The Power of Employment in Changing Lives

WHAT YOU NEED TO KNOW TO IMPLEMENT IPS SUPPORTED EMPLOYMENT
Presenters

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About this Session

IPS is an evidence-based approach to employment and education for people with mental illnesses and substance abuse disorders. The model has evolved to serve other populations, including transition-aged youth, veterans, and justice-involved individuals. The session will provide practical information on IPS implementation within an organization.
Goal for Discussion

Why should we be thinking about employment?

Why IPS Supported Employment?

Critical factors to successful implementation of IPS

Next steps
Articles on IPS and Criminal Justice


Risk Factors of Criminal Offenders with Mental Illness

An unstable pattern of employment is a risk factor for crime

<table>
<thead>
<tr>
<th>Offenders with Mental Illness</th>
<th>Risk Factors</th>
<th>Offenders without Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>Unemployed</td>
<td>24%</td>
</tr>
<tr>
<td>26%</td>
<td>Receive welfare</td>
<td>16%</td>
</tr>
<tr>
<td>30%</td>
<td>Homeless</td>
<td>17%</td>
</tr>
</tbody>
</table>

Prins and Draper 2009
Hold for slide with stats on employment and recidivism for justice-involved individuals
## Interest expressed in work

<table>
<thead>
<tr>
<th>Study</th>
<th>%</th>
<th>Survey Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rogers (1995)</td>
<td>71%</td>
<td>statewide survey of people with mental illness</td>
</tr>
<tr>
<td>Bedell (1998)</td>
<td>69%</td>
<td>sheltered workshop participants</td>
</tr>
<tr>
<td>Mueser (2001)</td>
<td>61%</td>
<td>study of family intervention</td>
</tr>
<tr>
<td>McQuilken (2003)</td>
<td>55%</td>
<td>clubhouse members</td>
</tr>
<tr>
<td>Drebing (2004)</td>
<td>53%</td>
<td>veterans in a VA-sponsored vocational program</td>
</tr>
<tr>
<td>Woltmann (2009)</td>
<td>70%</td>
<td>clients in psychiatric rehabilitation program</td>
</tr>
<tr>
<td>Frounfelker (2011)</td>
<td>72%</td>
<td>clients with co-occurring substance use</td>
</tr>
<tr>
<td>Ramsay (2011)</td>
<td>78%</td>
<td>young adults experiencing early psychosis</td>
</tr>
<tr>
<td>Wescott (2015)</td>
<td>77%</td>
<td>community survey of people with schizophrenia</td>
</tr>
<tr>
<td>Knaeps (2015)</td>
<td>45%</td>
<td>psychiatric inpatients</td>
</tr>
<tr>
<td>Livermore (2017)</td>
<td>48%</td>
<td>SSDI/SSI beneficiaries with mental illness</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td><strong>63%</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Gary Bond*
WHY FOCUS ON EMPLOYMENT?

- Having a job means financial independence, sense of purpose, and being a part of society.
- For people with mental illness, employment is seen by many as an essential part of their recovery.
- Unemployment causes mental health problems.
- Steady workers have reduced health treatment and public benefit costs.
- Less than 10% of consumers in CA work, but 60-70% express interest in working.
- Work is a typical role for adults.
Employment is a Social Determinant of Health

Providing more access to employment for people with disabilities is a social justice activity.

With greater participation in the workforce and decreased poverty, people’s mental and physical health improves.

Treatment beyond just therapy/meds:
- Economic stability and financial wellness
- A way out of poverty
- Finding new hobbies and interests
- Stable housing
- Consistent healthcare
- Self-determination
UN/EMPLOYMENT RATES

Compared to the general population in the US, people with serious mental illness:

- Have 2x the unemployment rate
- Are 2x more likely to be not in the labor force
- Are ½ as likely to work full time
- Greater poverty and social isolation

In CA, 90% of people receiving services in the public mental health system do not work. 5th worst in US.
WHY IPS?

Individual Placement and Support (IPS) works the best for getting people with SMI to work.

People are almost 2.5 times more likely to get a job.

Also shown effective for other groups like:

- TANF/CalWorks
- Substance Use challenges
- PTSD
- spinal cord injuries
- older adults
- people who are homeless
- people with criminal justice involvement
- young adults
- veterans
IPS: evidence-based practice

INDIVIDUAL PLACEMENT AND SUPPORT

- IPS Supported Employment is an evidence-based approach to supported employment for people who have a severe mental illness and co-occurring disorders.

Developed at the Dartmouth Psychiatric Research Center- research now under Westat

- IPS was first studied in a randomized controlled trial in 1996
- 25 randomized controlled trials to establish IPS as an evidence-based practice
- First funded and approved by SAMHSA; developed into the SE-EBP toolkit (outdated)
- Now funded under various federal grants including NIMH, NIH, CMS, and Social Security Demonstration Grant looking at MH unemployment as a major public policy issue
Competitive Employment Rates in 25 RCTs of IPS
### 8 Practice Principles of IPS

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Competitive Employment:</strong></td>
<td>• Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.</td>
</tr>
<tr>
<td><strong>2. Eligibility Based on Client Choice:</strong></td>
<td>• People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.</td>
</tr>
<tr>
<td><strong>3. Integration of Rehabilitation and Mental Health Services:</strong></td>
<td>• IPS programs are closely integrated with mental health treatment teams.</td>
</tr>
<tr>
<td><strong>4. Attention to Worker Preferences:</strong></td>
<td>• Services are based on each person’s preferences and choices, rather than providers’ judgments.</td>
</tr>
<tr>
<td>Principle</td>
<td>Description</td>
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<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6. Rapid Job Search:</td>
<td>IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.</td>
</tr>
<tr>
<td>7. Systematic Job Development:</td>
<td>Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.</td>
</tr>
<tr>
<td>8. Time-Unlimited and Individualized Support:</td>
<td>Job supports are individualized and continue for as long as each worker wants and needs the support.</td>
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5-Year Return on Investment for IPS and Traditional Voc Services

**Return on Investment**

<table>
<thead>
<tr>
<th></th>
<th>IPS: 53.5</th>
<th>Trad: 18.2</th>
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</thead>
<tbody>
<tr>
<td>OVERALL EARNINGS</td>
<td>$71,670</td>
<td>$39,690</td>
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<tr>
<td>VOCATIONAL SERVICES</td>
<td>$86,580</td>
<td>$71,260</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>$27,270</td>
<td>$42,900</td>
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</table>

(Hoffmann, 2014)

**IPS is cost-effective**

✓ Once on SSI, less than 1% of beneficiaries per year move off of benefits to return to work.

✓ IPS is an excellent investment, with an annual cost of $6000 per client in 2012.

✓ Average annual savings of over $16,000 per client in mental health treatment costs for steady workers, compared to clients not working.
<table>
<thead>
<tr>
<th>First Author/Year Published</th>
<th>Study Site Location</th>
<th>Control Condition</th>
<th>Months Follow-up</th>
<th>N (IPS)</th>
<th>N (Ctl)</th>
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<tbody>
<tr>
<td>Drake 1996</td>
<td>Manchester &amp; Concord, NH</td>
<td>Skills training, nonintegrated</td>
<td>18</td>
<td>73</td>
<td>67</td>
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<td>Drake 1999</td>
<td>Washington, DC</td>
<td>Sheltered workshop</td>
<td>18</td>
<td>74</td>
<td>76</td>
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<td>Lehman 2002</td>
<td>Baltimore, MD</td>
<td>PSR</td>
<td>24</td>
<td>113</td>
<td>106</td>
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<tr>
<td>Mueser 2004</td>
<td>Hartford, CT</td>
<td>(1) Brokered SE; (2) PSR</td>
<td>24</td>
<td>68</td>
<td>136</td>
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<tr>
<td>Gold 2006</td>
<td>Rural SC</td>
<td>Sheltered workshop</td>
<td>24</td>
<td>66</td>
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<td>Latimer 2006</td>
<td>Montréal, Québec</td>
<td>Traditional vocational services</td>
<td>12</td>
<td>75</td>
<td>74</td>
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<tr>
<td>Bond 2007</td>
<td>Chicago, IL</td>
<td>Diversified placement approach</td>
<td>24</td>
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<td>Burns 2007</td>
<td>6 cities in Europe</td>
<td>Traditional vocational services</td>
<td>18</td>
<td>156</td>
<td>156</td>
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<td>Wong 2008</td>
<td>Hong Kong</td>
<td>VR referral</td>
<td>12</td>
<td>46</td>
<td>46</td>
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<tr>
<td>Killackey 2008</td>
<td>Melbourne, Australia</td>
<td>Traditional vocational services</td>
<td>6</td>
<td>20</td>
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<tr>
<td>Nuechterlein 2010</td>
<td>Los Angeles, CA</td>
<td>VR referral</td>
<td>18</td>
<td>46</td>
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<tr>
<td>Heslin 2011</td>
<td>London, UK</td>
<td>Usual Care</td>
<td>24</td>
<td>93</td>
<td>95</td>
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<tr>
<td>Twamley 2012</td>
<td>San Diego, CA</td>
<td>VR referral</td>
<td>12</td>
<td>28</td>
<td>22</td>
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<td>Davis 2012</td>
<td>Tuscaloosa, Alabama</td>
<td>Standard VA vocational rehab</td>
<td>12</td>
<td>36</td>
<td>35</td>
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<tr>
<td>Killackey 2012</td>
<td>Australia</td>
<td>Traditional vocational services</td>
<td>6</td>
<td>73</td>
<td>73</td>
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<tr>
<td>Drake 2013</td>
<td>23 sites in US</td>
<td>No additional services</td>
<td>24</td>
<td>1004</td>
<td>1051</td>
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<tr>
<td>Oshima 2014</td>
<td>Tokyo, Japan</td>
<td>Usual care</td>
<td>6</td>
<td>18</td>
<td>19</td>
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<td>Michon 2014</td>
<td>4 cities in Holland</td>
<td>Traditional vocational services</td>
<td>30</td>
<td>71</td>
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<td>Bond 2014</td>
<td>Chicago, IL</td>
<td>Job club adaptation</td>
<td>12</td>
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<td>44</td>
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<tr>
<td>Hoffmann 2014</td>
<td>Bern, Switzerland</td>
<td>Traditional Vocational Rehab</td>
<td>60</td>
<td>46</td>
<td>54</td>
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<tr>
<td>Bejerholm 2014</td>
<td>southern city in Sweden</td>
<td>Traditional Vocational Rehab</td>
<td>18</td>
<td>41</td>
<td>46</td>
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<tr>
<td>Waghorn 2014</td>
<td>3 Australian communities</td>
<td>Referral to disability system</td>
<td>12</td>
<td>67</td>
<td>49</td>
</tr>
</tbody>
</table>
Outcome Findings

✓ Fewer hospitalizations
✓ Stable lives
✓ Increase in independence
✓ An improved sense of self worth
✓ Improved family atmosphere
✓ Improvement in social skills

✓ Still going after 18 months...
  • Lower symptoms (particularly thought disorder),
  • Better self esteem and
  • More satisfaction with their finances
✓ Approximately 40% of clients who obtain a job with help from IPS become steady workers and remain competitively employed a decade later
Justice Involved

Chicago Study of IPS for People with Justice Involvement:

- Clients with justice involvement receiving IPS have better employment outcomes than those receiving usual vocational services.
- IPS clients have lower rates of justice involvement during follow-up.
- Client who obtain employment have lower rates of justice involvement during follow-up.
- Most common barriers to employment are reduced with IPS: failure to engage, drug use.
- Things that improve: no need for prerequisites, clients that didn’t have job goal now do.
- IPS programs need to focus especially on engagement and integration with treatment.


Jobs when you have a criminal history

➢ Fill out the application honestly. If you do get one that poses the question, tell the truth. While it may be tempting to lie, even if you get the job, you can be fired for lying on the application and hiding your past.

➢ Read the questions about a criminal past carefully. If it asks about your activities in the past five years, that is all you have to answer. If it asks about felonies and you have only misdemeanors, don't bother to divulge them.

➢ Know the laws in your state. Laws on divulging a previous record vary from state to state. Know your rights.

➢ Prepare a letter of explanation to attach to those applications that ask for your criminal record. This is especially important if there were extenuating circumstances involved in the crime. Tell as much as you feel comfortable revealing, and it may help the employer to see past your past behavior.
Quotes from IPS participants:

I’m respected now.

I feel like I have a purpose now and every day I get up feeling good that I have a job.

I don’t wake up mad and upset anymore.

I feel better about myself now that I am working and contributing to society.

I’m doing exactly what I want to be doing. Now there is more peace and certainty in my life.

I like making money to help my family pay the bills.

I like being in mainstream society as opposed to living a sheltered life.

Working helps me manage my depression. My mood is more positive.
I'd hate to have a job where you had to get up early in the morning...

I'd hate to have a job where you stayed in the same place all day...

I'd hate to have a job where you had to be nice to everybody...
IPS Implementation

HOW DO WE START THIS AT THE COUNTY AND AGENCY LEVEL
EBP Fidelity

• Quality improvement tool that leads to improved employment outcomes
• Well-validated, 25-item fidelity scale
• Includes Staffing, Organization, and Services items
• Each item is scored from 1-5, with 5 being full implementation. Max of 125 points.
• Fidelity reviews should occur every six months until good fidelity is reached, then yearly
• Resources: www.IPSWORKS.org
Alameda County IPS Efforts

Used Implementation Science as a framework for developing IPS in Alameda County

Cultivated leadership with a vision for more effective employment services

Built Consensus by involving all stakeholders and emphasized program success

Developed a steering committee which included providers, family members, consumers and executive leadership

Made the case for inclusion in the IPS international learning community. Alameda County and the Department of Rehabilitation joined in 2012
Alameda County (continued)

Used seed funding from the IPS international learning collaborative to develop three pilot programs. An RFP process was utilized which examined agency philosophy, organizational structure and commitment

Provided intensive consultation and training for all agency staff to ensure program success

Helped agencies coordinate services with the DOR

Provided bi-annual IPS fidelity reviews for ongoing quality improvement

Used braided funding to pay for services including, MHSA, Medi-Cal, DOR, grant funding etc.
Motivating Factors

Belief

It’s the right thing to do; I want to make this happen

Desire

leadership is on board and promotes it

Belief

Work is treatment; people we serve can work

Leadership
Promoting Work as a Health Outcome

ORGANIZATIONAL LEVEL (COUNTY OR AGENCY LEADERSHIP)

Develop an Implementation Team to review or redo policies/programs to be supportive of IPS philosophy

Leadership relaying the message that WORK is treatment and it matters in whole health

Make it a priority- its what we do now

Address clinician/practitioner attitudes, stigmas, conformity with treatment as usual

PROGRAM/TEAM LEVEL (STAFF)

Encourage people to share their back to work stories with other clients.

Provide information about how working impacts benefits to clients, families, and rep payees.

Use motivational interviewing. Ask about people’s hopes, concerns, pros and cons of working. Be curious but don’t push people in any direction.
Pre-implementation

- Assess agency readiness
- Create implementation plan
- Establish a steering committee/identify champions
- Identify process for collecting and using outcome data (Agency QI plan)
- Agency-wide kickoff events
On-site support

- Topic-specific workshops
- Field mentoring
Coaching Calls

Tailored to meet needs of each team

Focus on team supervisor

1 hour

Learning, Support, Strategies
How we support teams to meet high fidelity?

Pre-implementation

2-day IPS workshop

Remote Sessions
(coaching calls, group supervision, supervisors’ forums)

On-site consultation/field mentoring

Fidelity reviews/Outcome Measures
Group Supervision

- Lead Group Supervision
- Observe supervisor and provide feedback
- Provide guidance and support
Fidelity Evaluation

- every six months initially; annually thereafter
- Meet with employment specialists, team supervisor, agency leadership, and people receiving services
- Review charts and other IPS-related documentation
- Observe group supervision
Outcome data collection and reporting

- Determine outcome measures
- Determine who will collect this data
- Determine how this will be reported and used
- How to market to wider community
Resources

IPS Website: [www.IPSworks.org](http://www.IPSworks.org)
- Program Tools (Implementation Plan, Agency Readiness Checklist) as well as Criminal Background Disclosure Worksheet: [https://ipsworks.org/index.php/library/](https://ipsworks.org/index.php/library/)

Benefits Counseling Training: **Cornell online**- Work Incentives Planning and Utilization For Benefit Practitioners: [https://www.ytionline.org/courses](https://www.ytionline.org/courses)
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