preferences.
Non-linear	Ongoing and extended employment supports after employment and whenever they are needed
Respect	Competitive employment recognizes equality of the person's contribution and builds confidence
Peer Support	Peers share personal work experiences
Self-direction	People make decisions about their preferred job types, preferences and work setting
Hope	Fosters hope and motivation for a better and more inclusive future in the community

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

The expanded employment program will further the County's equity and social justice work in various ways, including the following: Wages (employment) and "wage training" to achieve the highest levels of potential in employment is identified as one of the key social determinants in providing services that are equitable and socially just.[56] As mentioned in the "Needs" section, King County currently spends almost seventy-percent of the King County general budget on criminal justice related costs.[57] In a four year pre/post study of MIDD funded supported employment, the program demonstrated an impact of significantly decreasing the number of jail bookings, and lengths of stays in jail.[58] (More detailed information provided under the "Evidence" section.) Service providers also identify employment services and current disproportionality of employment for individuals with behavioral health needs as an equity and social justice issue. Sonia Handforth-Kome, Chief Operating Officer of Valley Cities Counseling and Consultation, stated in the new concept paper when asking for an expansion of supported employment, "Supportive Employment improves the quality of life for consumers with severe mental illness. Improved quality of life improves physical and mental health, and strengthens communities. *It is socially just not to marginalize the mentally ill and supportive employment is essential to consumer integration."*

[55] Dartmouth –"IPS and Recovery" Crosswalk.
[56] King County Equity and Social Justice Annual Report, 2015.
[57] King County Equity and Social Justice Report.
[58] Impact of Supported Employment in Reducing Hospitalizations and Incarcerations, Floyd, 2015

Employment services will help address the current disproportionality in income and high rates of under-employment among individuals of color and individuals with psychiatric disabilities that exists throughout King County. One of the most critical challenges for individuals who are re-entering the community after incarceration and/or prison remains the need for employment, as noted by one recent speaker at the 2015 BHRD legislative forum[59] and countless job seeking participants with criminal histories who have been interviewed by the Fidelity Review Committee during SE yearly fidelity reviews.[60] Current SE treatment providers estimate that roughly 30 percent of participants in this employment program have criminal histories, with one provider having over 90 percent of their SE participants having criminal histories[61]. Having a criminal history often makes it more challenging for participants to secure employment, making it even more impactful once a job has been secured, as competitive, integrated, and paid employment is a primary way of reintegrating individuals post-release employment ultimately helps individuals secure housing, basic needs and a life back in the non-incarcerated community again.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

Please see the table below for resources. For more details, see "Detailed Budget" attachment.

[59] Ray Dillon, 2015 BHRD Legislative Forum Speaker
[60] 2013-2015 Agency Fidelity Reviews- Job Seekers Interviews
[61] DESC, Supported Employment Participants' Criminal History Involvement, 2013.

2B-Supported Employment One Year Budget

		Estimated Cost	Quantity	Costs
High needs=Fidelity-based Supported Employment				
1	*Double the capacity to provide fidelity based Supported Employment Services to individuals with behavioral health needs (open eligibility to individiuals receiving mental health and substance use disorder services)*	$ 2,000,000.00	1	$ 2,000,000.00
2	*Enhance data collection infrastructure to be reflective of current increased service capacity*	$ 20,000.00	1	$ 20,000.00
3	*Add flexible funding to address critical unfunded legal, licensing, and other costs associated with employability*	$ 5,000.00	x8	$ 40,000.00
4	*Enhance funding for peer trainings specific to employment*	$ 5,000.00	1	$ 5,000.00
5	*Enhanced technical assistance via external SE consultant*	$ 5,000.00	x10 (adds 2 new providers)	$ 50,000.00
6	*Fund Evidence Based Practice Consultation Fees for early adopter SE providers to train new "expanded model" providers on the principles of SE, promoting agency to agency training and support for early adopters. (one time fee at start-up only)*	$ 5,000.00	x8	$ 40,000.00
7	*Explore a special population payment differential or other funding method to provide equitable reimbursement rates for individuals within under-employed populations and individuals with criminal justice involvement*	TBD		TBD
8	*Explore leveraging existing job development and employment trainings via BHRD Workforce Development Initiative and the Washington Initiative for Supported Employment*	$ 10,000.00	1	$ 10,000.00
9	*Fund employment "aftercare" groups*	$ 3,000.00	x8	$ 24,000.00
10	*Explore BHRD becoming a Ticket to Work Employment Network in future*	TBD		TBD
Low needs=Modified Employment Services; Linkage, Referral and Support based on SE principles				
1	*Create a new employment exhibit open to all behavioral health providers*	$ 50,000.00	*20	$ 1,000,000.00
2	*Fund a full-time supported employment program manager*	$ 100,000.00	1	$ 100,000.00
3	*Fund up to three dedicated job development staff at external employment agencies*	$ 100,000.00	3	$ 300,000.00
4	*Leverage the federally matched Basic Food, Education and Training "BFET" funds (via referrals-no provider)*	$ -		$ -
5	*Expand the current Cornell Online "benefits counselor" Trainings to agency-wide Benefits Counselors (up to ten per year)*	$ 1,400.00	10	$ 14,000.00
6	*Leverage existing employment readiness groups and fund customized on-site employment readiness groups*	$ 10,000.00	1	$ 10,000.00
7	*Fund and promote financial literacy among consumers*	$ 5,000.00		$ 5,000.00
			Total Costs:	**$ 3,618,000.00**

2. **Estimated ANNUAL COST. $2,500,001-$5 million Provide unit or other specific costs if known.**

The 2015-2016 adopted budget for this strategy is $2 million. The expanded and modified strategy would cost $3,618,000 for the first year of services. (See budget above.) Depending on the number of providers that participate in the expanded strategy, funding in the future years may be less for the expanded strategy, however funding for the intensive strategy may be more due to higher rates of job placement and job retention outcomes. The ideal budget scenario would allow for a tapering up of the intensive supported employment services by 20 percent per year to allow and encourage programs to grow at an optimal pace.

If the budget for this proposed program needs to be reduced, a reduction in the number of providers participating in the new employment exhibit is recommended since it is unknown how many providers may be interested and participation on a smaller scale would still have an impact (to a lesser degree) on overall, system-wide employment rates. If fully funded and fewer than 20 providers participate, funding could be reallocated to other activities within this strategy. (e.g., Ticket to Work Employment Network)

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

Please see the "Unintended Consequences" section regarding DVR funding as a primary payer of services and the discussion above in D1, Drivers, on the 1115 Medicaid Waiver.

4. **TIME to implementation: Currently underway**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**
    c. **Does this need an RFP?**

Existing Strategy: The existing strategy is currently underway. Two non-SEP providers have expressed interest in providing this service if it is renewed in MIDD 2, which would require an RFP for new providers and would account for some of the increase in the funding to the intensive SE program. Currently the program has a fixed or "capped" funding allocation of $1,000,000, which inhibits the ability to reimburse outcomes without being over budget. Notably, the original strategy was budgeted for $1,600,000 for the first year of service in 2009 and then $2,100,000 for 2010 and beyond. However, due to the programs not having the ability to grow at this expected rate, funding was reduced in 2010 to account for the lower job placement outcomes at the start-up (within the first two to three years of the program.) As noted above, an ideal budget would allow for a tapering up of funding with an expected growth rate of 20 percent per year.

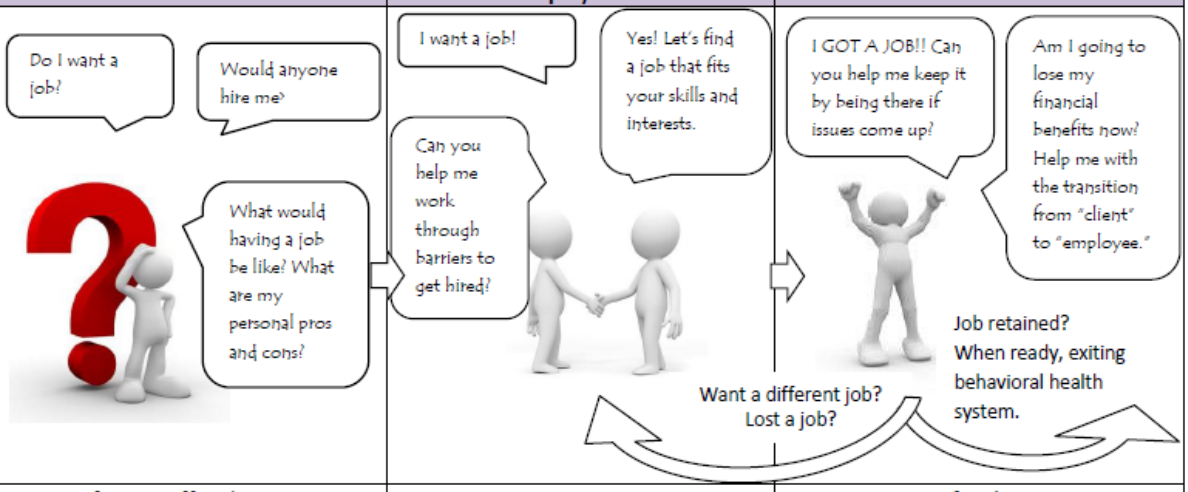
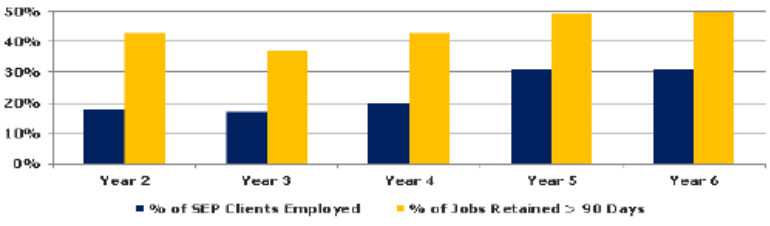
Expanded/modified Strategy: The expanded/modified program would be implemented in approximately six months since the SUD employment pilot has already established the foundation for the model of the expanded approach. The time involved for start-up of this portion of the expanded model would primarily involve a time-limited workgroup with providers to establish eligibility criteria and benefit design, time for the request and selection of successful proposals for services and training of staff that is expected to occur approximately six months into MIDD II.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

Flexibility is recommended for two areas of this budget based on the learnings from this program in MIDD I. When reimbursements are provided based on performance and outcomes, if the successful outcomes continue to increase, the budget must have the ability to increase reimbursement. When performance based reimbursements are reduced or remain at the same rate for a larger number of outcomes, the result is providers are reimbursed less for the same service and ultimately outcomes are negatively impacted by a reduction in services. 1) As noted in previous sections, having a commitment by stakeholders to taper up the performance and outcomes based funding levels based on the increasing successful outcomes, and refraining from reducing or "capping" the funding at the same amount every year, would allow the program to maintain a steady rate of growth (approximately twenty percent per year). 2) Flexibility is also recommended within the overall budget to allow the strategy to re-allocate underspent funding to other areas of the strategy that may be under-budgeted at the time of this writing due to unknown information at this stage. For example, after exploring the Ticket to Work Employment Network option and/or the youth in transition option, a portion of these funds may be needed to pursue these other unfunded parts of the strategy. The ability to taper and shift funds midstream will allow the program to respond to provider input on future identified needs of the program and ultimately contribute to the positive impacts of this performance based program.

Supported Employment:
What we do, Why we do it, and How we know it's working

What we do:

	Creating the Need	Evidence-based Supported Employment	Ongoing support/graduation
		
Inputs	Training for SE staff and peers on: • Motivational Interviewing • Fidelity based Supported Employment principles • How work may impact financial benefits (basic) Agency and Community Awareness: • NAMI's-Annual NAMI/UW Nurses Conference • SE updates at agency all staff and treatment team mtgs. • Legislative/Comm. Forums	Training: • Quarterly trainings for supported employment staff • Job development • Yearly fidelity reviews and technical assistance Future integrated behavioral health employment services for clients: • High needs: Intensive Supported Employment • Low needs: External providers (e.g.,Work Source)	Ongoing support for clients: • Onsite and off-site support • Job accomodations support • Cultivating employer relations • Extensive follow along supports to maintain job retention for up to a year or more.
Outputs	Increase number of behavioral health staff and peers trained on supported employment (8 agencies-with 2 more in future) Increase number of peers trained and providing PESG (18 peers trained, 6 agencies providing PESG)	• Continual improvement in adherence to fidelity (median fidelity score=102, "good fidelity") • Increase number of employer contacts • Increase number of supported employment staff • Increase number of certified benefit planners	• Frequent and ongoing services while employed to prevent job loss. • Follow along supports provided until no longer needed as identified by the participant and team members.
Outcomes	Increase percent of people with behavioral health issues seeking employment service Higher demand currently than capacity to serve. (SE 'wait list' for most agencies.)	Increase number of job placements (MIDD Year 6=271 individuals employed) Increase percent of clients retaining their job at 90 days of employment (Year 6=50% job retention) 	

Why we do it:

Crosswalk of Supported Employment and Recovery Principles

Recovery Principle	Supported employment Service Delivery Principle
Holistic	Work/sense of purpose impacts whole self; health, relationships, housing, spirituality.
Responsibility	Active participation in goal setting, and finding and keeping a job.
Strength-based	Focused on strengths, talents, skills, abilities and preferences.
Non-linear	Ongoing and extended employment supports after employment and whenever they are needed.
Respect	Competitive employment recognizes equality of the person's contribution and builds confidence.
Peer Support	Peers share personal work experiences.
Self-direction	People make decisions about their preferred job types, preferences and work setting.
Hope	Fosters hope and motivation for a better and more inclusive future in the community.

How do we know it is working?

- ↑ ***Job placements and job retentions are up (see outcomes)***
- ↓ ***Hospitalizations and incarcerations are down***

Pre-Post Service Utilization*	PRE			POST			Pre to Post Change			% Pre to Post Change	
	Total	Costs		Total	Costs		Total	Costs		Total	Costs
King County Jail Bookings	254	$53,264		177	$37,117		-77	-$16,147		-30.3%	-30.3%
King County Jail Lengths of Stay (days)	5,256	$745,579		2896	$410,743		-2360	-$334,836		-44.9%	-44.9%
Episodes of Psychiatric Hospitalization	318	NA		129	NA		-189	NA		-59.4%	
Psychiatric Hospitalization Lengths of Stay (days)	7,469	$7,095,550		2459	$2,336,050		-5010	-$4,759,500		-67.1%	-67.1%
Episodes of Western State Hospitalizations	63	NA		5	NA		-58	NA		-92.1%	
Western State Hospitalization Lengths of Stay (days)	2,053	$1,043,745		128	$65,075		-1925	-$978,670		-93.8%	-93.8%

*This data represents a twelve month pre-post service utilization study for all enrolled King County SE participants from January 2010-March 2014.

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Working Title of Concept: Supportive Employment

Name of Person Submitting Concept: Sonia Handforth-Kome
Organization(s), if any: Valley Cities
Phone: 206/605-9368
Email: shandforth-kome@valleycities.org
Mailing Address: 325 West Gowe Street Kent, WA 98032

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Valley Cities has seen a massive growth in outcomes for clients enrolled in Supportive Employment. We ask the MIDD money be used to expand those services in South King County via 2 additional Employment Specialists. This would enable expansion from 5 sites we are currently serving to our new clinics in Rainer Beach, Bellevue and Enumclaw.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Most consumers with severe mental illness want to work and feel that work is an important goal in their recovery. When they identify work as a goal, consumers usually mean competitive employment, defined as community jobs that any person can apply for, in integrated settings and that pay at least minimum wage. Unfortunately, assistance with employment is a major unmet need and as few as 15% of consumers are competitively employed at any given time. Access to supportive employment continues to be a problem for a variety of reasons: insufficient or fragmented funding, low expectations of recovery, lack of understanding and information to name a few.

3. How would your concept address the need?
Please be specific.

Expanding supportive employment, an evidenced based practice, would allow more consumers more access to employment. More access to employment improves recovery outcomes and decreases the use of high cost services (intensive outpatient, hospitalizations).

4. Who would benefit? Please describe potential program participants.

Adults who are over the age of 18 who are severely mentally ill.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Hard data collected by Valley Cities to date: 76% of placements still employed; 6months: 62% and 9months: 41%. Consumers who identify supportive employment as a recovery goal and are enrolled in supportive employment programs, demonstrate significant improvements in self-esteem and symptom management compared with clients who do not work.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Supportive Employment improves the quality of life for consumers with severe mental illness. Improved quality of life improves physical and mental health, and strengthens communities. It is socially just not to marginalize the mentally ill and supportive employment is essential to consumer integration.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partnerships with any and all agencies, businesses in the consumers' community is essential. Supportive Employment is driven by consumer voice and choice.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.

Strategy Title: Improve Quality of Care

Strategy No: 2b – Employment Services for Individuals with Mental Illness and Chemical Dependency

County Policy Goal Addressed:

- Explicit linkage with, and furthering the work of, other council directed efforts including the Adult and Juvenile Operational Master Plans, the Ten Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

Employment is an essential element in recovery-based systems of care and moving individuals towards self-sufficiency. Currently less than ten percent of individuals enrolled in outpatient mental health services are employed. In the chemical dependency treatment system only 25% of the individuals in statewide treatment programs are employed. For the individuals in King County treatment programs only 16% are employed.

◊ *B. Reason for Inclusion of the Strategy*

Currently there are no specialized vocational resources in the chemical dependency treatment provider community and very limited resources in the mental health treatment community to address the needs of individuals receiving treatment services who need assistance and support to find and retain a competitive job.

◊ *C. Service Components/Design*

The mental health and chemical dependency treatment provider community will provide fidelity-based (adheres to an evidenced-based service model) supported employment services including: trial work experiences, job placement, on the job intensive training supports, and job retention services for individuals who are receiving treatment services for mental health and/or chemical dependency. Additionally, consumers will receive benefits counseling and extended supports to foster long-term job retention. Outreach and education to participants concerned about how getting a job will affect eligibility for public resources will also occur.

◊ *D. Target Population*

Persons who are currently receiving services under the public mental health or the public chemical dependency treatment system in King County who need supported employment services to obtain competitive employment.

◊ *E. Program Goal*

Provide evidence-based supported employment services to individuals in King County who are in mental health and/or chemical dependency treatment programs in order to help individuals obtain jobs and further their recovery and self-sufficiency.

◊ *F. Outputs/Outcomes*

1. The program is projected to serve 920 individuals annually.
2. Individuals will receive, on average, six months of ongoing employment placement and retention services.
3. The expected outcomes of providing employment services include an increase in the employment rates, improved housing stability, and decreased reliance on public assistance for those individuals receiving services.

2. Funding Resources Needed and Spending Plan

The original proposal for the project indicated a need $1.5 million to increase the employment services staffing capacity within the treatment provider community. There is a need for an additional $600,000 to support the existing employment programs in the mental health system due to a budget cut in federal Medicaid related directly to employment services that is occurring in July 2008. The total funds needed for this strategy are $2.1 million.

The spending plan is as follows:

Dates	Activity	Funding
Sept – Dec 2008	Start-up (staff hiring and training) All FTEs will be contracted out to providers	$350,000
	Total Funds 2008	**$350,000**
Jan – Mar 2009	Continued Start-up	$250,000
Jan – Dec 2009	Phasing in Ongoing Supported Employment Services	$1,350,000
	Total Funds 2009	**$1,600,000**
2010 and onward	Ongoing Supported Employment Services	$2,100,000
Ongoing Annual	**Total Funds**	**$2,100,000**

3. Provider Resources Needed (number and specialty/type**)**

◊ *A. Number and type of Providers (and where possible FTE capacity added via this strategy)*

This funding level provides for the addition of up to 23 vocational specialists within the contracted King County mental health and substance abuse treatment provider community.

◊ *B. Staff Resource Develop Plan and Timeline (e.g. training needs, etc.)*

Dates:	Activity:
Sept 15 – Nov 30, 2008	• Treatment providers begin to hire vocational staff. It may take over one year for providers to recruit and train the full complement of vocational staff called for in this strategy.
Sept 15, 2008 – Mar 30, 2009	• Vocational specialists require training that occurs both on the job and through university based programs. The training can take from 3 – 6 months.
Oct 1, 2008	• Training for Agencies related to contractual expectations for ongoing services and any expectations for the partnership with the Division of Vocational Rehabilitation.
Nov 1, 2008	• Services start in those Agencies where capacity is developed and ready.
June 1, 2009	• Fidelity measurement of the fully operating Supported Employment Programs.

◊ *C. Partnership/Linkages*

King County BHRD and the providers will need to continue to maintain significant partnerships with the Division of Vocational Rehabilitation (DVR) and the local Community Service Offices (CSO) that manage financial benefits and entitlements.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

Program design planning will be substantially completed by June 30, 2008.

The mental health treatment system already has a cadre of treatment providers that provide employment services. Therefore the County is able to amend existing contracts to expand service capacity in existing employment services programs. Currently the chemical dependency treatment system does not have employment services operating in any of its treatment programs. The County will develop a Request for Proposal process to recruit for treatment providers who are willing and able to add employment services to their treatment programs.

The Request for Proposals (RFP) for the procurement of the Chemical Dependency providers will be developed by July 2008.

Contract amendment language for the mental health vocational provider agencies will be developed and transmitted to the providers by July 31, 2008.

Vocational programs will start-up during the 4th calendar quarter of 2008.

◊ *B. Procurement of Providers*

The RFP for CD providers will be released August 2008.

The response date will be September 2008.

The awards for accepted bids will be in September 2008.

◊ *C. Contracting of Services*

Contracts for MH providers and CD providers will start in October 2008.

◊ *D. Services Start date(s)*

Limited services to consumers will begin November 1, 2008.