

Employment Works!



Focus on Leadership

Leadership's Crucial Role in Implementing Change

Gary Bond, PhD, Dartmouth Psychiatric Research Center

Strategies that we are using to implement and sustain IPS in Illinois include technical assistance, accurate data collection, planning for changes in funding and establishing critical mass for IPS.

The National Implementing Evidence-Based Practices Project examined the factors influencing the success in implementing an evidence-based practice not previously offered at a site. Starting in 2002, 53 mental health centers committed to implement one of five evidence-based practices (supported employment, assertive community treatment, integrated dual disorders treatment, family psychoeducation, or illness management and recovery). We defined successful implementation as high fidelity, based on day-long site visits by independent assessors. Dartmouth researchers and our colleagues in 8 participating states made field ob-

servations and conducted in-depth interviews for a two-year period to identify the most important barriers, facilitators, and strategies to implementation. A recently completed report summarizes the overall findings (Torrey and colleagues, submitted).

We found that the two most important factors associated with success in implementation were site leadership and a focus on workflow and reinforcement (i.e., time and resources devoted to redesigning program policies and reinforcing fidelity and outcomes through measurement and feedback). Site leadership included both tangible support for staff (allocating resources) and symbolic actions (advocating for practices in meetings). An example for supported employment was a center director who decided to disband the day treatment program and reassign staff to implement the new supported employment program. Leadership ac-

tions included reconfiguring productivity standards to accommodate team meetings, community-based services, and family meetings.

The study had several surprising findings. One was that reported barriers to implementation did not predict success in achieving high fidelity. The types of barriers encountered by high fidelity sites were very similar to low-fidelity sites; the difference rested more with the response by leadership to these challenges. A second surprise was that the amount of attention devoted to training and staff development was actually negatively correlated with high fidelity. From the research literature we know that didactic training is not likely to lead to changes in program services. Training and supervision must be linked and supported by changes in the flow of work to make differences in fidelity of implementation.

The overall take-home message from this project is that leaders should persevere in the face of challenges to implementation. It may be more productive to focus on positive and active strategies, such as personnel and structural changes, rather than to focus on barriers to change, whether perceived or actual. ■

Reference

Torrey, W. C., Bond, G. R., McHugo, G. J., & Swain, K. (submitted). *Evidence-based practice implementation in community mental health settings: The relative importance of key domains of implementation activity.*

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“It helped me to heal and accept my illness.”

Evidence-based supported employment is also known as individual placement and support (IPS). These are the same practices and use the same procedures, scales and approaches. Often the term “supported employment” is used in a generic sense and is not synonymous with evidence-based supported employment or individual placement and support.

State Consumer Leader

Clarissa E. Netter, Director, Office of Consumer Affairs
State of Maryland, Mental Hygiene Administration

There was a time when I had a major episode and I wasn't able to work for almost four years. It took me awhile to recover because I didn't know what was wrong with me. I was depressed and hearing voices, but I wanted to work. My mother began asking around about programs that help people with work. She found a program that helped people with mental illness re-enter the workforce with confidence and dignity and that is what they did for me. It helped me to heal and accept my illness. The first job that I got was for only three hours a week. That was a big thing for me. It took me a whole week to get myself together to be able to take the busses to my job and work for those three hours.

These days I work full time as the director of the Office of Consumer Affairs for the Maryland Mental Hygiene Administration. My working life includes wearing many hats. I am a consumer who is in a position to help shape policy and to provide feedback to the mental health director and other directors in the department. I help with the programming and planning for the mental health system in



Maryland. I recommend policy in the development phase of programming. I also have an advisory council so that I can make sure that we are meeting the needs of mental health consumers in the state. Finally, I am working on the expansion of self-help peer support organizations.

In all of my jobs I had the help of an employment specialist. She gave me the confidence that I had the intelligence to do what I wanted to do and she encouraged me to do it in my own way and at my own pace. When someone else wanted me to be a janitor, my employment specialist advocated for me. She knew that I wanted more.

I think that work is important for people who have mental illness because it gives you a sense of dignity and confidence in yourself that you are able to do something. It also helps to think about something other than your illness and why you have it. It helped me think, “I am part of the working world and I can do things. I'm worthwhile.” Work makes me want to get up in the morning and go to sleep at night—because I am tired! ■

Strategies to Implement and Sustain IPS

Jordan Litvak, Executive Director
DHS/DMH, Greater Illinois Central Regions 3 & 4

Strategies that we are using to implement and sustain IPS in Illinois include technical assistance, accurate data collection, planning for changes in funding and establishing critical mass for IPS

Training

One of the critical elements in implementing IPS is the development of technical assistance. Four years ago, I observed that my colleagues in vocational rehabilitation and mental health

were working with agencies to implement IPS, and I realized that there weren't enough trainers to adequately cover the state. I managed to hire two full-time trainers for Regions 3 and 4 in Illinois, and over time, mental health was able to hire 2.5 additional trainers. We now have one trainer in each region of the state to work with individual agencies and help practitioners form a learning collaborative.



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Three Agency Directors Share Strategies

Marilyn Cook, Executive Director

Comcare of Sedgwick County, Wichita, Kansas

To help our agency implement supported employment, I participated in monthly leadership team meetings. I would listen to my employees and try to understand how the practice was unfolding. The thing that I think was most helpful was to give permission to people to think differently and spend resources differently than we had in the past.

In the beginning we transitioned case managers into employment specialist positions. We soon found out that the case managers did not feel comfortable conducting cold calls with employers. So I asked the person in charge of public relations for our agency to go out with the new employment specialists and model ways to talk to employers. She did that for almost six months. Some employment specialists decided to leave their positions because they really wanted to be case managers, and others learned how to develop relationships with employers and enjoyed their jobs. As we hired new staff, we looked for people who would enjoy meeting with employers.

Integration of mental health services and employment services required more assistance than we had anticipated. We already had weekly mental health treatment team meetings and expected to be



able to add employment specialists without any problem. We found out, however, that we had to help practitioners learn how to use the meetings effectively. The new employment specialists were tempted to revert back into their case management roles and we had to remind them that their roles on the team were now as employment specialists—that they needed to focus on employment.

We also had a situation in which consumers didn't understand the new program and weren't sure how work would be helpful to them. I authorized an ice cream social that was held in the evening at a local botanical garden. Consumers and family members came to hear about supported employment and the way that work could be part of recovery for some people.

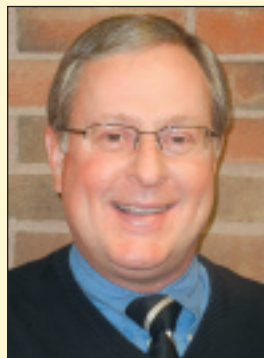
To help sustain progress with supported employment, we share information from our fidelity reviews with the board members at least once a year. I also talk to new staff about evidence-based practices and why they are important to our agency in new employee orientation. I think that evidence-based practices are valued by all the staff that work at Comcare. ■

“Consumers and family members came to hear about supported employment...”

Doug Kilberg, Executive Director

Locust Street Resource Center, Carlinville, Illinois

When I first heard about the Individual Placement and Support (IPS) model, I realized that helping people with jobs was the next logical step for our agency. People who had participated in our psychosocial rehabilitation programs were asking, “What do I do next?” I was in position to make the decision to implement IPS, and our Recovery Manager was ready to help. The Illinois Department of Mental Health was able to provide technical assistance and some funding for start-up



programs, but not enough to cover the cost of the program; I needed to convince our agency's board that IPS was worth the financial risk. I educated the board about the ways that IPS is in line with the agency's recovery mission. We talked together about the ways that employment is a normal part of everyone's life. I was also able to talk about how IPS was a doable model, a well thought-out practice with a lot of structure. Our

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s to Implement and Sustain IPS

Doug Kilberg... continued from page 3

board members are committed to our consumers and agreed that this practice would be a good fit with our mission.

Our first year was rough: we didn't have much funding and only a few people started working. Staff, for the most part, wrestled with needed changes. Even when staff had said that they bought into the model, it took time to adapt to new ideas such as the belief that hygiene or symptoms should not be a reason to exclude someone from employment services. Fidelity reviews helped us to determine which areas we needed to focus on improving. In addition, we had very good technical assistance and support from our Illinois state trainer.

Things improved during the second year of implementation. Even in the middle of the global economic slump, people found employment. In fact, we were able to bill enough to vocational rehabilitation, using their milestone payment system, to hire more staff. We are fortunate to have a good working relationship with our vocational rehabilitation colleagues. The counselors and supervisor support the

IPS model and help us to deliver good services to our consumers.

The collection and use of outcomes data proved to be very useful. Initially we weren't very excited about collecting data, but found that people sometimes over-estimated outcomes such as the number of job starts or time spent in the community. Once we started tracking the outcomes, we had a better idea of our strengths and also knew which areas we wanted to improve.

Another step in implementing the new approach was to develop a committee of consumers who could provide feedback about IPS services. They also helped us to identify terms and processes that we take for granted but aren't readily understood by the general public. That helped us to better educate consumers about the program.

We're now in our third year of implementing IPS and I still think it's important to show my support. I attend almost all of the integrated team meetings so that staff knows that I'm serious and committed to implementing the model. ■

“The collection and use of outcomes data proved to be very useful.”

Dan Rice, Executive Director

South Central Mental Health Counseling Center, Augusta, Kansas

When I became executive director for our center, it was clear that the programming we offered to people with severe mental illnesses needed to improve. University of Kansas offers assistance to centers in our state that want to implement evidence-based practices, so it seemed obvious that we should work with them to improve the quality of our services.

One of the first things that I needed to do was make some staff changes. It was important to have supervisors and staff who agreed philosophically with the new programs that we were bringing to the center. It was no longer enough for managers to ensure that their programs were financially successful—we needed managers who were on board with evidence-based practices.

Supported employment was the second evi-



dence-based practice that we implemented. Hiring employment specialists was a change for us. In the past, case managers would occasionally help a person with employment, but now we needed to create positions specifically for employment. I also participated in leadership

meetings for supported employment, but I think that spreading the message about jobs was one of the most important ways that I helped with implementation. I might hear that a psychiatrist told someone that he couldn't work, so I would go talk to the psychiatrist about the evidence that people who want to work can work.

We're in the process now of hiring a third employment specialist. This will help with integrated services because we serve a large, rural county and

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“Supported employment was the second evidence-based practice that we implemented.”

Strategies to implement... *continued from page 2*

Funding

With recent state funding cuts, we experienced a setback in Illinois. State general funds for vocational service billing codes were eliminated, which resulted in a loss of 1.8 million dollars for IPS services. Good data helped us to understand the situation and to move forward. We knew that consumers in IPS programs used approximately 11.2 million dollars in services last year, so that the cut was actually close to 15%. We also knew that not all of the money coming into the programs was from state general funds. In fact, we could see that some of our programs were able to cover costs with money they earn from vocational rehabilitation milestones alone. Being aware of these numbers helped us to realize the financial impact on our agencies, and to realize that 11.2 million dollars were still available for our programs.

To help agencies manage the impact, the IPS training team worked closely with the Division's State Medicaid experts to vet a training about medically necessary activities that are related to the person's goal of employment. Because many programs have hired employment specialists without a clinical background, the training in treatment planning helped them to decide which activities are medically necessary and how they should document their work. Another goal of the training was to further the integration of the treatment team which resulted in improved outcomes for the consumer. With focus on medical necessity, it is possible that agencies will be able to replace 25–35% of the monies lost from state general funds.

VR has been crucial for IPS in Illinois. Not only does VR pay for client outcomes on a milestone basis, but VR has also agreed to provide seed money for new programs so that practitioners have time to develop skills that will result in good outcomes. Further, VR agreed to use some of their ARRA stimulus money to provide seed money for the development of additional programs, which then could eventually be supported financially with a cooperative working agreement which pays for the milestone outcomes. The conditions for such agreements between

VR and the agencies are that they meet acceptable fidelity to the IPS model, and that they show good productivity in terms of milestone outcomes.

Data

Accurate and timely data are key to the sustainability of IPS. The amount of revenue that programs generate from VR depends on good client outcomes. Further, data help us demonstrate that the work people are doing is effective. The IPS trainers gear all training to help agencies improve outcomes. Further, when I meet with trainers, I help them look at the client outcomes for each of their sites so that we can determine how to be more effective. It is a continuous improvement process. We also look at the VR billing for each site (and each region) because that is another way to gauge effectiveness.

I'm excited about a new web-based data system that we are about to pilot. We collaborated closely with VR to make sure that the system would meet the needs of both programs. This system will allow agencies to submit data online which will be much easier for them. After data are submitted, it should be relatively easy to extrapolate information when we have a question about IPS services.

Critical Mass

When we began implementation in 2006, we had only six IPS programs in the state. Now we have 34 sites and we make that public. People know that it isn't just one program—we are having a tremendous impact in both rural and urban areas. We've had some programs close, but you have to recognize that there are going to be some losses. Initiatives that are interesting to people (such as IPS research studies in the state or peer services) will help additional agencies consider implementing an IPS program.

Last year we served 2,325 people in IPS. To sustain and grow IPS, we'll continue to use data, target training efforts, and help our sites with funding. ■

Dan Rice... *continued from page 4*

we have three clinics in the county. The employment specialists need to be at each of the weekly mental health treatment team meetings to talk with clinicians about their client's work goals. This also keeps the clinicians focused on work. We want all the clinicians to ask, "Have you thought about work?" "What are your interests?"

I discovered early on that the things that you measure are

the things that improve. But if you don't set goals, things won't move forward. So, setting goals and monitoring progress in employment are part of our ongoing efforts to sustain the program. We have a goal right now to achieve 50% employment for people in the supported employment program by the end of the year and I feel confident that we'll achieve that goal. ■

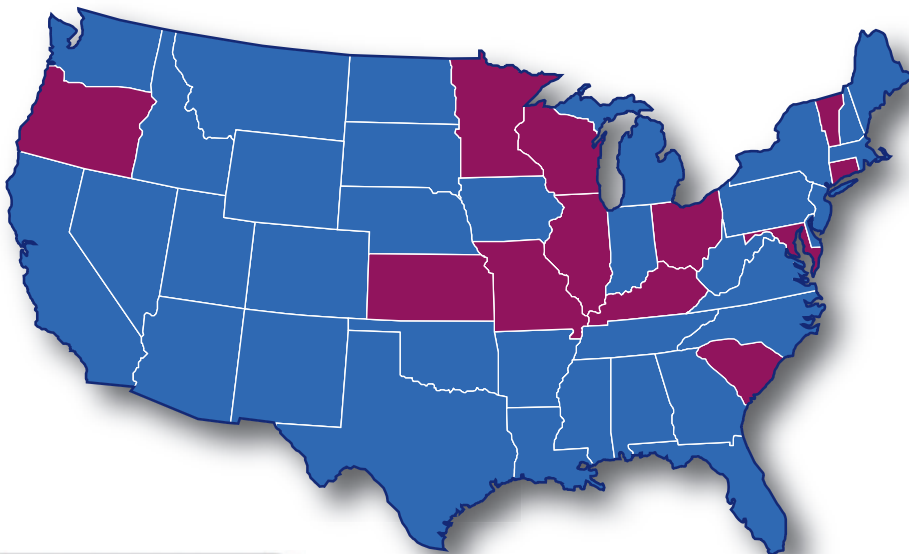
Employment Works!

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Online Training in IPS SE

An online course for IPS supervisors and employment specialists is offered by Dartmouth PRC. Although the January course is full, registration for the May course has already begun.

To learn more about the online course, please to our website:
<http://www.dartmouth.edu/~ips/page26/page26.html>



IPS Supported Employment Center Website Update

We continue to add to our website. Recent additions include new information about helping people who have had justice system involvement, a Spanish language version of the IPS supported employment fidelity scale, new IPS supervisor tools, and new information for families and vocational rehabilitation administrators. Please check our website from time to time to find new tools and information.

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