

Alameda County Introduces IPS Supported Employment

Summarized by Thomas T. Thomas

Many people believe that employment is an essential part of recovery, along with housing and peer support. Alameda County's Behavioral Health Care Services (BHCS) this spring became part of an international program through the Dartmouth Psychiatric Research Center to develop Individual Placement and Support (IPS) for consumers. This is an evidence-based program featuring ongoing, one-on-one support to help people with mental illness find and keep a mainstream job in the community, working alongside non-disabled workers, and earning at least minimum wage. Speakers at our July 25 meeting included BHCS Vocational Services Director **Rick DeGette** and IPS Program Specialist **Jackie Pogue**, with Rehabilitation Supervisor **Theresa Woo** from the State of California Department of Rehabilitation.

“Alameda County, working in partnership with the Department of Rehabilitation, is the only county to join the Dartmouth collaboration,” DeGette said. “The collaboration, which is funded by Johnson & Johnson, includes 13 U.S. states, the Netherlands, and Italy. We will develop and implement programs to show how the model works in practice.”

IPS supported employment is a well-researched, experience-based model defined by the following eight core principles:

- Employment specialists help people find regular, competitive jobs in the community.
- Every person who is interested in work is eligible for services regardless of symptoms, substance abuse disorders, treatment decisions, or any other issue.
- Employment services are integrated with mental health treatment.
- Personalized benefits planning is provided.
- The job search begins soon after a person expresses interest in working.
- Employment specialists develop relationships with employers by learning about their business needs.
- Individualized job supports are time unlimited.
- Client preferences for jobs, and preferences for service delivery, are honored.

Supporting these core principles are 25 “elements of fidelity,” which include features like program staffing, caseload size, use of vocational generalists, integration with the existing mental health teams, focus on competitive



RICK DEGETTE

employment, diversity of job types and employers, etc.¹ These are scored for each program that implements IPS.

“The model has 20 years of research behind it,” DeGette said, “and has been shown to be two to three times as effective as other programs.”

“When people get a job that’s a fit for them,” said Jackie Pogue, the BHCS trainer who will work with various county programs to develop their IPS component, “it can change their life for the better. When the vocational support specialist spends time in the community developing contacts with employers, people get jobs. And if you support them at work, they keep those jobs.”



JACKIE POGUE

As part of a work plan that will extend over the next four years, the county is starting three IPS pilot programs to serve both the adult and the transition age youth (TAY) populations. One such pilot is with the Choices for Community Living project, which promotes wellness and recovery for mental health consumers in the county. Two other pilots are still in the developmental stages, and requests for proposals have been issued.

To be eligible for IPS supported employment through one of the BHCS programs, the consumer must have come into the system through either the Acute Crisis Care and Evaluation for System-wide Services (ACCESS) program with assignment to a service team, or the Crisis Response Program (CRP) with hospitalization, and be diagnosed at Level 1 (major depression with suicidal tendencies, schizophrenia, or bipolar) or Level 2 (personality disorder with risks). Currently, the county has 18 service teams working in the adult program (5 provided directly by BHCS and 13 through contract agencies) and 10 different TAY programs. DeGette acknowledged that many clients who need job support don’t currently fit these eligibility requirements.



THERESA WOO

Theresa Woo pointed out that the state Department of Rehabilitation serves a wider population of people with either physical or mental disabilities—“although mental illness is still the number one issue”—who are in danger of losing a job or unable to keep a job. Anyone served by one of the pilot programs will also be a client of the Department of Rehabilitation.

When the Department of Rehabilitation opens a case for a client, Woo said, they ask what the person wants to do and what support he or she needs, such as coaching and training. If necessary, the department will pay to send the person to college or another source for relevant training. The BHCS vocational program is a provider of such services.

¹ For complete model details, including analysis of these elements of fidelity, see <http://www.dartmouth.edu/~ips>.

In the IPS model, the consumer is assigned to an employment specialist, who asks what the person wants to do and tries to honor the request as much as possible.

One of the first questions is whether the client wants to disclose his or her mental health status to a potential employer. “IPS is all about client choice,” Pogue said. “We don’t encourage them either way, just talk through the pros and cons.” If the client chooses to disclose the status, then staff can make face-to-face contact with the employer, learn about hidden job needs in line with the client’s abilities and preferences, and provide on-site job support and coaching. “The amount of specialist presence depends on what the client needs,” she said.

If the client chooses not to disclose, then the specialist can help him or her with a long-term job search, resume preparation, and interview training, and maintain employer contact without specific reference to the client. If the person needs obvious accommodations, he or she may still not need to disclose all details of an illness.

The employment specialist is expected to spend about 65% of his or her time out in the community leaning about employers’ needs and make at least six employer contacts a week. This lets the specialist find unique opportunities that might not turn up in a want ad or other placement services.

“Job matching is critical to the process,” Pogue said. Jobs developed through the IPS model are not make-work or charity but competitive positions, although government incentives for hiring people with disabilities may apply. The specialist learns what the business needs to succeed and tries to place the client in a stable position. The employer benefits because, quite often, highly educated people trying to get back into the workforce will take a lower job on a temporary basis, then quickly move up or move on. The IPS model is to find clients the type of work they really want to do, so they will stay in the position for the long term.

The specialist works on jobs at all skill levels—for, after all, some people with mental health problems are highly educated and trained. Positions can include jobs in retailing, personal services like hair styling and grooming, tutoring and teaching, hospital and medical services, auto recycling, substance abuse counseling, and government jobs with school districts and county, state, and federal agencies.

Since clients on disability may lose their support if they go to work, the specialist counsels them on benefits. The Social Security Administration maintains the Ticket to Work program (<http://www.ssa.gov/work/>) that helps provide choices, and Disability Benefits 101 (<http://ca.db101.org>) helps people in California analyze their benefits.

Sometimes a client’s job expectations exceed his or her situation and abilities. The IPS model uses a multidisciplinary team approach, with the clinical service team supporting the job specialist. “The process of exploration is important to the job search,” DeGette said. “Often people have realistic goals. But if not, we help them ask questions and think about other ideas.” The process of exploration includes building a career profile with a work history, list of interests, definition of a dream job, and determination of need for training, travel requirements, medication, and accommodations and adjustments. Although sometimes volunteer positions and internships may be stepping stones to full

employment, the IPS model is designed specifically to help people find paid, competitive employment.

“The county has about 4,000 people in adult mental health programs,” DeGette said, “and another 500 in TAY programs. Surveys suggest about 70% of people with mental illness want to work, which means that more than 3,000 people in the county would benefit from the IPS supported employment model. We will need hundreds of staff to serve this need—and have only a handful now.”