Expand Evidence-Based Supported Employment Programs

Position: To increase employment opportunities for individuals with serious mental illness, the Kansas Legislature should direct KDADS to: 1) Increase the number of Community Mental Health Centers (CMHC) which are implementing Evidence-Based Supported Employment; and 2) To increase the number of individuals served within each site. KDADS should provide a detailed timeline for expansion as well as assurances that existing sites sustain the practice. We must ensure equal access to supported employment services regardless of where people live.

The Problem: Only 11 of the 26 CMHCs which serve adults with serious mental illness are currently providing the Individual Placement & Support (IPS) model of evidence-based supported employment services. Of the total caseload of 6,937 individuals classified as having a serious and persistent mental illness (SPMI), it is estimated that 60 percent, or 4,161, individuals will be interested in at least part-time employment as part of their recovery plan. Data from the 4th quarter 2013 indicate that 809 individuals are receiving IPS services, about 20% of the statewide target population. While Medicaid can cover about 90% of the costs of implementing IPS, many centers lack sufficient revenue to offer or expand the service.

Why this matters: Employment is a critical ingredient in the recovery of individuals with a serious mental illness. The CMHCs that use the IPS model demonstrated a 44% placement rate in competitive employment for 2013. This is compared to a 15% placement rate by centers that use other methods. However, many individuals in the target population are currently being denied equal access to supported employment services due to the limited scope of the program. Kansas should invest in helping people find and be successful in obtaining competitive employment.

The bottom line: Governor Brownback has made employment for individuals with disabilities a priority for his administration, which is consistent with the objectives of the Employment First legislation adopted in 2011. IPS has established a proven track record as a Medicaid-reimbursable service that can grow with the implementation of KanCare. Supported Employment should be part of the administration’s strategy for getting Kansans back to work.

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The rest of the story about Evidence-Based Supported Employment

• KDADS should establish criteria for expansion of IPS.
  o A primary goal is to increase the number of Supported Employment Specialists who are capable of managing caseloads of 20 individuals seeking employment.
  o A related goal is to reach 50% penetration of the target population with IPS services. CMHCs which are currently offering IPS have achieved an average penetration rate of 34%.

• Expansion costs for IPS are largely related to having adequate Employment Specialist staff. Approximately 10% of the program’s costs need to be supported through state general funding to offset those job development costs generally not reimbursed by Medicaid. At the level of 50% penetration of the target population, the unreimbursed costs on an annual basis are estimated to be in the range of $656,000. The goal will be to build capacity in the system over time to move toward that level of expansion.

• Unlike traditional treatment services such as psychosocial and attendant care, IPS Supported Employment extends the mental health center into establishing relationships with employers in the community.

How the program works

• Eligibility for the program is based on the individual’s choice to seek employment; the job search is based on the individual’s preferences, strengths, and work experiences.

• Supported employment staff functions as part of the overall treatment team supporting the individual.

• Individuals moving to employment receive individualized and comprehensive benefits planning in order to understand how working will affect current disability and other benefits.

• People with serious mental illness who obtain and retain competitive employment report that they have a better sense of control over psychiatric symptoms, increased satisfaction with finances, increased satisfaction with leisure activities, higher self-esteem, and a sense of belonging and giving back to the community.