

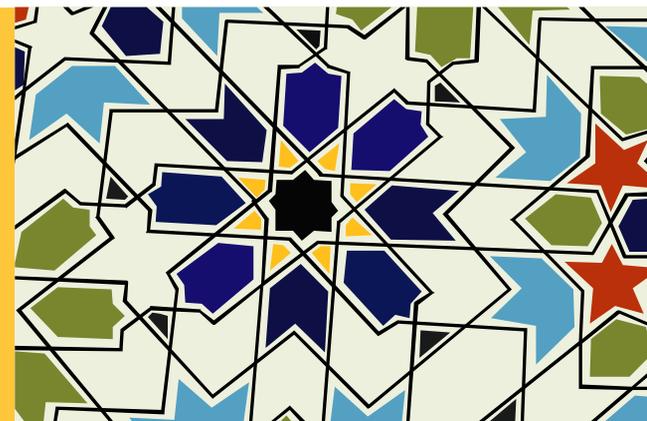
IPS SUPPORTED EMPLOYMENT EVIDENCE- BASED PRACTICE

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Alameda County Behavioral Health Care Services

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The 4th Annual CiMH Evidence-Based Practices Symposium



LEARNING OBJECTIVES

After this session, participants will be able to:

- Summarize aspects of the Individual Placement and Support model, including history, practice principles, and research.
- Identify critical steps for implementing and sustaining IPS effectively in public behavioral healthcare programs.
- Describe strategies that Alameda County has used to successfully start IPS programs.
- Examine how they might implement IPS in their own area and identify initial steps to take.

WHY FOCUS ON EMPLOYMENT?

- Viewed by many as an essential part of recovery.
- Only about 15% of consumers work, but 60-70% express interest in working.
- Working helps people feel better, alleviates poverty, and reduces stigma in society.
- Work is a typical role for adults.



IS WORK TOO STRESSFUL?

- Joe Marrone, an employment trainer: “If you think work is stressful, try unemployment.”
- Stresses of work do not translate into higher rates of hospitalization
- Consider the negative effects of unemployment in the general population: increased substance abuse, physical problems, psychiatric disorders, alienation and apathy, reduced self-esteem, loss of social contacts

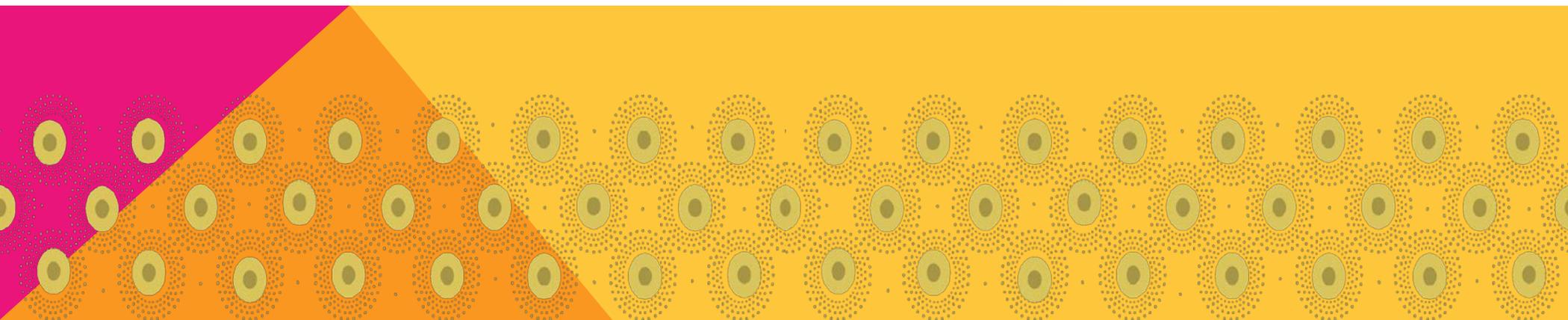
QUOTES FROM IPS CONSUMERS:



- 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.

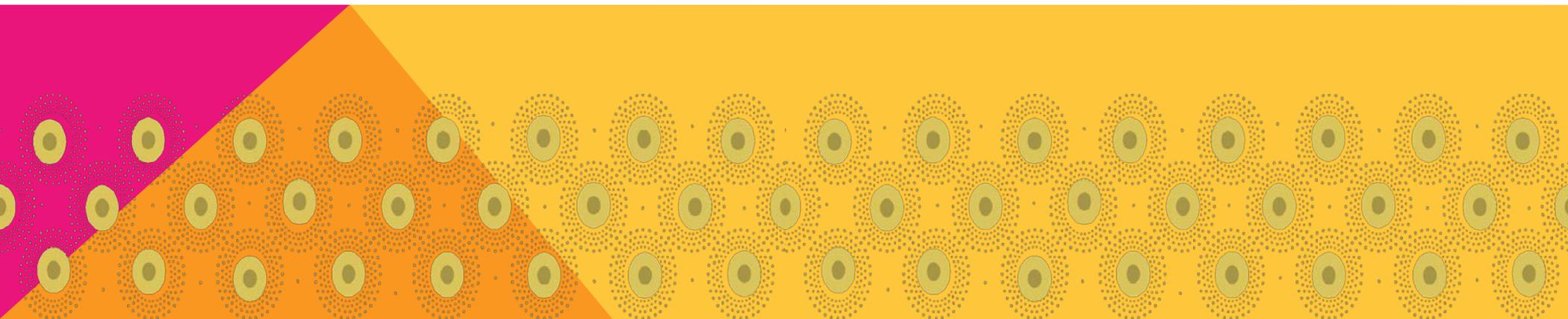
EVIDENCE-BASED PRINCIPLES OF IPS

1. Zero exclusion: eligibility is based on consumer choice.
2. IPS employment services are closely integrated with mental health treatment.
3. Competitive employment is the goal.
4. Personalized benefits and work incentives planning is provided.



EVIDENCE-BASED PRINCIPLES OF IPS

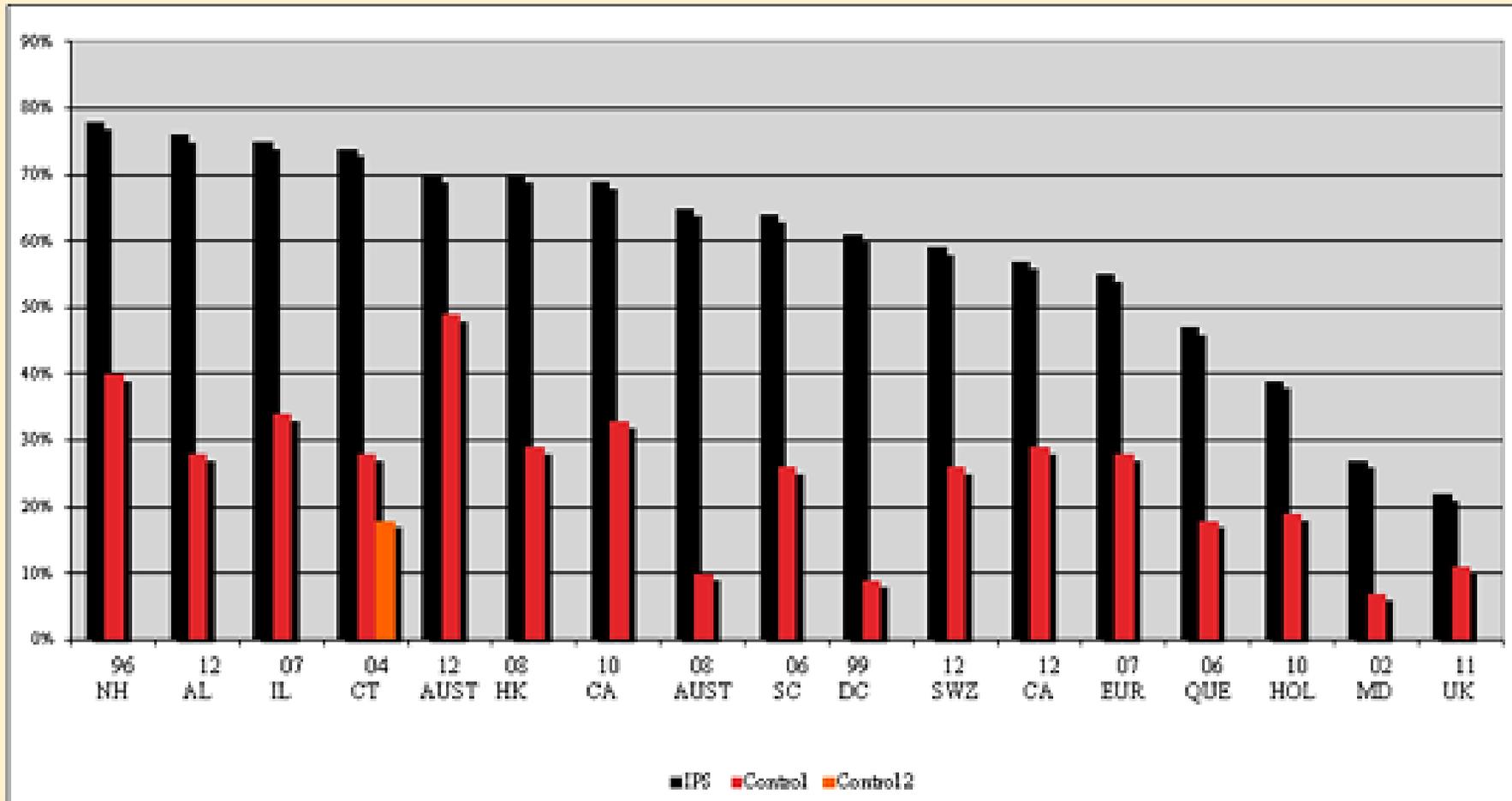
5. The job search starts soon after a consumer expresses interest in working.
6. Employment specialists develop relationships with employers based on their consumers' work preferences.
7. Follow-along supports are continuous.
8. Consumer preferences are honored.



17 RANDOMIZED CONTROLLED TRIALS (RCT'S) OF IPS

- Strongest scientific design for evaluating whether a treatment works
- In all RTCs, IPS had significantly better competitive employment outcomes than controls
- Mean across studies of consumers working competitively at some time is 59% for IPS and 25% for controls

COMPETITIVE EMPLOYMENT RATES IN 17 RCTS OF SUPPORTED EMPLOYMENT



ALAMEDA COUNTY IPS EFFORTS

- Using Implementation Science as a framework for developing IPS in Alameda County.
- Cultivating leadership with a vision for more effective employment services.
- Building consensus by involving all stakeholders and emphasizing success.
- Developing a steering committee.
- Making the case for inclusion in the J&J-Dartmouth Program. Alameda County and the Department of Rehabilitation joined in April 2012.



JOHNSON & JOHNSON- DARTMOUTH COMMUNITY MENTAL HEALTH PROGRAM

- Mission is to increase access to IPS for consumers.
- Started ten years ago with one pilot site and currently includes fourteen states, the District of Columbia, Alameda County in CA, Italy, Spain, and the Netherlands.
- Includes four one-year grants with technical assistance and is coordinated through the Dartmouth Psychiatric Research Center.
- Ongoing learning collaborative provides support.

PILOTING IPS AT A FEW AGENCIES

- Use funds to develop three IPS pilot programs, in process to select more. Examine agency philosophy and organizational structure in application process.
- Provide intensive consultation and training to programs to ensure progress.
- Highlight the successes of the programs in order to further build consensus.
- Helping agencies link to the DOR.
- Provide biannual IPS fidelity reviews for quality improvement purposes.

STAKEHOLDER COLLABORATIONS

- In July 2012, started an **IPS Family Advocacy Project**. They have developed and delivered training on working with families for our pilot sites, along with helping with procurement, fidelity reviews, and marketing.

- In June 2013, started an **IPS Consumer Advocacy Project**. They have been advocating for more employment services through various forums, along with sharing success stories to build enthusiasm and interest.



TRAINING TOOLS AND RESOURCES

- Technical support and consultation for various program elements
- Monthly training and peer support groups for employment specialists and supervisors
- Development of a curriculum for IPS that emphasizes adult learning styles
- Utilization of Dartmouth materials- online course, books, videos, etc.
- Consistent fidelity reviews and outcome tracking



FINANCING IPS SERVICES

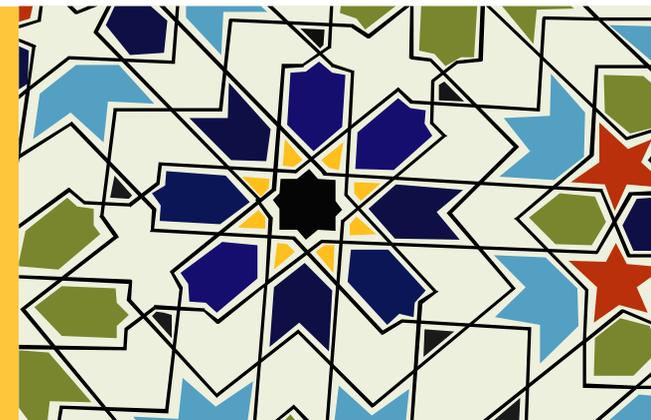
- Identifying the financing of IPS is a major part of our project.
- Currently, most programs use a braided funding strategy that can include revenue from DOR, Medi-Cal, MHSA, and grants.
- Helping programs maximize DOR revenue through our partnership.
- Examining how much of IPS services are Medi-Cal reimbursable= current estimation is 50%.
- Advocating for funding IPS through Medi-Cal with a 1915(i) State Plan Amendment.

LESSONS LEARNED SO FAR:

- IPS is not a panacea and is most effective when offered within an array of other practices like a multidisciplinary team, motivational interviewing, supported education, and other recovery services.
- Requires sustained commitment of executive leadership and strong supervisory support.
- Requires strategic planning and action to address system barriers. This can take a long time.
- Regular outcome tracking and reporting, along with regular fidelity reviews, lends itself to true quality improvement.
- Continued collaboration with DOR is critical.

OPPORTUNITIES FOR THE FUTURE

- Amending our Medicaid State Plan to fund IPS through the 1915(i) State Plan Amendment process would offer sustainable, straightforward financing.
- Creating regional and statewide collaborations for IPS.
- Embedding IPS into different types of mental health programs, including case management, full service partnerships, peer programs, FQHC's, etc.





- Questions?
- Discussion

CONTACT INFORMATION

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Thank You for your Participation!