



Fact Sheet | Supported Employment

Treatment Effect of Supported Employment on Reducing Hospitalizations and Incarcerations

Description

The King County Behavioral Health and Recovery Division (BHRD) provides an evidence based model of Supported Employment (SE) services to individuals with serious and persistent mental illness who are enrolled in publicly funded mental health services. In a pre-post data analysis of participants enrolled in the program, data indicates that the provision of supported employment has a significant and positive effect in the reduction of hospitalizations, incarcerations and other costly services.

Background

Since 2008, King County has been providing the Dartmouth Supported Employment Center’s evidence based practice model of “Individual Placement and Support,” also referred to as supported employment. The SE program currently serves approximately one thousand individuals per year and successfully places approximately 25-30% of participants in competitive, integrated jobs that pay minimum wage or higher. Key components of this program include: rapid job placement vs. pre-vocational activities; non-exclusionary eligibility criteria i.e. anyone who is interested in becoming employed may enroll; cultivating employer relationships for job placement via a vocational specialists; and continuous employment support after successful job placement to ensure job retention.

Partners

The following contracted mental health agencies provide an integrated team that may include a: psychiatrist, therapist, case manager, peer specialist, vocational specialist, chemical dependency specialist, housing specialist.

Asian Counseling and Referral Services	Hero House
Community Psychiatric Clinic	Navos
Downtown Emergency Services Center	Sound Mental Health
Harborview Mental Health and Addiction Services	Valley Cities Counseling and Consultation

Partners also include: Dartmouth IPS, Washington State Division of Behavioral Health and Recovery, Washington State Division of Vocational Rehabilitation and Washington Institute for Mental Health Research and Training.

Funding/Budget Information

This program is funded by the King County Mental Illness and Drug Dependency (MIDD) Action Plan with additional funding provided in partnership by the Washington State Division of Vocational Rehabilitation.

Data/Results

Data includes all individuals enrolled in supported employment services from **January 2010 through March 2014**. The pre/post analysis indicates information number of episodes and/or the lengths of stay for specific community services in the twelve months prior to the individual receiving SE services and in the first twelve months of receiving SE services.

Data/Results-Pre-Post

	Pre-Total	Post Total	Pre to Post Change	% Pre to Post Change
King County Jail Bookings	254	177	-77	-30.3%
King County Jail Lengths of Stay (days)	5,256	2,896	-2,360	-44.9%
Episodes of Psychiatric Hospitalization	318	129	-189	-59.4%
Psychiatric Hospitalization Lengths of Stay (days)	7,469	2,459	-5,010	67.1%
Episodes of Western State Hospitalizations	63	5	-58	-92.1%
Western State Hospitalization Lengths of Stay (days)	2,053	128	-1,925	-93.8%
Crisis service hours	3,851	4,300	449	-11.6%
Outpatient non-crisis service hours	65,079	100,610	355,307	-54.6%

Key Findings

- 1) SE services had a significant correlation with a reduction in hospitalizations and incarcerations.
- 2) A significant reduction in costly services was indicated not only for individuals who successfully obtained employment but also for those who had yet to achieve employment. This positive treatment effect may be due to the unemployed participants' active participation in the job search process which includes receiving support from an integrated behavioral health team.
- 3) Only two service categories increased after receiving supported employment services: community based mental health services (outpatient services) and crisis services. Consumers who were unengaged prior to enrollment may have increased their engagement in outpatient services for the purpose of obtaining employment. Crisis services may have also increased due to employed individuals seeking support before and after work or outside of the traditional "nine-to-five" hours of outpatient operations.

The increase in use of outpatient services is noted as a positive result of this program since this service is often underutilized by individuals who have higher rates of hospitalizations and incarcerations.