

Introduction to the Center of Excellence

California is expanding access to and strengthening the continuum of community-based behavioral health services by implementing Evidence-Based Practices (EBP). The Department of Health Care Services (DHCS) has established Centers of Excellence (COE) to support behavioral health delivery systems and behavioral health practitioners in implementing EBPs.

The IPS Employment Center at Research Foundation for Mental Hygiene, Inc. is proud to serve as the COE for the implementation of Individual Placement and Support (IPS) evidence-based Supported Employment throughout the state of California.

Visit the <u>Behavioral Health Resource Hub</u> for more information and resources.

Meet the Team

Lead by Sarah Swanson, IPS Center Director, and Crystal McMahon, Lead Implementation Specialist for California, our experienced team of IPS Trainers are here to support programs as they begin IPS implementation. Our Trainers have experience working in IPS Programs as well as helping to implement IPS: Ruth Brock; Jennie Keleher; Sandra Langfitt-Reese.

Check out the NEW <u>IPS COE webpage</u> to meet the team, find resources, standard program forms, and more!

Interested in learning more?
Email us at IPS.BHCOE@nyspi.columbia.edu.
Our Lead IPS Trainer is available to help.

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Building a Career to Escape Poverty

Erika is a college student who is pursuing a double major in Environmental Science and Geography and hopes to graduate in 2028. She explained that she has had unstable employment prior to participating in IPS, and life has been hard — she has even been on the verge of homelessness. Her father passed away 13 years ago and the economic hardship of seeing her single mom supporting her and her siblings has been incredibly challenging.

While pursuing a degree, Erika needed an income. Because Erika was interested in working with environment and geography, her IPS specialist, Dunia Saleh, built a relationship with the recreational manager at the local park district. She learned as much as she could about the Naturalist Aide Specialist position, including the job requirements, and what attributes are needed to be successful in the seasonal paid position. The job required working in different departments and necessitated flexibility, good communication and leadership skills. And it included substantial interaction with customers and guests. Erika got the job and she particularly enjoyed learning about the different animals and species and doing arts and crafts with children. Dunia reported that Erika was reliable and experienced less anxiety when working. The job was a good match; the experience was positive and enriched her creativity and passion for learning. Erika's self-confidence soared with the work experience. As a result of her excellent performance, she has a good prospect of filling a permanent position that will open soon in the park district.

In regard to Erika's education, Erika and Dunia have connected with an academic counselor and pursued educational accommodations such as getting notetakers and exams in quiet rooms. Dunia intentionally checks with Erika about her classes, schedule, and remaining classes needed to graduate.

Dunia finds joy in seeing Erika's growth, confidence, and self-advocacy. She advises IPS practitioners to establish good rapport, create safe space for communication, and value what matters to them. Erika's dream is to become an environmental scientist and would like to focus on research, climate change, and the environment. It is also important to her that she provides support for her family. Erika mentioned that she receives a range of support from her case manager, rehabilitation counselor, and the IPS specialist. Her advice to people who may have similar challenges is to "get moving and going, don't be afraid to try and reach for help. It gets better."

"Employment, and education have made me a stronger person" according to Erika.

"Employment, and education have made me a stronger person."

RESOURCES

Remember to visit the <u>IPS COE</u> <u>website</u> for valuable resources on IPS implementation.

Resources include program forms, grandfathering criteria, data collection overview, and much more!

Individual Placement and Support
(IPS) in California

Behavioral Health Center of Excellence

SAMHSA TOOLKIT



The Substance Abuse and Mental Health Services Administration (SAMHSA)

has released an up-to-date toolkit about IPS. It is a collection of educational tools and resources that are designed to assist a variety of stakeholder groups with IPS implementation and sustainment.

For more information, visit the SAMHSA website.

Upcoming Events

We've scheduled several calls to help as you begin IPS implementation. Remember to visit the <u>IPS</u> <u>COE webpage</u> for more details.

The 2026 schedule coming soon.

Event	Dates
Office Hours County and Behavioral Health program staff are invited to join in the open office hours for IPS. An experienced IPS Implementation Specialist will be on hand to talk about IPS and California implementation. All questions welcome!	Every Monday at 1:00 PM PST Every Wednesday at 9:00 AM PST Join Office Hours here
IPS 101 These virtual trainings explore the 8 practice principles of IPS Supported Employment.	To find out more, please click here. All starting at 1 PM PST and will conclude by 2:30 PM PST November 26, 2025 December 10, 2025 December 23, 2025
IPS 101 - Administrators These one hour virtual trainings will help with IPS implementation planning and includes a plan building exercise! All county and behavioral health administrators are welcome!	Click here for Zoom link. November 25, 2025 at 1 PM PST December 17, 2025 at 10 AM PST
CA IPS Supervisors These calls will focus on topics specific to the role of the supervisor, including hiring staff, IPS fidelity items, tracking outcomes, developing the team, aspects of supervision, setting goals, engaging with executives, & more.	December 12, 2025 and second Friday of the month thereafter starting at 9 AM PST. Click here for more information.
CA IPS Specialists These calls will focus on topics specific to the role of the specialist, including developing rapport with job seekers, person centered approach, focus on individual strengths, job development, benefits planning, sharing employment and school success stories, & more!	December 12, 2025 and second Friday of the month thereafter at 11 AM PST. Click here for more information.

Planning for the IPS Supervisor Position

- IPS supervisors may have up to 10 people reporting to them, but no more than 7 is best for new supervisors.
- It is recommended that supervisors of fewer than 7 team members carry caseloads of 2-3 people so that they stay up to date on the work of IPS specialists.
- Supervisors use outcome data to help the team set goals and to make plans to coach individual IPS specialists.
- Supervisors provide frequent coaching (working sideby-side with IPS specialists out of the office).

BH-CONNECT Workforce Initiative

The <u>BH-CONNECT Section 1115 demonstration</u> approval includes a \$1.9 billion Workforce Initiative.

The Workforce Initiative will support the training, recruitment and retention of behavioral health practitioners to provide services across the continuum of care.

For more information about this initiative, please visit the **BH-CONNECT** page.

IPS in Rural Areas

Gary Bond, PhD West Lebanon, NH

Rural mental health leaders often assume that implementing IPS is not feasible for their clients. One challenge is the need to travel great distances for face-to-face contact, which is so much a part of traditional mental health services, especially IPS, which requires intensive in-person contact to achieve high fidelity. Rural America includes some of most impoverished areas in the US, lacking resources and basic infrastructure, such as internet connectivity. Mental health services are underfunded and mental health centers seldom pay adequate salaries to mental health professionals, struggling even to find qualified staff. Stigma is another significant barrier. Getting a job can be difficult when local residents know the personal history of everyone living in the area.



Despite challenges, IPS is more feasible in rural areas than is often assumed. Interviews with key informants in 15 states found that rural IPS programs made adaptations in response to the local culture, businesses, and norms, but they did so while remaining true to IPS core principles (Al-Abdulmunem et al., 2021). A study of IPS fidelity in 23 rural and 56 urban IPS programs found several items on which rural programs scored significantly lower on average than urban programs (Luciano et al., 2014). Rural programs scored especially low on the fidelity item measuring the team approach ("vocational unit"), because many rural IPS programs consisted of a single IPS specialist due to the small number of clients needing employment services. Furthermore, by necessity, rural IPS specialists often provide case management and other nonvocational services. Rural programs also lack a diversity of employers. On the other hand, Luciano and colleagues found several items on which rural programs were more successful than urban programs in achieving good fidelity. Rural programs generally had smaller caseloads and closer coordination with treatment teams than urban programs, which may have allowed rural IPS specialists to provide more personalized help. Overall, rural and urban programs did not differ on the mean score for the total IPS fidelity scale (mean for rural = 104; mean for urban = 100).

Two national studies in the US found similar competitive employment outcomes in rural and urban IPS programs (Haslett et al., 2011; Luciano et al., 2014), while a 10-year evaluation of IPS services in Australia found that living in a rural location was the single best predictor of positive employment outcome (Robson et al., 2025). Taken together, similarities in fidelity and outcomes in rural and urban areas should encourage rural mental health leaders to implement IPS. An issue brief describing strategies for overcoming barriers to implementing IPS in rural areas can be found at https://ipsworks.org/wp-content/uploads/2024/08/ASPIRE-Implementing-IPS-InRuralCommunities.pdf (Bond et al., 2024).

References

Al-Abdulmunem, M., Drake, R. E., & Carpenter-Song, E. (2021). Evidence-based supported employment in the rural United States: Challenges and adaptations. Psychiatric Services, 72, 712-715. https://doi.org/10.1176/appi.ps.202000413

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Haslett, W. R., Bond, G. R., Drake, R. E., Becker, D. R., & McHugo, G. J. (2011). Individual Placement and Support: Does rurality matter? American Journal of Psychiatric Rehabilitation, 14, 237-244. https://doi.org/10.1080/15487768.2011.598106

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Robson, E., Sly, K., Lewin, T., Turrell, M., & Swamy, A. (2025). A 10-year multisite evaluation of an Individual Placement and Support (IPS) employment program based in an Australian community mental health service. Community Mental Health Journal. https://doi.org/10.1007/s10597-025-01538-w

Update on California IPS Implementation

Individual Placement and Support (IPS) in California is starting to take off and grow! Twenty-nine counties have already reached out to the IPS Center of Excellence (COE). We know that successful IPS programs begin with good planning. The COE is available to provide simple or in-depth information about IPS, to provide feedback on effective implementation strategies, and to meet with counties at their request to help develop implementation plans. Our goal is to partner with counties and programs, and see even more people engage with work as part of their recovery in California.

Across the state, counties are in various phases of program development. Many California counties have implemented IPS prior to the statewide initiative. Some counties are just beginning to learn about IPS or are offering IPS through newly formed programs. Still others are considering methods to transition various types of employment services to IPS.

The IPS COE offers office hours, IPS 101 sessions, IPS for Leadership, and is starting monthly calls for IPS specialists and IPS supervisors. As we start working more closely with counties and programs, we will follow a plan that will personalize priority areas of training and technical assistance. After meeting with a number of counties and programs, the IPS COE Team has identified several common themes. People want to understand more about options to partner with the Department of Rehabilitation (DOR), reimbursement for IPS through Medi-Cal, access to benefits planning, IPS in rural communities, and meeting fidelity thresholds.

To learn more about training resources and how to join IPS office hours, please visit the IPS COE website.

Pictured Above: IPS Trainers, Crystal McMahon and Ruth Brock, with Neighborhood House Association in San Diego, the first IPS program to have a 1.5 day in-person training in November 2025.



Benefits Counseling in CA

A key principle of IPS is benefit counseling. Research says many people who receive disability benefits from the Social Security Administration experience concern about going to work for fear of losing their benefits. It is not true that a person will automatically lose their benefits when they go to work. For this reason, it is critical that people have accurate and comprehensive information about how their benefits may be affected by an earned income, so they may make informed decisions about employment. Work incentives and asset building programs are also a part of benefits planning and can help people achieve their life goals.

One resource for personalized benefits counseling is the Work Incentives Planning and Assistance (WIPA) program. Free and confidential counseling is available through WIPA to anyone with a disability who receives Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), and who is either seeking work, employed or self-employed. If the person receives benefits from other sources, such as a housing authority or the Supplemental Nutrition Assistance Program (SNAP), the WIPA counselor will also consider these benefits in their overall analysis and information. There are three ways to connect individuals in California to a WIPA program: Department of Rehabilitation (DOR); Disability Rights California (DRC) 888-768-7058; or the Ticket to Work (TTW) Helpline 866-968-7842.

Agencies and IPS programs may support training for an internal benefits planner. A resource for benefits planning training and benefits planning certification is through Cornell University at YTI Online.

The IPS Employment Center at Research Foundation for Mental Hygiene, Inc.

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Have a question or want to learn more? Send us an email. We're here to help. Email us at: IPS.BHCOE@nyspi.columbia.edu

