

**2025 International IPS Learning Community Annual Meeting
Discussion Group Notes**

DAY ONE, MORNING

1. Building Meaningful Partnerships Between IPS and the Justice System

Facilitators: Elizabeth Ford and Yazmin Robledo

Client Barriers

Justice involvement
Managing schedule
Access to technology, technology literacy
Basic needs (food, housing, etc.)
Family and/or community supports
Skills
Gaps in employment
Resume' development
Stigma
Medical assisted treatment and drug testing

Potential Solutions

Peer support (forensic)
Utilize VR if available – bus vouchers, technology, training, etc.
Department of Labor, American Job Centers/Career Centers
Partnerships with community partner agencies
Case management, integration with MH teams
Educating employers – Federal bonding program; Tax credits
Share successes with employers
Letters of recommendation from judges
Financial literacy – budgeting, managing the “little bit you have”, making good financial resources, cost of everything is going up
Education

Treatment Program Level Barriers

Disparity amongst treatment programs (abstinence versus some usage)

- Meet people where they are (harm reduction)
- Educate treatment providers

What diagnosis does treatment provide use?

- Focus on proper diagnosis

Reimbursement/Funding determines services provided

- Non-traditional employment scheduling
- Advocate for Medicaid

Inability to provide necessary/beneficial wrap-around services (focused on actual treatment)

- Peer recovery specialist

➤ Integrated services

Resources

Transportation

Work with local transportation agencies

Advocated/advocating – make transportation more accessible

Advocating with resources from other agencies – United Way, General Assistance, Two Rivers, etc.

WIPA – Benefits Planning, understand how earnings affect benefits

Make referrals to agencies like SNAP, Medicaid

Housing – someone to support recovery

Students for Boomers

Bike resources “recycling collective”

Legal aid – expungement and sealing

Benefits planning

Technology readiness – computer classes, basics – cellphones, WWW

Disclosure tools

Relationship with transition programs, re-entry, federal programs

Peer support/peer run organizations

Askjan.org

Treatment programming

Groups (make optional) SUD vs. life skill groups

Presentation on IPS

Harm reduction education

Collaboration with court programming – advocacy for policy changes

Structure:

Research studies to look at how to loosen IPS fidelity rigidity

2. Trauma Informed Care in IPS

Facilitators: Holly Snyder and Regina Crock

- “Trauma Responsive Care,” instead of trauma-informed care, shares the power
- Healthcare – Norway
- Training on potential
- Powersharing – care giving and not care taking
- Training on sympathetic nervous system (fight or flight)
- Deep breathing techniques
- Willing to fail
- Strength-based narrative on how to handle their trauma & reflecting
- Co-regulation
- Showing up as a human – what would you like to know about me?
- Basketball method
 - Bring back to body
 - Where feeling comes from

- Childhood
- Mindfulness
- Trust
- Resilience
- Person-centeredness
- Meeting people where they are
- Triggers
- Empathy
- Forgiveness
- Diversity
- Support
- Unique
- Fluid
- Healing

3. IPS for Individuals Who Receive Temporary Assistance for Needy Families (TANF)

Facilitators: Jennie Keleher and Sandy Reese

- Reflections from two trainers working with IPS programs serving recipients of TANF/SNAP benefits via the Building Evidence on Employment Strategies study
- Did people in the study have serious mental illness?
 - Not at enrollment in Washington, but may have been identified later
 - Advantage if the agency is housed in a behavioral health org so can refer for therapy
- Challenges
 - Integrated employment, hard to integrate with clinical services
 - Hired case managers to create the team. Embedded case manager into the team to address issues like housing, mental health, etc. In Chicago- connected to larger behavioral health services at the agency.
 - People came in often without diagnoses
 - Referred from local agencies with huge caseloads, no capacity to provide individual supports
- CalWorks: Ed Armstrong
 - In LA, on DPSS hired Gain workers
 - Funding source: clients came in to receive aid and connected to IPS
 - Challenge with integration is benefit counseling. Fear of losing benefits.
 - Gain provided individualized benefits counseling
- Refugee populations
 - One site with employment specialists from Afghanistan. Recruited a lot of people without English as first language.
 - Fortunate on that team to be able to hire two specialists from Afghanistan, spoke the language and knew the culture
 - Employment specialist developed support relationships within the family. Very cultural.
- Homelessness
 - Large number of people experiencing homelessness. Recruitment from homeless encampments.
 - How to navigate the challenge of a client needing housing first
 - Tried to do both at the same time
 - Case managers played this role

- Community partners essential to address these crisis needs
 - SHIPS- getting them into permanent housing so they can focus on employment
 - Cannot have this siloed in employment- so many other factors.
- TANF office collaboration
 - Adapted fidelity scale- replaced coordination with VR with coordination with CSO
- SNAP work requirements
- How are we having the conversation about the fact that employment WILL decrease benefits
 - Welfare is temporary, might go away. Build skills in case it goes away. We have an obligation to make sure to get them employed and self-sufficient.
 - Need more training focused on this—how to walk with clients through the gradual process of losing benefits.
 - CTI but for benefits
 - Taking benefits counseling one step further.
 - Add to career profiles- going through the stages of change
- Alabama
 - Financial literacy + benefits counseling on every team
 - Same in MO. Introduced tiered system: one provides frontline training to clinicians to give them based work-positive message.
 - VA Commonwealth (caters to employment network, can accept ticket to work) and Cornell courses
- LA: when DPSS agreed to fund IPS, wanted to make sure the workers could run the numbers with clients. Not really happening.
 - In reality, in a large system, employment specialists need to do everything.
 - Caseloads are increasing, which means their ability to do individualized work is sacrificed
- Can be hard to retain staff while they are working on their benefits counseling certification. In MO, ask them to offer the services not just to IPS.
- DB 101 website with information about disability benefits. (States have individual contracts with the website)

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6. Serving Young Adults in First Episode Psychosis Programs

Facilitators: Chris Llorente, James Whiting and Tiffanie Whitaker

Discussion: What unique challenges or barriers have you experienced when working with/in first episode psychosis (FEP) programs?

- training IPS specialists to understand education systems
- finding funding opportunities for IPS/FEP programs
- ensuring clinical integration and prioritization of multiple services
- establishing the IPS role (combine or separate roles for employment and education)
- providing services when symptoms are intrusive
- family involvement
- continuity of care (hospitalization, crisis, inpatient treatment, incarceration)
- transition planning for time-unlimited services within a time-limited model

Description: In this session, participants will explore the unique challenges young adults experiencing First Episode Psychosis face when pursuing employment and education. The group will share real world experiences and strategies that have supported success, including enhancements and coordinated care approaches that compliment IPS. We'll also discuss how emerging tools like virtual reality and artificial intelligence can be leveraged to enhance outcomes and engagement.

Common issues

Family dynamics, splits, culture, treatment approaches, denials
Education – disruption to school
Social isolations/still developing social skills
Regression when close to discharge
Med management, many specialists, overwhelming
IPS buy in from team/program
How to keep IPS consistently part of discussion/when to introduce
Transition of services for TAY

Team integration/service awareness

Kick offs, pizza parties
Always suggest IPS to team
Coordinate engagement with team
Peer, parent/family coordinator
IPS fidelity/team

Family

Psychoeducation

Multi family group (MFG) at program level. Discussion on ADLs, medication

Advocacy versus Self-Determination (overprotective)

- NAMI
- Peer parent/family advocate
- Benefits specialist available to family

IPS Employment versus Education – split roles?

Education Medicaid, Upskills on FAFSA/Financial Aid

Scholarships, Grants

Use O.T. to help with schooling, etc.

Different systems, lots of expertise needed.

7. IPS Sustainability and Expansion at the State/Country

Facilitators - Mark Livermore, TN and Ellen Econs, CT.

Attending:

- Edmund/IL using VR and creative methods
- Kari Lleva/MN using State legislature funding
- Andrzej Walzchojnacki/WI using VR and mental health
- Mike/AR using mental health and a little VR
- Darby/CO using VR (75%) and behavioral health (25%)
- Jake/IL
- Deb/OK using MHBG and Medicaid
- Dustin/IL
- Jenise/IL
- Elizabeth/MT supporting 15 to 24 year old youth with SAMHSA and VR
- Cherry/OR using VR as outcome-based, health, Ticket to Work as revenue to the actual program
- Juelle/TN using VR and milestone
- Amanda/San Diego using VR and mental health
- Tenisha/CA work is housing related
- Derva/Los Angeles using philanthropic funding
- Lisa/FL using VA
- Dominic/MI using Medicaid, VR and MHBG
- Joe/MI as above
- Marcia/N.C. using VR milestone and mental health
- Stephanie/N.C. as above
- Theses/TN using mental health and VR

- Andrea/TN as above
- Tiffany/TN above via mental health with State match
- Terry/VA using VR outcome payment and 1 location with county-level funding.
Discussions of funding neutral
- Ken/NC funding through 1915(i) waiver
- Anna/IL using VR, Medicaid and research funding
- Sara/CA not noted
- Mike/OH using VR and looking to braid funding
- Lars/Netherlands and Research Center using National government social agencies and insurances as well as municipalities
- Kera/Netherlands as above and labor and welfare
- Matt Johnson as above
- Sam/WI using Medicaid and 1 level from TANF
- Australia via Headspace funding

Discussions included:

- TN and NC using VR match dollars.
- Questions arose about Medicaid re: billing case management
- MI using 1915(i) codes/modifiers for employment/IPS, Peers, and benefit planning.
Also some funding support via CCBHC but challenging to understand whom and how to bill
- OR talked about VR cost reimbursement based on partnership with individuals (VR is time-limited where the Ticket may take “years” via cross partnering with local mental health and capture the money. This prompted a comment from one state about STREAMLINING the documentation (presumably associated with eligibility/being open)
 - o Comments arose about some poor VR and mental health relationships. CT fine-tuned expeditious eligibility at VR
 - o Eligibility based on behavioral health from CT “799.9” code
- CO noted billing online access form to get the funding/payment
 - o Also noted paying \$100/hr paying for level of benefit planning
- Comment re: Amplify Virginia comments. What is so onerous (documentation). Proforma eligibility
- IL changed assessment from former very long eligibility/funding path to fast track. Tweaked the Voc assessment. Found a way to check in on a number of persons at one time. VR needs volume.
 - o There was a suggestion to try with just on person/client

- Suggestion to have two similar breakouts in 2026 with CSAVR and high-level Medicaid in the room for discussion.
- OH billing entails VR and mental health specialist coming in once a week to work together. Build relationship champions.
- CT address it as a HEALTH outcome
- Other countries are funding through national dollars
- San Diego uses mental health referrals to VR and having lowering average days to “in plan”
- Lars something that worked well is efficacy re: data and numbers. Decreases health costs and increases greater mental health.
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DAY ONE, AFTERNOON GROUPS

10. Including Individuals with Lived Experience in IPS Service Provision

Facilitators: Penny Liles, Patrick Williams, and Kiara Hunt

Q&A session with Key and Patrick about their experiences as a peer support specialist partnering with IPS or being one on an IPS team:

What is the best part(s) of your job?

How do you use your lived experience to help others?

How do you talk about your employment journey as part of recovery?

What is the most challenging part(s) of your job?

How do you motivate people to stay engaged in services?

How do your fellow team members value your expertise and experience?

How do you assist employment specialists?

What wellness/recovery activities do you do with individuals?

Patrick described a **Wellness Recovery Action Plan (WRAP)** and where to buy one

(<https://www.wellnessrecoveryactionplan.com/what-is-wrap/>)

-Tool to develop wellness strategies (including a daily maintenance plan, early warning signs, coping strategies, preferred treatment, and supports needed)

Identified other useful wellness tools for peer support specialists

-Psychiatric Advance Directives (PAD): <https://nrc-pad.org/>

-Illness Management and Recovery (IMR): <https://library.samhsa.gov/product/illness-management-and-recovery-evidence-based-practices-ebp-kit/sma09-4462>

-Whole Health Action Management (WHAM): <https://www.thenationalcouncil.org/service/whole-health-action-management/>

-Mindfulness

-Tapping

-Progress Muscle Relaxation

-Fidget toys/tactile objects

-Action Planning for Prevention and Recovery (APPR): <https://wingsacrossal.org/appr/>

-Intentional Peer Support: <https://intentionalpeersupport.org/>

Case Study for group work

-Cultural considerations to think about working with the family, job matches, and job supports: patriarchal society, witness to intimate partner violence (father went to prison and was released), 1st generation immigrant (individual challenged norms), Arab, Muslim, didn't want family involvement,

-Strategies to build rapport: be curious, emphasize strengths, discover interests, don't assume (cultural humility), ask for clarification, ask open-ended and clarifying questions, set goals and celebrate progress, and provide resources,

-Supports peer can offer: hope, validation/affirmation, sharing lived experience, teach self-advocacy with treatment providers (write a letter to give to them), build self-esteem and self-efficacy, discuss family relationships, offer "brave" spaces, identify strengths, link to self-help/recovery groups, role-play, go through chain reaction of events, get out into the community away from family,

-How peer support can help with employment: provide job match ideas for the Career Profile, disclosure conversation, identify barriers (e.g., driving/transportation), motivational interviewing, setting goals (e.g., finish high school, get a driver's license, explore IT degree in college, part-time job at Target).

10. Supported Education Discussion Group Notes

Facilitators: Marlaina Tucci and Ruth Brock

Description: How do you currently assist your clients when they say that they are interested in exploring educational opportunities as a stepping-stone to a job or career that makes them excited to go to work every day? Join us for an open discussion on the importance of developing relationships with colleges and career centers in your community and how to locate and utilize other resources that may be available to you to assist, including addressing the financial parts. We also look forward to talking to you about your supported education plans: what has worked well for you, supports you provide, and how you use the plans to help your clients be successful. We are eager to have you with us for a great conversation on how to engage and support clients of all ages as we navigate the world of supported education together!

Notes from discussion:

The original IPS-25 fidelity scale is employment focused, but Services item #11 requires providing support with career advancement, which can include education as part of the career path. Supported education can be for people of all ages (not just young adults).

What resonated with the group following small group discussions?

- How different things are state-to-state
- Thinking about education support on a deeper level
- What goes into providing supported education services – so much goes in and there are so many ways to be educated
- IPS does a lot of outreach and resource building
- System involves cash expenditure

- Education is not instant gratification (like receiving a paycheck)
- Possible next steps: Develop a robust supported education plan; have training focus on career advancement

Developing relationships with schools

Mainstream education

Explore/tour campus

Disability Office, Career Services Offices

Financial Aid office

“Education” Development

Visit with school counselors

Training programs, apprenticeships, trade schools

Use school space at community college

Provide public transit

Collaboration between employers with a need and training facilities

Participating in Planning Placement Team (PPT)/IEP meetings

Educating schools

Connecting with professors

Educational systems are complicated; help students/family navigate

Connecting with alumni students/Dean of students (possible mentors, employers)

Development with recruiters and admission counselors

Medical/mental health services in schools

Clubs, sports/social activities associations

Career Fairs

Collegiate Recovery Communities

Offsite housing

Connecting to high schools (night classes); GED/Hi-Set programs

Understanding individual specific champions

Faith based communities

Vocational Rehabilitation counselors based in colleges

Development of local school plan, incorporating IPS teams

IPS team attends VR transition fairs for high school youth and families at the schools

Explaining IPS to educators and school counselors how it can support them

Supported Education Plans

Adaptive employment support plan

Connect with VR services

Include transportation, campus navigation, disclosure, funding sources, equipment, uniforms

Accommodations needed/provided; include Natural Supports

Education track (GED, trade, junior college, apprenticeships, etc.)

Scheduling classes – balance, routine, planning,

Applications, transcripts

Technology needs

Revising/edits/updating Career Profile; discuss career change
Work study
Study habits, note taking
Use of supported education plan
 Share with team; living document; make sure it is looked at regular basis
 Include family
 Check deadlines with school (withdrawals, financial aids)
 Education profile including helpful people they could go to.
 Build relationships with school disability coordinator/SMEs
 Tutoring/other educational assistance
Exposure to employers/volunteering
Mentorship with employers
Re-evaluation at the end of semester- skills gained or needed, med changes.
Schedule changes, etc.
Evaluation of assisted tech
Helping individuals integrate into the college culture
Evaluating each class/course experience – what did you like? What didn't you like?
SEES communication with school rep
IEP, VR, peer support, mentorship program
Weekly planning course work schedule
Checking emails regularly (for example, course syllabus are emailed by instructors, assignments, etc.)
Using and checking portals/grades
Wellness plans/self-care/meds/therapy, etc. Sleep schedule/social life
Benefits counseling
Disclosure, revisit
Prepping for transitions (new semester, etc.)
Open houses
Study support

Resources

VR
WIOA
Askjan.org
Explore free classes
Funds for long term school
FAFSA
VR benefits counselors – disability benefits 101, PASS plans
Assistance with PELL grants
DIF Grant
AIDT programs
Registered apprenticeships
Disability Support Services (DSS)
Single parent resources/day care

My nextmove.org – TRIO program
Ratemyprof.com – advocacy groups
Groups/organizations – Project Search, Department of Labor
Organization scholarships
AT&T WIFI program
Continuing education and adult ed programs
DHS laptop program (NYC)
Tutoring – dual enrollment, SNAP scholarships
Public libraries; campus libraries
Organization tools (binder, planner/calendars)
School supplies, textbooks
O*NET
Post state’s custody
Career index plus
Informational interviews, job shadows
Harvard coding program
WOWI – world of work inventory
Family/Friends
Work Study
Virtual reality glasses
Chat GPT; Google certifications; Coursera
Translation services
Tutoring
Financial and tech literacy classes
Local banks/credit unions (start bank account, explore/apply for scholarships)
Tax advisor
FDIC “money smart program”
Urban League; United Way
Clothing/uniform “Dress for Success”
Food banks; faith-based organizations
Obtaining ID, transcript help

How do you provide supports?

Vocational Rehab – vocational assessment/career exploration/connecting to resources/funding
Incorporate family members in discussions early on
Partnerships with local schools, apprenticeship programs, certificate programs
Actively listening to person’s wants, goals
Content and strategy tutoring
Assistive technology (try, acquisition, use, repair)
Shadowing/follow along support
Time management assistance
In person support (community-based)
Self-exploration resources

Transportation assistance (ride along)
Connecting with disability offices
Find safe space and/or person on campus
Financial planning (budget, FAFSA)
Financial hold appeals
Education track planning
Tech support virtual reality glasses (views the work environment)
Disability office
Occupational therapy
College prep course
Support groups
Peer support/mentorship
Help individual explore full resources in the library (instruments, workshops, etc)
Disclosure conversations and request accommodations
Strategizing classroom seating
Using Job Accommodation Network (askjan.org)
988, 211 resources
Test taking accommodations/IEP/Disability office
Stress management
Study habits

Engagement

Why? What's changed? New Goal. Be curious
Exploring the career goal/labor market information/local jobs
Discussions of finances and family support
Changing IPE plan – focus on education, link VR counselor for financials
Asking details about school (schedules, advocating with employers, needs, time management; meds)
Pros and cons of school/work (PT/FT work school or combo)
Job opportunities for school
Family engagement and support while in school/work
Employer benefit/scholarships supporting school
Financial implications for students/families
Work incentives/benefits planning
College tours
Skill building to prepare
Fostering relationships
Clinical/Treatment team consultation
VR college prep program
Information fairs
Course audits
Using Motivational Interviewing
Peer mentoring

Informational interviewing with employers to explore the career and what schooling is required
Using virtual reality to explore careers and colleges
Home visits
Flexibility, one step at a time
Foster relationship with the client for them to feel comfortable enough to share changes in plans
Normalizing change
Career pathways/step-based approach
Length of program
Offer meeting with academic advisors together
Check out agreement between 2 and 4 year schools to guarantee credit transfer
Informational interviews and job shadowing
Celebrate achievements, big or small

11. Overview and Crosswalk

- Looking at the data and current state of services.
- Two evidence based practices with fidelity scales, some crossover
- Some places in early stage of implementation in both models and trying to do both at once, others stronger in one or the other.
- Two fidelity scales for ACT, TACT and DACT
- Challenges with billing and funding
 1. Training staff
 2. Sustainability
 3. Turnover

Pilot in NY

- ACT employment rate was low 4-8%-the goal is to bring it up higher
- Programs applied-6 pilot sites, diverse make up
- Getting everyone together/ getting buy in support was a critical first step
- Looking on how to expand by attaching an IPS specialist to work alongside the vocational specialist
- Not everyone was on the same team so cross training and support was necessary

Benefits and Successes

- ACT is great when it works, high engagement from start for buy in towards the whole team approach and integration
- Big communication and collaboration
- Strong support for work as treatment and commitment to that belief in recovery
- Strong support for overcoming barriers
- ACT & IPS elevate each other
- Cross training and informing on the model on benefits planning. Elevating culture toward these approaches

- Engagement through all phases of services through team contact
- Financial security and stability as a foundational motivator towards services
- Heading off misinformation
- Everyone talking about employment on the team to consumers
- Participants are feeling heard and their needs are supported

Challenges

- High intensity
- Time in meetings
- Hits on fidelity in both models
- Protecting the IPS role
- Fidelity challenges for both models
 1. Staffing
 2. Face to face time
 3. Community engagement
 4. Specificity of ES
 5. Seeing more than one staff
- Natural Support Engagement

Solutions and Strategies

- Leadership/ Fidelity Support
- Review reactions to the past to look forward
- Fidelity reviewers cross training
- Moving towards the weekly encounter rate instead of fee for services
- Supervisor engagement and enthusiasm, finding champions to raise the volume
- Active use of fidelity reports
- IPS teams plus ACT teams training together by ES 's doing job development
- Learning communities of support for each other
- Sharing successes
- Utilizing fidelity plans for constant quality improvement
- HR involvement and recruiting to support hiring and retention
- Leadership engagement
- Goal Setting: quarterly goals for team
- Career ladder-goal setting for ES combined with professional development
- Field Mentoring

13. Hiring and Retaining Practitioners of Color

Facilitators: Regina Crockett and Melissa Chavez

- Qualified
- Job description

- Posting
- Make decisions
- Psychologically safe
 - Being a part of community
 - Race equity plan

14. IPS Outside the US—What Works?

Facilitators: Mireille Valois and Julie Bailie

- In Veterans services, used Mass Hire and VRS for vocational rehab
- San Francisco, CA – working with immigrants and different cultures
- Unable to share notes and charts between organizations
- Japan – VR budget limited their participation
- Using Medicaid reimbursement to cover employment
- California – incentive if more \$\$ for IPS
- Time in community is a challenge since COVID – IPS participants were used to going to the agency, staff resistance as well
- Consistency of maintaining fidelity reviewers (cost of personnel)
- In some location language can affect
- Challenges:
 - Top buy-in!
 - Environment, integration, engagement struggles
 - Client preferences vs diversity, fidelity
 - Only 3 files to hand over
 - 10 outcomes for fidelity
 - Using specific titles
 - Client barriers/supports needed
 - Small team
 - Partnerships with external services
 - Create a MDT
 - Co-location
 - Lack of education with clinical teams
 - Sharing successes
 - Sharing literature from a clinical perspective
 - Create clinical guidelines
 - Job development
 - Loss of relationship with employers

- Fidelity scale
- Liaison for DOR
- Job development – modernization of acquiring employment
- Community-based services – planning alt as a team for 65% outcome by the week
- Benefits counseling – refer out; benefits counselors by region only for IPS programs
- Staffing-
 - Keeping staff – why people leave
- In-house integration
- Partnership coordination (employment agency and mental health agency)
 - Zero exclusion
 - Sharing clinical files access w/local partnership agreement or MOU
 - Contracts are time limited
 - Leadership buy-in (turnover)
 - Equal part of the team
 - Cultural buy-in
 - Who pays for fidelity review
- No VR service in Australia
 - Have Centerlink – functions similarly to VR
 - Young people typically are not part of Centerlink

Challenges	Solutions
Norway has difficulties with executive leadership supporting IPS	Invite executive leadership to steering committee. Make it memorable. Share success stories. Also include marketing strategies.
Employment specialist don't want to make 6 employer contacts. They prefer to email or call. There are no consequences.	Implement disciplinary actions. Hold ES accountable. Implement a corrective action plan. Training for systemic job development.
65% of the work week in the field	Trainings on how to increase community time. Supervisors review ES calendars weekly to ensure 65% of work week is in the community.
Integration – team meetings	Voc agency/IPS team invites “team” members to a weekly staffing meeting.

DAY TWO

1. IPS for Individuals with Autism Spectrum Disorder

Facilitators: Marjorie Solomon Friedman and Jo Ann Yon-Hernandez

Why here?

Co-occurring SMI/ASD

Primary ASD and traits

Dedicated ASD Supported Education program with VR funding

IOWA VR expansion

Veterans Administration – Adaptations for spinal cord injury

Personal; family with ASD

Service group expansion to neuro cognitive/ASD

How to integrate system of care

Greater need for follow term follow along supports

Neuro divergent education for employers

IDD/DD Learning Community

Fidelity is iterative process

Implement with good faith effort. What can we do? In-line with spirit of the fidelity item

2. Supporting Community-based Services

Facilitators: Dominic D'Aguanno, Theresa Iaculla, and Deandra Howard

Why Community-Based Services?

- Benefits clients to be seen in natural environments
- Pushing paper and billing vs engagement
- Balance with fidelity
- In-person employer contacts lead to better outcomes
- The jobs are in the community, so the specialist needs to be in the community
- Protects the employment specialist from burnout and boredom
- How to achieve high percentages of time in the community:
 - Modeling from trainers and supervisors
 - Normalize 65% expectation and 6 employer contacts per week expectation
 - Respond to COVID and telehealth
 - Cross-divisional effort → share expectations and activities
 - Change policy
 - Consistent expectations especially within teams
 - Define “community time” – it’s not just job development

Strategies:

- Go with job seeker for visits to employers, interviews, etc
- VR→ community services are part of outreach requirements
- Change place of service
- “Step up” job seeker comfort in work environments; visit employers together
- Community time tracker with community time options
- Consistent method of reviewing calendars
- Supervisor review and collaborative goal setting

3. Effective Job Supports

Facilitators Debra Prim and Missy McGraw

Description: Discuss strategies to help people thrive not just survive at their jobs through careful planning and attention to worker preferences.

- Job Coaching
 - Providing guidance and support on shifts while the person is learning new duties. Interviewing process, Onboarding/Testing.
 - Sit on the job-observe take notes, then give feedback following observations. (depends on disclosure preferences)
 - On-site/offsite disclosure
 - Meeting outside in the community, covert meetings.
- Mentoring: Coworker support
 - An experienced employee can mentor
- Assistive Technology
 - Time management, memory, cognitive issues. (simple devices can solve the issue)
 - Utilize VR as a resource for technologys.
 - Accommodations-bigger screen for work, purchased a watch for use as an alarm, example
 - Average cost of an accommodation is \$50 is low
- Workplace Modifications:
 - “Dragon”-struggled writing notes and it was purchased by my employer, physical -sit to stand desks.
 - Sheet pads-working on discussing with employer that this was the only thing that the person was able to do.
 - Noise cancelling headphones: Wants to work at a resstaurat and can’t have ears covered as a safety issue. Wants to work in the back of the house of the restaurant. Reasonable accommodation-perhaps only having one ear covered. **Could request for flashing lights to be installed to alert individuals of safety cautions/warnings.

- Deaf-coworkers-ESP talked with HR to obtain a clear mask to help understand what fellow staff are saying.
- Work opportunity Tax Credit-physical
 - When installing the lights they could have gotten a tax credit for this
- Coming in with ADA paperwork to advocate for needs
- Just because the employer says no, doesn't have to be the end of the story. It's a right to have a reasonable accommodation. Access Equal Opportunity offices in the area.
- Training and Orientation:
 - ESPs attend training and orientation for job duties/tasks/understanding company policies.
 - Not just there for the client but there for the employer
- Supervision and Problem Solving:
 - Supervisor needs to be your friend, can call you and can often save a clients' job.
 - On-site supports hinges on the relationship with the supervisor. Go to HR if something is severe enough,
- Natural Supports:
 - Building relationships with co-workers and supervisors can provide informal support and guidance
 - Educating the individual on why the natural support being involved is helpful to their success
 - ESP's learning from the natural supports any hobbies, strengths, preferences to tailor the supports of the team.
 - Re-establishing natural supports in place or exploring the local community (church/AA).
 - Normalizing natural supports and using those around you is okay.
 - When having a difficult time on the job, who could you call on from your natural support base
 - (Employment Community First) Will pay a Co-Worker to be a support-sometimes more in I/DD population.
- Social Events and Down time:
 - Encouraging social interaction and providing opportunities for downtime can improve clients morale and well-being.
 - Potlucks at work-get outside of their comfort zone
- Transportation:
 - Helping with transportation to and from work (ride-sharing services, public transportation)
 - Mopeds, bicycles,

- o Uber cards, not used
- o Inviting Pastor's/churches, taxi, local transportation to Steering Committee Meetings to advocate for more resources to be developed.
- o VR can pay for driving school
- o VR can also pay for gas or getting a vehicle fixed.

4. Learning About Employer Hiring Behaviors Related to Hiring Individuals Impacted by the Legal System

Facilitators: Ruth Brock, Karen Broadway-Wilson, Mikayla Moore

Attendees: TN, UT, NY, FL, CA, WI, MI, AL, NC, IN

Synopsis: A survey of employer behaviors regarding hiring individuals with legal system involvement was conducted by the learning community in 2009. A lot has happened since 2009. The survey was done in eight (8) U.S. states, Learning Community membership has expanded. Federal and state regulations are changing, i.e., Ban the Box, tax credits, federal bonding. Economy and technology are evolving. COVID impact. Changing demographics. Studies showed harsher punishments of people of color.

The attendees discussed and made suggestions to survey questions for following:

Section 1: Demographics

Add: What demographic data do you collect from new hires?

Section 2: General Hiring Practices

Q4 Does your organization have a formal policy regarding the hiring of individuals with criminal justice histories? Feedback: Criminal – not strength based but employers will likely identify with this term.

Q5 Has your organization hired individuals with criminal justice histories in the past 5 years?

Feedback: Add, and what was successful about this hiring?

Q7 What types of roles or positions have individuals with criminal justice histories or mental health illnesses typically been hired for in your organization?

Feedback: Remove mental health illnesses

Possible follow-up questions:

What are your policies around Fair Chance hiring?

How far back do you look at backgrounds?

What federal bonding processes do you have in place?

What is the written hiring policy?

Section 3: Attitudes and Perceptions

Q8 How important do you **or your company** believe it is for employers to provide opportunities for individuals with criminal justice histories? Add: **or your company**
Consider: What successes have you experienced with hiring individuals with legal histories?
Follow-up: What challenges have been experienced?

Section 4: Barriers and Supports

Lack of advocacy (add to barriers)

Legal history instead of criminal justice history

Ask challenges, concerns or difficulties instead of barriers

Coming from jails or prisons instead of reentry programs (use language that businesses will understand)

Section 5: Organization Policies and Practices

Q12. Does your organization provide training or education to employees about working with individuals who have criminal justice histories?

What kind of training/education do you provide to employees?

Add N/A as an option

Take out mental health from #13

Possible next steps: creation of a work group, need skilled IPS specialists and IPS trainers to conduct the survey, training will be provided in conducting the survey, data collection and interpretation, update/enhance existing tools in serving the population, roll out and dissemination of training tools.

5. Helping IPS Participants Who Experience Homelessness

Facilitators: Gary Johnston and Sandy Reese

We explored initial observations from the 2 RCTs occurring – one in LA and one in England. The group broke into small work teams and explored ideas to help ES best engage and connect with people who are homeless.

Feedback below:

- Collaboration by ES with housing team/referral source - advocate for employment as a tool for recovery
- Go out together with housing teams to “find “ people
- Share provider resources that can benefit the client group (eg clothing, transportation)
- Use additional funds to prevent eviction
- Pinpoint IDs until can get actual ID
- Do not follow standard office policies around no-show equals no more service
- Offer hygiene packs and access to showers
- Offer tenancy support and psychological rehab
- Learn about mental health symptoms and how it may affect engagement and follow through

- Help the person sign up for benefits and any opportunity for support
 - Explore supported education opportunities
 - Recovery oriented CBT training including interaction skills
 - Motivational interviewing
 - Trauma informed care training
 - Shadow PATH providers (exposure therapy)
 - Tapping into organisational support and a focus on employability
 - Remember to include peer support
 - Relationship building with landlords using the 3 cups of tea approach
 - Job readiness and slower progression versus real world experience
 - Connect with employers
 - Understanding of substance use and impact on engagement and building of trust
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- Helping staff to recognise and understand their bias and discomfort
 - Preparing ahead to have conversations
 - Understanding of triggers and its impact on engagement and trust
 - Understanding the culture of people who experience homelessness
 - Recognising the fear that being housing may impact benefits and gaining a job made further impact benefits. This is all very scary and unusual for people who are looking for some stability
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- Patience and persistence and flexibility: above and beyond
 - Compassion and empathy

6. Helping IPS Participants Who Experience Homelessness

Facilitators: Gary Johnston and Sandy Reese

- Engagement
 - Recovery-oriented CBT training (interaction skills)
 - Motivational Interviewing
 - Trauma-informed care training
 - Shadow PATH providers (exposure theory)
 - Patience and persistence
 - Organizational support/promotion of employment
 - Include peer support
 - Benefits counseling
 - Relationship-building with landlords (3 cups)
 - Collaborate with employment and housing specialists
 - Job readiness/slower progression vs real-world experience benefits

- Engagement skills
 - Collaboration with treatment team/referrals source
 - Go out together to “find” people
 - Share/provide resources (e.g., clothing, transportation)
 - Using additional funds to prevent eviction
 - Pinpoint ID’s (until can get actual ID’s)
 - Don’t follow office policies (no-show policies)
 - Connect to VR
 - Hygiene packs, access to showers
 - Tenancy supports/psych rehab
 - Learning about mental health symptoms and how it impacts engagement and follow-through
 - Buy-in from everyone
 - Help sign up for benefits
 - Supported education opportunities

6. Cognitive Remediation for Work

Facilitator: Susan McGurk

- Role-playing/contingency planning
- Checklists for organizing/visual aids/reminders
- Concentration: assistive technology/fidgets
- Role modeling
- Peer connection
- Self-regulation and coping/mindfulness (taking breaks, etc)
- Confidence (e.g., self-care, reflecting back strengths, checkins with employers)
- Prioritizing: Apps, etc.
- Pro’s and Con’s list (decision-making)→ confidence and trusting instinct
- Leaning into what works for you
- Strategies:
 - Job search log
 - Practice role play
 - Job retention plan
 - Assistive tech
 - Apps on phone
 - Task list
 - AI notetaking
 - Planner/calendar

- Multi-modal communication
- Peer support/family
- Motivational Interviewing
- Workplace accommodations/AskJAN
- Change in environment
- Noise-cancelling headphones
- Mock interviews
- Computer access
- Flexible partnerships
- Modeling behaviors/providing task cards
- Collaborative mental health partnership
- Peer/natural supports
- Job shadowing
- Creating checklists (for hygiene, for tasks)
- Technology and money management training/classes
- Utilizing timers between tasks
- Pro's and Con's lists
- Positive affirmations
- Getting feedback from others highlighting strengths
- "First and Then" lists