Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

Contact Information	*Identify point person, telephone number, e-mail address* Declan. Wynne (206) 805 6127, Declan.Wynne@BuildingChanges.org *Which organizations were involved in developing this project suggestion?* • Building Changes • DSHS Behavioral Health Administration
Project Title	*Title of the project/intervention* Scaling Community Based Supported Employment Programs

Rationale for the Project

- *Problem statement*
  Under Medicaid Transformation Initiative Three, Provision of Targeted Foundation Community Supports, the Medicaid Waiver proposes to offer Supported Employment (SE) services to Medicaid recipients with serious behavioral health needs. According to DSHS, an estimated 3,000 enrollees will be eligible. However, Washington state does not currently have adequate network capacity to serve this number of clients. Increasing the number of SE programs available across the state for people with behavioral health needs will require technical assistance and capacity building to ensure model fidelity and a well-planned but rapid startup. Additionally, many clients will be dually eligible for both SE and Supportive Housing services, so new SE programs should be implemented with community based partnerships to ensure adequate cross-system linkages with housing, employment, and other social programs.

- *Supporting research*
  As described in Washington's 1115 Waiver application, Supported Employment, particularly the Individual Placement and Support (IPS) model, has a strong evidence basis and has been demonstrated to increase employment rates and improve behavioral health symptoms for participants. A randomized controlled trial of the IPS model for formerly homeless adults with a serious mental illness living in Supportive Housing was recently conducted in Montreal and found that clients using the IPS model had a 2.4 times greater chance of obtaining competitive employment compared to usual services[i]. The need for provider capacity building is also documented. IPS scholars Gary Bond and Robert Drake cited evidence of successful implementation of Supported Employment and noted that "states need systematic and adequately funded mechanisms for ensuring IPS training, technical assistance, and fidelity and outcome monitoring.[ii]"

- *Relationship to federal objectives for Medicaid*
  The project will directly address the Medicaid objective to "Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations" by increasing the number of providers available to offer Supported Employment services. Additionally, the project will address the Medicaid objective to "Improve health outcomes for Medicaid and low-income populations" because Supported Employment is proven to improve the health of participants.

Project Description

Which Medicaid Transformation Goals are supported by this project/intervention?

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
☐ Accelerate transition to value-based payment
☐ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

X Health Systems Capacity Building
☐ Care Delivery Redesign

☐ Population Health Improvement – prevention activities

- *Region(s) and sub-population(s) impacted by the project.*
  This project should be available in each ACH. The project will target organizations that have the potential to offer Supported Employment services to eligible Medicaid beneficiaries, including but not limited to specialty behavioral health providers, community health centers, housing and homelessness agencies, multi-service agencies, and employment service providers. Cross-system partner organizations will also be engaged to develop partnership protocols including referral and service linkages with local housing providers. The target client population who will ultimately be served are people with serious behavioral health needs who are newly eligible for covered Supported Employment services according to the final eligibility outlined by the Health Care Authority.

- *Relationship to Washington's Medicaid Transformation goals.*
  This project will support the Medicaid Transformation goal to "Reduce avoidable use of intensive services and settings" by enabling more clients to access Supported Employment which improves their psychiatric symptoms and reduces use of intensive psychiatric stabilization services. Additionally, it will "improve population health" by enabling clients with behavioral health conditions to manage their illness and improve their overall health and wellbeing.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
  Project Goals
  1. Increase the availability of high quality Supported Employment programs
  2. Ensure that Supported Employment services are coordinated with other local clinical and community services, especially housing and homelessness services including Supportive Housing.
  3. Ensure that Supported Employment services are available to all eligible populations including those with high needs, people experiencing homelessness, people with Limited English Proficiency, immigrants, refugees, and communities of color.
  4. Ensure that Supported Employment services are provided in a culturally competent manner.

  Expected Outcomes
  1. A greater number of Supported Employment providers are available in Washington communities compared to pre-Medicaid waiver.
  2. More consumers with behavioral health conditions access Supported Employment.
  3. Consumers who access Supported Employment increase employment and income.
  4. Consumers who access Supported Employment decrease intensive outpatient behavioral health service utilization.
  5. Consumers who access Supported Employment decrease Emergency Department utilization

- *Links to complementary transformation initiatives*
  This project directly supports Medicaid Transformation Initiative 3 by scaling Supported Employment and partnering with Supportive Housing providers for clients who are eligible for both services. Additionally, several pilot IPS projects are underway in the state including several funded by DSHS and one jointly funded by DSHS and Building Changes in Snohomish County that specifically targets homeless TANF recipients with behavioral health needs. Lessons from the pilots will be incorporated into this project. The project also aligns with several RSN/BHO's goals to transition the behavioral system to a recovery orientation that prioritizes employment.

- *Potential partners, systems, and organizations.*
  1. Building Changes-capacity building and technical assistance

2. Accountable Communities of Health
3. DSHS Behavioral Health Administration
4. DSHS Economic Services Administration/Workfirst
5. Local Homelessness Coordinated Entry and Assessment systems
6. Supportive Housing Providers
7. Behavioral Health providers
8. Community Health Centers

Core Investment Components

Proposed activities and cost estimates ("order of magnitude") for the project.

Project activities

1. Identify and recruit potential Supported Employment providers in the selected region
2. Convene necessary cross-system partners, in particular the local homeless housing system lead, and housing providers including Supportive Housing programs to establish program design, referral and service coordination procedures
3. Ensure agencies have access to technical training to implement an evidence based Supported Employment model in accordance with state guidelines
4. Support agencies through change management and adaptive aspects.
5. Contract with technical experts as needed.
6. Support agencies to monitor and continuously improve program
7. Convene a local and/or statewide learning circle of Supported Employment providers and key partners including housing partners to improve performance and service coordination through peer learning

Cost estimate: $100,000 annually per ACH depending on desired number of programs.

- *How many people you expect to serve, on a monthly or annual basis, when fully implemented.*
  A Supported Employment Program which follows a fidelity model employing 3 FTE employment specialists with caseloads of 20 serves approximately 100 clients annually.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  To fully implement a project with a region it will take 18 to 30 months. The variation will depend upon Supported Employment capacity currently available in a particular region as well as the capacity of the local housing and behavioral health systems.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  Research has demonstrated the IPS reduces mental health treatment costs, providing savings to the state Medicaid program. Providing capacity building will allow more programs to start-up sooner, thereby allowing the Medicaid program to realize savings sooner.

Project Metrics

- Number of new SE programs credentialed during contract period
- Fidelity assessment of newly implemented IPS programs model using 25 item SE fidelity scale[iii] (Bond et al, 2012)
- Number of new clients enrolled per month
- Psychiatric Hospitalization Readmission Rate
- Homelessness (narrow) from Service Coordination Organizations Accountability Measures

[i] Poremski, D., Rabouin, D., & Latimer, E. (2015). A randomised controlled trial of evidence based supported employment for people who have recently been homeless and have a mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-8.

[ii] Bond, G., & Drake, R. (2014). Making the Case for IPS Supported Employment. *Administration and Policy in Mental Health and Mental Health Services Research, 41*(1), 69-73.

[iii] Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurment of fidelity of implementation of evidence-based practices: Case example of the IPS fidelity scale. *Clinical Psychology: Science and Practice, 18*, 126–141.