Slide 2: Why Focus on Employment?

Working is often mentioned by consumers in describing their recovery process. See:


Most consumers want to work: See Slide 6.

Working is not the only adult role for adults in our society, but it is clearly very important. It is each person’s choice whether or not he/she would like to pursue work, but mental health centers should make it possible if it is their choice.

Cost-effective alternative to day treatment: See:


Show Introductory Video to Supported Employment.

Slide 3: Benefits of Steady Competitive Employment


Hoffmann, H., Jäckel, D., Glauser, S., Mueser, K. T., & Kupper, Z. (in press). Long-term effectiveness of supported employment: five-year follow-up of a randomized controlled

**Slide 4: Is Work Too Stressful?**


Impact of unemployment for people with severe mental illness:


**Employment is not associated with increased psychiatric hospitalization:**


**Slide 5: Impact of Unemployment in General Population**


**Slide 6: Competitive Employment for People with Severe Mental Illness**

**Evidence that most consumers want to work:**


Evidence that <20% are currently working:


Access to employment services


**Slide 7: Evidence-Based Practice**

**Slide 11: Competitive Employment Rates in 21 RCTs of IPS**


For most recent updates, see The IPS Employment Center website: [www.ipsworks.org](http://www.ipsworks.org)

**Slide 13: Definition of Competitive Employment**

Competitive employment - work in the community that anyone can apply for and pays at least minimum wage. The wage should not be less than the normal wage (and level of benefits) paid for the same work performed by individuals who do not have a mental illness.

Previous approaches were geared toward prevocational training such as work crews, work units, sheltered work (jobs in settings with others with mental illness, often doing piecework), and volunteer positions.

Is a successful approach that has been used in various settings by culturally diverse consumers, employment specialists, and practitioners.

Defined in Rehabilitation Act Amendments of 1986 (Federal Register, Aug 14, 1987).

**Slide 14: Evidence-Based Principles**

The eight IPS principles are described in many IPS publications, such as:


Evidence for the principles have been examined several times, such as in:


**Slide 15: Eligibility Is Based on Consumer Choice**

The idea of work readiness is a deeply ingrained belief among professionals:

“My clients are more symptomatic than those in typical supported employment programs.”
“We will alienate employers if we place consumers who are not ready.”
“We need to stabilize clients first.”

*Responses:*

Most factors used to screen consumers don’t do very well in predicting who can work (Anthony & Jansen, 1984). This is especially true for standardized tests. Clinicians are not very accurate in picking out who is not ready, either. Screening is antithetical to the work climate that effective supported employment programs develop.

Kansas study: In interviews at successful employment programs, staff focus on consumer success stories in working; staff from unsuccessful programs preoccupied with consumer deficits, how they are too symptomatic, have poor skills, and are lower functioning (Gowdy et al., 2003). Staff expectations may have a lot to do with success.

Alcohol use deserves special mention. Although many programs exclude people for this reason, a review of 5 studies found that dually disordered clients did no better or worse than clients without alcohol problems (Sengupta, 1998). Other studies also support the view that people with dual disorders benefit from IPS. Needless to say, alcohol use should be taken into account in job matching, as should all client characteristics.

The IPS model subscribes to the value, as John Beard from Fountain House espoused, that everyone deserves a chance to work, regardless of history or background (Beard, Propst, & Malamud, 1982).

*References:*


**Slide 16: Competitive Employment Is the Goal**

Vocational programs employing stepwise approaches with preparation such as skills training, prevocational training, and transitional employment are not effective in helping people achieve competitive employment:


Rapp and Goscha (2011) have documented the dispiriting, demeaning and infantilizing culture fostered by day treatment centers that organize services around training clients for some future life outside the day center. Research findings on the conversion of 6 different day treatment programs to supported employment in New Hampshire, Rhode Island, and Massachusetts have been consistent (summarized in Bond, 2004). These studies have found better employment outcomes, especially for regular attenders of day treatment; no increase in negative outcomes (no increase in hospitalizations, dropouts, symptoms, homelessness, etc.).


Studies comparing IPS to sheltered work show a sharp advantage for IPS:


**Slide 17: IPS Is Integrated with Mental Health Treatment**

Integration is important because you are treating “the whole person.” Studies have found if you broker services, communication breaks down and important tasks are not done in a coordinated fashion. Because vocational rehabilitation and mental health are often funded by different sources, mental clinicians and employment specialists often are employed by different agencies with little coordination. Stein and Test (1980) articulated the concept of a multidisciplinary team providing services for a range of client needs. The IPS model adopted this principle and the evidence strongly supports this approach as a critical component of the model.


**Slide 18: Personalized Benefits Planning Is Provided**

Fear of losing benefits is the single most common barrier to seeking employment (MacDonald-Wilson, Rogers, Ellison, & Lyass, 2003). For this reason IPS programs provide accurate individualized information regarding the consequences of starting a job or increasing employment earnings through increasing hours or a raise. Individualized benefits planning is associated with increased earnings from employment (Tremblay, Smith, Xie, & Drake, 2006). Studies show that IPS is an effective model for clients receiving Social Security disability benefits (Bond, Xie, & Drake, 2007; Drake et al., 2013).


**Slide 19: Rapid Job Search**

Studies dating from the 1980s have consistently shown that helping consumers to find paid community jobs is more effective than requiring them first to attend prevocational training (Bond & Dincin, 1986; Dincin & Witheridge, 1982). IPS studies show that rapid job search for competitive jobs is more effective than stepwise approaches (Drake et al., 1999; Drake, McHugo, Becker, Anthony, & Clark, 1996; Mueser et al., 2004).
Most clients prefer the rapid job search approach to stepwise approaches that use prevocational work units and transitional employment as preparation for competitive jobs (Bedell, Draving, Parrish, Gervey, & Guastadisegni, 1998; Bond, McGrew, & Fekete, 1995; Lucca, 1998). If we really believe in designing services consistent with consumer preferences, then we should be hesitant to promote lengthy pre-employment services.

Requiring clients to complete prevocational training before seeking work is often demoralizing. Paradoxically, staff rate clients on prevocational work crews paradoxically as less work ready than those who begin paid employment immediately (Schultheis & Bond, 1993).


**Slide 20: Employment Specialists Build Employer Relationships**

Some vocational models, such as the job club, provide classroom training to help clients to find jobs on their own. The evidence is quite clear, however, that many people with serious mental illness get discouraged and give up with self-directed job searches (Bond, 1992; Corrigan, Reedy, Thadani, & Ganet, 1995). Many studies have shown that employment specialists and vocational counselors who devote more time to employer
contacts have higher job placement rates (Leff et al., 2005; Rosenthal, Dalton, & Gervey, 2007; Vandergoot, 1987; Zadny & James, 1977). In recent years, IPS specialists have defined specific job development strategies (Carlson, Smith, & Rapp, 2008; Royer, 2014; Swanson, Becker, & Bond, 2013; Swanson, Becker, Drake, & Merrens, 2008) for a range of clients, including those with criminal justice histories (Swanson, Langfitt-Reese, & Bond, 2012).


Slide 21: Follow-Along Supports Are Continuous

McHugo et al. (1998) assessed employment outcomes 42 months after enrolling in an IPS study for IPS clients who gained employment. The sample was divided into two groups: those who continued to receive vocational services and those who did not. Among those who were receiving vocational support, 71% were employed, while among those who were not, 28% were working.

Bond and Kukla (2011) found a significant positive correlation (r = .27) between frequency of employment specialist contacts and months employed for 142 clients who had obtained employment in an IPS program.


**Slide 22. Consumer Preferences Are Important**

Matching clients to jobs matching their preferences is associated with greater job satisfaction and job tenure (Huff, 2005; Kukla & Bond, 2012). An important part of this is the occupational matching hypothesis, which states that clients who obtain jobs matching their initial preferences will be more satisfied with their job and will continue working longer than those who are not matched. Most studies fully or partially supported this hypothesis (Becker, Drake, Farabaugh, & Bond, 1996; Gervey & Kowal, 1994; Mueser, Becker, & Wolfe, 2001), although some studies have not (Becker, Bebout, & Drake, 1998; Bond, Campbell, & Becker, 2013).

The employment specialist talks with the client about how aspects of his/her culture may impact working. Culture can be related to race or ethnicity, but it can also be related to socio-economic status, age, sexual orientation, veteran status, disability status, etc. Not everyone who shares a culture has the same perspective. It is critical to remember that each person has a unique viewpoint.


Slide 24: Key Factors in Implementation

The three phases of implementing a program include: motivating, enacting, and sustaining. Six stakeholder groups participate in each of these phases: consumers, families, practitioners, program leaders, state and county mental health authorities.

Torrey and colleagues have described implementation factors from the standpoint of program leaders (Torrey, Lynde, & Gorman, 2005; Torrey, Rapp, Van Tosh, McNabb, & Ralph, 2005)

McGovern et al. (2013) provide an overall guide to implementation.

Bond et al. (2008) report findings from an empirical study of IPS implementation.


Slide 25: Building Consensus

Surveys show that both consumers and family members rank employment programs high on the list of services that are not easy to access (Crane-Ross, Roth, & Lauber, 2000; Noble, Honberg, Hall, & Flynn, 1997; Steinwachs, Kasper, & Skinner, 1992). Therefore, these groups may be advocates for such services. However, consumer groups also are sometimes suspicious of supported employment if it is being introduced as a change in the status quo, and their viewpoint should be heard. McFarlane et al. (2001) provide a case example where a lack of consensus interfered with dissemination. Cohen and Becker (2014) provide examples of the role of family advocacy in promoting positive change for promoting IPS dissemination. See the discussion of consensus-building in CSAT (2000).


**Slide 26: Maximize Funding**

Without stable and adequate funding, IPS programs cannot survive (Bond et al., 2013). Currently most states implementing IPS in the U.S. used braided funding, drawing primarily on three sources: state mental health funds, federal-state VR funding, and Medicaid.

State leadership is a key to maximizing funding. Many examples of maximizing funding are found in the experiences of states in the IPS learning collaborative. Maryland’s approach to blending funding for IPS is often given as a model (Becker et al., 2007). Modifying the state Medicaid plans to provide easy funding access for IPS is one strategy many leaders are advocating for funding IPS (Hogan, Drake, & Goldman, 2014). A guide to financing IPS was developed by Karakus et al. (2011).

At an agency level, some agencies have been able to shift resources from day treatment (Clark, 1998) or sheltered work (Murphy & Rogan, 1995) to implement supported employment. But this reallocation is not easy, because of stiff resistance within the organization.


Slide 27: What Does IPS Cost?

Salkever (2013) conducted a rigorous review of cost issues for IPS.

He identified three pertinent IPS cost studies, each using different methods: (Cimera, 2008; Health Management Consultants, 2006; Latimer, Bush, Becker, Drake, & Bond, 2004)

(CPI Inflation Calculator: http://data.bls.gov/cgi-bin/cpicalc.pl)

Herinckx (2011) found that for 13 Oregon IPS programs during 2010:

"Over the 24 months post enrollment in the SE program, the average Medicaid payment … paid for SE was $393 per month." (p. 20) (Medicaid is reported to account for 33% of IPS revenue to these programs.


Slide 28: Examine Agency Policy

Gowdy’s qualitative study in Kansas shows this most vividly (Gowdy et al., 2003; 2004).

Does the agency support competitive employment as a consumer goal?

Does the service orientation promote rehabilitation and recovery or does it promote stabilization and dependence on the mental health system?

Is consumer choice honored?


Slide 29: Identify Leadership
Charlie Rapp’s work describes the role of leadership.


Slide 30: Leadership Roles


Slide 31: Organizational Structure

Employment specialists need to communicate frequently with treatment team members to coordinate planning. Employment outcomes are higher in programs that have an integrated service system rather than a brokered service system (Drake, 1995).


Slide 32: Provide Ongoing Training


http://www.ipsworks.org
Slide 33: Make Time Commitment

Becker et al. (1998) followed over 12 programs that took between 6-12 months to implement evidence-based supported employment.

Bond et al. (2008) found that 9 newly-implemented IPS programs needed about 6 months to achieve good fidelity to IPS.


Slide 34: Track Implementation Process and Outcomes

The IPS learning collaborative has tracked employment outcomes for the past decade (Becker, Drake, & Bond, 2014). Empirical benchmarks for good employment outcomes have been established (Drake, Bond, & Becker, 2012). The IPS-25 is now widely used and is significantly associated with competitive employment outcomes (Bond, Peterson, Becker, & Drake, 2012).

