

# Supported Employment and Individuals with Behavioral Health Disorders



## Supported Employment and Individuals with Behavioral Health Disorders

Ohio Department of Mental Health and Addiction Services  
Office of Quality, Planning and Research

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### OVERVIEW

The ability to work and contribute to society is often an integral part of recovery for people with mental illnesses and addictions; employment services can help people to achieve recovery, but only if they lead to a job (Becker et al., 2005). Historically, individuals with mental health and substance use conditions were excluded from employment opportunities and of employment preparation and, hence, faced adversity in finding a real job. People with behavioral health disabilities were discouraged from working, fearing that deadlines and other stresses might overwhelm them; to the contrary, most people who work show improvement in their mental health and greater satisfaction with their lives (Becker et al., 2005).

Supported employment (SE) is a vocational rehabilitation approach for individuals with behavioral health challenges that seeks to provide clients with competitive and integrated job placements and additional support services to ensure job success. SE is a unique approach that aims to match clients with employment opportunities through the enhanced tailoring of vocational services and capitalizing clients' personal strengths and preferences. SE programs are based on eight guiding principles including: (a) every person who wants to work is eligible; (b) competitive jobs are the goal; (c) Individualized Placement and Support (IPS) supported employment services are integrated with mental health services; (d) personalized benefits counseling is provided; (e) the job search starts soon after a person expresses interest in working; (f) employment specialists build relationships with employers; (g) individualized job supports are time-unlimited; and (h) individual preferences are honored (DPRC, 2014).

Supported employment has a critical role to play in addressing behavioral health challenges. Employment is a key social determinant of mental health given that a two-way relationship exists between mental disorders and socioeconomic status: mental disorders lead to reduced income and employment, which entrenches poverty and, in turn, increases the risk of mental disorder.<sup>1</sup> People who are unemployed typically have worse health than those employed; illness and disability can result in unemployment and be a barrier to regaining employment (Pinto, Hassen, & Craig-Neil, 2018). There exists some gaps regarding supported employment: only 19.6% of specialty mental health treatment facilities in the U. S. offered supported employment; and supported employment was more common in facilities that offered services in outpatient settings (21.6%) than inpatient settings (12.4%); and that facilities operated by public agencies or departments were more likely to offer supported employment (29.1%) than those that were privately operated (10.3% of for-profit and 19.4% of non-profit organizations) (Sherman et al., 2017).

### **Supported Employment in Ohio's Community Behavioral Health Landscape**

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) pursues supported employment in partnership with broad stakeholders through IPS — an evidence-based practice, among other variations of SE,

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<sup>1</sup> World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014. Available at: [http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf); accessed on March 20, 2019.

that helps people with severe and persistent mental illness and/or co-occurring substance use disorders identify, acquire and maintain integrated competitive employment in their communities.<sup>2</sup> In 2014, OhioMHAS received a five-year (2014-19) \$4 million Transforming Lives through Supported Employment grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to modernize, enhance and increase availability and quality of IPS services to meet the needs of individuals with a severe and persistent mental illness or co-occurring mental health and substance use disorders.<sup>3</sup> Importantly, there are other state agencies well-vested in supported employment activities. Opportunities for Ohioans with Disabilities (OOD) and Ohio Department of Developmental Disabilities (DODD) collaborate on the Employment First Partnership; and Ohio Department of Education (ODE) and OOD collaborate on the Ohio Transition Support Partnership.<sup>4</sup>

*Employment First (EF) Initiative.* The Employment First initiative is a DODD-led larger system approach to improve the employment service systems through the Employment First Taskforce, which is overseen by state agencies comprising of: DODD, OOD, OhioMHAS, ODE, the Ohio Department of Medicaid (ODM), the Ohio Department of Job and Family Services (ODJFS) and the Developmental Disability Council (DDC). Out of this taskforce grew the OOD-DODD interagency agreement, the ODE-OOD interagency agreement and other innovative strategies to reduce barriers and align policy/practices. The taskforce, which meets monthly, is charged with expanding community employment opportunities by reducing barriers within the system and aligning state policy. There are many things that connect these agencies together to serve people with disabilities and help them find employment. The EF Taskforce has prioritized transition-age youth and set very strategic goals around Transition-Age Youth and Technology.<sup>5,6</sup> The statewide EF initiative supports job seekers to transition from facility-based work and non-work settings (sheltered workshops, enclaves, adult day support programs or residential settings) to competitive integrated employment. OOD Vocational Rehabilitation (VR) counselors work with county developmental disability boards to identify and provide VR services to eligible individuals served through the partnership; and caseload assistants provide work incentives planning services to individuals served by the project. OOD has in place a job development approval process for supported employment (see Appendix A).

*Ohio Transition Support Partnership (OTSP).* OOD and the ODE Office for Exceptional Children (ODE/OEC) launched the partnership in September 2016 to expand statewide transition services for students with disabilities, ages 14-21, who are receiving services under an Individualized Education Program (IEP) and meet OOD eligibility criteria. OTSP expands access for students with disabilities to engage in career exploration and skill development at a younger age, launching them on a path to career success and independence. OTSP also improves strategies to ensure students with disabilities secure employment prior to graduation and connect with long-term support services when needed and available. OTSP increases participation of VR Counselors in Individual Education Program (IEP) team meetings ensuring cross-agency planning and earlier career preparation.

It is critical to explore how community behavioral health agencies are stepping up efforts to provide supported employment to the greatly at-risk people with serious mental illness (SMI) and co-occurring substance use and addiction disorders. OhioMHAS undertook this study with a view to explore the landscape and underlying challenges of employment services within the community behavioral health organizations in Ohio; and to discern critical policy implications regarding supportive employment (SE) services in the community behavioral health system.

<sup>2</sup> Visit: <https://ipsworks.org/wp-content/uploads/2017/08/ips-program-implementation-plan-for-agencies-1.pdf>.

<sup>3</sup> <https://www.samhsa.gov/gains-center/grant-grantees/transforming-lives-through-supported-employment-program>. This was a partnership between OhioMHAS, the state training, technical assistance and evaluation partners, and other state departments including Vocational Rehabilitation and two community behavioral health agencies. Visit: <http://mha.ohio.gov/Default.aspx?tabid=260>.

<sup>4</sup> OhioMHAS also has collaborated previously with National Alliance on Mental Illness (NAMI) of Ohio to engage families of individuals with mental illness to advocate for, create and expand high-quality Individual Placement and Support (IPS) programs.

<sup>5</sup> For more information on EF Taskforce priorities, visit: [https://ohioemploymentfirst.org/up\\_doc/Taskforce-Joint-Guidance\\_Section-511.pdf](https://ohioemploymentfirst.org/up_doc/Taskforce-Joint-Guidance_Section-511.pdf).

<sup>6</sup> DODD states there are more than 30,000 working-age adults who receive adult services mostly in facility-based settings. Section 511 of the federal Workforce Innovation and Opportunity Act (WIOA) effective July 22, 2016, applies to youth 24 years old or younger and is intended to ensure youth with disabilities have every opportunity to pursue competitive, integrated employment. Section 511 outlines a series of steps to be completed prior to payment of subminimum wage.

## **METHODOLOGY**

OhioMHAS' Office of Quality, Planning and Research surveyed agencies within the community behavioral health (CBH) system and Alcohol, Drug Addiction and Mental Health (ADAMH) Boards from February to March 2016 using the web-based SurveyMonkey. This report is based on self-reported figures for state fiscal year 2016 (June 2015-July 2016) and predictions for state fiscal year 2017 (June 2016-July 2017). A total of 79 executive directors and senior staff of CBH and ADAMH Board organizations participated in the survey. The survey instrument solicited responses to 44 questions across varying areas including organizational characteristics, populations served, utilization of partnerships, types of employment services offered, and facilitators and barriers to the provision of employment services. The survey featured various types of questions including multiple choice, open-ended, and close-ended questions; comment boxes were also provided, as needed, at the end of each section. SurveyMonkey analytical tools were utilized for the descriptive statistics and SPSS 22.0 was used for the bivariate analysis.

### **Sampling**

*Respondent Characteristics.* The survey had a total sample size of 79 respondents (CBH and ADAMH Boards). However, total responses to individual questions varied due to skipping. Individual respondents reported working at their respective organization for an average of approximately 12 years (n=73). Respondents represented a diverse set of roles within their organizations from Chief Executive Officers (CEOs) to Administrative Assistants to Directors of Youth Employment Programs, among others. The survey instrument did not include demographic indicators such as gender, age and education. CBH and ADAMH Boards participating in this survey had an average age of 43 years, with the youngest organization being in operation for two years and the oldest for 187 years. Participating organizations had an average of 174 full-time equivalent employees and were located and served populations across numerous counties in Ohio. CEOs/Directors of participating organizations exhibited an average 10-year duration in their current positions. Organizations were also asked whether they operated with a current strategic plan. Of 73 organizations that responded, close to 96% (n=70) reported operating with a current strategic plan.

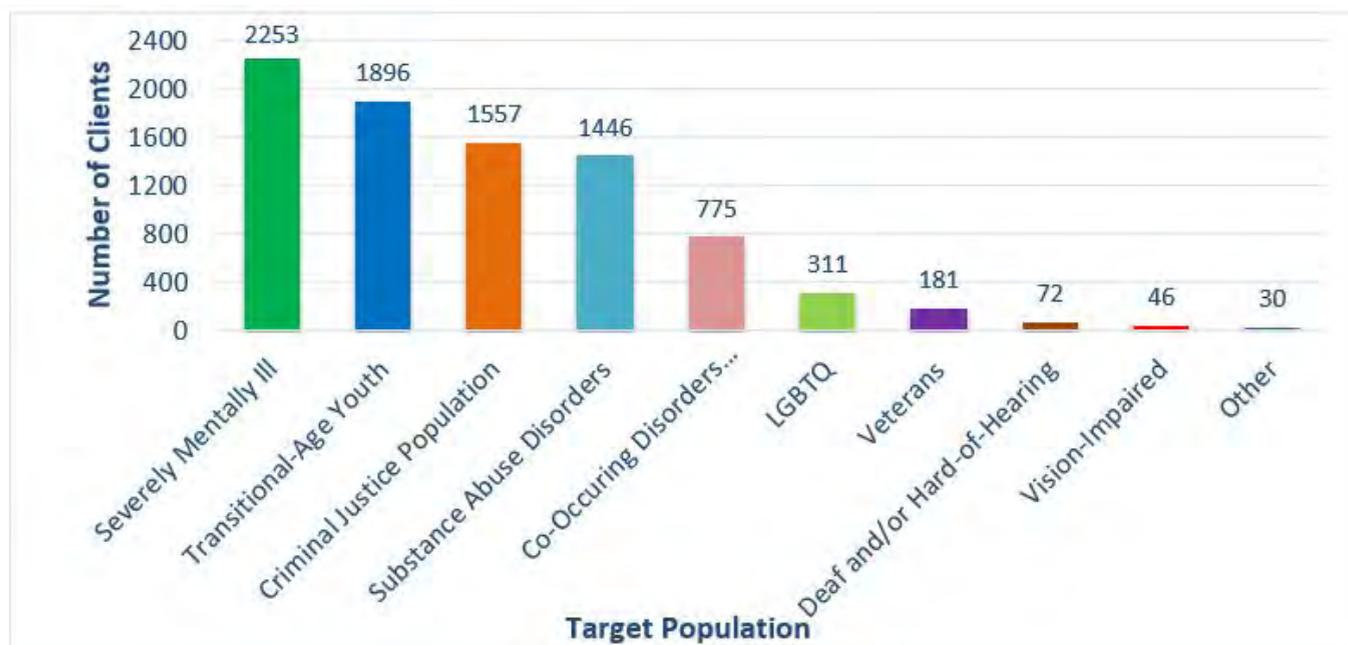
## **RESULTS**

Of the 71 organizations that responded, close to 61% (n=43) were currently offering employment services, partnering with another organization to offer such services or planned to pursue the provision of employment services in 2016. Close to 64% (n=45) of the organizations expected to offer employment services or partner with another organization to offer employment services in SFY 2017.

### **Employment Services: Types of Population Served**

With regards to the types of populations served, of the 51 organizational responses, almost 71% (n=36) served children (ages 12 and under); 86% (n=44) served youth (ages 13 to 17); 92% (n=47) served transition-age youth (ages 18 to 24); 8 2% (n=42) served adult ages 25 to 64; and 74% (n=38) served ages 65+ older adults. As for clients served in SFY 2016, respondent organizations reported offering employment services to a total of 8,567 individuals, with the top five priority populations including the severely mentally ill, transitional-age youth, criminal justice populations, and clients with substance use disorders or co-occurring disorders (Figure 1). The participating organizations reported that the total number of individuals served is expected to increase by 5% in SFY 2017 for a total of 8,984 clients.

Figure 1: Clients Served in 2016 by Target Population



A review of the types of clients that were offered employment services in both SFYs 2016 and 2017 is interesting (table 1). Percentage of CBH organizations serving were the lowest for target populations such as veterans (28%), LGBTQ (27%), the deaf or hard-of-hearing (25%), and visually impaired (25%).

Table 1: Proportion of Organizations Offering Employment Services by Target Population, 2016

Target Population (n)	Percentage of Organizations Serving Target Population (n)
Transitional-Age Youth (n=79)	34% (27)
Substance Abuse Disorders (n=79)	33% (26)
Criminal Justice Population (n=79)	32% (25)
Severely Mentally Ill (n=79)	30% (24)
Co-Occurring Disorders (Mental Health/Developmental Disabilities) (n=79)	29% (23)
Veterans (n=79)	28% (22)
LGBTQ (n=79)	27% (21)
Deaf and/or Hard-of-Hearing (n=79)	25% (20)
Vision-Impaired (n=79)	25% (20)
Other (n=79)	19% (15)

### **Types of Employment Services Offered**

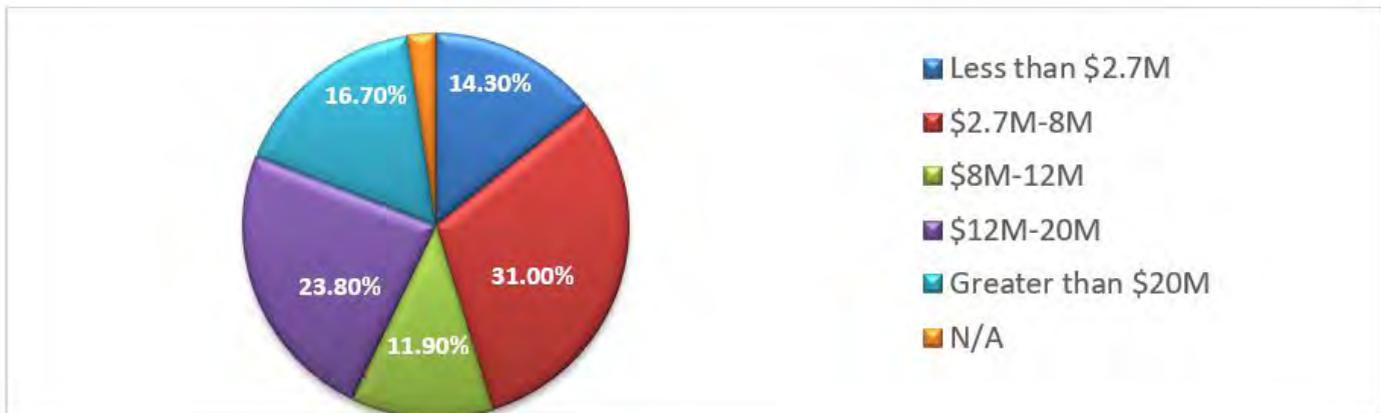
In SFY 2016, the CBH organizations (n=79) offered various types of employment services. The top five employment services offered were: soft-skills training (n=34; 43%), job search activities (n=31; 39%), job-seeking skills training (n=29; 37%), coordination of employment-related services (n=29; 37%), and career planning and support (n=28; 35%). All services were offered directly by an organization or through partnerships. In 2017, soft skills training and job search activities remained as the top two employment services offered. Coordination of employment-related services moved up a position displacing job-seeking skills training from the top five. CBH organizations are expected to step up job matching services and assessments.

## **DISCUSSION**

### **Facilitators, Client Challenges and Barriers in Providing Employment Services**

*Facilitators.* Fiscal resilience as indicated by CBH operating budget appears to be an important facilitator; nearly one-third of the CBH organizations providing or desiring to provide employment services appear to have a fair level of total operating budget ranging from \$2.7 to \$8 million (Figure 2). It was also interesting to find nearly 96% of respondents utilizing a strategic plan to guide their respective organization's overall operations. Partnerships with various behavioral health organizations, nonprofits such as Goodwill and government agencies proved to be of tremendous value in facilitating the provision and expansion of employment services provided by CBH organizations.

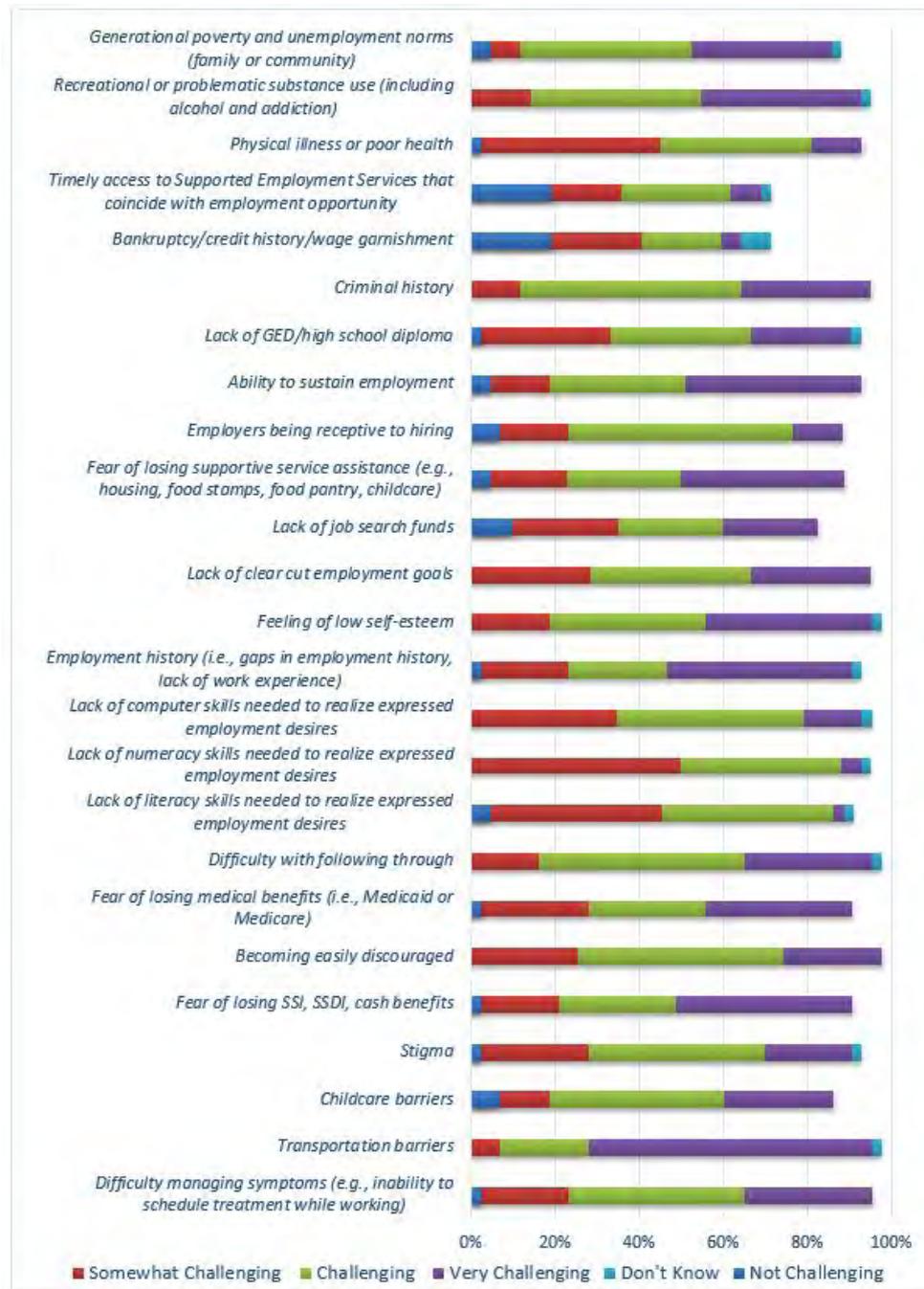
Figure 2: CBH Operating Budget Levels, 2016



*Client challenges.* Organizations often cited client challenges as a barrier to employment, thus hinting at the potential loss of impacts provided by various employment services. Of the 30 organizations that responded, more than four-fifths (n=25, 83.33%) agreed that challenges faced by clients in finding employment posed a challenging to very challenging burden. An analysis of the level of challenges faced by clients as per responses of serving organizations is insightful. Those listed as very challenging included (ranked): transportation barriers, fear of losing benefits (SSI, SSDI, cash benefits), employment history, low self-esteem, ability to sustain employment, and recreational or problematic substance use (including alcohol and addiction). Client challenges also included social determinants of mental health, such as lack of literacy, lack of GED/high school diploma, gaps in employment, generational poverty and unemployment, and transportation barriers (Figure 3). Other challenges included criminal history, recreational or problematic substance use, lack of numeracy and computer skills needed to realize expressed employment desires. This finding has been replicated in other recent studies. In one recent study, clients most often identified employment challenges as: criminal history, lack of transportation, probation/treatment program requirements, continued substance use/relapse, poor work history and lack of education/skills (Sherba et al., 2018).

*Barriers.* Interorganizational barriers may pose a potential challenge to the successful provision of employment services by CBH organizations. When asked on the degree of competition faced or expected to be faced, more than half of organizations (n=12; 55%) stated they experience “some” to “very much” competition for financial resources with other organizational units; two-fifths of organizations (n=9; 39%) cited “some” to “very much” competition for materials, space, and equipment and personnel; and approximately a quarter of organizations (n=6; 26%) pointed to competition for management attention as a barrier to implementation and sustainability of employment services. This calls for a strategy that will prioritize employment services and minimize competition for resources.

Figure 3: Level of Challenges Faced by Clients According to Serving Organization



### **New Approaches and Strategies in the Provision of Employment Services**

*Utilization of Partnerships.* Mobilizing and utilizing partnerships appears to be a viable and sustaining method of offering employment services. In 2016 more than 60% of CBH organizations (n=43) offered employment services in partnership with another organization; these partnerships were anticipated to increase by 3% in 2017. In 2016, organizations had employment service partnerships with more than 23 different types of partners; most-cited partners included Opportunities for Ohioans with Disabilities, employers, other behavioral health organizations, nonprofits, and the criminal justice system. Interestingly, a few organizations branched out to establish partnerships with nontraditional entities such as neighborhood/civic associations, and inpatient and outpatient recovery resources (i.e. sobriety support groups). CBH organizations also mobilized partnerships to offer support services for clients enrolled in employment programs. Among CBH organizations that offered employment services, 202 different partnerships for support services were reported. The most frequent partners included housing providers (homeless shelters, subsidized housing, etc.), other behavioral health providers, other non-profits (Goodwill, Volunteers of America, etc.), housing rental and assistance programs (HUD, utility assistance, etc.), and free stores/clothing banks/Dress for Success, etc. Significant consideration should be given to enhancing partnerships since the utilization of partnerships appears to be a viable and sustaining method of offering employment services.

*Expanding Internal Capacity.* Participating organizations mentioned having to improve their capacity to provide employment services through employee training. Trainings included screening of qualified applicants, providing retention and supportive services for employees, posting job openings, basic job skills testing, and work incentive training (i.e. tax credits). Top staff training services included job-development training, career exploration, motivational interviewing/consumer engagement, benefits counseling training, job coaching, ready-to-work-assessments and vocational assessment training.

*Technology Use to Enhance Supported Employment.* CBH organizations utilized technology to assist clients seeking employment. Technological use in supported employment across the continuum of care has been shown to cultivate empowerment, self-efficacy and autonomy through programming such as job interview simulations, tailored reminders to assist job retention, and overcoming barriers and other cognitive challenges that pose a threat to job success (Lord et al. 2014). Top services provided included the online job search, online access to job openings, access to labor market information, the provision of computer training labs and online job-readiness activities.

### **POLICY IMPLICATIONS**

This examination of supported employment in the State of Ohio's public behavioral health system provides insights into the progress, challenges, potential opportunities and strategies utilized among CBH organizations.

1. As employment is a critical social determinant of mental health, employment and other support services offered to clientele with mental health and/or addiction/substance use disorders are crucial, and in many ways, they act as a facilitator for clients adhering to or seeking to adhere to treatment. This is critical given that 65% of individuals living with a severe mental illness in the United States desire employment yet only 15% realize that goal (Bond & Drake 2014). Recommendation from one 2006 study is strongly relevant. It states that to help mental health clients achieve their employment goals, state systems and local programs should address consolidation of resources in supported employment and the quality of implementation of supported employment (Becker et al., 2006).
2. Supported Employment or Individual Placement and Support (IPS) is an evidence-based practice that has been shown to enhance vocational opportunities, income, self-esteem and control of symptoms consistently across various race, ethnicity, age, educational level, veteran status and disability categorizations (Bond & Drake 2014). It has also been consistently proven that individuals offered competitive employment services through IPS sustain their employment years after initial services took place (Bond & Drake, 2015; Johnson-Kwochka et al., 2017; West & Patton, 2010).

3. An unmet SE gap still exists among CBH organizations even in acknowledgment that approximately three-fifths of all organizations surveyed provide such services. Despite widespread evidence of supported employment offering many benefits to individuals with SMI, it is offered in less than a quarter of mental health treatment facilities (Sherman et al., 2017). Additionally, research shows that the quality of implementation of supported employment and IPS services vary greatly within and between states and may offer greater insights into organizational challenges and barriers (Lord et al., 2014).
4. CBH organizations should explore available best practices to enhance supported employment. For example, by implementing best practices such as positive behavior support (PBS) and seeking out competitive, integrated and growth-enabling employment opportunities, meaningful change can occur (West & Patton, 2010). Traditionally, people living with a disability and/or mental illness are provided jobs that are isolated, removed from human interaction, and do not contribute to the growth and self-development of the client.
5. Furthermore, recognizing that CBH organizations that currently provide employment services reported a current climate of competition for financial resources, it is vital that appropriate stakeholders take the initiative to leverage more public and private fiscal support. New and cost-effective initiatives should be sought out to allow CBH organizations to sustain the provision of employment services.
6. It is promising to find CBH organizations engaged in self-analysis of interorganizational capacity and offering a wide variety of appropriate training services to their own staff, as well as external CBH organizations. When asked about types of services offered, top responses included providing retention and supportive services, basic job-skills testing and work-incentive training (i.e. tax credits).
7. As the need for stepped-up technology use is critical to enhance supported employment, it is encouraging to find CBH organizations utilizing technology to assist clients seeking employment especially in online job search, online access to job openings, access to labor market information, the provision of computer training labs and online job-readiness activities. One previous research points to the need to put increased emphasis on incorporating technological tools into employment services, all of which have promising prospects to optimize the job-matching process with client preferences, fostering ongoing support and real-time communication among both providers and clients after receiving employment, streamlining IPS care coordination and communication within and between providers and other stakeholders (Lord et al., 2014).
8. It is encouraging that provision of employment services continues to be one of the key priorities in the State of Ohio. OOD, with input from OhioMHAS and other stakeholder agencies, has implemented a revised fee schedule for VR services, which includes performance-based job development packages, some of which include an enhanced rate for supported employment services such as IPS. OOD is also continuing to align policy and procedures, including supported employment, with the Workforce Innovation and Opportunity Act. Then there are some promising and best practices being pursued across communities in Ohio. One IPS program in Ashtabula County, Ohio, has a Community Counseling Center that employs the eight guiding principles of the evidence-based practice to offer unique supported employment services allowing for job placement and retention services to be replicated consistently across staff, with employers and with each person served.<sup>7</sup>

### **Limitations**

This report is based on responses from representatives of 79 executive directors and senior staffs of CBH and ADAMH Board organizations in Ohio's publicly funded behavioral health system. Analyses are based on self-reported responses on figures for state fiscal year 2016 (June 2015-July 2016) and respondent-provided predictions for state fiscal year 2017 (June 2016-July 2017). Findings may be interpreted with caution and not as being truly representative of the larger public behavioral health system or the client's racial/ethnic diversity in Ohio.

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<sup>7</sup> <https://www.ipsworks.org/wp-content/uploads/2016/11/Best-Of-County-2016-.pdf>

## CONCLUDING OBSERVATIONS

It would be relevant here to recap a few major highlights. First, there is an emergent need to address various social determinants of health and other critical challenges and barriers surrounding provision of employment services to SMI clients. Karakus et al. (2017) succinctly argue that a wide-spread coordination across federal polices, financing and regulatory changes are necessary to promote measurable and lasting effects on the broad availability of employment services among individuals with mental illnesses. Second, findings also point to the need to step up technology for more effective employment services. Third, IPS continues to be a best practice for enhanced employment services. Fourth, one exploratory study found support for errorless learning as an adjunctive behavioral training intervention to enhance supported employment outcomes and implicate the relevance of workplace social difficulties as a key impediment to prolonged job tenure (Kern et al. 2018). Fifth, one study from Europe found a conceptual shift in supported employment from a paradigm for people with significant disabilities to a technical tool for the employment of people with limited support needs (Salovita & Perttmaa, 2007).

While employment is a critical social determinant of mental health, it is important to note two things: (a) that several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation and geographic location; and (b) other social conditions — such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions — can also influence mental health risk and outcomes, both positively and negatively.<sup>8</sup> Hence, a better understanding of social determinants of mental health may help to augment efforts to enhance supported employment for people with severe mental illness and co-occurring disorders in the public behavioral health system.

*Future research* can explore: (a) deeper understanding of how CBH organizations view employment in their continuum of services; (b) information on CBH organizations that provide employment services but are not certified or using an established model but are experiencing results; and (c) information on CBH organizations that do not provide employment services but are experiencing results through referrals and relationships to other community organizations that offer employment services. Future research should be arranged to further investigate the barriers to providing employment services among CBH organizations that currently offer and do not offer such services. One additional important area of research should be to look at social determinants of mental health. This is critical because a program's emphasis is often found to be on just treating substance abuse, while ignoring other needs, such as social and environmental factors, which often encompass employment services, education, vocational training and job preparedness (Etheridge et al., 1997).

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<sup>8</sup> <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/determinants>. Additional info at: [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/mental/docs/conf\\_co18\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/conf_co18_en.pdf) <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/> [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30060-9/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext)

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## **ABBREVIATIONS**

ADAMH	Alcohol, Drug Addiction and Mental Health Boards
CBH	Community Behavioral Health
CBHSQ	Center for Behavioral Health Statistics and Quality
CEO	Chief Executive Officer
DDC	Developmental Disabilities Council
DHHS	Department of Health and Human Services
DODD	Ohio Department of Developmental Disabilities
EF	Employment First
GED	General Educational Development
HUD	Housing and Urban Development
IEP	Individualized Education Program
IPS	Individualized Placement and Support
LGBT	Lesbian, Gay, Bisexual and Transgender
MSD	Most Significant Disability
NAMI	National Alliance on Mental Illness
ODE/OEC	Ohio Department of Education/Office for Exceptional Children
ODJFS	Ohio Department of Job and Family Services
ODM	Ohio Department of Medicaid
OhioMHAS	Ohio Department of Mental Health and Addiction Services
OOD	Opportunities for Ohioans with Disabilities
OTSP	Ohio Transition Support Partnership
PBS	Positive Behavior Support
SAMHSA	Substance Abuse and Mental Health Services Administration
SE	Supported Employment
SPMI	Severe and Persistent Mental Illness
SMI	Severe Mental Illness
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
VR	Vocational Rehabilitation
WIOA	Workforce Innovation and Opportunity Act

## APPENDIX A

### Supported Employment Job Development Approval Process<sup>#</sup>

On October 1, OOD will implement a new VR Fee Schedule which will include a new service, Supported Employment Job Development — Performance Based.

In accordance with the Supported Employment Services Procedure (80-VR-18-01), OOD VR Staff or VR Contractors may only authorize for Supported Employment Job Development — Performance-Based for individuals with an outcome of Supported Employment identified in their IPE. A Supported Employment outcome is appropriate only if all of the following circumstances are true:

- The individual is categorized as having a most significant disability (MSD), including a youth with a MSD
- Competitive integrated employment has not historically occurred or has been interrupted or intermittent as a result of MSD
- Because of the nature and severity of his/her disability, the individual requires intensive supported employment services and extended services after case closure
- For individuals whom OOD VR Staff or VR Contractors have determined that an Outcome of Supported Employment is appropriate, Supported Employment Job Development — Performance-Based may be authorized to providers identified in the Provider Management Portal (PMP) with approved supported employment programs. There are two categories of providers who are approved to provide Supported Employment Job Development — Performance-Based, as indicated below:

	Developmental Disabilities	SPMI or MH/SUD
Certification	Providers of Individual Employment Supports certified by the Ohio Department of Developmental Disabilities in accordance with OAC 5123:2-9-15.	Ohio Department of Mental Health and Addiction Services Qualified IPS Providers who meet fidelity requirements in accordance with OAC 5122-29-11
Population	Individuals who are eligible for County Board of Developmental Disabilities services. This can include DD-eligible individuals who need customized employment services.	Individuals with Severe and Persistent Mental Illness (SPMI) or co-occurring mental health and substance use disorders.
Other Requirements	Provider staff must have successfully completed the Employment First training curriculum. Beginning in January 2019, staff must have successfully passed the Certified Employment Support Professional (CESP) exam through the Association of People Supporting Employment First (APSE). OOD will waive the EF training requirement for CESP-certified staff. Providers should submit this documentation to the CRP Vendor email.	Providers who are qualified by <u>OhioMHAS</u> to provide IPS will need to submit documentation of their most recent fidelity review to the CRP Vendor email. In order to be eligible to provide this service by October 1, 2017, documentation must be submitted by September 21. Staff of providers who meet fidelity requirements for IPS by <u>OhioMHAS</u> are not required to meet the CESP requirement.

<sup>#</sup> Source: OOD, Bureau of Vocational Rehabilitation, January 17, 2019.

