



The Council on Quality and Leadership

**Employment is a PATH to
Recovery!!!**

A little context...

CQL Recovery Consultant for 4 years

Person in recovery for 27 years

Chief Executive Office, Promise Resource Network
www.promiseresourcenetwork.org

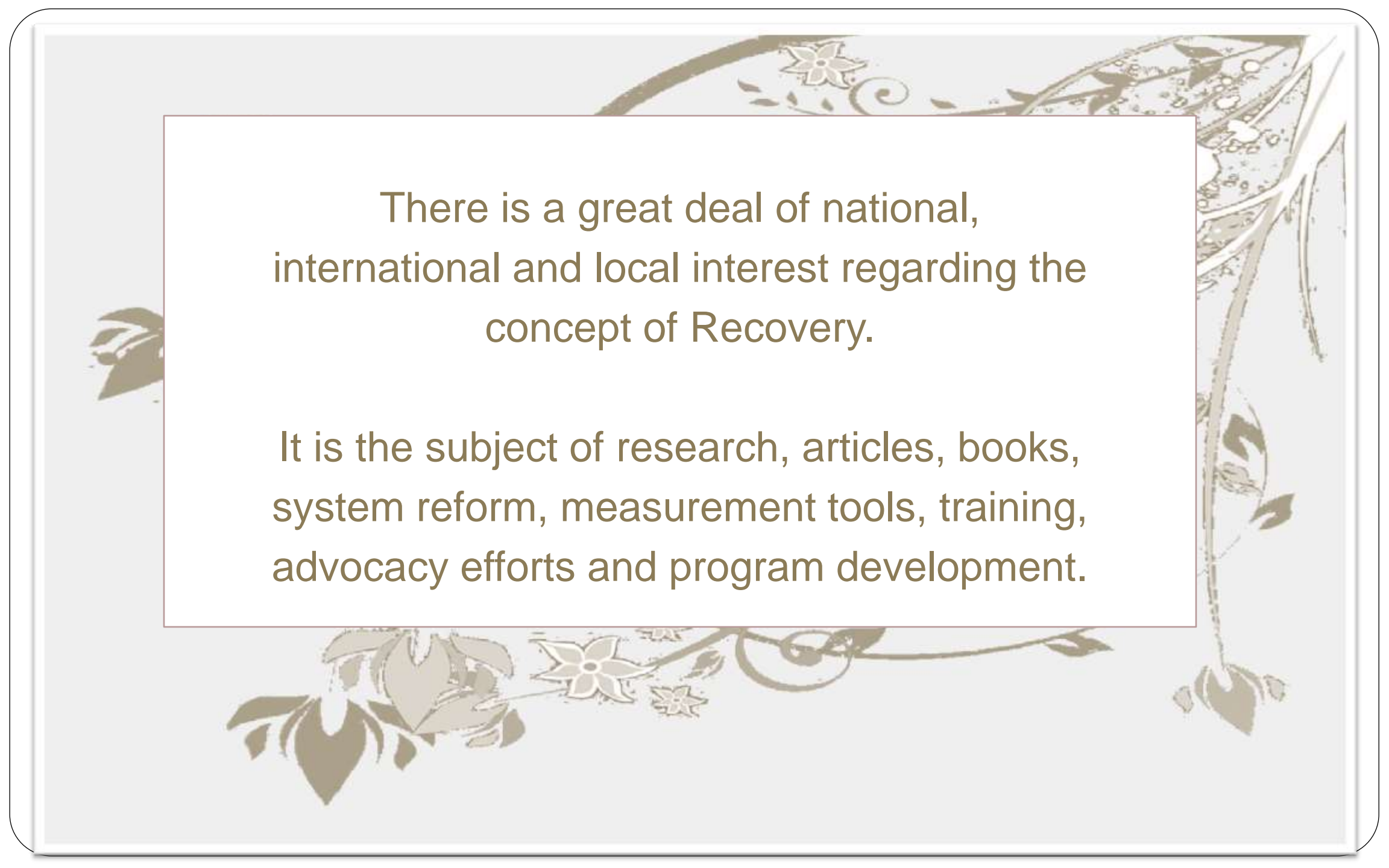
Recovery Hub, Recovery University, **Work4Recovery**
(nceftac.org)

Peer Academy



PROMISE
RESOURCE
NETWORK

CONSULT. TRAIN. SUPPORT. TRANSFORM.

A decorative border featuring stylized green leaves and white flowers with yellow centers, curving along the top and bottom edges of the slide.

There is a great deal of national,
international and local interest regarding the
concept of Recovery.

It is the subject of research, articles, books,
system reform, measurement tools, training,
advocacy efforts and program development.

Olmstead - 1999



**Community Integration for
All**

CMS Ruling:

People with intellectual, developmental and other disabilities **MUST** be supported in the most integrated environments inclusive of:

Home

Employment

Services

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

CMS Summary

The final rule requires that all home and community-based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.
- Requires true person-centered planning

Department of Justice



**A Statewide focus on Olmstead
and ADA**

- New Jersey**
- Delaware**
- Georgia**
- North Carolina**

Transitions to Community Living - 2012



**North Carolina
settlement with
Department of Justice.
Impacts housing,
employment and ACT.**

USDOJ & North Carolina

“The isolation of persons with disabilities can breed fear and stereotypes about persons with disabilities, which in turn can generate additional discrimination that spills over into other areas, such as employment, public accommodations, and transportation.”

Adult Mental Health Recovery-Oriented System of Care

Services and supports shall be:

- evidence-based
- community-based;
- recovery-oriented;
- flexible and individualized;
- focused on helping individuals increase their ability to recognize and deal with situations that may otherwise result in crises; and
- focused on increasing and strengthening individuals' networks of community and natural supports, as well as their use of these supports for crisis prevention and intervention.



Recovery and National Reform

With the success generated from other states, the recovery model has become a tool for guiding system reform at the state level in both policy and practice throughout the United States.

Some states have taken it upon themselves, others have been influenced by President Bush's New Freedom Commission Report, a process that began in **2001** to promote increased access to educational and employment opportunities for people with disabilities, to maximize the use and effectiveness of existing resources, to improve coordination of treatments and services and to promote community integration.

To make comprehensive recommendations, the New Freedom Commission analyzed public along with private mental health systems, visited innovative programs, and met with consumers, families, advocates, providers, researchers and administrators. Feedback was provided from **2,500** people from all 50 states.

Their final report, **“Achieving the Promise: Transforming Mental Health Care in America”** concluded that recovery from mental illness is real; however, due to a fragmented system and inadequate resources, efforts toward recovery are thwarted.

Why Recovery?
The Emergence of the Recovery Model
Mental Health Transformation and Recovery

The Commission stated, “treatments and services that are based on rigorous clinical research languish for years rather than being used effectively at the earliest opportunity... the lag between discovering effective forms of treatment and incorporating them into routine patient care is unnecessarily long, lasting about **15 to 20 years.**”

“The report concluded that the system is not oriented to the single most important goal of the people it serves - the hope of recovery. State-of-the-art treatments, based on decades of research, are not being transferred from research to community settings. In many communities, access to quality care is poor, resulting in wasted resources and lost opportunities for recovery. More individuals could recover from even the most serious mental illnesses if they had access in their communities to treatment and supports that are tailored to their needs.”

One of the recommendations detailed is that institutional care must be replaced with efficient, effective community services that focus on Recovery. The clear recommendation is a fundamental transformation of how mental health care is delivered in America.

When combined, consumers’ voice, research, funding cuts and managed care, as well as the President’s New Freedom Initiative, all resulted in the model of recovery serving as the template in which to reform the system of mental health.

A close-up, profile shot of a young Black man wearing a dark brown ribbed hoodie. He is looking upwards and to the right, with his right hand held up to his mouth in a gesture of contemplation or surprise. The background is a blurred, textured wall in warm, golden-brown tones.

Recover y in Mental Health

Recovery Is....

“No longer viewing oneself primarily as a mental patient and reclaiming a positive sense of self”

(Review of Recovery Literature: A Synthesis Sample of Recovery Literature 2000)

What have people told us about their recovery Experience? (i.e. what have we learned from the Experts?)

1. Having someone who truly believed in me and that I could recover made the difference
2. Having the opportunity to replace my role as patient, client and consumer with one that was employee, student, homeowner, tenant, colleague, that completely changed my identity, beliefs, confidence and view of my future.



Making the Case for Work

16

What Is...

Vocational
Recovery?

Paths to Vocational
Recovery?

Employment
Rates?

Vocational Recovery



NC Unemployment Rate...

85.2%

Say that they **want** to work.

75-85%



Vocational Recovery means...

...recovering your
meaning, purpose and
identity!



Employment is a PATH to Recovery!

For most people who have experienced emotional distress, employment is part of their recovery.

Employment Works!

Research findings

- significant improvement in social skills after 17 weeks of job placement.
- significant symptom improvement and fewer hospitalizations.
- participants who were in employment after 18 months tended to have
 - lower symptoms (particularly thought disorder) and better self esteem
 - more satisfaction with their finances and vocational services than those who were unemployed.
- an increase in independence, an improved sense of self worth and an improved family atmosphere.

Employment Myths

... people with mental health and substance use challenges...

1. Do NOT want to work:

unmotivated, working the system, non compliant

2. Are unable to work:

incapable of holding down a job, not intelligent or skilled to have a “regular” job

3. Should not work:

“it’s too stressful!”

Employment Truths

... people with mental health and substance use challenges...

1. Do want to work:

...sometimes just don't know where to start or cannot due to treatment requirements

2. Are able to work:

....as with any one, just getting a job is not enough. You want the right job for you.

3. Should work:

...if you think working is stressful, try unemployment, social isolation and poverty!




Individualized Placement and Support (IPS)

***Evidence Based Supported
Employment***

WHAT IS IPS?

IPS Supported Employment is the ONLY evidence-based approach to supported employment for people who have a severe mental illness and co-occurring disorders who also experience homelessness and legal involvement.

- 
- **Developed by the Dartmouth Psychiatric Research Center**
 - **IPS was first studied in a randomized controlled trial in 1996**
 - **Between 1996 and 2015, IPS was evaluated in 22 randomized controlled trials. This research has established IPS as an evidence-based practice**
 - **Funded and approved by SAMHSA; developed into the SE-EBP toolkit**

GUIDELINES DESCRIBING CRITICAL COMPONENTS

Fidelity Scale

Treatment Manual

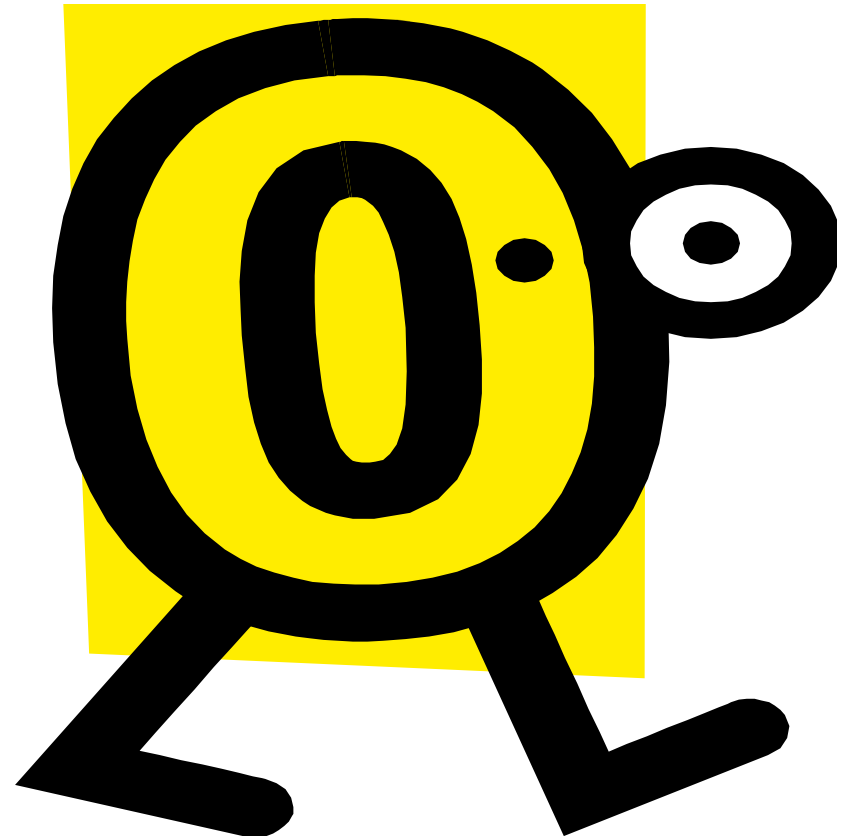




8 Practice Principles Explained

Zero exclusion criteria

- Any person who wants to work is eligible for IPS supported employment services



Preferences are key!

- People decide on the type of job, number of work hours, etc. People also decide how the job search will be conducted and how follow-along supports will be provided



Work incentives planning is offered to all

- People are provided accurate information about their benefits (e.g., Social Security) before they start work and over time as they need to make decisions about jobs



The focus is on competitive jobs

- These are jobs in the community that pay at least minimum wage. They are not jobs created specially for people with disabilities



Supported employment services and mental health services are integrated

- Employment specialists and mental health practitioners meet frequently to think of ways to support a person's goals



Rapid job search

- People are not asked to go through vocational evaluation, situational assessment, work readiness groups, or work adjustment programs. Instead, they are assisted directly in the job search



Employment specialists build relationships with employers (Dual Customer)

- Employment specialists develop relationships with employers through multiple visits aimed at learning about the needs and preferences of each employer. They do not focus on quickly learning about job openings but view the employer as another customer who they will work with over time



Follow-along supports are continuous

- Employment specialists and other treatment team members provide individualized supports for as long as the person wishes. Typically, the employment specialist is involved for at least a year before mental health practitioners assume the responsibility for helping with job supports



Making the Case for IPS

Individual Placement and Support (IPS) supported employment works!

- IPS helps people join the competitive labor market.
- IPS is 3 x's more effective than ALL OTHER vocational approaches in helping people to work

Making the Case for IPS

Individual Placement and Support (IPS) supported employment works!

- IPS has been found effective for numerous populations, *including people with many different diagnoses, educational levels, and prior work histories; long-term Social Security beneficiaries; young adults; older adults; veterans with post-traumatic stress disorder or spinal cord injury; and people with co-occurring mental health and substance use challenges.*
- To date, we have not discovered a subgroup for which IPS has not been effective.

Making the Case for IPS

IPS is cost-effective

- Once on the disability rolls, less than 1% of beneficiaries per year move off of benefits to return to work.
- By helping people with mental illness gain employment, especially young adults experiencing early psychosis, IPS can help forestall entry into the disability system and reduce Social Security expenditures

Making the Case for IPS

IPS is cost-effective

- IPS is an excellent investment, with an annual cost of \$5500 per client in 2012 dollars.
- A 10-year follow-up study of clients with co-occurring severe mental illness and substance abuse disorder found an average annual savings of over \$16,000 per client in mental health treatment costs for steady workers, compared to clients who remained out of the labor market.

Making the case for IPS

IPS improves long-term well-being

- People who obtain competitive employment through IPS have
 - increased income,
 - improved self-esteem,
 - improved quality of life, and
 - reduced symptoms.
- Approximately 40% of clients who obtain a job with help from IPS become steady workers and remain competitively employed a decade later

Making the case for IPS

IPS programs have a high rate of successful implementation and sustainability over time

- Programs ordinarily achieve high fidelity implementation within one year's time.
- High fidelity IPS programs have excellent competitive employment outcomes
- IPS has been successfully implemented in both urban and rural communities

**Successful employment rate using an
effective approach ...**

about **60%**

Supported Employment Fidelity Scale

Staying true to the Model

<http://www.dartmouthips.org/wp-content/uploads/2014/04/Fidelity-Review-Manual-chapters.pdf>

“Evidence Based” Supported Employment (IPS)

- To get the benefit, you need to follow the model.
- Fidelity scale is like recipe for success.





OCT 20-21
St. Louis, MO



www.c-q-l.org/Conference



OUTCOMES:

The Gateway To Quality

CQLSM

CQL | The Council on
Quality and Leadership

2015
CONFERENCE

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QUESTIONS?

