

## **COORDINATION OF IPS SUPPORTED EMPLOYMENT WITH STATE REHABILITATION AGENCIES**

Information from the Dartmouth IPS website:

<http://www.dartmouth.edu/~ips/page30/page30.html>

### **State VR in Illinois Provides Organizational Structure for IPS**

Gene Oulvey, Coordinator of Psychiatric Rehabilitation Services, reports that as of July 2009, a new version of the Illinois Vocational Rehabilitation Program Casework Procedures Manual includes a chapter that is specific to working with IPS programs. “

After four years of implementing IPS in Illinois, we were thinking about the roles, responsibilities and contributions of VR to IPS. We wanted to eliminate anything we might be doing to impair a full commitment to the IPS model.” In response Douglas Morton, Manager of Strategic Planning, and Gene with the approval and support of Robert Kilbury, Director of the Division of Rehabilitation Services, and Jeff Standerfer, Bureau Chief for Field Services, spent eight months talking to all levels of VR leadership, colleagues at the department of mental health, members of the provider community and members of the consumer community. They used information from these interviews as well as from VR counselor focus groups conducted the previous year to establish new casework procedures for counselors working with IPS programs.

The IPS principle of “rapid job search” is one of several areas that the manual addresses. Gene reports, “Our policies say that the VR counselor has up to five months from referral to rehabilitation plan development but that flies in the face of rapid job search. Many counselors feel that they need time to get to know the person and learn about the person’s disability, but this stems from an approach in which the VR counselor does it all for the person rather than working as a member of an IPS team. The new manual shortens the maximum time for plan development from five months to ten days. This works because the VR counselor is meeting with the IPS team regularly and, in some cases, is hearing about people prior to their referral to VR.

Another change is that if a person engages in a job search with his employment specialist and actually finds a job before his case is open with VR, the VR counselor can backdate the person’s VR opening by 14 days. This rule applies only to IPS so that the program can use a rapid job search. The new manual encourages local systems to define the documents that are required for a referral packet so that the VR counselor can open the case quickly.

At the state level, we are supporting that by changing the criteria for the person signing off on diagnostic materials. It can be any licensed practitioner in the healing arts in Illinois. By allowing a vastly wider network of mental health practitioners who can sign the documents, it moves the process along quickly. Changes in the manual encourage counselors to ensure that IPS programs are receiving the funding that they need throughout the vocational process. A milestone payment approach specific to IPS allows for payments at 15 days employment, 45 days and 90 days.

A final, and important, change is a mandate that there is a formal meeting including the VR counselor and the rest of the IPS team at least once a month. For all programs other than IPS, the counselor must meet with the customer every 8 weeks, but is not necessarily mandated to meet with anyone else.” In early 2010, training in all five regions of Illinois will help counselors think about strategies to use the new practices and act as full participants of local IPS teams.

To obtain a copy of the Illinois Vocational Rehabilitation Program Casework Procedures Manual,

contact: Gene.Oulvey@illinois.is.gov

### **CONNECTICUT MODEL**

Traditionally the Connecticut vocational rehabilitation agency (Bureau of Rehabilitation Services, or BRS) and state mental health agency (Department of Mental Health & Addiction Services, or DMHAS) provided employment services via distinct and separate tracks. Recently, however, both have recognized the importance of working collaboratively to strengthen employment outcomes for shared consumers. BRS designated persons with psychiatric disorders as a target population and made the improvement of employment outcomes a key agency goal. Concurrently, DMHAS is actively promoting linkages with local BRS offices to broaden the array of employment services and partner on such programs as the Ticket to Work and federal employment stimulus funds. BRS placed three counselors in DMHAS facilities, where they work closely with treatment teams and the internal DMHAS-funded IPS employment staff. The results have been very positive for consumers, as well as the staff of both agencies. BRS staff have been able to obtain tools, drivers licenses, on-the-job training placements and trial work opportunities to help consumers get a foot in the door. Typically for teamed consumers DMHAS IPS staff make the initial job placements using IPS practices. DMHAS wraparound supports (e.g., clinical and case management services, housing assistance and supports) insure longer-term job retention. At the point that the individual is interested in more significant work, BRS counselors can assist in exploring and obtaining higher level positions and/or skills upgrading. Longterm supports are generally provided by the local DMHAS agency. DMHAS continues to encourage its providers to become BRS Community Rehab Providers (CRPs) to promote continuity for consumers who are accessing employment services from both agencies. This partnership is particularly important for leveraging employment stimulus funds to serve DMHAS consumers. While all involved acknowledge that these embedded counselors may achieve fewer “26s” than their counterparts working with persons with a broader range of disabilities, they also understand that recruiting more consumers into the BRS/DMHAS employment pipeline will generate movement toward significant permanent employment over time. Staff from both agencies have noted the difference in attitudes and level of knowledge regarding the partner agency’s services. All feel more comfortable in making cross referrals and actively seek out opportunities for teaming. CT is taking full advantage of the Ticket to Work Partnership Plus model to generate revenue for shared consumers. For cases in which both BRS and DMHAS have contributed significant services, the Ticket revenues are shared based on contractual agreements between BRS and the provide agencies. There is an on-going supports committee, made up primarily of DMHAS providers, that is co-facilitated by BRS and DMHAS to encourage DMHAS agencies to become Employment Networks. While the CT partnership is a “work in progress”, we’re pleased that these efforts are underway. We look forward to learning from our teamed model and ultimately expanding our best practices to additional sites. Submitted by Ruth Howell, December 3, 2009

## **MINNESOTA STRATEGIES TO INTEGRATE VR AND IPS SUPPORTED EMPLOYMENT**

Claire Courtney, MS, CRC State Vocational Rehabilitation

Sharyl Helgeson, RN, PHN State Mental Health

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- 6 Pilot Projects are at “Good Fidelity” with yearly fidelity monitoring
- State Fiscal year 2009; MN J&J pilot projects served 316 people and 157 (50%) were employed
- Revising and updating the shared Minnesota “Vision for Employment for Persons with Serious Mental Illness (SMI)” and the Interagency collaborative agreement between MH and VRS
- State VR extended “grant” funding of the current six pilot projects for SFY 11. Counselor liaisons asked to open VR cases on all participants with employment plans in the pilots. VR electronic record system element added to track IPS/SE. The VR tracking is to look at VR services, expenditures and outcome data.
- State implementation team will convene a funding sustainability work group to evaluate and recommend a funding model for the VR funded portion of IPS/SE in the future (i.e. performance based agreements, fee for service, etc...)
- State implementation team will analyze all potential sources funding for Supported Employment for persons with SMI to identify where State discretion and opportunities exist to shape policy change and influence through leadership, education, and partnering