

SUSTAINING IPS IN SOUTH CAROLINA

Demetrius Henderson, Department of Mental Health, South Carolina

I have used a number of strategies to help sustain IPS in South Carolina, but highlighting the positive annual outcomes from the IPS programs is critical. I include our 49% employment rate in annual reports and presentations to state leadership. I compare those outcomes to other traditional employment programs so that leaders can see that what the agencies are accomplishing is impressive. A committee also examined the return on investment for IPS in South Carolina. We determined that for every dollar invested in IPS, six dollars were earned by IPS clients. Our mental health director, John Magill, gives data related to IPS to our state legislators and governor's office. Mr. Magill has designated IPS to be one of the Department of Mental Health Blue Ribbon programs. People who have benefitted from IPS are in the best position to explain the importance of working. They give testimonies about IPS services to community mental health centers, boards, management, and staff. Although some mental health agency directors are concerned about IPS funding, they also recognize the impact that work has on people's lives. Some directors report that IPS is one of the best programs that they have. Further, on two occasions state legislators have attended programs to hear people talk about their return to work.

In South Carolina, we partner with other agencies to sustain IPS. South Carolina National Alliance on Mental Illness (NAMI) works with us to promote the programs. We also have a strong relationship with South Carolina Vocational Rehabilitation Department (VR).

DARLENE'S STORY

I work over 30 hours per week as a cashier and have done so since last June. But a year ago, I felt confused about work because I have been through a lot in my life. I had problems with homelessness and drinking in the past. I felt nervous and afraid. And I didn't feel like people were on my side—I had a little edge. Homeless people deal with a lot including being treated like you are nobody. After I was referred to IPS, Marcy (my employment specialist) would knock on my door and call me and I would think, "Oh, I don't feel like dealing with her." But she did not give up and just kept coming back. At one point I lost a job offer because I failed a drug test, but Marcy said, "That's okay. It's a learning experience." Then I decided that I wouldn't make that mistake again.

After my first day of work, I wanted to quit. I told my employment specialist that I wasn't going back, but she encouraged me to keep going. The computer training was tough. Marcy went to work with me to help me learn the computer. I'm shy and I was tongue-tied at work so at first Marcy would talk to the other people at work, but then one day I told her that I had to start talking for myself. I love to work. I want to pay my rent and take care of myself. I feel like I don't count when I don't work, but when I work I am proud. Now I count.

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"I love to work.
I want to pay rent and take
care of myself."

THE ROLE OF THE IPS LEARNING COLLABORATIVE IN SUSTAINING IPS SERVICES

Gary Bond, Dartmouth Psychiatric Research Center

In 2011, Dartmouth PRC received a 3-year grant from the National Institute of Disability and Rehabilitation Research to study the sustainability of the IPS sites participating in the Dartmouth-Johnson & Johnson IPS Learning Collaborative. Sustainability refers to the continuation of program services over time.

In 2012 we conducted telephone interviews with IPS site leaders at all 130 active sites in the collaborative. In 2013 we interviewed 35 state leaders in 13 participating states. In 2014 we will interview site leaders (or other staff if the program has been discontinued) to determine the two-year sustainability rate.

Of the 157 sites joining the collaborative since 2002, 130 (83%) were active in 2012, with sites averaging 4.8 years in the collaborative. Five states are currently expanding IPS services, 6 are unchanged, and 2 are contracting. Leaders in 10 states expect growth in the number of IPS sites next year, while the leaders in 3 states expected to maintain current numbers.

Barriers and Facilitators. Site leaders indicated the three top barriers to sustainability (and the percentage reporting the barrier) as follows: *lack of secure funding (40%), local job availability (29%), and staffing (18%)*. Top barriers identified by state leaders were: *funding (28%), state leader buy-in (12%), and provider buy-in (11%)*. The top facilitators according to site leaders were: *agency leadership (45%), agency culture (28%), and employment specialist*

skills (22%). Top facilitators identified by state leaders were: *funding (17%), state leader buy-in (16%), and training and technical assistance (15%)*.

State Policies. The average time per week devoted to the learning collaborative was 5.6 and 14.5 hours, respectively, for the state mental health and vocational rehabilitation liaisons. State liaisons gave many examples of state agency policies supportive of IPS. These included maintaining budget allocations for IPS in the face of state budget cuts, aligning reimbursement guidelines with IPS principles, and educating state legislatures about IPS. Liaisons rated policies enacted by 77% of state Vocational Rehabilitation directors and 46% of state mental health directors as very positive.

Funding. In all but one state, IPS programs receive funding from two or more sources. Most sites received funding for IPS from VR (80%), state general funds (59%), and Medicaid (51%). Site leaders identified their top funding source as state general funds (34%), Medicaid (31%), or VR (23%). State liaisons reported that funding covered IPS program costs for "all" services in 3 states, "most" services in 7 states, and "some" services in 3 states.

Training. Nine states have at least one full-time IPS trainer. Over the preceding year, 43% of sites reported that at least one staff had enrolled in an IPS online training program, 77% indicated staff attended a conference pertaining to IPS, and 66% provided orientation for new IPS staff. *(continued on back)*

IPS IN SPAIN AND CATALONIA: GOVERNMENT AND IPS STAKEHOLDERS WORKING TOGETHER TO HELP PEOPLE MEET THEIR EMPLOYMENT GOALS

Rosa Suñol MD, Ph.D.

Employment is a key issue in the Spanish and Catalan political agenda because our country has an unemployment rate of 26.2%. We have some experiences with Individual Placement and Support (IPS) in Spain, but our current situation is challenging traditional vocational rehabilitation programs, as well as innovative IPS programs. Sustainability and successful implementation of IPS in Spain can only be achieved by including government involvement and leadership from the very beginning. To enhance sustainability of the program, a demonstration project has been launched involving Regional Ministries of Health, Social Services, and Employment. All parties involved signed a formal Cooperation Agreement. The goal of this agreement is to improve access to employment in competitive businesses by person with serious mental illnesses in Catalonia through IPS, to assess the pilot projects, to enforce and expand good practices throughout Spain, and to contribute to the

IPS international learning community. All three Ministries agreed to supervise and facilitate the IPS implementation project. The agreement was signed with all three Ministers and other concerned stakeholders, and was publicly disseminated.

Representatives of these three Ministries and other stakeholders have created a formal committee to discuss how the project evolves and what policy changes are needed to support IPS programs. So far, a specific amount of money has been invested by the Ministry of Employment to directly support IPS in employment centers. We believe sustainability of the IPS project in Spain will be linked to government support and recognition of this model and a gradual change from sheltered employment and traditional vocational rehabilitation towards the IPS model.

STATE VOCATIONAL REHABILITATION AND MENTAL HEALTH PARTNERS SUSTAIN IPS

Katherine Burson, Mental Health, Illinois

Together my Vocational Rehabilitation partner, Gene Oulvey, and I have been creative about funding strategies and efforts to build infrastructure around IPS. We've been at the helm together since this started and we are committed to this program. We both understand IPS and we have learned how to help agencies. There are always threats to programming, but our thriving partnership ensures that both of our efforts to grow and sustain IPS.

Gene Oulvey, Vocational Rehabilitation (VR), Illinois

The IPS model is so well defined and measurable that VR in Illinois has really been able to support this approach. Initially, the Division of Mental Health contributed financial resources to IPS programs but after the mental health budget was cut by more than 60%, VR stepped up to help. We help pay for fidelity reviews and we also pay for 75% of services provided to IPS clients. The department of mental health supports our IPS trainers and contributes some resources through Medicaid for medically necessary services. Having both mental health and VR partners can sustain IPS programs through budget cuts.

VR and mental health in Illinois have a strong partnership built through a long history of working together. My counterpart, Katherine Burson, and I both have access to upper management in our departments and can advocate for IPS. But we also have ongoing contact with direct service providers so we really understand how IPS works. We can make sure that people who are doing this work have needed resources and are able to stay on track with IPS.

Marisha Johnson, Mental Health, Oregon

The willingness of our partners at Vocational Rehabilitation to help us fund IPS supported employment was critical as implementation began, and it was also key to help us with expansion of IPS. During the past year, we have had many discussions about a transition to coordinated care--the Oregon plan for the Affordable Care Act. During those talks, representatives from Vocational Rehabilitation were persistent in making sure that supported employment was never left out of the discussion. They **helped advocate** to make IPS a core service that will be available for any person with severe mental illness who wants to work and who has Medicaid. They kept reminding everyone to think about the whole person and how employment contributes to health. **Our state legislature recently increased our community mental health budget, with funding specifically for providing statewide access to IPS. Effective January 1, all counties will be required to make IPS supported employment services available.** It's a fantastic step forward and it could not have happened without this partnership.

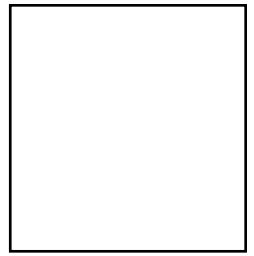
TIPS ON SUSTAINING AN IPS PROGRAM: AN IPS SUPERVISOR'S PERSPECTIVE

June O'Leary, Community Mental Health Affiliates, Connecticut

- Agency leaders must be invested in IPS. Our IPS team has doubled in size to meet the growing demand from people who want to work. We have expanded IPS services to many different programs at our agency.
- IPS steering committees help by reviewing quarterly outcomes and thinking about strategies to help the IPS program.
- Employment specialists must believe that employment helps people recover. They must care about the people they serve.
- More job seekers find work when employment specialists share job leads with each other.
- People become interested in work when they hear from their working peers.

WELCOME, COLORADO!

Colorado is the most recent state to join the Johnson & Johnson – Dartmouth Community Mental Health Program.



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Fidelity Monitoring. All 13 states adhere to IPS fidelity scale standards and communicate these standards to provider agencies, ensuring that independent, well-trained fidelity assessors conduct onsite fidelity reviews. In all but two states assessors provide written feedback, and in all but one state, sites with substandard fidelity standards develop corrective plans. Five states incentivize achievement of fidelity standards by providing higher reimbursement rates. In 2012, 57% of sites received fidelity reviews within the preceding year; 88% received written feedback, but only 29% of sites held face-face feedback meetings. Over 70% of sites achieved good fidelity at their last fidelity review.

Outcome Monitoring. Since 2002, 92% of sites have submitted outcome data continuously every quarter since joining the collaborative. In five states sites receive financial incentives for meeting milestone employment outcomes. Since 2009 the overall employment rate for the learning collaborative has held steady around 40%.

Conclusions. Most sites joining the IPS Learning Collaborative continue to provide services long after start-up funds end, while maintaining high levels of fidelity and employment outcomes. Adequate funding, state and provider leadership, ongoing training, and fidelity and outcome monitoring have promoted the sustainability of IPS services.