

**2013**

Georgia Department of  
Behavioral Health and  
Developmental Disabilities  
Supported Employment  
Strategic Plan

## **Georgia Department of Behavioral Health and Developmental Disabilities Supported Employment Strategic Plan**

It is widely acknowledged that Supported Employment (SE) services are one of the most relevant components of recovery and tangible strategies to empower persons with psychiatric disabilities. The value of DBHDD's development of a strategic plan for departmental provision of Supported Employment for persons with mental illness is timely and requisite. It is the position of DBHDD that a full and satisfying life in the community for everyone can be achieved. We also believe that the relevance of engaging in meaningful work is transformative. Georgia is a leader in the recovery movement and its supported employment services are expected to continue as an example of the DBHDD's commitment to recovery.

With unemployment in Georgia at a rate of 8.6% (GA DOL, Dec. 2012), the challenge for any person seeking gainful employment is formidable. This is particularly difficult for persons with mental illness, and those needing assistance in obtaining and maintaining employment through supported employment services. *"A Strategic Plan for Fiscal Years 2007-2011"*; Published by DHR, stated a five year goal that "50% of Georgia's mental health consumers will be employed" and "70% of Georgia' mental health consumers enrolled in supported employment programs will be enrolled in services that adhere to fidelity standards of the EBP model for supported employment".

Supported employment is known to be a key component in recovery, reflective of promoting respect for preferences and an avenue for consumers who become successfully employed within their communities to gain greater monetary benefits, than the resulting monetary costs. Supported employment is one of the top five areas of importance in supporting persons with mental illness, as identified by the Georgia Mental Health Consumer Network.

The Department of Justice Settlement dictates that , "Supported Employment will be operated according to an evidence-based supported employment model, and it will be assessed by an established fidelity scale such as the scale included in the Substance Abuse and Mental Health Administration SE toolkit. Pursuant to the following schedule, the State shall provide Supported Employment services to 550 individuals with SPMI by July 1, 2015." (Robbins, Freed, 2010).

Georgia has moved into alignment with evidence-based practice for supported employment models, with the expectation that providers would demonstrate fidelity to the identified EBP. The tool developed by Dartmouth Psychiatric Research Center, the IPS Model of Supported Employment exists to measure fidelity and was prescribed in the DOJ Settlement. By adhering to an EBP such as the IPS model, DBHDD providers of Supported Employment should yield better outcomes.

## **Strategic Plan**

The purpose of the plan is to provide a framework for implementation of SE statewide services that will support service delivery to persons with mental illness being served by the Department of Behavioral Health and Developmental Disabilities. Additionally, this plan will identify partnerships with stakeholders that support the overall service delivery.

## **GA DBHDD SE**

Georgia DBHDD's service definition of Supported Employment is as follows;

The Supported Employment (SE) services are available to eligible consumers, who express a desire to work and that, due to the impact and severity of their mental illness have recently lost employment, or been underemployed or unemployed on a frequent or long term basis.

Services include supports to access benefits counseling; identify vocational skills and interests; and develop and implement a job search plan to obtain competitive employment based on the consumer's strengths, preferences, abilities, and needs. In accordance with current best practice, this service emphasizes that a rapid job search be prioritized above traditional prevocational training, work adjustment, or transitional employment which may be offered by traditional vocational rehabilitation services.

After suitable employment is attained, services may include job coaching to support the consumer in learning the specific job skills/tasks and interpersonal skills necessary to perform and successfully retain a particular job. If the consumer is terminated or desires a different job, services are provided to assist the consumer in redefining vocational and long term career goals and in finding, learning and maintaining new employment aligned with these goals. Employment goals and services are integrated into the consumers' overall behavioral health service plan, and are available until the consumer no longer desires or needs Supported Employment specialty services to successfully maintain employment.

## **Guiding SE Principles**

- ❖ Employment is competitive
- ❖ Consumer preference is a priority
- ❖ Rapid job placement is encouraged; desired potential employer contact within 30 days of SE program enrollment
- ❖ Wages are paid in compliance with DOL requirements
- ❖ Employment environments provide opportunities to interact with people who do not have disabilities

- ❖ Training includes brief teaching/ modeling of specific skills/work tasks necessary to perform the job ( often on the job)
- ❖ Regular, meaningful collaboration with the mental health/substance abuse treatment team
- ❖ Service provision by a dedicated supported employment specialist

### **GA DBHDD Supported Employment Services and the Individual Placement and Support (IPS) model**

Individuals receiving this service must have competitive employment as a goal in their individual Recovery Plan. Individual's treatment chart must demonstrate integration of behavioral health and employment goals and services, as documented by meetings/communications between Behavioral Health provider(s) and Employment Specialist.

Georgia has had a rich history of Supported Employment implementation, ranging from federal demonstration grants to best-practice initiatives. These approaches have occurred across disabilities, providers, funders, and locale. This has benefited Georgia job seekers; however this approach has also created "pockets of excellence," and makes standardizing an approach, such as IPS, a challenge, simply because many of the core principles have been implemented as stand alone approaches without the benefit of utilizing the model in its entirety.

Supported Employment services must be reflective of the following elements;

#### *a. Pre-Placement*

Provide or coordinate provision of benefits counseling to ensure the individual and his/her chosen supporters receive an individualized and written assessment of how new or increased wages will impact the individual's eligibility and receipt of disability, housing or other income-determined services and benefits; as well as support in completing any related and required financial reports.

Coordinate and support consumer referral and application to Georgia Vocational Rehabilitation Agency (GVRA) according to consumer desire and GVRA guidelines. Engage consumer, his/her chosen supporters, behavioral health treatment team and when applicable, GVRA or other appropriate external agency staff in gathering information about the individual's interests, skills, strengths, preferences, work and educational history, risks, functional challenges, etc. in order to develop a Vocational

Profile that incorporates the individual's long term career goals and becomes the basis for SE services. Ensure the Vocational Profile is integrated into individual's behavioral health service plan and chart.

Educate consumer on the pros and cons of disclosing aspects of his/her disability on the job to empower consumer to make informed decisions about what, if any details consumer wants Employment Specialist to communicate to the employer.

*b. Job Development*

Cultivate relationships with potential employers in order to develop competitive employment opportunities for SE consumers. Competitive employment refers to a permanent job to which anyone can apply, in a community setting in which the majority of employees are not disabled, and which pays minimum wage or more. Relationships are to be based on an understanding of the potential employer's business needs and the services the Employment Specialist is able to provide to the company. Employment Specialists should make, on average, 6 face-to face contacts with employers each week.

*c. Job Placement*

Assist the consumer in applying for and negotiating a mutually acceptable job offer in a competitive, community-integrated job that meets the consumer's vocational goals and includes reasonable accommodations and/or adaptations to ensure consumer's success in the work environment.

Assist the consumer in developing and implementing a job support plan which incorporates attainment of skills, supports and resources necessary for the consumer to prepare for and continue employment. This may include assistance in acquiring clothes for and transportation to work, as well as assisting consumer in planning for meals, medication and other activities needed to maintain wellness and stability at the work site.

*d. Intensive Job Coaching*

Provide systematic job analysis, environmental assessment, vocational counseling, training and interventions to help the supported employee learn to perform job tasks to the employer's specifications/ Assist with understanding and development, as needed, of any interpersonal skills necessary to assume the employee role and be accepted as an employee worker at the worksite.

Advocate to the employer on behalf of the consumer and provide education and technical assistance to employer to promote understanding and positive communication between the supported employee and employer.

This service shall be performed according to consumer's wishes at the start of a new job or after extended employment as a preventative intervention to assist the individual in preserving the placement, resolution of employment crises, and stabilization of the employment situation for continuing employment.

*e. Follow Along Supports*

Provide proactive employment advocacy, supportive counseling, and ancillary support services, at or away from the job site, to assist the individual in managing symptoms and crises as necessary to successfully maintain continuous, uninterrupted, competitive employment and to develop an employment-related support system that maximizes the use of natural supports.

*f. Clinical Coordination*

Provide direct or indirect efforts on behalf of the consumer to integrate and coordinate the consumer's supported employment services with psychiatric rehabilitation and treatment services through regular meetings and contact with members of the individual's multidisciplinary treatment team and if applicable, service providers from external agencies (i.e. Vocational

### **Model Fidelity**

Georgia DBHDD Supported Employment adheres to the Interpersonal Placement and Supports (IPS) model. All providers of this service are expected to deliver this service in accordance with this model. Annually, all SE providers participate in a fidelity review to assess the implementation of this model and the extent to which providers of this service are following the IPS principles. It is expected that provider adherence to this evidence based practice will afford consumers the outcomes associated with IPS Supported Employment. Fidelity reviews are conducted on-site and in a collaborative manner, with focus on quality improvement. SE Providers are expected to maintain a minimum fidelity total score of 74 (out of a possible 125). At the completion of all fidelity reviews, there is a roundtable meeting of providers and DBHDD staff to openly discuss this process, discuss the collective experiences of agencies and understand the common barriers and challenges across the system.

In addition to the annual fidelity review, SE Providers' performance is monitored via a monthly programmatic report, reviewed by the regional and state office. From this report performance data is collected and analyzed in various domains, including monthly rate of employment, rapid contact with potential employer, enrollment and staff to consumer ratio. This outcome data is routinely shared with each provider and regional office.

### **Partnerships to Support Service Delivery**

Interagency relationships are vital in order to sustain this service and partnering with other state and local agencies allows for the process of addressing barriers to service access. Recognizing the need for formal partnership with Georgia Vocational Rehabilitation Agency (GVRA), the department developed a MOU with GVRA to establish policies to support statewide implementation of IPS and collaborative funding strategies to increase access to evidence-based SE and Vocational Rehabilitation services for the many Georgians with SPMI who desire employment.

DHDD Office of Adult Mental Health and the Georgia Vocational Rehabilitation Agency have not historically operated under a formalized agreement, meaning that resource pooling, training, the identification of best practices and priority setting has occurred separately.

Operationalization of the MOU changed this. In 2012, a formal MOU was signed by the previous DBHDD Commissioner, and in 2013, a revised MOU, with review by stakeholders representing the GMHCN and the DBHDD Behavioral Health Committee. was signed by Commissioner Berry. This MOU supports collaboration, cross-training and funding-alignment to broaden the use of IPS across the two vital agencies (DBHDD and GVRA). The MOU formalized a commitment to this partnership.

MOU implementation addresses DBHDD and GVRA/VR staff and stakeholders collaboration on a plan to facilitate enhanced coordination of DBHDD IPS SE and GVRA/VR services for people with SPMI, as well as the possible development of an Interagency Agreement to maximize GVRA's ability to draw Federal funding for SE services. Future plans involve leveraging State SE Funding in an Interagency Agreement with GVRA/VR to start pilot sites in which designated VR Counselors and DBHDD SE providers are trained in supported employment evidence based practice and supported in developing and implementing, policies, procedures and practices to facilitate coordination of services and use of braided and/or blended funding to increase ADA consumer access to IPS and VR services. This vital partnership creates a seamless transition between DBHDD and VR for referrals to support persons needing employment services, as both agencies recognize that supporting an individual through the initial phases of job search and placement or reintegration into the workforce is essential and an integral component in the recovery process.

It is the intention of The DBHDD to assist employers in accessing potential financial incentives for employing persons with a disability. In order to accomplish this, The DBHDD will collaborate with GDOL regarding the Work Opportunity Tax Credit to ensure providers are utilizing this important incentive in job development with local employers across Georgia.

### Supported Employment Work Plan

	<b>Event</b>	<b>Intended Audience</b>	<b>Outcome</b>	<b>Date</b>
<b>Training Plan</b>	1) Partnership with University of Georgia-Institute on Human Development and Disability-Center of Excellence. Facilitation of courses for training and technical assistance for Georgia's Mental Health Supported Employment Program Managers (leadership) and GADVR A Vocational Rehabilitation Counselors using the IPS model.	Training for SE program managers and employment specialists Regional office	<ul style="list-style-type: none"> <li>• Training on SE EBP</li> <li>• supervision for sustainability,</li> <li>• On-site fieldwork/practice supervision and TA</li> <li>• Consultation on post-testing results to identify areas of improvement and additional training for each of the six (6) cohorts.</li> <li>• final report to highlight pre and post-testing results, including individualized training plans for each site, broken down by Leadership Needs and Front-Line Needs.</li> </ul>	Ongoing
	2) Adult Mental Health Technical Assistance Day	Training for SE program managers and employment specialists	<ul style="list-style-type: none"> <li>• Training on SE EBP, job search and development,</li> </ul>	Twice yearly
<b>Communication</b>	<ul style="list-style-type: none"> <li>• DBHDD behavioral</li> </ul>	Stakeholders	Sharing and	Quarterly

<b>Plan</b>	health advisory committee reporting <ul style="list-style-type: none"> <li>• MHPAC mtg</li> <li>• SE Coalition</li> <li>• SE Carter Center Summit</li> </ul>	Board members Council members SE Providers Regional office Providers, advocates	discussion of information and updates on SE programmatic and operational issues  Provision of feedback on performance	Quarterly every other month
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• Fidelity audit process</li> <li>• Monthly programmatic reporting</li> </ul>	All SE providers Regional office	Increased adherence to the IPS model Enhanced quality of service delivery Performance monitoring	Annually  Monthly
<b>Contracts</b>	<ul style="list-style-type: none"> <li>• Revision of contracts to include eligibility based on settlement criteria, outcome expectations</li> <li>• Region specific contracts</li> </ul>	All SE providers Regional office	Compliance with ADA Settlement Improved contract management Increased programmatic accountability Promotion of fiscal responsibility Financial monitoring Sustainability planning	Annually
<b>Data Management</b>	<ul style="list-style-type: none"> <li>• Monthly program data collection</li> <li>• Data analysis</li> <li>• Performance feedback</li> </ul>	All SE providers Regional office	Data driven programming Ongoing improvement of data reporting and tracking	Monthly  Bi-monthly
<b>Quality Management</b>	<ul style="list-style-type: none"> <li>• Revision/updating of DBHDD Service Guidelines</li> <li>• QM audit</li> </ul>	All SE providers Regional office	Standardized state plan for implementation of SE services Monitoring of SE service delivery and integration with AMH system	Annually

### Training and Technical Assistance

In 2012, DBHDD formalized a partnership with the University of Georgia's Center of Excellence in Supported Employment. After meeting with staff from the Institute on Human Development

and Disability (IHDD) at the University of Georgia to discuss the training needs of Georgia providers of mental health Supported Employment, input was utilized from stakeholders, advocates, and providers. Several designs were discussed in draft form, taking into account both the outcome objective (i.e., a greater knowledge of the IPS model of Supported Employment by both managerial and front-line staff) and the urgent timeframe in which the training content needed to be delivered. With these key factors defined, a Scope of Work was created, paying close attention to the unique attributes related to the contextual environment in which the training and technical assistance would occur. The training plan exists as a multi-phase Evidence-Based Supported Employment series of trainings focused on providing training and technical assistance to Georgia's Mental Health Supported Employment programs.

Using a mixture of web-based and fieldwork instruction, Supported Employment providers receive training on and technical assistance with the delivery of evidence-based supported employment, including training in implementation, leadership, on-going system engagement (VR) and methods and techniques to improve fidelity, increase job development, and sustain workers with mental illness in jobs of their choosing. All eight of the core principles within the Individual Placement and Support (IPS) model are taught, tested and reinforced. This Evidence-Based Supported Employment Training provides base-line training and technical assistance to Georgia's DBHDD Mental Health Supported Employment Workforce so that IPS fidelity improves, employment outcomes increase, and system alignment occurs to integrate employment supports into mental health services

Additional training is made available annually as part of the DBHDD Community Mental Health Training and Technical Assistance event. Subject matter experts deliver highly interactive presentations on topics applicable to SE service providers. The training collaboration with UGA encompasses multiple phases of training on the IPS model geared towards different cohorts; the SE program managers or supervisors and the ES staff and is inclusive of didactic instruction, field observation and supervision. On-site consultation is a key component which includes field shadowing of job development and skills necessary for ES's, as well as trainings on topics identified by SE providers as areas of need.

The DBHDD SE staff serve as resources and throughout the year these highly skilled individuals provide information and technical assistance to all providers. As a by-product of each fidelity review, DBHDD SE staff provide technical assistance on areas identified as requiring a corrective action plan. Training on topics of relevance are also provided during the twice yearly DBHDD Community Mental Health Training and Technical Assistance 2-day conferences. Given the expansiveness of Georgia, the DBHDD attempts to create opportunities for training that can be

accessed by providers via webinar. Additionally, opportunities for reviewing trainings that have been delivered via video tape are also incorporated.

### **Integration and Interface**

The value of supported employment as an integral component of recovery is well established. Access to SE services for consumers served in all Adult Mental Health services is regularly discussed at Coalition meetings of current service providers. Annually, there is a Supported Employment presentation at Coalition meetings and discussion of access to SE services, collaboration with case management and vocational specialists for ICM, CM, CST and ACT services. Providers across the array of behavioral health services are provided information and support on accessing SE services and collaborating with SE providers to assist in meeting the vocational goals of persons simultaneously receiving community based clinical, supportive and housing services.

The collaboration between supported employment providers and clinical service providers is emphasized as an essential element in the delivery of this evidence-based practice. SE staff is expected to participate in treatment team meetings, maintain communication with members of consumer treatment teams and engage clinical service providers in the support of shared consumers. This matter of integration is addressed at various venues, including regional provider meetings and Coalition meetings.

### **Funding and Sustainability**

The DBHDD contracts with 22 providers of Supported Employment across the state and funding for contracted providers is granted at a fixed monthly slot rate (\$410/slot). In addition to the grant funded slots, as of the middle of 2013, providers of Supported Employment will have the option of obtaining Medicaid reimbursement for delivery of Task Oriented Rehabilitation Services (TORS). This is the Medicaid reimbursement option which allows billing for provision of rehabilitative supports for persons with severe mental illness who need assistance developing skills to maintain employment. Individuals receiving evidence-based supported employment services (IPS) are eligible to receive TORS services. It is through access to Medicaid funding that providers of SE will have access to additional funds that will allow for the flexibility of serving larger numbers of individuals than are currently funded via slot allocations.

Additionally, SE providers are encouraged to develop partnerships with Georgia Vocational Rehabilitation Agency (GVRA) which will allow for maximization of funds for provision of employment supports. Future funding opportunities will include the blending of Medicaid dollars for delivery of TORS with state dollars for delivery of SE with GVRA dollars and will provide the optimal model for support of DBHDD's employment support services.

### **Coalition meetings**

A gathering of all supported employment providers is facilitated on an every other month basis by DBHDD staff. These meetings are vehicles for disseminating and gathering information, maintaining open communication, promoting provider collaboration and fostering the partnership between the Department and provider agencies. This forum allows for discussion of programmatic operations and performance, informal presentations/ in-service, discussion of Departmental policies and any other matter of relevance for this evidence-based practice.

### **Implemented**

- ✓ Educating employers, community agencies, service providers, consumer advocacy groups about supported employment
- ✓ Providing ongoing training and technical assistance on evidence based SE practices
- ✓ Facilitating SE fidelity reviews
- ✓ Monthly Programmatic reporting of performance indicators
- ✓ GA Vocational Rehabilitation MOU
- ✓ Support of SE providers attending regional training conferences ( GAPSE)
- ✓ SE provider Coalition meetings, open information exchange and discussion
- ✓ Increased funding for transportation within SE service delivery
- ✓ Carter Center SE Summit Collaboration
- ✓ Inclusion of Task Oriented Rehabilitation Services (TORS) in the Medicaid state plan
- ✓ Supported Employment advisory workgroup of current providers

### **Future Initiatives**

- Development of a pilot to demonstrate increased collaboration with SE providers and VR
- Development of SE Toolkit
- Performance/milestone based payments