



***Individual Placement & Support (IPS) Supported Employment  
Fidelity Review Report***

***Lakes Region Mental Health Center***

On Site Review Dates: June 7 & 8, 2023

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## **BACKGROUND / AIM**

Evidence-Based Practices (EBPs) like Individual Placement & Support (IPS) Supported Employment improve recovery outcomes for individuals with mental illness through the provision of quality services that are high in value and proven effective. To monitor and improve IPS services, Community Mental Health Centers (CMHCs) in NH participate in annual fidelity reviews for IPS.

Dartmouth Health consultants follow the evidence-based practice (EBP) fidelity protocol and process for IPS fidelity reviews. Per the protocol, only services that are provided in-person count as face-to-face toward scoring because this is the service delivery method that has been thoroughly researched. As a result of the pandemic, some programs have shifted to providing virtual (tele video / phone) services in addition to in-person (face-to-face) interventions. Starting SFY 2023, Dartmouth consultants will include data/information about the amount of virtual (telehealth/telephone) services that are being provided; however, these types of services will not count toward scoring, per the fidelity model.

## **METHODOLOGY**

Dartmouth Health consultants and CMHCs worked together to complete a fidelity review during a 2-day on-site visit, following the protocol in the Supported Employment Fidelity Review Manual (Becker, et al.). Following the fidelity review, Dartmouth consultants provide each IPS team with a detailed fidelity report that provides observations, feedback, strengths, and recommendations, within 4 weeks of the fidelity review. Dartmouth consultants will continue to implement a strengths-based approach to identify strengths of programs, share successes, & facilitate CMHC peer to peer(s) consultation.

The consultants are grateful for the professional courtesies and work invested by the LRMHC staff in developing and providing these activities as part of the IPS fidelity review process. The various sources of information used for this fidelity review included:

- Reviewing IPS data & staffing reports and other documents regarding IPS services
- Interviews with the following CMHC staff: IPS team leader (covering), ACT vocational specialist, all IPS specialists, LRMHC executive team, and other members from CMHC treatment teams
- Interviews with staff providing benefits counseling for individuals receiving IPS services
- Interview with local/regional Vocational Rehabilitation (VR) staff
- Meetings with individuals who receive IPS services, as well as family members
- Observation of integrated mental health treatment team meetings
- Observation of IPS group supervision vocational meeting
- Observation of phase 1 in-person job development in the community by IPS specialist

## REVIEW FINDINGS AND RECOMMENDATIONS

<b>KEY</b>
<input checked="" type="checkbox"/> = In effect <input type="checkbox"/> = Not in effect

The following table includes: Fidelity items, observations, and recommendations.

Item	Rating	STAFFING Section
# 1 Caseload Size	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Research has demonstrated that employment specialists with large caseloads have difficulty monitoring regular contact with individuals receiving IPS services and meeting other fidelity standards. Manageable caseloads allow IPS specialists time to provide effective employment services to people who are in different stages of working on goals for employment and school. The following components regarding caseloads for the LRMHC IPS team are present:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Each IPS specialist on the IPS team has a discrete caseload of individuals he or she meets with regularly.</li> <li><input checked="" type="checkbox"/> The maximum caseload for any full-time equivalent IPS specialist is 20 or fewer individuals.</li> </ul> <p>The LRMHC IPS program consists of 2 full-time IPS specialists, 1 part time IPS specialist (in training to become a CWIC), and 1 covering team leader, and the IPS team was serving about 41 individuals at the time of the review. The ratio of individuals receiving IPS services to IPS specialists is 18:1.</p> <p><i>Please note:</i> The IPS team leader’s caseload is not included in this equation.</p>
# 2 Employment Services Staff	2	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>IPS specialists who have dual roles (both vocational and clinical responsibilities) often get pulled into duties outside the IPS scope, leaving insufficient time to connect with employers or develop other skills needed for an effective IPS specialist. Regarding the LRMHC IPS team:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All IPS specialists provide employment services 96% or more of the time.</li> </ul> <p>The LRMHC IPS staff are often providing FSS services for their respective teams, with varying degree depending on team assignment. Staffing shortages and vacancies clearly contribute to this, as IPS staff are filling other roles on the team. The IPS team leader and one IPS specialist positions are vacant.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The team leader should ensure all IPS specialists have a detailed job description that include job roles and duties, as well as duties that are not to be practiced. Once the LRMHC IPS team leader position is filled, there will be an opportunity to re-educate treatment teams about the IPS role and the focus of this role, in order to allow IPS staff to focus on employment services at least 96% of the time.</p>

<p># 3 Vocational Generalists</p>	<p>5</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Research has demonstrated that individuals receiving IPS services are more likely to stay engaged in services when working with 1 contact regarding all components of employment services. Employers also seem to prefer working with a single contact throughout the employment process. The LRMHC IPS specialists carry out the full range of IPS activities with individuals, including:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Program intake</li> <li><input checked="" type="checkbox"/> Engagement</li> <li><input checked="" type="checkbox"/> Assessment / completing vocational profiles</li> <li><input checked="" type="checkbox"/> Job development / placement</li> <li><input checked="" type="checkbox"/> Job coaching</li> <li><input checked="" type="checkbox"/> Follow along supports for employed individuals receiving IPS services</li> </ul> <p>The LRMHC IPS specialists carry out the full range of IPS services.</p>
<p><b>ORGANIZATION Section</b></p>		
<p># 1 Integration through Team Assignment</p>	<p>4</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>In order for IPS specialists to manage all of all of their duties providing IPS services, there should be a limit to the number of providers with whom each IPS specialist coordinates services with. LRMHC IPS specialists are:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attached to no more than 2 mental health treatment teams, from which at least 90% of the IPS specialists' caseloads are comprised, on average.</li> </ul> <p>One LRMHC IPS staff is attached to one team, one is attached to 2 teams, and one is attached to 3 teams.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>Given the agency's commitment to IPS services and the number of individuals receiving IPS services that are served by multiple treatment teams, it will be beneficial when the IPS specialist vacancies (one IPS specialist and one team leader) are filled. The team leader should ensure all IPS specialists have a detailed job description that include job roles and duties, as well as duties that are <i>not</i> to be practiced.</p> <p>Once the positions are filled, IPS team leader should carefully restructure team assignments so that each IPS specialist works with two teams or less that provide 90% or more of their caseloads.</p>

<p># 2 Integration through Frequent Contact</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Frequent contacts between treatment team members help providers work together effectively to assist people with their employment goals. The LRMHC IPS team supports this team integration philosophy in the following ways:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPS specialists attend weekly mental health treatment team meetings where individuals are reviewed routinely, not just individuals who are in crises.</li> <li><input type="checkbox"/> IPS specialists participate actively in treatment team meetings in treatment team meetings where team members engage in conversations about how to help individuals receiving IPS services achieve their employment goals.</li> <li><input checked="" type="checkbox"/> Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is fully integrated into individual's electronic mental health treatment record.</li> <li><input checked="" type="checkbox"/> IPS specialists' offices are in close proximity to (or shared with) their mental health treatment team members.</li> <li><input checked="" type="checkbox"/> IPS specialists help the team think about employment for people who haven't yet been referred to IPS services.</li> </ul> <p>LRMHC IPS staff attend treatment team meetings, but some IPS specialists are not currently attending these meetings on a weekly basis. The structure of team meetings vary, and at times, do not allow IPS staff to actively participate as fully as other treatment team members.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>IPS staff should be fully integrated team members who work actively with all teams on considering employment for all clients, regardless of level of symptomatology. When the IPS team leader position is filled, it may be helpful to revisit each clinical team to provide a reminder about the role work can play in recovery.</p> <p>The IPS team leader should explore ways for each IPS specialist to attend all teams from which IPS specialists have individuals receiving IPS services on their caseload. IPS specialists should attend meetings once per week for teams from which he or she has 3 or more individuals receiving IPS services and should attend meetings twice per month for teams from which he or she has 1 or 2 individuals receiving IPS services. Increasing contact with the integrated team helps provide a more cohesive team approach, allowing IPS staff to keep current on individual goals and clinical information, and enables IPS specialists to assist the team in identifying individuals that may benefit from the IPS program.</p>
<p># 3 Collaboration between IPS &amp; VR</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>State Vocational Rehabilitation (VR) counselors and IPS specialists each have knowledge and experience that is important to helping people with careers, and both should be involved in planning for good employment outcomes. The LRMHC IPS team supports this collaboration in the following ways:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IPS specialists and Vocational Rehabilitation counselors have client-related contacts (phone, e-mail, in-person) at least monthly to discuss shared clients.</li> </ul>

		<p><input type="checkbox"/> The IPS team and VR counselors have scheduled face-to-face meetings at least monthly with the entire IPS team to discuss referrals.</p> <p>LRMHC staff have monthly contact with VR, but do not have regularly scheduled meetings. It is important to note that the VR connected to LRMHC is significantly short-staffed.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>It is important to establish a way to have regular monthly in-person meetings to discuss potential referrals, as well as identify any challenges individuals receiving IPS services are facing and discuss possible solutions. These regular meetings will allow the 2 teams to discuss collaboration efforts, as well as shared individual challenges and successes.</p>
# 4 Vocational Unit	4	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>A unit of people performing the same work is able to share ideas and information and provide back up for each other. The LRMHC IPS team supports this team approach in the following ways:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The IPS team has at least 2 full time IPS specialists and a team leader that form an employment unit.</li> <li><input checked="" type="checkbox"/> The IPS team has weekly individual-based group supervision based on the IPS model in which strategies are identified.</li> <li><input checked="" type="checkbox"/> Job leads are shared.</li> <li><input type="checkbox"/> The IPS team provides coverage for each other's' caseloads when needed.</li> </ul> <p>The vocational unit at LRMHC has recently undergone transition, including the departure of the team leader. The current structure does not have the IPS staff covering for one another when one is on leave, which may in part be due to staffing shortages.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The LRMHC IPS team should explore ways for the IPS staff to become familiar with each other's work and caseload, which would enable them to effectively cover for each other when one IPS staff is out on leave. Once an IPS team leader is hired and the IPS specialist position is filled, the team leader can work to build this coverage into the IPS program.</p>
# 5 Role of Employment Supervisor	1	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The LRMHC IPS team leader carries out the following essential supervision functions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The IPS team leader supervises a practicable number of employment specialists with their individual caseload devotion considered.</li> <li><input checked="" type="checkbox"/> The IPS team leader conducts weekly IPS supervision (group and/or individual).</li> <li><input type="checkbox"/> The IPS team leader works to assure integration with different treatment teams, attending each team on a quarterly basis.</li> </ul>

		<ul style="list-style-type: none"> <li><input type="checkbox"/> The IPS team leader takes an active role in training, and directly providing field mentoring for new IPS staff or staff that is having difficulty on a monthly basis.</li> <li><input type="checkbox"/> The IPS team leader regularly reviews the employment rate of individuals in the IPS program and establishes new goals for increasing that employment rate.</li> </ul> <p>The LRMHC IPS team leader position is currently vacant, and the position is being covered by the CSP Director. As a result, there is no current field mentoring, attendance at team meetings quarterly, or goal-setting for the IPS program.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The LRMHC IPS team leader role is currently being covered by another leader within the organization. Once the IPS team leader position is filled, the organization should focus on the following:</p> <ul style="list-style-type: none"> <li>• The IPS team would benefit from targeted IPS supervisory time for field mentoring to ensure effective and well-integrated employment services. Field mentoring includes supervisors modeling skills while IPS specialists shadow, as well as supervisors coaching IPS specialists while they are practicing skills. Field mentoring would assist IPS specialists in learning new skills, as well as provide an opportunity for the IPS team leader to provide feedback to IPS specialists on current abilities and their job development strategies and skills. Field mentoring is recommended monthly for new IPS specialists or specialists having difficulty with job development, which might be evident by having few people working on a caseload, having limited job starts over the past quarter, or not completing the targeted amount of weekly job development activities. Field mentoring should also occur on a quarterly basis for seasoned IPS staff to monitor their skills.</li> <li>• The IPS team leader should establish goals for increasing the employment rate, as well as reviewing other data points to inform goals for program improvement. Identifying ways to increase the employment rate as well as improve other data points (first employer contacts, job starts, job development contacts, etc.) may motivate IPS specialists and help individuals receiving IPS services get desirable jobs more quickly, as well as inspire agency staff about the effectiveness of IPS.</li> <li>• The IPS team leader should attend each treatment team meeting at the agency quarterly to improve the integration of IPS services in the agency.</li> </ul>
# 6 Zero Exclusion Criterion	4	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>An important foundation of IPS is that any person who wants to work should have access to IPS services. LRMHC supports this philosophy in the following ways:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All individuals interested in working have access to IPS services.</li> <li><input checked="" type="checkbox"/> LRMHC staff refer all individuals interested in work, regardless of symptoms and/or substance use.</li> <li><input checked="" type="checkbox"/> Mental health practitioners encourage individuals to consider employment, and referrals are solicited by many sources.</li> <li><input checked="" type="checkbox"/> IPS specialists offer help with another job when one ends, regardless of the reason the job ended or number of jobs held.</li> <li><input type="checkbox"/> There is not a current wait list for individuals to begin IPS services.</li> <li><input type="checkbox"/> The IPS program has a mechanism for individuals to refer themselves to IPS services.</li> </ul>

		<p>The LRMHC IPS program currently has a waitlist for the program, and there is no process for self-referral. It is worth noting there are currently 2 vacancies in the LRMHC IPS program (1 team leader and 1 IPS staff), which contribute to the waitlist.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>Given the number of eligible individuals served at the agency, the number of individuals receiving IPS services, and the IPS waiting list, there are individuals who would likely benefit from IPS services that are not receiving the services. With waiting lists, some providers stop referring individuals to IPS and some individuals lose interest in IPS services. The agency might consider revamping job ads and recruitment efforts in order to fill the IPS vacancies.</p> <p>The IPS team should develop and implement a system that will allow individuals to directly refer themselves to IPS services. The program should take steps to ensure that individuals and family members understand the self-referral process to IPS services. The ability to self-refer is important and ensures that individuals have access to the program and does not rely on other treatment members to initiate the process. When programs do not have mechanisms for clients to refer themselves to IPS, or clients and their family members do not know that they can self-refer, the score is not higher than 4.</p>
<p># 7 Agency Focus on Competitive Employment</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Some people who have not worked, maybe for years, need encouragement to think about how a job would fit into their lives. Others need hope that they could be successful in a job that they would enjoy. LRMHC promotes the importance of competitive work through multiple strategies, including:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> LRMHC intake includes questions about interest in employment.</li> <li><input checked="" type="checkbox"/> LRMHC includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.</li> <li><input type="checkbox"/> LRMHC displays written postings (e.g., brochures, bulletin boards, posters) about working and IPS services, in lobby and other waiting areas.</li> <li><input checked="" type="checkbox"/> LRMHC supports ways for individuals receiving IPS services to share work stories with other individuals and staff (e.g., LRMHC-wide employment recognition events, in-service training, peer support groups, LRMHC newsletter articles, invited speakers at treatment groups, etc.) at least twice a year.</li> <li><input type="checkbox"/> LRMHC measures rate of competitive employment on at least a quarterly basis and shares outcomes with LRMHC leadership and staff.</li> </ul> <p>The LRMHC IPS has a brochure about the IPS program, but this brochure was not visible in the waiting area/lobby of the program. The agency-wide employment rate is measured and shared, but not the IPS employment rate, and not on a quarterly basis. LRMHC has a newsletter that is shared with staff, and at times includes information about the IPS program, but this newsletter is not currently shared with clients unless they seek it out.</p>



		<p>There were 3 occurrences of a small poster in the waiting room which provided information about 3 different employment successes. The stories were vague, and there was an opportunity to further elaborate on these stories for people to be able connect to on a more personal level. Credit was given for this item, but in the future, these stories must be more specific and detailed in order to get credit for this component.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The IPS team leader may want to consider adding written postings / posters to the lobby and waiting room areas for individuals to see who are not yet in the IPS program. This will help provide information about what IPS is, and also share specific information on how to learn more about the program. This may also be an opportunity to provide information on how to self-refer to the program.</p> <p>Story-sharing is an important part of the IPS model. Hearing from working peers helps many people feel hopeful about getting a job, and providers also benefit from hearing about how employment makes a difference in people’s lives. The agency should consider additional methods that allow individuals receiving IPS services to share their employment success stories with agency staff and individuals that are not in the IPS program. Some examples include:</p> <ul style="list-style-type: none"> <li>• Having an IPS employee of the month recognition</li> <li>• Having a panel of employed individuals receiving IPS speaking to agency staff &amp; individuals who are not yet working</li> <li>• Story sharing on Facebook page/social media</li> <li>• Newsletters shared with all individuals receiving agency services (provided by staff)</li> <li>• Videos of work success stories</li> <li>• “Meet and greet” with individuals that have participated in the IPS program</li> <li>• Have individuals receiving IPS services attend team meetings or agency events to share their stories and the importance of work in their recovery</li> </ul> <p>LRMHC should explore ways to measure and share the competitive employment rate for individuals receiving IPS services, as well as the employment rate for all adult clients receiving services at the agency on a regular basis, at least quarterly. For this fidelity item, the rate that is required to be shared to get credit is the employment rate for all adult clients receiving services at the agency. Sharing both employment rates educates agency staff about work as a recovery goal, program performance, program goals, and displays the effectiveness of the IPS program.</p>
<p># 8 Executive Team Support for IPS</p>	<p>4</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The LRMHC executive team members’ support in implementing, sustaining, and improving IPS services is imperative. The following components of LRMHC’s executive team support are present:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Executive Director and Clinical Director demonstrate knowledge regarding the principles of IPS.</li> <li><input type="checkbox"/> LRMHC QA process includes an explicit review of the IPS program, or components of the program, at least every 6 months through the use of the IPS Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. At least one member</li> </ul>

		<p>of the executive team actively participates at IPS leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The LRMHC CEO/Executive Director communicates how IPS services support the mission of the LRMHC and articulates clear and specific goals for IPS and/or competitive employment to all LRMHC staff during the first six months and at least annually (i.e., SE kickoff, all-LRMHC meetings, LRMHC newsletters, etc.). This item is not delegated to another administrator.</li> <li><input checked="" type="checkbox"/> IPS team leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.</li> </ul> <p>The LRMHC does not have a steering committee in place to review the IPS program at this time.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The agency should develop a multi-stakeholder steering committee to support and continue the development of IPS services, as well as to discuss quality improvement. A steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system, and this committee develops written action plans aimed at developing or sustaining high fidelity services. Stakeholders should include leadership, IPS staff, individual(s) getting the services, family member(s), a representative from VR, employer(s), and a CWIC. Preferably, this steering committee is dedicated and specific to IPS services and meets at least twice per year, though can be a shared meeting (i.e. EBP Steering Committee), as long as there is opportunity to discuss IPS regularly and thoroughly.</p>
<b>SERVICES Section</b>		
# 1 Work Incentive Planning	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>In order to make decisions about work, comprehensive information about how work will affect each person's financial situation is critical. The LRMHC IPS program supports this service in the following ways:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All individuals receiving IPS services are offered and have access to comprehensive, individualized work incentives planning options throughout the employment process.</li> <li><input checked="" type="checkbox"/> All individuals receiving IPS services are offered and have access to benefits planning that includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent benefits, past job retirement benefits and any other source of income, throughout the employment process.</li> <li><input checked="" type="checkbox"/> Individuals receiving IPS services are provided information and assistance about reporting earnings.</li> <li><input checked="" type="checkbox"/> Individuals receiving IPS services are given information on where to access information about benefit planning.</li> </ul>

		<p>LRMHC has a staff that is currently in the process of becoming a CWIC. This staff is providing IPS services, as well as benefits planning consults with individuals receiving IPS services as she completes the process to become a certified CWIC.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The LRMHC IPS program has a staff that is in the process of training to become a CWIC. Once this certification has been received, the CWIC should focus on providing WIC services to the IPS clientele. The target is <i>at least</i> 20% of individuals in IPS meet with the CWIC.</p>
<p># 2 Disclosure</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>People should have choice about whether to share information, what information to share, and with whom. The LRMHC IPS specialists help each person consider options and abide by individual choice in the following ways:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IPS specialists do not require all individuals receiving IPS services to disclose their psychiatric disability at the work site in order to receive services.</li> <li><input type="checkbox"/> IPS specialists offer to discuss the possible costs and benefits (pros and cons) of disclosure at the work site in advance of individuals disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the IPS specialist's role communicating with the employer.</li> <li><input type="checkbox"/> IPS specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offer examples of what might be said to employers.</li> <li><input checked="" type="checkbox"/> IPS specialists discuss disclosure on more than one occasion (e.g., if individuals have not found employment after two months or if individuals report difficulties on the job).</li> <li><input type="checkbox"/> The IPS team uses a comprehensive worksheet about disclosure with individuals receiving IPS services.</li> </ul> <p>The LRMHC IPS staff have conversations about disclosure periodically, but according to the documentation reviewed, these conversations often lacked specifics, and the "pros and cons" portion of the documentation was often left blank. Records also indicated that disclosure was discussed more than just initially, but no individualized information was provided in progress notes. While the IPS as a whole had a basic understanding of disclosure, discussions appeared to be basic without unique and individualized pros and cons or specific information about what to and what not to disclose.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>In order to make a good decision about whether or not to disclose, what to disclose, and who someone might disclose to, IPS specialists should assist individuals receiving IPS services in considering disclosure options and elicit individuals' perspectives about the possible benefits and costs related to disclosure. Additionally, IPS specialists should assist individuals with deciding what specific information is to be disclosed, rather than having only a generic, 'Yes' or 'No,' about disclosure. It would be helpful for the IPS team leader to provide supervision on strategies to use when discussing disclosure options.</p>

		<p>Disclosure should be an ongoing discussion and brought up whenever there is opportunity to work with an employer. The way the disclosure conversations were documented in the records reviewed made it difficult to understand the individualized conversations, or unique preferences of the individual. When discussing disclosure, this should be specifically documented in the progress notes each time, displaying how the disclosure discussion came about, indicating possible pros and cons, specifically what the person does and does not want to share, and with which employer. Documentation is important in the event of coverage, as well as being able to reference each client's individual preferences.</p>
<p># 3 Ongoing, Work-based Vocational Assessment</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The vocational assessment, or career profile, aids in gathering information leading to individualized employment and education planning, and it is updated with each new employment and education experience. The LRMHC IPS team uses this document in the following effective ways:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The IPS team use a comprehensive career profile or vocational profile.</li> <li><input checked="" type="checkbox"/> Developing the profile occurs in 2-3 sessions &amp; includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc.</li> <li><input checked="" type="checkbox"/> The vocational profile is used to identify job types and work environments.</li> <li><input type="checkbox"/> The work history sections of the career or vocational profiles in individuals' records are complete.</li> <li><input type="checkbox"/> IPS specialists help individuals receiving IPS services learn from each job experience and work with the team to analyze job loss, job problems and job successes.</li> <li><input checked="" type="checkbox"/> The vocational profile is updated on a regular basis.</li> </ul> <p>The LRMHC IPS program has a comprehensive vocational profile, but often the work history section of the profile and the "pros and cons" section of disclosure was often left blank.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>It is important for the vocational profile to be completed in its entirety, as each section helps the IPS specialist learn about the individual in order to assist with good job matches. It is especially essential that the job history section is completed to understand and document the client's job history and experiences in past employment, rather than using a resume to replace this section, as a resume does not capture the following information. Identifying what a person liked or disliked about prior jobs, why jobs ended, how the person found those jobs, how the person managed mental health symptoms on the job, how she got along with co-workers and supervisors, etc., can be extremely important. The IPS team leader should work with IPS staff on ways to complete the profile in its entirety, as this will aid the IPS worker and client in identifying employment opportunities of specific interest.</p> <p>While there was a section inquiring about a dream job, there was a question asking, what they "would like to do now?" in the profile. It is recommended this question be removed from the vocational profile, as this may give the idea that the person cannot focus on their dream job. Even if the dream job is not something the client can immediately attain, this should be used as a long</p>

		term goal that guides shorter term goals that relate directly to the dream job (i.e. Dream job – “I want to be a nurse;” short term step toward the goal might be working at a healthcare facility).
# 4 Rapid Job Search for Competitive Employment	2	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>It is important to ensure individuals receiving IPS services are assisted in contacting employers directly about competitive jobs, rather than participating in lengthy vocational counseling, prevocational groups or work adjustment programs. It is most effective when IPS specialists focus on the person’s goal and begin the job search right away when people say they want to work. The LRMHC IPS program addresses the rapid job search principle in the following ways:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The IPS program tracks employer contacts.</li> <li><input type="checkbox"/> The first face-face contact with an employer by the individual or an IPS specialist about a competitive job is on average within 30 days after program entry.</li> </ul> <p>The review of the LRMHC data indicated that the first employer contacts were not always tracked consistently or accurately.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>Individuals receiving IPS services should be assisted in contacting employers directly about competitive jobs as quickly as possible, and as determined by the individual. Contacts with employers should be made in-person by IPS specialist, individual, or both together, according to individual preference.</p> <p>The IPS team leader should work with all IPS staff to carefully and consistently document information about an individual’s first contact with a potential employer or school and implement a consistent and reliable tracking system for these contacts. Reviewing this tracking system both in individual supervision, as well as in group supervision, can help increase efficiencies and keep the focus on such important tasks like first employer contacts. If rapid job search is not accurately tracked in the future, the score will be reduced to a 1.</p> <p>Employer contacts typically happen more quickly when IPS specialists are meeting with employers regularly (Please see Job Development Frequency Recommendation).</p>
# 5 Individual Job Search	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>It is most beneficial when IPS specialists listen to what is most important to each person and learn about jobs that are individualized for each person by preferences, work experiences, interests, education, training, skills and talents. The LRMHC IPS team uses the following strategies to consider good job matches for individuals receiving IPS services:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPS specialists appear to make employer contacts based on job choices which reflect individual’s preferences, strengths, symptoms, and lessons learned from previous jobs 90-100% of the time.</li> </ul>

- Employer contacts are consistent with the current employment/job search plan.
- When individuals have limited work experience, IPS specialists provide information about a range of job options in the community.
- IPS specialists use individualized written job (or education) search plans.

According to the information reviewed, LRMHC made employer contacts based on individual preferences 67% of the time. The IPS team uses job search plans to help organize steps for a unique and individualized job search process.

#### RECOMMENDATION

The IPS team leader should work to develop specific and personally meaningful employment goals with clients that include the nature of desired employment and other specific preferences. Individuals in IPS are much more likely to be motivated about employment when they have specific and individualized goals based on their unique preferences. Additionally, research has shown individuals are much more likely to be successful when they are working in a job they enjoy. The IPS team should provide information in the records that reflect individual and specific goals and preferences, and job search plans. Theoretically, one should be able to look at a section regarding employment goals and preferences on a profile or note, read it, and be able to identify which individual's chart it is in without looking at the name.

Some individuals receiving IPS services may report they don't have specific job interests; in this case, IPS specialists should help individuals link their strengths and preferences to specific jobs and work settings, and determine specific reasons why their job preferences are interesting. Additionally, the IPS team leader may consider providing additional training and supervision around talking with individuals in creative ways to assist with individualizing a job goal. Here are some creative ways to help individuals identify job interests and goals:

- Look at past resume and ask what job(s) AND duties were their favorite or least favorite, and why
- Set up informational interviews at various job types
- Use career surveys / interest assessments (Onet, Minnesota State career cluster survey, Career One Stop, 123test.com)
- Lists of pros and cons for different job types
- Visit different businesses in the community for them to explore
- Use a strengths survey to identify possible strong job fit
- Interview friends/families about their job history to learn about job types
- Look through job lists to learn about jobs and talk through what sounds interesting
- Ask who their role models are and why... How does this connect to what they want for their future?
- Ask about what their week looks like; you might find out some useful information related to skills or interests
- Have a meeting with the individual and ISN(s) so they can help brainstorm work interests

<p># 6 Job Development Frequency</p>	<p>2</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Creating employer relationships in the community that are specific to individuals' goals are related to better employment outcomes. The LRMHC IPS team supports employer relationships in the following ways:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPS specialists make approximately 6 face-face employer contacts that are client-specific per week.</li> <li><input checked="" type="checkbox"/> IPS specialists use a system for tracking employer contacts.</li> </ul> <p>According to the data reviewed, the LRMHC IPS team makes 2.6 employer contacts per week, on average.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>IPS specialists should make 6 in-person employment contacts each week, which includes the team leader (prorated to caseload size). These contacts should be regularly documented in a job development log that is accessible to all IPS staff members. Frequent job development allows for IPS specialists to be knowledgeable about fluctuating requirements of different jobs and the range and needs of employers in their community. The IPS team leader might want to track each IPS specialist's job development contacts and provide supervision (including field mentoring) to IPS specialists who are not making at least 6 face-face employer contacts per week, on average.</p> <p>The job development log should be reviewed weekly by the supervisor. One way to review the log weekly is to do this in group supervision, where IPS specialists can share job leads, etc.</p>
<p># 7 Job Development Quality</p>	<p>2</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>It is important IPS specialists learn about the needs and preferences of employers in order to introduce them to the right job candidates. Additionally, multiple in-person visits demonstrate that the IPS specialist is reliable and committed to long-term relationships with the employers. The LRMHC IPS team uses the following strategies to support employer relationships:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPS specialist builds relationships with employers through <u>multiple</u> visits in-person that are planned to learn the needs of the employer.</li> <li><input checked="" type="checkbox"/> IPS specialists meet with employers in-person, whether or not there is a job opening.</li> </ul> <p>Phase 1 was observed, and the IPS specialist did a good job engaging the employer. While the specialist did ask about job openings at the beginning of the conversation, the discussion shifted to the environment, the types of opportunities and what the employers hiring practices are. Phase 2 was not able to be observed for the fidelity assessment.</p>

		<p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>During phase 1 of job development, the IPS specialist’s goal is to share concise information about the program, to engage the employer, and to develop a plan to continue to meet with the employer. The IPS specialist should avoid asking about job openings (i.e. “Are you hiring”), as this approach has the risk of ending the meeting, especially if the answer is, “No.” Learning about potential job openings is a task in phases 2 or 3 of job development, and information about job openings should come naturally as the employer is sharing information as a result of open ended questions from the IPS specialist.</p> <p>IPS specialists should learn about the needs and preferences of employers in order to introduce them to the right job candidate. All IPS specialists should document job development employer contacts that capture the content and quality of these interactions and relationships. The IPS team leader should require use of an employer contact log for all IPS specialists regularly to track, share, and improve employer contacts in the community. Job development logs provide readily accessible and current information about activities with all employer contacts and includes next steps for each employer. This log should be readily accessible to the whole IPS team.</p> <p>In addition, the IPS team leader (once hired) should provide ongoing supervision and field mentoring regarding quality employer contacts and job development. In order to develop employer relationships and engage in quality job development, IPS specialists should be making employer contacts on a regular basis (Please see Job Development Frequency Recommendation).</p>
# 8 Diversity of Job Types	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>IPS specialists help individuals consider a wide range of positions that are specifically related to their goal(s) and preferences. IPS is an individualized service and specialists should avoid helping people with the same job types that do not meet their preferences. The LRMHC IPS team supports individualized job goals, as evidenced by:</p> <p><input checked="" type="checkbox"/> IPS specialists assist individuals receiving IPS services to obtain different job at least 85% of the time.</p> <p>According to the data reviewed, LRMHC IPS specialists assist individuals in obtaining diverse job types 95% of the time.</p>
# 9 Diversity of Employers	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>IPS specialists work with the full range of employers in their communities so that they can help individuals receiving IPS services find jobs related to their individualized needs and preferences. The LRMHC IPS team works with a wide range of employers to individualize services, as evidenced by:</p> <p><input checked="" type="checkbox"/> IPS specialists assist individuals receiving IPS services to obtain jobs with different employers at least 85% of the time.</p> <p>According to the data reviewed, LRMHC IPS specialists assist individuals in obtaining employment with diverse employers 91% of the time.</p>



<p># 10 Competitive Jobs</p>	<p>5</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Regardless of disability, people can be successful in paid competitive careers; thus, it is unnecessary to for people to be placed in jobs that are set aside for those who have disabilities or in jobs that do not pay at least minimum wage. The LRMHC IPS team supports competitive employment by:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Individuals receiving IPS services were not placed in jobs that were created for people with disabilities.</li> <li><input checked="" type="checkbox"/> Individuals receiving IPS services are placed in permanent positions, rather than temporary or time-limited positions.</li> <li><input checked="" type="checkbox"/> The IPS team does not place individuals receiving IPS services in volunteer positions, rather than paid employment.</li> <li><input checked="" type="checkbox"/> At least 95% of jobs held by individuals in IPS services are competitive jobs.</li> </ul> <p>The LRMHC IPS staff works with individuals on obtaining paid, permanent, competitive positions in the community.</p>
<p># 11 Individual Follow-along Supports</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Helping people succeed at jobs and in educational/training programs is as important as helping them find employment. When someone is working or going to school, supports are individualized because different people have different needs and preferences related to working a job and going to school. The LRMHC IPS team supports individualized follow along supports in the following ways:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Individuals receiving IPS services receive different types of support for working a job that are based on the job, individual preferences, work history, needs, etc.</li> <li><input checked="" type="checkbox"/> IPS specialists provide employer support at individuals' requests.</li> <li><input checked="" type="checkbox"/> IPS specialists help individuals receiving IPS services move onto more preferable jobs and also helps with school or certified training programs.</li> <li><input type="checkbox"/> The site provided examples of different types of support including enhanced supports by treatment team members, which are included in the written support plan.</li> <li><input type="checkbox"/> Written individualized job / educational plans are used and updated for working individuals receiving IPS services.</li> </ul> <p>While the LRMHC IPS team provides follow along support, the IPS team does not use written follow along plans, and individualized follow along strategies were not outlined in progress notes.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The research indicates that job loss is most likely to occur soon after a job start, so it's important that IPS specialists offer ample support to those newly employed. One way to ensure individuals receiving IPS services are supported when starting new jobs is to identify those individuals starting new jobs in weekly group supervision, when a plan can be made to support the individual.</p>

		<p>Follow-along support plans can be very helpful in ensuring there is ample support when an individual begins a new job. The LRMHC IPS team would benefit from implementing a system for developing individualized follow-along support plans for their clients that have begun employment. These plans should be detailed and specific to the needs of the individual. When an individual is working, the follow-along supports should be included in the employment plan updates. Follow along support plans should include:</p> <ul style="list-style-type: none"> <li>• Steps and goals unique to the individual, their needs and preferences</li> <li>• An outline of supports that will be provided by the IPS specialist</li> <li>• Steps the individual will take in order to be successful</li> <li>• A menu of comprehensive follow along options to review with the individual</li> <li>• Outside of the support from other treatment team staff and informal supports</li> </ul> <p>Theoretically, one should be able to look at a follow along plan, read it, and be able to identify which individual's chart it is in without looking at the name.</p>
<p># 12 Time- unlimited Follow-along Supports</p>	<p>4</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>There is some evidence that job loss is most likely to occur soon after a job start; therefore, providers are encouraged to offer more supports to people who have just become employed. After people work steadily and are satisfied with their job, the frequency of support is individualized based on the individual's needs and preferences. The LRMHC IPS team provided the following supports to assist individuals receiving IPS services when working:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IPS specialists consistently have face-to-face contact within 1 week before starting a job, on average.</li> <li><input type="checkbox"/> IPS specialists consistently have face-to-face contact within 3 days after starting a job, on average.</li> <li><input checked="" type="checkbox"/> IPS specialists consistently have face-to-face contact at least monthly for a year or more, on average, after working steadily and desired by individuals receiving IPS services.</li> <li><input checked="" type="checkbox"/> Individuals receiving IPS services are transitioned to step down job supports following steady employment.</li> <li><input type="checkbox"/> IPS specialists document job specific supports they provide.</li> </ul> <p>According to the data reviewed, on average, IPS specialists have face-to-face contact within 1 week before a job start 80% of the time, have face-to-face contact within 3 days after starting a job 40% of the time, and have face-to-face contact 100% of the time.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The research indicates that job loss is most likely to occur soon after a job starts, so it's important that IPS offer ample support to those newly employed. One way to ensure individuals receiving IPS are supported when starting new jobs is to identify those starting new jobs in weekly group supervision, when a plan can be made to support the individual. The IPS team leader should emphasize the need for the IPS specialist to develop follow along support strategies for the critical time period right of job starts, as well as document those specific strategies in order to track what has worked well and when changes might be needed.</p>

		The IPS team leader should emphasize the need for the IPS specialist to develop follow along support strategies for the critical time period right around job starts.
# 13 Community Services	4	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Research has demonstrated that IPS specialists who carry out their job responsibilities away from their offices help more people with employment. The LRMHC IPS team values providing services in the natural setting, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IPS specialists spend 65% or more of their total scheduled work hours in the community.</li> </ul> <p>There was mixed information regarding how much of the total IPS time is spent in the community. Reviewers averaged the information gathered from chart review, client interview, and staff interview to score this item. According to multiple sources of information, IPS vary in their time spent in the community, spending anywhere from 50% to 64% of their total work hours in the community.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The IPS team leader should work with IPS specialists on how to provide IPS services more in the community setting. The IPS team leader might consider reviewing IPS specialists' calendars in advance of each week to evaluate how much time each IPS specialist is planning to spend in the community. Providing services in the natural setting of the community, rather than from the office or virtually, is associated with increased employment rates for individuals receiving IPS services.</p>
# 14 Assertive Engagement & Outreach	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The reasons people stop attending IPS appointments vary, so it is important to learn about what is getting in the way of meeting by using various strategies and resources to do so. The LRMHC IPS team uses the following strategies for outreach and engagement:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Service termination not based on missed appointments or fixed time limits</li> <li><input checked="" type="checkbox"/> Systematic documentation of outreach attempts</li> <li><input checked="" type="checkbox"/> Engagement and outreach attempts made by integrated team members</li> <li><input type="checkbox"/> Multiple home/community visits</li> <li><input type="checkbox"/> Coordinated visits by IPS specialist with integrated team member</li> <li><input type="checkbox"/> Connect with family when applicable</li> <li><input checked="" type="checkbox"/> Once it is clear the individual no longer wants to work or continue with IPS services, the team stops outreach.</li> </ul> <p>The IPS team members and treatment teams varied in their approached to engagement and outreach. Outreach attempts noted in the chart indicated attempts were made mostly by phone, though interviews indicated there were other methods used at times.</p>

RECOMMENDATION

The IPS team leader might want to consider providing support to the IPS specialists and all treatment teams on how to outreach in a variety of creative ways when individuals receiving IPS services are not engaging. It would be useful for the IPS team to also develop a list of outreach and engagement strategies that should be used by team members to engage individuals that are not engaging.

IPS specialists attending mental health treatment team meetings on a weekly basis and actively connecting with mental health treatment team members would provide an effective forum for strategizing assertive engagement and outreach mechanisms with treatment team members. Please see Recommendations under Integration through Frequent Contact fidelity item.

The IPS team leader might want to provide additional training to IPS staff around identifying and maintaining individual supports, such as family. An individual's support system can be an integral tool in engagement, outreach, and supporting individuals' employment goals.

## SUMMARY & CONCLUSIONS

Christine Powers, LICSW, MLADC and Katie McDonnell, MSW from Dartmouth Health conducted an IPS fidelity review with LRMHC on June 7 & 8, 2023. LRMHC IPS services demonstrated strengths in the following areas:

- The LRMHC IPS team demonstrates understanding about the importance of helping clients seek employment with a diverse group of employers and in obtaining a variety of diverse job types.
- The LRMHC IPS team helps individuals seek integrated, competitive employment, which is the backbone to IPS services.
- The LRMHC IPS team has a covering team leader who understands the importance of IPS and is helping sustain the program with supports and weekly supervision while the program works to fill the team leader position.
- The LRMHC IPS team has an individual that is in the process of training to become a CWIC, which will be a fantastic addition to the program.
- LRMHC supports the IPS team in having a manageable caseload, which supports the team in providing individualized, focused services.
- LRMHC IPS specialists carry out the full range of IPS activities with clients, and research has demonstrated that clients receiving IPS services are more likely to stay engaged in services when working with 1 contact regarding all components of employment services.

LRMHC IPS services would benefit from focused quality improvement in the following areas:

- The LRMHC IPS team would benefit from hiring a full-time IPS team leader, as well as the filling the IPS vacancy as quickly as possible so should consider new and innovative ways for recruitment, if possible. Once the new team leader is hired, the focus should be on:
  - Attending to all the tasks of the IPS supervisor: Field mentoring, setting employment goals, measuring and sharing goals and rates of employment, focusing on tracking important contacts including job development activities and rapid job starts
  - Attend all treatment teams at least quarterly and reorient/remind mental health treatment teams of the importance of employment in an individuals' recovery and helping ensure the team meetings are structured in a way that allows full inclusion of IPS staff
  - Helping IPS specialists focus on their role and reduce the amount of time they are pulled into other FSS / case management activities
  - Reviewing and reorienting IPS staff to all documentation and consider opportunities to improve current documentation (remove question "What would you like to do now" from career profile, remind about the importance of completing the profile in its entirety, including fill in disclosure pros and cons and job history section of the profile)
  - Work with leadership on opportunities to share new client work stories at least twice per year
- The LRMHC IPS team leader should work on developing a process to train the IPS team on the definition of first employer contacts, as well as how and when to track this information.

<b>IPS Supported Employment Score Sheet</b>	
<b>Staffing</b>	<b>Rating 1 - 5</b>
1 Caseload Size	5
2 Employment Services Staff	2
3 Vocational Generalists	5
<b>Organization</b>	
1 Integration of Rehab through team assignment	4
2 Integration of Rehab through frequent contact	3
3 Collaboration between SE & VR	3
4 Vocational Unit	4
5 Role of Employment Supervisor	1
6 Zero Exclusion Criteria	4
7 LRMHC Focus on Competitive Employment	3
8 Executive Team Support for SE	4
<b>Services</b>	
1 Work Incentive Planning	3
2 Disclosure	3
3 Ongoing, Work-based Vocational Assessment	3
4 Rapid Job Search for Competitive Employment	2
5 Individualized Job Search	3
6 Job Development- Frequent Employer Contact	2
7 Job Development- Quality of Employer Contact	2
8 Diversity of Job Types	5
9 Diversity of Employers	5
10 Competitive Jobs	5
11 Individualized Follow-along Supports	3
12 Time-unlimited Follow-along Supports	4
13 Community-based Services	4
14 Engagement & Outreach by Integrated Team	3
<b>Total</b>	<b>85</b>

115 – 125 = Exemplary Fidelity  
100 - 114 = Good Fidelity  
**74 – 99 = Fair Fidelity**  
73 and below = Not Supported Employment

### LRMHC IPS Fidelity Scoring SFY23

