

# Employment Works!



This newsletter issue provides tips from the field about program implementation.

## Steering Committees Aide Program Implementation

Kristin Farley, IPS Supported Employment Program Manager, Valeo Behavioral Healthcare, Kansas

When we began implementing IPS in 2004, our agency's steering committee helped us in a number of ways. When the committee began reviewing fidelity reports it became clear that staff needed more education so that they would refer any person who wanted to work to IPS (zero exclu-

sion criteria). The steering committee also helped us develop a plan so that we would have an employment specialist assigned to each mental health treatment team. When that happened, mental health practitioners began to get excited about IPS and our referrals increased. And I think that the steering committee helped agency leaders deepen their commitment to the IPS approach. In fact, our mental health director now requires that all new case managers meet with me during orientation to learn about IPS. The agency director sends a clear message to all staff that helping clients work is an important part of the agency's mission.

But if we had it all to do over again, we would invite the Vocational Rehabilitation supervisor to the steering committee as soon as we began to consider implementation. She is an active partner now and she's helped us to improve our program. The committee helped her to understand why we wanted to use rapid job search instead of work adjustment (a prevocational program). ♦

**An IPS steering committee is a tool for implementation and sustaining an IPS program. These committees are comprised of a diverse group of stakeholders including agency leaders, Vocational Rehabilitation counselors and supervisors, clients, family members, the IPS supervisor, a mental health supervisor and so forth. The first task of the group is to help all members learn about IPS. Next, group members think together about strategies to implement IPS with good fidelity. The committee reviews fidelity reports and program outcomes to help the IPS team improve over time. Steering committees typically meet at least quarterly during implementation and twice each year after good fidelity is achieved.**

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# Lessons Learned about IPS Implementation in Missouri Vocational Rehabilitation

*John Harper, Assistant Director Mental Health Services and Data Reporting, Missouri Division of Vocational Rehabilitation*

Developing regional experts within VR has been one of the most effective strategies we have used to implement IPS. These ambassadors have leadership roles in VR and either have a current IPS caseload or have carried one in the past. Our three regional ambassadors are able to help IPS teams understand VR issues, for example, procedures for billing. And they help VR counselors to better understand IPS principles such as rapid job placement and how to expedite the VR process. These people help create a seamless service delivery system.

**An important change we made was to transform our fee schedule to promote good fidelity to IPS.**

Another important change we made was to transform our payment system to an outcome milestone fee schedule. In the past, our fee schedule encouraged lengthy work adjustment training to assess a person's readiness to work. Now the fee schedule promotes good fidelity to IPS. ♦

# The Role of the IPS Supervisor in Implementation

*Vanessa Southworth, Director of Programs Wisconsin, Family & Children's Center, Wisconsin/Minnesota*

When we started to implement IPS, our plan for program supervision was that it would be shared between me and our clinical supervisor. But it was difficult to spend as much time on the project as we wished. If I had it to do over again, I would hire an IPS supervisor right away. Even though we started with one employment specialist, I would still hire a supervisor and give that supervisor a small caseload. I think a good supervisor should be excited about IPS, but also interested in learning—someone who is willing to follow the model because the research shows that it is effective.

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The other piece of advice I have for new programs is to take advantage of IPS resources. The IPS supported employment implementation kit (from Dartmouth) walks the reader through implementation step by step. I think it would help a supervisor to dig into that kit. We also found assistance from our state trainer to be valuable. When we felt discouraged about how implementation was going, he would point out what we were doing well and that helped give us another boost. ♦

# Research on Enhancing IPS Supported Employment with Technology

Researchers at the Dartmouth Psychiatric Research Center (PRC) were recently awarded a 5-year grant from the Department of Education, National Institute for Disability and Rehabilitation Research (NIDRR) to create The Development Center to Enhance Evidence-Based Supported Employment with Technology. This Center will develop and test a range of technology-based products including some for self-management, collaboration, and data management.

Technology has the potential to address many barriers to employment for individuals with psychiatric disabilities. Technologies such as the Internet and mobile smart phones can promote self-management and confidence by putting tools for expressing preferences, making choices, and scheduling supports directly in the hands of consumers. For example, we are working on a smart phone application that consumers can use to program their job plan goals. Data collection and reporting features of the application will allow consumers to easily track their progress in meeting goals, and access resources to support their action plan. Consumers will be able to share progress updates with their IPS team, friends or family, as desired.

Key to the Center's success will be a development approach that involves ongoing input and feedback from consumers and IPS supported employment team members. For more information about projects being conducted by the Center, and potential ways to become involved, contact Sarah Lord, Ph.D. at [Sarah.E.Lord@Dartmouth.Edu](mailto:Sarah.E.Lord@Dartmouth.Edu). ♦

# Implementation Strategies for State Vocational Rehabilitation

Claire Courtney, Department of Employment and Economic Development, Vocational Rehabilitation Services, Minnesota

Education for the state-level leadership team was an important step in implementation. We have an advocate on our team who has been a field manager and worked with two of the IPS projects and that helped us understand how IPS worked best at the program level.

We have also learned that it is not helpful to go into implementation thinking, "This is something that we will pilot for a few years and then we'll see." We have so many projects in VR that come and go, that sometimes people in the field don't take them seriously. If we had it to do again, we would announce, "This is an approach that has been well-researched and it is a long-term systems change that will help us improve our outcomes." We needed to show our commitment to IPS.

Helping VR counselors change to embrace IPS involved several strategies. What convinces counselors most is seeing people work (successful outcomes). It also helped the counselors to feel that they were part of a team. In Minnesota, VR counselors attend weekly IPS vocational unit meetings. They have access to the mental health treatment providers and they feel that is a real benefit. We also provided training about IPS to VR counselors. Our counselors took the Dartmouth online course and during the course I met with them to talk about the training material. We continue to discuss cases and the IPS approach through group emails. ♦

## Josh's Story

During the Great Depression, mental illness was probably just as common as it is now. But to get well, there were no medications or treatment programs. When my great grandmother had a nervous breakdown, she went to a doctor. The doctor said, "You need to get your hands in the dirt. You need something real." Almost one hundred years later, outside the house she lived in (now owned by my grandfather), you can see a beautiful flower bed that runs the complete length of the lawn, straight down the middle. Although a bit wild, the same flowers she planted still bloom every year and some have spread to the horse pasture. They are as intricate as they are impressive and they are decorated with large common stones she laid by hand.



My great grandmother recovered. I knew her for a short time during my early childhood and I've always heard stories about her character and intelligence, about how hard she worked and about how loving she was to all of her grandchildren she helped to raise. She was the matriarch of my family and all of this was possible because of the time consuming and arduous task of single handedly creating something that stands as a monument to her, to this day. It remains untouched, because that was her wish.

This was the very lesson that allows me to go to work every day. It doesn't matter what you do when you start out and you don't have to become a doctor or an engineer and make a lot of money. Hard work is freeing and it is healing. Sometimes all that matters is that we get up every morning and do what we love. So I say to you: go get your hands in the dirt. Go do something real.

*(This story was written by Josh, along with his employment specialist, Anne Averyt.)*

### 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.

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Dartmouth College  
Dartmouth Psychiatric Research Center  
Rivermill Commercial Center  
85 Mechanic Street, Suite B4-1  
Lebanon, NH 03766

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## Integrated Teams Assist Implementation in Connecticut

*Ruth Howell, Bureau of Rehabilitation Services/Department of Mental Health and Addiction Services, Connecticut*

In Connecticut, we've focused on developing an integrated continuum of services through local teams of staff from VR and the IPS programs. Nineteen teams meet monthly, or bimonthly, to talk about shared cases and referrals. We bring clinicians in occasionally when we talk about people on their caseloads who are served by this team, and we also provide training to the teams about IPS. Through this process we have learned about each other's services and developed protocols for shared cases. The teams also developed a better referral process.

Improving collaboration between the systems is an ongoing process but forming local teams, with oversight from a state-wide committee, has been one of the most effective strategies we have used as part of our efforts to implement IPS. I think these groups tap the best from both systems. ♦

## The Netherlands joins the Johnson & Johnson -Dartmouth Program



*An IPS team in Amsterdam, Netherlands*

## Resources for Implementation

A roadmap for implementation ("SE Roadmap"), documents about steering committees, and other implementation tools can be downloaded from <http://dartmouth.edu/~ips>. In addition, Dartmouth Psychiatric Research Center offers an implementation kit that can be ordered through the website (see "Resources").