Supported Employment and Social Enterprise Models for Homeless Youths with Mental Illness

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HOMELESS YOUTHS AND EMPLOYMENT

- High unemployment rates (66-71%) among homeless youths

- Reliance on high-risk survival behaviors to earn income – legal and illegal

- Low educational levels, limited work histories, housing and food insecurity, daily survival needs, and mental illness hinder success in obtaining and maintaining employment

- Unemployment associated with increased substance use and criminal activity, societal estrangement, and chronic homelessness
EMPLOYMENT AS PROTECTIVE FACTOR

- Economic and personal well-being interrelated
- Employment offers time structure, social contact, social context, and social identity—all of which influence health and mental health
Increased amounts of employment-specific vocational services for longer durations positively impact employment outcomes, whereas greater amounts of clinical services for longer durations are associated with poorer employment outcomes (Cook, 2006)
Supported Employment (SE), or Individual Placement and Support (IPS), is an evidence-based intervention that assists individuals with severe mental illness in gaining competitive employment by offering individualized and long-term support (Becker & Drake, 2003).

Based upon eight defining principles: zero exclusion, integration of vocational and mental health treatment services, competitive employment, benefits counseling, rapid job search, follow-along supports, preferences, and systematic job development (Drake, Bond, & Becker, 2012).

Leads to improvements in relationships, self-esteem, hope, and life satisfaction, in addition to gains in employability, work functioning, work hours, and income (Bond et al., 2000; Cook et al., 2005; Cook, 2006; Drake et al., 1999; Salyers et al., 2004).
SOCIAL ENTERPRISES

• Include nonprofit organizations, socially minded businesses, vocational cooperatives, affirmative businesses or social firms, microenterprises and revenue-generating ventures that create positive social impact in the context of a financial bottom line (Dees, 1998)

• Adopt community economic development approach to neutralize labor-market conditions of individualism, competition, and profit that create employment disadvantage for persons with mental illness (Krupa et al., 2003)

• Clients experiencing homelessness and/or mental illness who participate in affirmative businesses/social enterprises benefit from teamwork with peers, and acquire vocational skills and clinical services; agencies and communities benefit from additional income sources and products (Krupa et al., 2003; Shaheen & Rio, 2007; Warner & Mandiberg, 2006)
EMPLOYMENT INTERVENTION DEVELOPMENT AND ADAPTATION

STUDY 1
Social Enterprise Intervention Model (SEI) and Homeless Youths: Preventing the health, mental health and social deterioration of homeless and street-living youths in Los Angeles

STUDY 2
Feasibility Study of the Individual Placement and Support (IPS) Program with Homeless Youths in Los Angeles
SOCIAL ENTERPRISE INTERVENTION (SEI)

Employment-based, behavioral intervention for street-living youths (16-24) with limited service engagement

- Peer engagement
- Mentoring
- Job training (Photoshop, graphic design)
- Small business skills (accounting, budgeting, marketing)
- Clinical services and treatment
- Harm Reduction

(Ferguson, 2007)
SAMPLING PROCEDURES

- Convenience sampling over 1-month recruitment
- Youths screened for
  - Time at agency: 2+ times per week in prior month
  - Verbal commitment to 8-month training
- 100 youths approached; 20 enrolled; 16 attended
- Intervention: 2 parallel SEI groups of 10 and 6 youths
- Control: 12 youths receiving usual-care services
- Youths matched on age, gender, ethnicity
SEI IMPACT

SEI = 16  SEI youth

Ctr = 12 control-group youth (usual-care services)

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INDIVIDUAL PLACEMENT AND SUPPORT (IPS) PROGRAM

Employment intervention integrated with clinical services for homeless youths (16-24) with mental illness, consisting of:

- zero exclusion
- integration of vocational and mental health treatment services
- competitive employment
- benefits counseling
- rapid job search
- follow-along supports
- respect for client preferences
- systematic job development

(Ferguson, Xie, & Glynn, 2012)
Convenience sampling over 1-month recruitment

Youths screened for
- Ages 16-24
- Primary clinical diagnosis in the past year using MINI

Intervention: IPS group for 20 youths (agency 1)

Control: Usual-care services for 16 youths (agency 2)
YOUTH CHARACTERISTICS

% Youth Meeting Criteria for Diagnosis of Mental Illness

- Depressive Disorder
- Drug Dep/Abuse
- Antisocial Personality
- Manic Disorder
- PTSD
- Anxiety Disorder
- Alcohol Dep/Abuse

* p<0.05

Instrument: Mini International Neuropsychiatric Interview (MINI)
IPS youth monthly work rate = 45-70%
(Adult IPS monthly work rate = 35-45%)
1. **Client benefits:**
   - Learn vocational and business skills, access social enterprises and competitive employment, and receive continuous mentoring
   - Receive ongoing mental health services tailored to individual conditions

2. **Agency benefits:**
   - Generate alternate funding streams (social enterprises)
   - Build professional relationships with employers (supported employment)
   - Eligible for intervention funding (e.g., NIH) to develop/test models & hire staff
   - Staff advance professional development in designing, implementing, and evaluating interventions and administering standardized assessment tools

3. **Society benefits:**
   - Job opportunities for local residents and needed products and services
   - Increased media coverage of successful employment interventions
   - Reductions in homeless youths and survival behaviors in public spaces
TENSIONS WITH EVIDENCE-BASED MODELS

1. Evidence-based interventions require start-up funding
   - In-kind assistance from faculty/students at business schools or from community
   - Donations of materials/equipment from companies and community groups
   - Public/private agencies funding pilot studies

2. Employment interventions with homeless youths in their infancy
   - Lack of standard treatment manuals for developing and replicating evidence-based employment models with homeless youths
   - Limited feasibility and effectiveness data to inform agency staff in program design

3. Discrepancies between federal funding requirements and agency ethos
   - Federal (NIMH) funding requires mental health diagnosis as inclusion criteria
     → Train agency clinicians to administer diagnostic assessment tools
   - Practitioner objections to screening clients for mental illness
     → Train agency staff to offer the intervention to clients who do not qualify
REFERENCES

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Dartmouth IPS Supported Employment Center:
http://sites.dartmouth.edu/ips/

University of Kansas Center for Mental Health Research and Innovation:
http://mentalhealth.socwel.ku.edu/