

# GETTING STARTED WITH EBPs: PERMANENT SUPPORTIVE HOUSING (PSH) AND SUPPORTED EMPLOYMENT (SE)

Implementation of Evidence-based Practices

March 13 – 14, 2017  
Grays Harbor County


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WELCOME!

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## PURPOSE OF TRAINING

- ▶ Provide you with a solid understanding of the evidence-based practices (EBPs) of permanent supportive housing and supported employment.
- ▶ We'll use concepts, standards and practice wisdom embedded in the Permanent Supportive Housing and Supported Employment ToolKITS developed by the Substance Abuse and Mental Health Services Administration (SAMHSA, HHS).
- ▶ <http://store.samhsa.gov/product/>

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## REVIEW OF AGENDA MARCH 13, 2017 - MORNING

8:30 – 9:15 **Getting Started with EBPs**

- ▶ Building Support, Building Capacity
- ▶ Tracking results

9:15 – 10:30 **PSH and SE**

- ▶ Community Integration
- ▶ Commonalities in the Approach
- ▶ Expected Outcomes

10:45 – 11:45 **Introduction to Fidelity**

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## March 13<sup>th</sup>: Afternoon


### The Details: SE and PSH

1:15 – 2:30 Supported Employment

- ▶ Principles of SE
- ▶ Operationalizing choice and zero exclusion
- ▶ Supports and Services

2:45 – 4:00 Permanent Supportive Housing

- ▶ Core elements
- ▶ Operationalizing choice, access to housing, rights of tenancy



## REVIEW OF AGENDA MARCH 13 – AFTERNOON

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9:00-12:00 am

### Effective Services and Supports

Supporting people with significant service needs is difficult, labor-intensive and clinically challenging. The results are amazing!!

- ▶ Strengths-based assessment
- ▶ Person-centered planning

REVIEW OF AGENDA  
MARCH 14 - MORNING

Group Work

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1:15—4:00 pm

### Doing it right!: Working with fidelity for Permanent Supportive Housing and Supported Employment

- ▶ Evidenced-based Practices won't achieve the promised outcomes unless you pay attention to the details.

REVIEW OF AGENDA  
MARCH 14 - AFTERNOON

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Logistics

*Wait!*

STRETCH

PROCESS

**Parking lot**

RULES OF ENGAGEMENT

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EVIDENCE-BASED PRACTICES

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- ▶ *The US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) endorses the use of evidence-based practices.*

- ▶ *EBPs: Applying the best available research results (evidence) when making decisions about health care. Using EBPs means using research evidence along with clinical expertise and patient preferences.*

EVIDENCE-BASED PRACTICES

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### SAMHSA's EBP KITS

- ▶ Written and multimedia components for diverse audiences
- ▶ Help users understand the importance of offering services and supports proven to be effective
- ▶ Practical advice on how to promote, implement, and evaluate specific practices

EVIDENCE-BASED PRACTICES

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## PSH AND SE AS EVIDENCE-BASED PRACTICES (EBP)

- ▶ Robert Wood Johnson Foundation (RWJF) convened a panel of researchers, clinicians, administrators, consumers, and family advocates in 1998. They evaluated the research and determined which practices demonstrated positive outcomes in multiple research studies.
- ▶ The KITs, formerly called Information Resource Kits, were piloted in 2003 and subsequent field evaluations have helped refine them.
- ▶ The Permanent Supportive Housing and Supported Employment ToolKITs were published in 2010.
- ▶ SAMHSA's support for EBPs and their development of ToolKITs and fidelity scales offer resources to implement and assess clinical practices that work!

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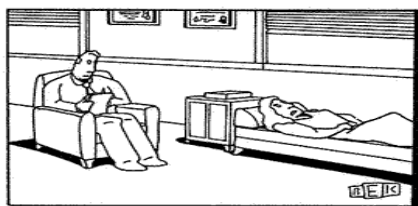
"The emphasis on implementing evidence-based practices (EBPs) stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered."



## EVIDENCE-BASED PRACTICES

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## Want results?



"Well, I do have this recurring dream that one day I might see some results."

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## FAITHFUL IMPLEMENTATION TO THE PRACTICE...

### LEADS TO DESIRED OUTCOMES

- ▶ Are linked to **predictable**, beneficial **outcomes** for participants.
- ▶ If those outcomes are the outcomes you want, implementation of the evidence-based practice is a necessary step!
- ▶ Implementation must be accomplished with attention to "fidelity" to the model.

*Fidelity: Adherence to fact or detail.*

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- ▶ Fidelity is necessary but not sufficient
- ▶ Other factors have an impact on achieving the desired outcomes. For example:
  - ▶ Staff competencies and training
  - ▶ Regulatory or licensing requirements at odds with practice
  - ▶ Community context, such as the housing or employment market.

## EVIDENCE-BASED PRACTICES

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## BUILDING SUPPORT FOR THE EBP

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## CONSENSUS

Widespread support for change is an important factor in implementation. Unless people see why "we should do this", you will be unable to overcome what seems to be ingrained human resistance to doing something new!



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There are several steps that can be taken to build support for a new practice.

- ▶ Identify and involve key stakeholders.
- ▶ Invite one potential EBP champion from each stakeholder group to participate in an advisory committee.
- ▶ Ask for advice!
- ▶ Build an action plan.
- ▶ Involve the advisory committee in an ongoing evaluation of the EBP.

## BUILD SUPPORT

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Discussion:

- ▶ Who are your key stakeholders?
- ▶ Who is in a good position to benefit from the results promised by the EBP?
- ▶ Who are the biggest critics?
- ▶ Which partners are essential to implementation?



## KEY STAKEHOLDERS

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Pulling together a inclusive committee to plan, design, implement and evaluate your new practice can be beneficial because:

- ▶ It builds ownership of the new practice.
- ▶ It disseminates knowledge of the practice. A common tactic is to train committee members, and then ask them to train Boards, staff and other stakeholders in their range of influence.
- ▶ It helps trouble-shoot during implementation. The Committee becomes a place where problems can be raised, discussed and solved.

## INPUT SUPPORTS IMPLEMENTATION

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Implementing a new practice requires a specific plan with timelines, guidelines and responsible parties.

An important part of the action plan is an assessment of your agency's policies and procedures. Many times, current practices and rules unintentionally impede the EBP.

Can you think of a possible barrier in your organization/system?



## ACTION PLAN

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- ▶ Your review of policies and procedures should serve to eliminate or waive provisions that impede implementation. For example, you might have to modify admission, discharge, assessment, treatment planning and service delivery procedures.
- ▶ Also, adding explicit definitions, provisions and job descriptions to procedure manuals will support the EBP.
- ▶ Make sure that agency policies reflect the values and goals of the EBP.

## ACTION PLAN – POLICIES AND PROCEDURES

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The Pilot Project Idea:


Many communities elect to develop a pilot project before undertaking full-scale implementation. Advantages of this practice include creating a design that works, and having the opportunity to trouble-shoot the new system. A pilot allows you to fix problems before you take the practice to scale. Also, sometimes it is easier to obtain funding for a smaller, time-limited project.

Grays Harbor County will implement a pilot project with ten individuals with serious mental illness/co-occurring disorders, who are literally homeless, and who have multiple, complex service needs.



**ACTION PLAN - FUNDING**

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Another important part of the action plan is the design and implementation of training.

- ▶ The basic elements of any EBP need wide dissemination, including benefits of the practice.
- ▶ As implementation begins, intensive training for implementers is crucial to success.
- ▶ Ongoing training to support high-fidelity implementation is necessary to achieve the full benefits of the practice.


**ACTION PLAN - TRAINING**

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Implementation of EBPs should be about achieving specific outcomes for consumers. These are sometimes linked to organizational or system savings.

You have to be able to demonstrate consumer-level and system-level outcomes.

What are your desired outcomes for PSH and SE?



**ACTION PLAN – MONITORING AND EVALUATION**

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Participants in a program consistently showed very little vocational interest or activity. Program staff began gathering data monthly about consumers' vocational status and reporting the data to their program consultant. Every 3 months, the consultant returned the data to them using a simple bar graph.

The positive result of gathering and using information was evident almost immediately. Three months after starting this monitoring system, the percentage of the program's consumers who showed no interest or activity in vocational areas declined from an original 64 percent to 34 percent. Three months later, this percentage decreased an additional 6 percent, so that 72 percent of program participants were now involved in some form of vocational activity.

**ACTION PLAN – MONITORING AND EVALUATION EXAMPLE**

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**RECOVERY ORIENTED APPROACH**

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Effective services promote recovery. Effective services provide people with practical tools and person-driven supports.

SAMHSA identifies four dimensions of recovery:

- ▶ Health
- ▶ Home
- ▶ Purpose
- ▶ Community



**RECOVERY**

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"Service providers can play a pivotal role by encouraging and supporting each individual's self-defined process of recovery. But the practices that support recovery often diverge from the traditional approaches that many professionals were taught. Implementing recovery principles requires a shift in thinking that rejects many of these traditional approaches. For example, rather than seeing people as "sick" or "impaired," in a recovery-oriented service setting, individuals are viewed as complex human beings with capabilities and strengths—as well as struggles and difficulties—and as the rightful decision-makers for their own lives."

SAMHSA. *Getting Started with EBP*, page 11

## RECOVERY

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Person-centered approaches begin with an assessment of strengths, including non-traditional strengths.



Shout out – examples of non-traditional strengths

## RECOVERY – PERSON-CENTERED APPROACHES

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If the person is in charge of their recovery, what is my role?

The clinician role is to listen carefully, emphasize strengths, support autonomy and control, provide information and guidance, and deliver practical supports and services.

*Example: Savannah has had her first episode of mental illness, but she refuses to believe that this will become a chronic issue and still plans to finish college and become a veterinarian. What is the clinician role?*

## RECOVERY – PERSON-CENTERED APPROACHES

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Final questions and comments –

Let's take a break!



## SUMMARY

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