

International IPS Learning Community Annual Meeting 2024

Breakout Group: IPS Trainers

Group Facilitators: Darcey Sebolt and Tiffanie Whitaker

1. Pre-employment supports – ideas for increasing the employment rate
 - What training/TA do you currently provide IPS teams for creating job search plans? (breakout group 1)
 - Including the support system (supervisor, family, mental health treatment team, coworkers, etc.)
 - Identifying needed supports (resume, interview prep, transportation planning, etc.)
 - Determining what the job seeker's role is in job searching
 - Feedback from group:
 - Dr. Nu-Adams did a person-centered plan training at U.Md.
 - Look at the barrier and then build the objective around the barrier. E.g. if the biggest barrier is anxiety, then the objective is: how do we address the anxiety while looking for the job.
 - ID the actual symptoms and how does it interfere with job training or employment and how do we introduce this to the rest of the treatment team so they can provide support.
 - Supervisors should own the material so they can supervise the material.
 - Create a tool for staff to use that is tailored to prompt staff to ask about strengths and barriers and specific challenges.
 - Documentations: we document for VR but then also pull things from their MH documentation. They pull specific elements for different funding sources. The document though says: What is the goal, what are the challenges, how is this person moving from assessment to job search to job support. This helps with training and staff turnover. When staff are more trained on it they can mentor newer staff.
 - Better completion and individualization and more frequently updated plans occur here because there is also a prompt saying – is it time to update this plan?
 - Trainings with IPS supervisors: they went to different states to see what they are doing there. Seeing it in action rather than just a document. They put IPS supervisors in a situation where they feel overwhelmed like a client. Trying to find a job in a system they are not familiar with. Get them to understand this is hard and why you need the support.
 - Lots of feedback that documents too burdensome.
 - If VR is funding a program: double documentation writing a plan for VR and writing a plan for IPS can be a lot.

- VR doesn't consider everything a placement and will not payout every placement like a seasonal job – they won't necessarily pay it out. Find alternative methods then to fund something like a seasonal job.
 - Chicago: they got the state to combine the VR and IPS forms. So when they do the intake process there are two sets of paperwork but the first set has things that are included in the second and then it populates to the second and they add the questions they have not yet asked.
 - Do VR counselors help with job search or job development? The answer was no.
 - Depends on the relationship if the provider counselor gets along with the VR person it's great.
 - Braided funding system: state pays for some, region pays for some. IF they meet enhanced rate they get to bill milestones.
 - Cross training is important.
 - Some IPS agencies just choose to recoup what they can from Medicaid instead of working with VR because it's too cumbersome.
 - How do you reduce the documentation burden? Make it as easy as possible to go through reviews.
 - Share fidelity reports with VR.
- What training/TA do you currently provide IPS teams for job development? (breakout group 2)
 - Field mentoring (with Team Lead, Trainer, coworkers, other programs)
 - Identifying employers
 - Using the Three Cups of Tea method
 - Feedback from group:
 - Modeling, preparation, 3 visits model (3 Cups of Tea)
 - Roleplaying
 - How to read the room
 - Soft skills, presenting programs
 - Practical Guide training w/fidelity
 - Being forthright about being from a MH agency
 - Transitioning from Veteran to civilian employment for Vets served
 - Provide reflections during debrief after job development observation training
 - Spend more time with Supervisors
 - Suggestion to ES to bring job seeker during training
 - "Phone a Friend" – debrief with colleague(s) after positive/negative employer experiences
 - Normalize having anxiety regarding approaching employers
 - Help with time management; work week, how to approach job development, where to go (strategies regarding job development)
- What training/TA do you currently provide IPS teams for rapid job search? (breakout group 3)

- Completing the Career Profile/job search plan in a timely manner
- Collecting enough information about the person before starting to job develop
 - Feedback from group:
 - 30-day support
 - Start talking about follow along supports
 - Set expectations of follow along retention supports
 - Spirit is that we are delivering (?)
 - Getting other sources of information and family supports
 - Narrowing down information (strengths, interests, support needs, etc.)
 - What are the natural supports that a person has
 - Young Adults – family, clinicians, career tests
 - Case managers are good sources of information
 - Motivational interviewing
 - Barriers
 - Lack of understanding of fidelity theme
 - New programs don't have established connections
 - ES don't do the career profile (perhaps another agency member, or it's not done all together??)
 - Career profile doesn't need to be filled out face to face (assumption of IPS program??)
 - Some programs don't have extensive motivational interviewing knowledge/training

2. Post-placement supports – ideas for increasing the retention rate

- What training/TA do you currently provide IPS teams for creating job support plans? (all breakout groups)
 - Using the Career Profile in developing support plans
 - Including the support system (supervisor, family, mental health treatment team, coworkers, etc.)
 - Determining level/frequency of support needed
 - Career advancement
 - Feedback from groups:
 - Utilize Career Profile to identify support needs
 - Rely on worker's support system
 - Determine length and frequency of intervention and create plan to move forward and fade services with workers
 - Use tool for fading supports
 - Teach how to coach clients around soft skills, approaching supervisors, etc.
 - Identify client needs vs. services they are receiving and set goals to align more with needs
 - MH IPS services is ongoing and can be there for life.
 - But if it's fee for service vs. case contract it can be
 - Cooperative contract v. case service contract
 - FFS: must hit milestones for payment.

- Cooperative contract: you aim for outcomes but not limited to services or
- CA: majority of contracts for IPS done with cooperative funding contracts.
- Job satisfaction questions added to the job support tool: ask them to rate 1-5 about how they feel about their schedule, getting to work, how much they get paid, their relationship with their supervisor. 4-5 questions scored 1-5 on job satisfaction. This will show if it's a job they want to stay in.
- Career profile has to be the foundation.
- Career profile being integrated into the electronic health record.
- Milestones: can be at certain days of work they get payouts. And at 90 days for example Dept of Rehab closes case at 90 days.
- The outcome definition would be:
 - Impacting thresholds work like cooperative contracts.
 - Cooperative contract: program budget for the year and you
 - Invoicing rent and operations. Agencies tells them the number of services provided each month.
 - CA: 100% funded by VR but on a coo
 - In CA almost every county has a cooperative MH contract. The contract is with the county. It's county. DOR pays out the county.
- Sometimes families can be part of the problem
- Parents can think it's too stressful for (job seeker?)
- INCREASING CLINICAL INTEGRATION
 - Team integration in member retention
 - Culture of organization is important in continuing to engage member
 - Fluidity of culture change
 - Stressing clinical integration; spending lots of time training clinical teams
 - Stressing that employment & employment skills is the intervention
 - Members opt out of employment services rather than in
 - Important for executives to be on steering committee for:
 - Raising awareness
 - Having venues - having a place to talk about success stories i.e., with clinical teams and members to get buy in
 - Testimonials/newsletters
 - Simplify the connection of the es with the clinical team

- Employment touches every social determinant
- Sharing outcomes
- Keeping track of ES outcomes