

IPS Implementation Tips for State Leaders

Develop a state IPS implementation team

IPS implementation in the U.S. is most effective when it is led by a partnership between the state mental health authority and state Vocational Rehabilitation. Typically, one liaison from each state department dedicates a portion of his time to IPS implementation. Each person commits to work on needed changes. For example, the vocational rehabilitation liaison may agree to assign vocational rehabilitation counselors to IPS programs. The mental health liaison may agree to work with agency leaders to integrate mental health and employment services. They discuss how each department can contribute funds to pay for IPS services and they develop a written memorandum of understanding between their departments to formalize how they will collaborate. The department liaisons and a full-time IPS trainer (see below) strive to develop consensus with stakeholder groups such as the National Alliance on Mental Illness, consumer advocacy groups, mental health agency directors and others depending on the people who will be served.

A family member or person with lived experience of mental illness, often a member of the National Alliance on Mental Illness (NAMI) may join state implementation teams. This person can help educate local groups of stakeholders, or help advocate for IPS funding, among other activities.

Members of the state implementation team must be knowledgeable about IPS. Training is necessary so that the team can send clear messages to practitioners and managers. For example, the vocational rehabilitation liaison may instruct counselors to refrain from authorizing situational assessments for IPS clients. Another example is that the mental health liaison may incentivize agencies to participate in fidelity reviews. One way for team members to learn is to attend the IPS Leadership Training, a three-day training held at the IPS Employment Center in New Hampshire twice each year. For more information about the training, see www.IPSworks.org.

The state implementation team develops a state steering committee for IPS. The committee may include representation from the state chamber of commerce, colleges and technical training programs, agency leaders, consumer advocacy groups, family organizations, and others. They examine systems barriers to good program implementation and develop plans for improvement. The state committee also discusses employment and education outcomes and develops strategies to support better outcomes.

Examples from the IPS Learning Community:

In one state, an upper-level manager in state Vocational Rehabilitation and an upper-level manager from the state mental health authority lead the implementation team. Four IPS trainers live and work in different regions of the state—two trainers cover a large metropolitan area and two others work in rural areas. All members of the team have attended IPS leadership training, the IPS trainers have taken online courses about IPS, and trainers from the IPS Employment Center have visited the state to work alongside the team as they facilitated their first fidelity reviews and trainings. Members of the team participate in IPS learning community conference calls related to training, fidelity reviews, and expansion/sustainment of IPS so that they continue to learn and contribute their own expertise to the field.

A family member who is part of a state implementation team, along with her colleagues, educates IPS practitioners about working with family members. They provide agency-level training to educate IPS specialists about the perspective of family members and to suggest how to include family members in the employment plan.

A member of NAMI developed modules about IPS, along with her colleagues, to include in a training program that educates families about mental illnesses. These modules were adopted by other states, as well.

Identify sources of revenue for IPS services

Most states use braided funding for IPS including revenue from state Vocational Rehabilitation, Medicaid, and the department of mental health. Below are examples of how the different sources of revenue are sometimes used.

- Typically, IPS programs are able to become vendors for state vocational rehabilitation. Vendors are authorized to provide services on a case-by-case basis and receive milestone payments for client outcomes (payments when a person starts a job, when a person works for 30, 60, and 90 days, etc.). In some states, Vocational Rehabilitation has annual contracts with provider agencies.
- Medicaid is sometimes billed for medically necessary services that occur within the context of employment. People working in state Medicaid offices find it helpful to discuss examples of services provided by IPS specialists (sample progress notes that include reasons that the intervention was medically necessary) rather than discussing general employment services. Other states alter the Medicaid plan to include IPS services (for example, 1915i).
- Many state departments of mental health contribute funds to augment other sources of revenue. For example, a state that closed long-term hospitals diverted some of the savings to IPS programs.

State leaders should determine the funding source(s) for each phase of the employment process. For example, state Vocational Rehabilitation may close cases for people after they have been employed for 90 days, but the IPS program will continue to help with job supports for about a year, on average. And some Vocational Rehabilitation counselors may not feel comfortable authorizing job development services for people who are not abstinent from drugs and alcohol, at least at the start of IPS implementation. In most cases, it is not possible to bill Medicaid for meeting with potential employers if the job seeker is not present.

Determine funding sources for the following:

- IPS intake. Attempts to engage people who have been referred to the IPS program, including meeting together with the case manager (or other service provider who referred the person) and the work candidate.
- Assessment. Discussions about each person's employment goals, past work and school experiences, and other factors related to careers. May include visiting employers to learn about different positions or meeting with family members to talk about good job matches.
- Job development. May include the IPS specialist and job seeker completing job applications, practicing job interview questions, visiting or calling businesses to follow up on applications, sending resumes with cover letters, and attending job interviews together. Also includes IPS specialists meeting with prospective employers without a job seeker present. Some people may need to try more than one job before working on a long-term basis (so there must be a way to fund job development more than once).
- Job supports. May include meeting with workers to discuss their job performance, meetings with employers for feedback, wake-up calls, rides to work, help learning the bus system, family meetings, assistance finding clothes for work, meetings with state vocational rehabilitation counselors, etc. A few people also benefit from assistance learning their jobs (job coaching at the worksite). IPS specialists provide job supports for about a year, on average, and based on the needs and expressed interest of the worker.
- Supported education. Learning about different careers by visiting schools/mainstream vocational training programs and informational interviews with working people. Help applying for school programs and financial aide. Learning good study techniques and establishing study schedules. Asking for accommodations at school. Help selecting a course schedule.

Examples from the IPS Learning Community:

Mental health leaders in one state did not believe it was possible to bill Medicaid when IPS specialists meet with employers without a jobseeker present (job development). State Vocational Rehabilitation does not pay for hourly job development—instead they offer a milestone payment after a person works one day on a new job. In this arrangement, when people dropped out of IPS without ever working, the agencies were not reimbursed for any job development hours without the jobseeker present. In response, mental health leaders collaborated with their state Medicaid office to alter the state Medicaid plan. Because that took more than two years to complete, many county mental health boards used discretionary funds to pay agencies for the time IPS specialists spent building relationships with employers.

Vocational Rehabilitation leaders in another state learned that the IPS approach includes helping people learn from each job experience and then assisting with another job. They decided to alter the fee schedule for IPS programs so that agencies could bill for more than one job start. And when a person did not need more than one job, an extra payment was provided to the agency as the person was closed from Vocational Rehabilitation services (so that agencies would not feel penalized if they only helped with one successful job).

Other state Vocational Rehabilitation leaders have altered IPS fee schedules to align with the IPS approach, for example, by removing job tryouts and assessments. Some of the savings from assessments were used to increase the job placement fee.

Member of the National Alliance on Mental Illness (NAMI) spoke to legislators in their state along with a person who had benefitted from IPS. In response, funds were allocated to provide long-term job supports to people in IPS services.

Make plans to provide training and technical assistance

Classroom style training is a small part of the assistance provided to IPS practitioners. Most people learn best when they watch a skill demonstrated, and then try the new technique with a coach by their side. IPS trainers do all of the following: provide didactic training, participate in IPS unit meetings, participate in integrated mental health treatment team meetings, join meetings with state Vocational Rehabilitation counselors, accompany IPS specialists as they build relationships with employers, meet with jobseekers/workers and their IPS specialists, meet with the IPS supervisor to review program outcomes and develop plans for improvement, attend IPS steering committee meetings, train members of the local chapter of National Alliance on Mental Illness (NAMI), and educate managed care organizations (MCOs) about IPS. Much of the work that IPS trainers

perform with agencies consists of working alongside agency practitioners and managers.

After good IPS fidelity and good outcomes are achieved at an agency, the IPS trainer continues to visit to help sustain the program though he may visit less frequently. Without ongoing assistance, many program staff members drift from providing services based on the IPS approach. And many IPS programs experience high staff turnover. During program implementation the trainer spends at least two days each month with each program. After programs reach good fidelity, usually after one year, the trainer adds additional programs to his caseload. The number of programs that a trainer works with depends on the level of program implementation, whether there has been recent turnover at the programs, and the driving distance to the sites. A trainer whose agencies are all in the implementation phase may work with just three to four agencies.

IPS trainers also help with IPS supported employment fidelity reviews. Reviews are quality improvement tools to help program staff understand IPS and make program changes based on the evidence-based approach. An added benefit of fidelity reviews is that most program leaders are motivated to achieve good fidelity, which results in more efficient implementation. The IPS trainer and another member of the state IPS implementation team facilitate each fidelity review. As the number of IPS programs grows, others are trained to join the state team in facilitating reviews, for example, consumers, family members, IPS supervisors, and Vocational Rehabilitation counselors. Information from the fidelity reviews is used to develop an action plan for areas of improvement and technical assistance.

Examples of other tasks performed by the IPS trainer, with help from the state IPS implementation team, include facilitating quarterly IPS supervisor meetings, working with state leaders to solve systems barriers to IPS, planning annual IPS conferences, reviewing quarterly outcomes from IPS programs, and collaborating with the state office of Medicaid to provide training in medically necessary services.

Many state teams hire additional trainers as the number of IPS programs in the state expands. Trainers are employed by the state mental health authority or Vocational Rehabilitation. In some situations, the state department contracts with a university or mental health agency for the trainer position. But regardless of what organization employs the trainer, the state IPS implementation team selects the trainer and has oversight for the position.

State leaders often ask who should fill the IPS trainer position. IPS supervisors (or people who have supervised programs similar to IPS) usually have some of the skills necessary for the position. In addition to teaching skills for IPS, trainers often need to coach IPS supervisors on good supervision practices.

Knowledge about the group of people to be served is very helpful. For example, a lived experience of mental illness is viewed as an additional qualification for the job. Finally, the trainer needs excellent communication skills to develop credibility with agency executive directors, other state leaders, and practitioners.

Examples from the IPS Learning Community:

In one state, an IPS supervisor was hired to be a full-time IPS trainer. She was employed by a university but worked closely with the state mental health authority and Vocational Rehabilitation liaison. During her first year of employment, she worked with four agencies in the state. The second year of IPS implementation, three more agencies were added, and at the end of that year, a second trainer with experience as a peer specialist was hired. After ten years of IPS expansion, four IPS trainers cover different geographic regions of the state.

An IPS trainer in another state makes a point to build relationships with agency executive directors who are in the best position to make organizational changes. She requests brief meetings several times each year to share employment outcomes, fidelity scores, and her suggestions for what would most help the IPS program.

Select agencies for IPS implementation

State leaders sometimes wonder whether it is best for mental health agencies to hire employment staff or for employment agencies to collaborate with mental health agencies. Integration of mental health and employment services is easiest to achieve when all practitioners work for the same agency. And it may be difficult for the IPS teams to bill Medicaid or use mental health funding if the teams are separate from a mental health agency. But some employment and mental health agencies collaborate to provide coordinated services. In these instances, confidentiality agreements to allow IPS specialists to attend mental health treatment team meetings are needed. Office space for IPS specialists at the mental health center is also helpful for good collaboration with mental health practitioners.

When selecting agencies to implement IPS, start with those whose leaders are most interested in IPS. For example, agency leaders who believe that all people who want to work should have assistance with a competitive job, or agency leaders who believe in using evidence-based approaches are often good early adopters. Avoid starting with agency directors who appear more interested in following a new funding stream or those who do not want to change existing services for better implementation. For example, an executive director who wants to add IPS to an existing continuum of employment services does not fully understand the IPS

approach. As IPS takes hold in the state, those leaders will gradually adopt a more recovery-based approach.

Members of the state implementation team should visit each agency prior to site selection for training and technical assistance. The Agency Readiness Checklist will help determine the best sites to begin implementation. See <https://www.ipsworks.org/resources/trainers/ips-program-implementation>. The Agency Technical Assistance Agreement at the same link will help agency staff understand what will be expected of them as they decide whether to participate in IPS training.

Examples from the IPS Learning Community:

A comprehensive behavioral health organization had a long history of providing employment services including janitorial training, job tryouts (assessments), and groups to prepare people for employment. Agency administrators recognized that IPS was important to the state departments of mental health and Vocational Rehabilitation. The executive director requested assistance implementing IPS, although he also said that existing employment services would remain in place as he did not believe that one model was right for everyone. After five years, the agency had still not achieved good fidelity to IPS because the other employment programs affected staff beliefs in zero exclusion, rapid job placement, competitive employment, etc.

A housing and case management agency that served transition-age youth (most of whom did not have serious mental health conditions), implemented IPS. Some fidelity items could not apply to the IPS program, such as collaboration with state Vocational Rehabilitation since very few of the young people had disabilities. But agency leaders focused on other fidelity items and achieved good fidelity in about one year. What was notable about this agency was that the executive director and other senior managers were highly motivated to achieve good implementation of IPS.

Collect and Use Outcome Data

Employment and education outcomes are useful in that they indicate which programs need additional technical assistance. Further, good outcomes can be used to justify sustaining IPS in the state.

Collect accurate data by clearly defining what will be measured. For example, to determine the employment rate for a program or the state, compare the number of people served in IPS during one calendar quarter to the number of IPS program participants who worked at least one day at a competitive job during that time. By collecting quarterly program outcomes, the state leadership team can

compare outcomes to benchmarks set by the International IPS Learning Community. These outcomes include: number of people served, number of people employed, number of people in school, number of job starts, number of students in school or vocational training programs, number of working people who transitioned off the IPS caseload, number of unemployed people who transitioned off the IPS caseload, and number of IPS specialists. State leaders monitor the number and percent of people employed, the average number of job starts per IPS specialist, the number of people served in IPS, the number of working people who transition out of IPS services, etc. The number of people eligible for IPS in a state is used to determine the penetration rate.

State teams share data summaries with supervisors to help them learn about their programs. For example, a graph that indicates the average employment rate in the state and the program's employment rate over four calendar quarters informs the supervisor about how well her program is performing. Collect data quarterly and share it with program staff as soon as possible so that the information is relevant.

Transparent data (program-level data shared among all IPS programs) is a way to foster learning and a bit of competitive spirit. The IPS trainer can review outcome data at quarterly supervisor meetings and ask supervisors to share their strategies. A program that demonstrates a high number of job starts for most quarters may be able to teach others about good techniques to build relationships with employers. An IPS supervisor who has frequent staff turnover could ask her peers what they do to retain staff on their IPS teams.

Example from the IPS learning community:

A manager from the state mental health authority routinely reviewed IPS outcomes with her supervisor and other managers in order to demonstrate the program's effectiveness. In addition, the state implementation team compared agency fidelity scores and employment outcomes to the type and frequency of technical assistance from IPS trainers. They determined that the programs with the best outcomes had many visits from trainers who worked alongside practitioners and altered their training plans accordingly.