Individual Placement and Support

Implementing and Evaluating an Evidence-Based Employment Practice in 46 CalWORKs Mental Health Programs in Los Angeles County
“First, I want to give you an overview of what I will tell you over and over again during the entire presentation.”
So here’s the first time

• A. Why is IPS an evidenced-based practice? (And why does it need to be studied?)

• B. What’s involved in implementing an EBP on a large scale?

• C. Research and evaluation results
  • Conundrums of Research– Phase I of the IPS Study?
  • Triangulating Methods –Phase II of the IPS Study
  • Outcomes Monitoring – A Confirmatory Study
IPS as an Evidence Based Practice

• Developed in New Hampshire in late 80s
• Listed by SAMHSA as an EBP in early 2000s
• In 20 randomized control trials, the mean rate of competitive employment for individuals receiving IPS services was 58%. In these studies, those not receiving IPS services had an average rate of 24%.
• Follow-up studies have found stable results for 10 to 12 years
• Next slide shows results from 11 randomized controlled studies published by 2008
Ooops...

"Why does it always have to represent something?"
Figure 1—Competitive Employment Rates in 11 Randomized Controlled Trials of Individual Placement and Support

- 96 NH: 78%
- 07 IL: 75%
- 04 CT: 74%
- 08 HK: 70%
- 08 AUST: 65%
- 06 SC: 64%
- 99 DC: 61%
- 08 CA: 57%
- 07 EUR: 55%
- 06 QUE: 47%
- 02 MD: 27%

- IPS
- Control
- Control 2
Current implementation of IPS

- IPS Learning Community run through Dartmouth with funding by Johnson and Johnson offers technical assistance, shared learning, and participation in research: 2001-2017
- 18 states participate plus Spain, the Netherlands and Italy
- A total of 15,700 participants get IPS in roughly 88 programs
- California has only one county involved, Alameda
- It is immensely puzzling and disappointing that California consumers are missing out on the main intervention that could allow their lives to contain the kind of meaning that most of us depend on: our jobs
B. Implementation in Los Angeles

IPS in 46 CalWORKs Mental Health Programs
Why IPS for CalWORKs mental health?

• IPS was developed for persons with long-term and severe mental illnesses, primarily on the schizophrenia spectrum and bipolar

• CalWORKs mental health services are for persons who have barriers to becoming economically independent due to mental health problems. Diagnoses are generally depressive and anxiety disorders.

• There are other differences besides diagnosis and income source (SSI vs. CalWORKs):
Comparing IPS populations: target population vs. CalWORKs (Thanks to Shirley Glynn, Ph.D., and Luana Turner, Psy.D. from our Phase I report)

**Target population**
- IPS is not time-limited
- High engagement with tx
- Salary is not required due to SSI
- Do not care for others
- Many have extensive family supports

**CalWORKs**
- CalWORKs strongly time limited
- Engagement is new and tentative; high drop out rates
- Will need a salary to live on
- Responsible for children
- Don’t receive a lot of family support
So why IPS for CalWORKs?

• CalWORKs mental health participants have not been very successful in finding work, so IPS seemed like a good (last ditch) possibility
  • In a study of over 2000 LA CalWORKs mental health participants published by CIBHS in 2011, 18% worked sometime during treatment and only 26% worked at all in the six months after treatment.

• The main principle of IPS is that: help with employment is provided in conjunction with treatment.
  • DPSS (welfare department) had a pull out model: take clients out of work requirements for mental health treatment to remove barriers, then move back into usual programs
  • Since pull-out wasn’t working, it made sense to try integration
Sometimes administrators are a lot bolder than researchers...

• CIBHS had recommended a pilot program of IPS vs. usual services

• DMH agreed and we implemented in 9 programs in which we had a randomized control group and a randomized IPS group

• BUT... DMH also wrote into a new Statement of Work requiring supported employment be available in each of 46 programs
“Let’s risk it. Two hundred miles isn’t so far.”
Implementation Strategies
Staged Implementation Approach

• Given the large number of programs throughout Los Angeles County providing CalWORKs Mental Health Supportive Services, successful implementation of IPS occurred in three distinct stages:
  • Cohort #1-Implementation Date January of 2012: Total of 14 Clinics (9 Providers)
  • Cohort #2-Implementation Date June of 2012: Total of 8 Clinics (5 Providers)
  • Cohort #3-Implementation Date January of 2013: Total of 24 Clinics (20 Providers)
IPS Training Process

• The IPS training program was delivered in a 3 phase approach:
  • Phase I: 2 ½ day initial workshop
  • Phase II: On-line training via Dartmouth IPS Supported Employment Center
  • Phase III: Ongoing consultation and technical assistance via “Learning Collaborations”
    • “Learning Collaborations” met monthly following implementation to discuss experiences and challenges (Cohort I & II only)

• Technical Assistance (TA) visits are offered periodically for programs on an as needed basis
  • Primarily for new Employment Specialists and new Supervisors; and
  • Prior to all baseline fidelity reviews
IPS Fidelity Review

• A fidelity scale is a tool to measure the level of implementation of an Evidence-based practice (EBP).

• The IPS Supported Employment Fidelity Scale defines the critical ingredients of IPS in order to differentiate between programs that have fully implemented the model and those that have not.

• As demonstrated through research, high-fidelity programs are expected to have greater effectiveness than low-fidelity programs.

• You can think of the IPS Supported Employment Fidelity Scale as a roadmap or a compass that can help practitioners obtain better outcomes.
Fidelity Review Timing

• **Fidelity Review Timelines:**
  
  • **Baseline:**
    
    • Baseline reviews took place approximately 6 months after implementation.
  
  • **Annual:**
    
    • Follow up reviews occurred at six months for agencies that achieved a score of 99 or below (Fair fidelity range) with technical assistance provided as needed.
    
    • Follow up reviews occurred annually for agencies that achieved a score of 100 or higher (Good fidelity range) with technical assistance provided as needed.
Implementation Challenges
Evidenced-based Practice Buy-in

• Successful implementation of IPS involved a consolidated and integrated effort by:
  1. Agency Leadership
  2. Mental Health Clinicians
  3. Employment Specialists
  4. Clients and their families
### Transitioning of Staff

**Case Manager Role:**
- Case management services
- Pre-crisis and crisis intervention
- Facilitating rehabilitation and support groups (skill building)
- Medication support
- Linkages to needed resources
  - Housing, food, etc.
  - Substance use
  - Education
  - Parenting classes

**Employment Specialist Role:**
- Engage clients in collaborative relationships directed toward the goal of obtaining competitive employment
- Conduct job development and job search activities in the community
- Build relationships with employers in the community
- Provide follow-along support to clients who obtain employment; which includes educating employers with clients’ agreement and consent
- Participate in weekly team meetings with mental health treatment staff
- Develop individual employment plans with client
Staff Turnover: Hiring the Right Employment Specialist

- Qualifications:
  - Education and experience consistent with job responsibilities stated above
  - **Ability to work as an effective team player**
Fidelity Monitoring
Fidelity Review Scores Over Time

![Bar chart showing Fidelity Review Scores from 2012 to 2016]

- 2012: 65
- 2013: 85
- 2014: 92
- 2015: 95
- 2016: 93

4/03/17
Fidelity Review Scores by Clinic Type
C. Research and evaluation outcomes

Phase I Research and evaluation conundrums
Measuring outcomes has its pitfalls...

A visit to the famous Cracks That Things Fall Through
Phase I: Research snags

• Randomization is difficult to pull off if clinical staff are implementing it.
  • Three of our programs could not manage randomization.
  • Something happened in the randomization: In this study, control group members in the baseline period earned twice as much in the aggregate as IPS members and individuals control group members earned about 160% more each (on average) than study group members.

• Unlike the National EBP project, the outcomes we measured were way ahead of the fidelity achieved:
  • Outcomes were measured at discharge or one year
  • At the time of the first fidelity review 6-9 months in, only 3 programs of 9 had achieved “fair” fidelity; the rest were “not IPS”
  • After 14 months 3 reached “good” fidelity, 4 were “fair” and one was still “not IPS”
Conclusions regarding Phase I...

• Problems with randomization and late achievement of fidelity threatened the validity of the study

• While some measures favored IPS overall, no clear conclusion could be drawn.
Phase II outcomes
Study design: a fidelity-based control group

• By January 2014 when we started Phase II, there were 6 “good” fidelity programs. We decided to compare them to five “fair” fidelity programs. (Randomization had passed us by as all 46 CalWORKs mental health programs now had a supported employment program.)
  • If CalWORKs IPS programs were like other IPS programs, the good fidelity programs would have good outcomes and they would be better than the fair fidelity programs.
  • This strategy failed because the “fair” programs quickly achieved “good” fidelity
<table>
<thead>
<tr>
<th>Program</th>
<th>Baseline Near Start of Phase II</th>
<th>Study Period Review 1</th>
<th>Study Period Review 2</th>
<th>Study Period Average</th>
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</thead>
<tbody>
<tr>
<td>GROUP I “GOOD FIDELITY” AT BASELINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program 1</td>
<td>104</td>
<td>102</td>
<td>108</td>
<td>105</td>
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<tr>
<td>Program 2</td>
<td>102</td>
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<td>Program 3</td>
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<td>Program 4</td>
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<td>Program 5</td>
<td>111</td>
<td>115</td>
<td>114</td>
<td>114.5</td>
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<td>Program 6</td>
<td>100</td>
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<td>100.6</td>
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<td>GROUP II “FAIR FIDELITY” AT BASELINE</td>
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<td>Program 7</td>
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<td>Program 8</td>
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<td>Program 9</td>
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<tr>
<td>Program 10</td>
<td>75</td>
<td>88</td>
<td>103</td>
<td>95.5</td>
</tr>
</tbody>
</table>
So what we achieved is pretty close to this...
We have two strategies and three data sources which we use to triangulate on results

- **Strategy 1**: Comparison of employment rates of participants in good fidelity programs with a *criterion*
  - Prior to the study DMH stated that to be successful
    - Results would have to exceed the 18% working during treatment and 26% working within six months after treatment; AND
    - A reasonable criterion measure would be 50% or higher working within the one year study period

- **Strategy 2**: Change from baseline to discharge; or change from baseline to 12 to 16 months
### Participants in Good Fidelity Programs:
Staff Report of Employment Status at Last Clinic Visit

<table>
<thead>
<tr>
<th>Employment status</th>
<th>N=109 (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full-time (32 hours a week or more)</td>
<td>21.1</td>
</tr>
<tr>
<td>Employed 20-31 hours per week</td>
<td>15.6</td>
</tr>
<tr>
<td>Employed 10 to 19 hours per week</td>
<td>9.2</td>
</tr>
<tr>
<td>Employed 1-9 hours per week</td>
<td>1.8</td>
</tr>
<tr>
<td>Working as a volunteer or unpaid trainee</td>
<td>.9</td>
</tr>
<tr>
<td>Not working</td>
<td>51.4</td>
</tr>
</tbody>
</table>

When participants who worked during treatment were added in, 55% had worked prior to or at discharge.
The second leg of the triangle is participant self-reports

• Participant reports
  • 78 out of 109 participants were interviewed after discharge
  • We used DPSS data, which was available for all participants, to confirm that the 78 persons interviewed did not differ significantly from those not interviewed, including regarding employment
  • Participant reports have much more detail both about jobs and about psychological factors such as self-esteem and hope for the future
  • On the criterion measure, participants reported at follow-up that 59% had worked
The third leg of the triangle is DPSS longitudinal data

- DPSS keeps a careful month to month record of employment earnings verified against employer records
- Because DPSS employment data is recorded for food stamp and Medi-Cal participants too, employment data was available for every participant through at least 16 months after IPS sign-up
- While the staff and client legs of the triangle are individualized, based on how long each participant was in the program. The time period for DPSS data is the same for all participants: 12 months and 16 months
- Using Strategy 2 (pre to post), DPSS data show an increase from 17% who worked during the baseline to 48% working within 12 months and 53% working within 16 months.
DPSS data show clear trends and factors associated with working. Here is age group.
A confirmatory study

IPS as part of Outcome Monitoring
In October 2014, DMH instituted outcome monitoring for all CalWORKs MH participants

• Only 16% of the outcome monitoring participants were in IPS during their treatment

• IPS participants improved their employment much more than those not in IPS:
  • 15% of both groups worked at time of enrollment
  • If no IPS, 26% had worked at time of discharge
  • If in IPS, 51% had worked at time of discharge

• In the full calendar year 2016, 48% of IPS participants worked
An obvious issue is whether IPS participants are different in some way from the others

- A logistic regression model using eight variables did not show any were statistically significant predictors of receiving IPS
- Using propensity score matching we created a smaller “matched” group from those not in IPS
  - It did not differ statistically from the full no-IPS group
  - Using this propensity score defined group as a comparison group showed essentially the same change as with the raw data: 15% at baseline for both, with 25% at discharge for no-IPS and 52% for IPS.
Conclusions

• Similar outcomes were found:
  • In staff ratings
  • In client ratings
  • In DPSS data over a year and over 16 months
  • In outcome monitoring data

• So initial implementation results and Phase II outcome data are favorable

• Challenges are:
  • Increasing the percentage with full-time employment
  • Expanding IPS to include all CalWORKs participants