

## Supported Employment

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WHAT IS IT ?



## WHY FOCUS ON WORK?

- ▶ Most clients want to work!
- ▶ Most clients see work as an essential part of recovery
- ▶ Being productive = Basic human need
- ▶ In most societies, typical adult role
- ▶ Most clients live in poverty
- ▶ Working may prevent entry into disability system

## MOST CLIENTS WANT JOBS IN COMPETITIVE (OPEN) EMPLOYMENT

- ▶ Regular community job
- ▶ Pays at least minimum wage
- ▶ Nondisabled coworkers
- ▶ Not temporary or “make work”
- ▶ Job belongs to the client, not to the mental health or rehabilitation agency

Increase gainful employment and educational opportunities for individuals with or in recovery from mental and substance use disorders.



SUCCESS IS THE PURSUIT OF PURPOSE

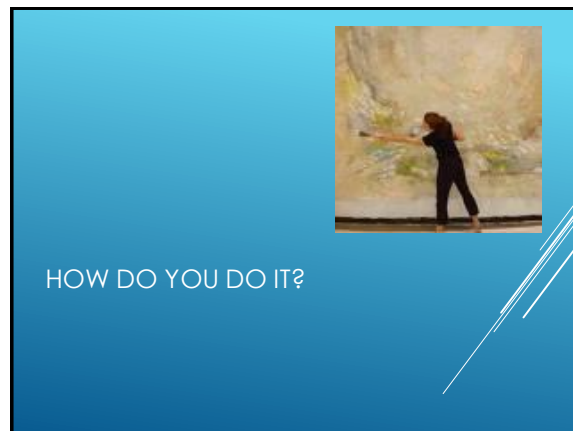
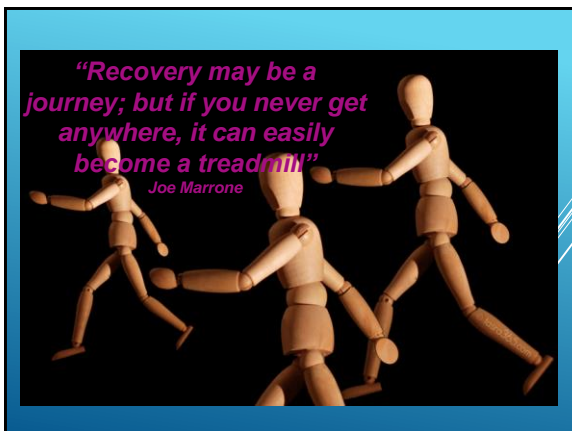


*“Let’s just start cutting and see what happens.”*

TRADITIONAL ASSUMPTIONS → IPS ASSUMPTIONS

Screen for readiness	Zero exclusion
Stabilize first	Focus on client goal
Prepare stepwise	Rapid job search
Take available jobs	Client choice
Short-term support	Ongoing support
Keep voc services and mental health separate	Integrate voc services with mental health

- IPS CORE PRINCIPLES THAT DRIVE COMPETENCIES
- Focus on Competitive Employment
  - Eligibility Based on Choice (Zero Exclusion)
  - Integration of Rehabilitation and Mental Health Services
  - Attention to Preferences (Person-centeredness)
  - Personalized Benefits Counseling
  - Rapid Job Search
  - Systematic Job Development (Employer Engagement)
  - Time-Unlimited and Individualized Support



- PRINCIPLES OF EBP-SE
1. Employment is integrated with service/ treatment team
  2. Participation in the SE program is open to all who want to work “Zero Exclusion”
  3. Job finding is individualized with attention to consumer preferences
  4. A rapid job search approach is used
  5. Competitive employment is the goal
  6. Long-term supports are proactive and ongoing
  7. Ongoing work incentives and benefits counseling is used to educate consumers on the effects of earnings on benefits (e.g. federal, state, and local benefits).

- BEHAVIORAL HEALTH, SUPPORTIVE SERVICES AND EMPLOYMENT SERVICES ARE INTEGRATED
- ▶ Same Staff
  - ▶ Same Team
  - ▶ Same Organization
  - ▶ Same Case Record
- Why Integrate?  
 Lower dropout rate for consumers/customers  
 Better communication  
 Clinicians get involved  
 Clinical information incorporated into employment plan
- Bond, 2001

## WHAT IS A SERVICE OR TREATMENT TEAM?

Regular daily contact  
 Ideally, ESs are co-located with Team  
 Meet as least weekly to discuss cases & share clinical information  
 Shared decision making (job seeker makes the final call)  
 ESs coordinate plans with team  
 Ideally one integrated case record

**Treatment or Services Team**

Treatment Team:  
**Dealing with the Unexpected**  
**Getting beyond the day to day Crisis**

*"Simon, Arlene,  
 Just a few feet in and then we can stand."*

## EMPLOYMENT SERVICES ARE INTEGRATED WITH TREATMENT AND SUPPORTIVE SERVICES

- ▶ ES regular attendance at team meetings and a regularly scheduled presence at the mental health program/agency is important
- ▶ State VR Counselor is part of the treatment team
- ▶ Collaboration with only a case manager, a psychologist or a housing program is not considered integration with a team.

## PARTICIPATION IS OPEN TO ALL WHO WANT TO WORK

***We don't seem to do well at predicting who can work and who cannot"***

## WHAT DO WE MEAN BY "ZERO EXCLUSION"

- ▶ Diagnosis
- ▶ Substance Use
- ▶ Symptoms
- ▶ Age
- ▶ Hospitalization History
- ▶ Education
- ▶ Gender

**Better Employment Outcomes**

## ALL WHO WANT TO PARTICIPATE CAN PARTICIPATE

- ▶ Individuals are not screened out because of substance abuse lapses. MH and Employment specialists work with individuals to fully support a recovery lifestyle.
- ▶ Assertive outreach is provided to engage persons who are reluctant to participate or drop out.
- ▶ Differing levels of readiness to participate in employment is accepted and encouragement to become engaged in employment is continuous.
- ▶ Standardized tests, work samples and situational assessments/work experiences do not predict outcomes.



IT'S TIME FOR A NEW PARADIGM!

Can you shift your paradigm?

Paradigm shift:

- ▶ People will accept services that they want
- ▶ The role of professionals is to help people get those services that they say they want AND provide necessary supports

People are ready to work when they say they are ready to work

REFRAMING "READINESS FOR EMPLOYMENT"

## PREFERENCES ARE IMPORTANT

Job finding is based on preferences, strengths, and work experiences, not on a pool of jobs that are available



JOB SEEKER PREFERENCES MAY INCLUDE:

- Number of hours
- Type of job
- Workplace environment
- Work shift
- Disclosure (or no disclosure)
- Location
- Types and Frequency of support

## JOB SEEKER PREFERENCES

- ▶ Job seeker choice is fostered and respected
- ▶ Effort is made to help job seekers make informed decisions
- ▶ Research has shown that people with severe mental illness generally have realistic ideas about what work they can do, how many hours a week they can work and what work environments are good or bad for them. (Becker & Drake, 2003)

- ▶ Employment Specialists only provide vocational services, they do not perform general case management duties
- ▶ Employment specialists provide the full range of SE services including: job development, job coaching and job supports

EMPLOYMENT SPECIALISTS DUTIES

## RAPID JOB SEARCH

- ▶ You track employer contacts
- ▶ First face-to-face contact with an employer about a competitive job is on average within 30 days after program entry.
- ▶ 6 face-to-face employer contacts per week
- ▶ Multiple in person visits to an employer to build a relationship
- ▶ Employment specialists spends 65% of time in community
- ▶ Jobs obtained are diverse

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## OUTLINE OF JOB DEVELOPMENT PROCESS

- ▶ Prepare for employer engagement
- ▶ Get an appointment with a decision maker
- ▶ Establish rapport
- ▶ Navigate the employer interview
  - ▶ Listen for employer needs
  - ▶ Learn about the work environment
  - ▶ Test possible solutions
- ▶ Follow-up with employers
- ▶ Present your solutions
  - ▶ Representing job seekers
  - ▶ Demonstrating SE services
- ▶ Maintain & nurture employer relationships

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## RAPID JOB SEARCH

- ▶ No research shows that participation in extensive pre-vocational assessment, work adjustment and job skills training programs improves employment success (Becker & Drake, 2003)
- ▶ Community-based work assessments/work experiences/situational assessments should be limited to career exploration and only when REQUESTED by a consumer
- ▶ State agreements between VR and MH Programs establishing presumptive eligibility

Regular competitive jobs that pay at least minimum wage, are in the community and are open to anyone, not just people with mental illnesses or other disabilities.

Volunteer work and other pre-placement services such as trial work experiences are used sparingly and ONLY in response to individual preferences

## COMPETITIVE JOB IS THE GOAL

## TIME UNLIMITED SUPPORT

Follow along supports should be highly individualized, but can include:

- on site coaching
- off site supports
- family supports/ interventions
- help reporting income
- transportation options
- AM phone calls
- supports to employer
- help with grooming/dress
- social skills training
- money management
- medication adjustment
- help tracking schedule
- And on and on!

## TIME UNLIMITED SUPPORTS- PROACTIVE AND ONGOING

- ▶ SE program with support from MH is responsible for the time-unlimited supports

- ▶ Benefits Planning is addressed at the beginning of vocational planning not only when people secure a job
- ▶ Benefits counseling can be critical for people with mental illnesses, helping to allay anxieties and fears about losing coverage if they try work and encouraging them to go ahead
- ▶ Benefits counseling may need to continue beyond initial employment, to assist consumers in coping with reporting requirements, raises, etc.

## PERSONALIZED BENEFITS PLANNING

## EXAMPLES

### SE AT THE DOWNTOWN EMERGENCY SERVICES CENTER, SEATTLE



After other agencies labeled Nancy "not housing ready", DESC placed Nancy into her own studio apartment at The Union. She now actively participates in supportive services, and is looking forward to finding a part-time job in landscaping or working in a nursery with plants.

### HOW ARE WE MAKING IT WORK?

- ▶ Utilizing fidelity to guide our program design/changes.
- ▶ Measuring outcomes
- ▶ Taking the pulse of stakeholders
- ▶ Continuously addressing issues impacting integration
  - ▶ Multi-player responsibility
  - ▶ Documentation
  - ▶ Reporting
- ▶ Utilization of TA & Training

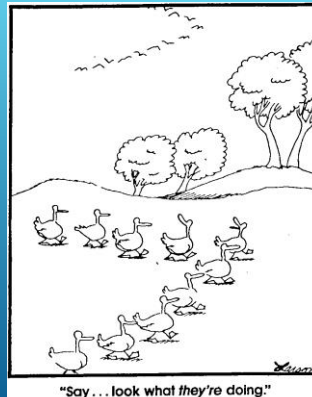
### WHY IMPLEMENT EVIDENCE-BASED SUPPORTED EMPLOYMENT?

- ▶ Work, even part-time clearly gives people hope, self-esteem and an overall better quality of life
- ▶ EBP-SE helps more people with SMI go to work
- ▶ More income, less reliance on housing subsidies

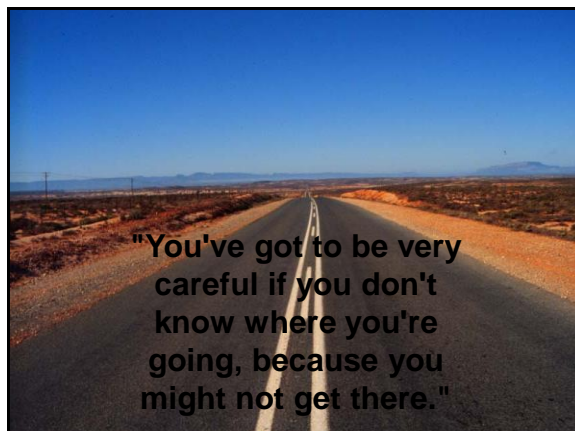
### WHAT DO YOU SAY TO PEOPLE WHO SAY THEY DON'T WANT TO WORK?



# PRE-CONTEMPLATION TO CONTEMPLATION



KNOW WHAT EBP-SE LOOKS LIKE



**Building Your Program**      **Permanent Supportive Housing**

**EVIDENCE-BASED PRACTICES**  
**KIT**  
Knowledge Informing Transformation

**PERMANENT SUPPORTIVE HOUSING**

**WHY IS HOUSING IMPORTANT?**

**HOUSING IS A BASIC HUMAN NEED**

Without housing, individuals have less ability to meet their other needs or to focus on treatment and service issues.

**SELF ACTUALIZATION**  
*Self esteem*  
*Love/belonging*  
*Safety / security*  
**Physiological needs**

## ADEQUATE HOUSING IS A BASIC NEED

Lack of adequate housing contributes to:

- ▶ Homelessness
- ▶ Unemployment
- ▶ Health issues
- ▶ Family problems
- ▶ Mental health issues
- ▶ Substance abuse



## Legal Framework

- ▶ Fair Housing Act covers *discrimination*
- ▶ Section 504 addresses *accessibility*.
- ▶ Fair Housing Act and ADA require *reasonable accommodations*
- ▶ ADA requires "*most integrated setting*"
- ▶ Olmstead mandates *community integration*



## THE LAW OF THE LAND

Supporting someone's transition from homelessness, especially chronic homelessness, is a complex task.



## COMMUNITY INTEGRATION

## MEETING BASIC NEEDS

People may need

- ▶ the opportunity to consider their choices realistically and with hope
- ▶ resources for housing and services
- ▶ help to see how to make their choices real
- ▶ help finding housing
- ▶ help maintaining their housing



Having a home is a universal human need.

Without a place to call home, people emerging from homelessness, including those with disabilities, have trouble recovering or maintaining their health, becoming self-sufficient, and reclaiming valued roles in their families and communities.

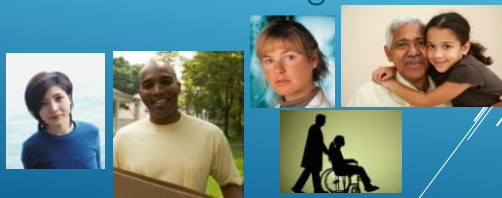
## INDEPENDENT LIVING IS A **MYTH!**

- ▶ Is anyone here truly living independently?
- ▶ We all depend on others in some way.
- ▶ Too often, the housing needs of people with disabilities are confused with their service needs.





The housing needs of people with disabilities are no different than *anyone's* need for housing.



## PERMANENT SUPPORTIVE HOUSING: THE EVIDENCE-BASED PRACTICE

### DOES IT WORK?

- ▶ PSH improves housing stability for people who have been homeless, including:
  - ▶ families,
  - ▶ people with criminal histories, and
  - ▶ people with addictions and chronic diseases.
- ▶ Access to housing vouchers is associated with improved housing stability and clinical outcomes.

### OUTCOMES ASSOCIATED WITH PERMANENT SUPPORTIVE HOUSING

### What about substance use?

- ▶ Participation in PSH is not associated with increased participation in substance use treatment, but over time may still lead to a reduction in substance use.
- ▶ According to the evidence, the decrease in substance use is linked to time in housing rather than participation in treatment.
- ▶ When housing with sobriety requirements is compared to housing without sobriety requirements, there is little or no difference in housing stability or other outcomes.

### OUTCOMES ASSOCIATED WITH PERMANENT SUPPORTIVE HOUSING

What about this 'no access requirements' and no clinical conditions on tenancy? Don't we have to have SOME rules?

- ▶ For people who are homeless, PSH outcomes are similar to or superior to housing requiring participation in treatment or other pre-requisites.
- ▶ Placing conditions on housing is not supported by the evidence. That is, housing pre-requisites or 'house rules' are not predictive of success in housing.

### OUTCOMES ASSOCIATED WITH PERMANENT SUPPORTIVE HOUSING

### PERMANENT SUPPORTIVE HOUSING CORE ELEMENTS

Permanent Supportive Housing (PSH) for people with disabilities is defined as **affordable**, **integrated housing with full rights of tenancy**, **separation of housing and services**, **choices in housing**, and access to **voluntary, flexible support services**, without readiness requirements.

## WHAT IS PERMANENT SUPPORTIVE HOUSING?

PSH is quite different from more traditional settings in which people with disabilities reside. In PSH, people hold a lease, choose from a range of units, and choose whether to live alone or with others, just like any other member of the community. People can lock their doors, have visitors, and set their own schedules. The key elements of PSH are described in this session.

## WHAT IS PERMANENT SUPPORTIVE HOUSING?

### PSH CORE ELEMENTS

1. **Choice** in housing and living arrangements
2. **Functional separation** of housing and services
3. **Decent, safe and affordable** housing
4. Housing **integration**
5. **Rights of tenancy**
6. **Access** to housing
7. **Flexible, voluntary services**



### CHOICE IN HOUSING



- ▶ **Consumer choice** is a core element of Permanent Supportive Housing
- ▶ Basic choices include:
  - ▶ **Who** else lives there?
  - ▶ **What** kind of housing is it?
  - ▶ **Where** is the housing?

- ▶ What do I want in a new place?
- ▶ It helps to ask the person about the good and bad things in their current setting. What will be missed from "here" once the person moves?
- ▶ Are these things essential?

## STEPS IN SUPPORTING CHOICE

What do I want in a new place? Some more conversation starters:

- ▶ "If you could change ONE thing, what would it be?"
- ▶ "What do you miss the most about having your own place?"

Other ideas?

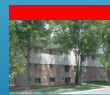
## STEPS IN SUPPORTING CHOICE

## SEPARATION OF HOUSING AND SERVICES



Permanent Supportive Housing is most successful when there is a functional separation between *housing matters* (rent collection, physical maintenance of the property) and *services and supports* (case management, for example).

Participation in specific support services is NOT required in order to get or keep housing. Various approaches:



- **Legal separation** between housing management and service delivery.
- **Functional separation** – distinct housing and service staff roles.
- **Operational separation** – Service providers are based off-site.

## SEPARATION OF HOUSING AND SERVICES

## SEPARATION OF HOUSING AND SERVICES

- ▶ The separation of housing and services is becoming increasingly important in practice across systems.
- ▶ For example, within Medicaid Home and Community Based Services (HCBS), there are new requirements that must be met by all HCBS settings.

- ▶ Tenants pay a **reasonable** amount of their income towards rent and utilities
- ▶ HUD affordability guidelines = **30%** of adjusted income for housing expenses
- ▶ **Reality** - People on SSI often pay **60 - 80%** of their income towards housing that is substandard

## DECENT, SAFE AND AFFORDABLE



## TENANT-BASED SUBSIDIES

- ✓ **Are tied to the tenant, not the property. Examples:**

- ▶ HUD Section 8: Housing Choice Voucher (HCV) Program
- ▶ Various set-asides and "look alike" programs, e.g. MFP, VASH, HOPWA
- ▶ State and local-funded "bridge subsidies"



## MAKING HOUSING AFFORDABLE

## Making housing affordable: Project-based Subsidies

- ✓ Are tied to specific properties and only accessible to eligible tenants
- ✓ Typically have low income target requirements, plus may have population focus (e.g., homeless)



## Meets Housing Quality Standards (HQS)

**DECENT, SAFE AND AFFORDABLE**

## HOUSING INTEGRATION

- Housing is located in regular residential areas.
- Housing is scattered site (avoiding the tendency of large, homogeneous, congregate sites to become mini-institutions); or
- Mixed populations in the building or neighborhood: avoid the creation of mental health ghettos.
- Tenants participate in community activities and receive community services.
- Natural supports are encouraged.

“The Supreme Court affirmed, in the 1999 Olmstead Decision, that the ADA prohibits the segregation of individuals with disabilities. Needless isolating such individuals, the Court wrote, is a form of discrimination based on disability—discrimination that perpetuates unwarranted assumptions about their capabilities and their worthiness to participate in community life. The Court found that institutional confinement deprives people of most of what is valued in life: family relations, social contacts, work, educational advancement and cultural enrichment.”

**INTEGRATION –  
OLMSTEAD SUPREME COURT  
DECISION**

One measure of integration is physical – who are your neighbors?

## HOUSING INTEGRATION



- ▶ Residents have full legal rights in a tenant-landlord relationship
- ▶ Tenants are responsible for abiding by the normal standards of behavior/conduct outlined in a lease
- ▶ Distinct from “program” rules
- ▶ Permanent housing - length of stay is determined by the agreement between the landlord and tenant.

**RIGHTS OF TENANCY**

## EXCERPTS: STANDARD LEASE AGREEMENT

- ▶ “Tenant shall comply with any and all laws, ordinances, rules and orders of any and all governmental or quasi-governmental authorities.
- ▶ Tenant will keep and maintain the premises and appurtenances in good and sanitary condition and repair.
- ▶ Tenant’s family and guests shall at all times maintain order in the Premises and shall not make or permit any loud or improper noises, or otherwise disturb other residents.
- ▶ Keep all radios, television sets, stereos, phonographs, etc., turned down to a level of sound that does not annoy or interfere with other residents.
- ▶ Abide by and be bound by any and all rules and regulations affecting the Premises.”

Often, housing programs have eligibility criteria that require that individuals demonstrate that they are "ready" for housing.





However, research shows that housing "readiness" is not predictive of success in housing.

ACCESS TO HOUSING

- ▶ Access to PSH should be guided **ONLY** by those elements required of **any** tenant (ability to pay rent, for example).
- ▶ Another access consideration is privacy. Who holds the keys? Who controls access to the unit? The tenant should control access to the unit in the same way that typical tenants have control over who may enter the unit.

ACCESS TO HOUSING



### FLEXIBLE, VOLUNTARY AND RECOVERY-FOCUSED SERVICES

- ▶ Services in supportive housing are
  - ▶ **Individualized**
  - ▶ **Voluntary**
  - ▶ **Recovery-focused**
  - ▶ **Ongoing, shoulder-to-shoulder**
- ▶ Flexible: type, location, intensity and frequency of services meet changing needs of resident.
- ▶ People can accept or refuse treatment or other services, but staff continue to offer support.
- ▶ Include risk management and crisis planning.

"Whatever it takes" to help people stay in the housing of their choice.

### FLEXIBLE, VOLUNTARY AND RECOVERY-FOCUSED SERVICES

- ▶ Participation in services is voluntary and tenants cannot be evicted for refusing services.
- ▶ "Although permanent supportive housing is designed for people who need support services, accepting these services is not a condition of housing. A person's home is just that, not a treatment setting..."

### FLEXIBLE, VOLUNTARY AND RECOVERY-FOCUSED SERVICES



"Support services promote recovery and are designed to help tenants choose, get and keep housing."

- ▶ Discussion?
- ▶ Questions?
- ▶ Comments?

IN SUMMARY....