

Introduction

Gainful and meaningful employment can enhance a person's recovery. Not only does meaningful employment help pay the bills, it can also provide a person with a sense of pride and belonging. It offers opportunities to connect with others socially. Unfortunately, the current rate of employment among people with mental illness is very low despite research evidence that strongly supports the critical impact that work plays in promoting recovery. According to NAMI, approximately 60-80% of individuals who have a severe and persistent mental illness want to work however fewer than 15% of these individuals are actually employed.

Many barriers to employment exist for individuals with a mental illness and/or substance use disorder including stigma, lack of support, myths about benefits, family members and waiting lists for services. One of the biggest barriers has come from professionals and paraprofessionals who underestimate their ability to work in integrated competitive employment (Bagenstos, 2011).

According to Bagenstos (2011), the Principal Deputy Assistant Attorney General for the Civil Rights Division in the United States Department of Justice, "Integration is about how people live. Living incorporates housing, employment, and level of socialization and freedom" (p. 9). Often times, congregate employment programs claim to offer pre-employment and pre-vocational skills but many times the individuals participating in these services do not learn skills that are job-market-relevant (Bagenstos, 2011).

Individuals with mental illness and/or substance use disorders want to work in settings that are integrated and competitive (Bond, 2004). It is important that providers of employment services in Ohio focus on competitive integrated employment. Integrated competitive employment is work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without a disability in a setting typically found in the community in which consumers interact with individuals who do not have a disability, other than service providers.

Key components of integration include: a setting in the community where individuals with disabilities and without disabilities interact with one another on a regular basis, where individuals with and without disabilities interact with customers at the same level, where comparable positions earn the same wage and perform the same duties, and where individuals with and without disabilities spend comparable amounts of time with the public.

Approved Evidence and Best Practices

Employment services focus on informed choice of the individual who is participating in those services. Approved services that lead to integrated competitive employment include a combination of the following: vocational planning (assessment); training (work & personal); job seeking skills training (JSST); job development and placement; job coaching; individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports; benefits planning; general consultation, advocacy, building and maintaining relationships with employers; Individualized placement and support supported employment (IPS SE), in accordance with the requirements for qualified providers set forth in rule 5122-29-30 of the Administrative Code; rehabilitation guidance and counseling, and/or time unlimited vocational support. These services work best when combined with facilitation of natural supports, transportation, and peer services.

IPS Qualified Provider Status

IPS SE is an evidence based practice in which employment services are integrated with mental health treatment designed to provide individualized placement and support to assist individuals with a severe and persistent mental illness or co-occurring mental illness and substance use disorder obtain, maintain, and advance within competitive employment positions.

If a provider is interested in offering IPS services and wishes to be considered a qualified provider, they must meet the requirements to be OhioMHAS qualified IPS providers as described in the employment rule. Requirements include:

- Providing the evidence-based practice of IPS as determined by the developer of the practice (Dartmouth University)
- Participate in periodic fidelity reviews completed by an Ohio department of mental health and addiction services (OhioMHAS) approved fidelity reviewer as required by the developer of the practice, and achieve the minimum fidelity score necessary to maintain fidelity. At this time, the minimum fidelity score necessary to maintain fidelity is 74.
- Providers implementing IPS may become a provisionally qualified IPS provider by participating in a baseline fidelity review. Providers may be provisionally qualified one time only and only between the baseline fidelity review and the next subsequent fidelity review.

Supervision

The final section of the new OhioMHAS Employment Rule states who may provide and supervise employment services. Qualified individuals must have experience working with individuals that have a mental illness or substance use disorder. The broadening of this category allows for non-licensed individuals who are knowledgeable about this population, including peer workers and vocational specialists, to apply their talents in an attempt to help members of their community have the highest quality of integrated life as possible.

Summary

Work that is meaningful and integrated helps to increase independence and is a central component to recovery (Bagenstos, (2011). Work should be considered one of the most important goals/outcomes of the behavioral health system (Becker, Haiyi, McHugo, Halliday, Martinez, 2006).