

Individual Placement and Support (IPS) Mid-Project Report for Alameda County

Prepared by Jackie Pogue, IPS Trainer

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Alameda County Behavioral Health Care Services and the Department of Rehabilitation- Greater East Bay District (DOR) joined the Johnson & Johnson- Dartmouth Community Mental Health Program in April 2012. From that point, our shared task has been to implement and sustain Individual Placement and Support (IPS) into Alameda County Behavioral Health Care's Level 1 services. This report highlights progress made and lessons learned over the past two years, along with emphasizing goals for the remainder two years.

Pilot Sites Selection: Using grant funding from Dartmouth, we completed two competitive grant processes to select IPS pilot sites in 2012. The Network Office collaborated with us to craft applications that fit the needs for IPS implementation and sustainability and managed the procurement process adeptly. While neither process resulted in a large number of applications, we still were able to choose two agencies with strong leadership and desire to start the practice- Fred Finch Youth Center STAY Program and Bay Area Community Services Case Management Team. These two programs, along with our County-run Choices for Community Living Program, have been our initial IPS pilot sites.

In the pilot site selection process, we knew that we wanted to contract for a very specific evidence-based practice and wanted to see that the agency was knowledgeable about IPS and had commitment from their top leadership to implement and sustain the service. In the selection and contracting processes, we benefitted from being very explicit with what we were asking for and collaborating closely with the Network office, system of care leads, and Dartmouth consultants. The RFP/RFQ panels visited each agency and interviewed leaders as part of the selection process, which Network office staff and panelists agreed was very helpful. This part of the application was weighted heavily in the decision-making and proved invaluable to understanding each agency's readiness.

Building Consensus: An important part of the success of this evidence-based practice implementation has been consensus-building and marketing activities to diverse stakeholders. Some of the ways that we have built consensus include:

- Convening an IPS steering committee that includes representatives from the Vocational Program, System of Care directors, Network Office, DOR managers, pilot site supervisors and executive leaders, consumers, family members, and clinical directors from county and agency programs. The committee helps plan and monitor IPS implementation and sustainability.
- Crafting a biannual vocational newsletter that highlights employer partners, success stories from IPS consumers, DOR collaborations, training, leadership commitment, and innovations. The newsletter is shared with consumers, families, employers, County employees, and agency stakeholders.
- Hosting an annual employment celebration event for IPS consumers in all of our programs, where agency and county leaders share about their commitment and consumers share their back-to-work stories.

- Garnering family support through the creation of the IPS Family Advocacy Project that is spearheaded by the Family Education and Resource Center (FERC). Family members have developed and delivered trainings to IPS staff, assisted with procurement and fidelity reviews, and participated in employment-related events.
- Presenting about IPS and our implementation to interested people, various County committees, Department of Rehabilitation managers, County Behavioral Health Directors Association of California, California Institute for Behavioral Health Solutions, California Association of Social Rehabilitation Agencies, and the Alternatives conference.
- Having IPS trainers and researchers from the Dartmouth Psychiatric Research Center provide in-person consultation and support at stakeholder gatherings, fidelity reviews, training events, and procurement panels. This has been provided at no cost due to our inclusion in the J&J-Dartmouth Project.
- Attending the Dartmouth annual meeting together with our DOR, family, and consumer leads.
- Hosting IPS trainings that are open to any vocational staff and agency leaders.

Training: Implementing this new model has required intensive training and technical assistance for leaders and practitioners. In October 2011, we hired a Program Specialist/ IPS Trainer dedicated to this task. She has received extensive, no-cost training and support from the Dartmouth IPS Trainers. She has developed and used customized IPS training materials that utilize a staff-directed learning approach, which has been proven effective for teaching skills to adult learners. She provides in-person training and/or technical assistance to each pilot site at least twice per month, usually more. This includes:

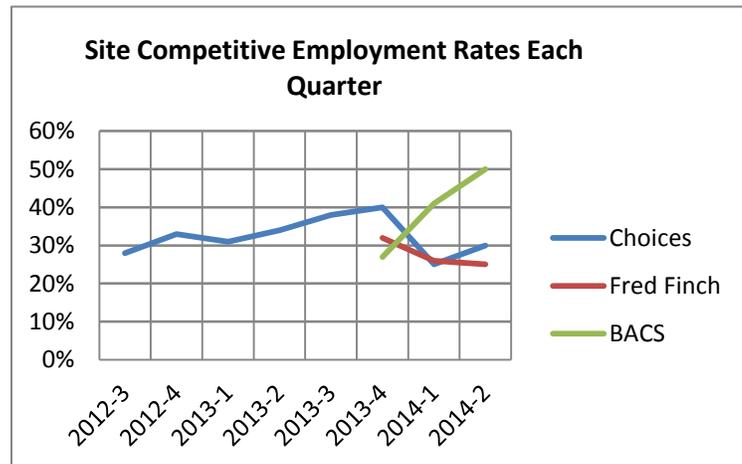
- Support for setting up the IPS program documentation and data management infrastructure
- Help with starting and managing the vendor relationship with the Department of Rehabilitation
- Consultation about hiring employment specialists and performance improvement
- Educating vocational and mental health staff about the IPS model
- Ongoing skills training for employment specialists and supervisors
- Leading monthly supervisor and employment specialist learning collaborative groups
- Analyzing problems and offering solutions related to the IPS program
- Instructing Alameda County staff who take the Dartmouth IPS Supported Employment Skills Online Course by monitoring homework discussion boards
- Technical assistance for fidelity reviews and fidelity action plan development

Implementation Monitoring: Each pilot site has one or two IPS fidelity reviews each year, which are led by the Trainer and trained, volunteer reviewers. Research has proven that higher fidelity correlates to more competitive employment outcomes. Each fidelity review is a two-day process that analyzes and scores each program in the 25 areas of IPS fidelity in order to measure the level of implementation and evidence-based practice adherence. Reviews include interviews with all stakeholders in the IPS program, shadowing employment specialists doing job development, observing IPS and mental health team meetings, and reviewing charts of IPS consumers. The agency receives a detailed report with recommendations and uses that to develop an action plan for program improvement. Currently, the average fidelity score for the pilot sites is 104 out of 125, with each program having significant gains from one review to the next.

The Vocational Services Director and Trainer have monthly or bimonthly implementation monitoring meetings with each pilot site’s leaders and IPS supervisor. During those meetings, we track various issues and identify action steps to help the program be successful. In addition, we have quarterly meetings of the IPS pilot site leaders and DOR managers in order to help with issues around workflow, billing, client tracking, and cross training.

Tracking Data and Outcomes: The J&J- Dartmouth project has identified the competitive employment rate as an important data point for measuring effectiveness. Competitive employment rate is the number of people competitively employed divided by the total number of people in the program and is displayed as a percentage. Each site completes a data form quarterly that is sent to the Trainer and forwarded to Dartmouth for compilation with 150 other IPS programs nationwide. The national average competitive employment rate for these programs in 2013 was 42%.

The graph shows the competitive employment rates for our pilot sites over time. For the Choices Program, there was steady improvement and then an expected drop due to half of the clients exiting the service in October 2013. New clients have enrolled in the program and the rate is climbing once again. Fred Finch Youth Center’s rate has stalled due to low staffing of the IPS program, which will be remedied in August 2014. Lastly, Bay Area Community Services has had steady improvement.



Financing: Each IPS pilot site has “braided” funding in order to finance the IPS services. Along with using a small amount of grant funds from Dartmouth, sites have used reallocated mental health resources, Medi-Cal billing for some parts of the service, Mental Health Services Act funds, grants from outside funders, and Department of Rehabilitation funds. Pilot sites have provided information to the County on how they are fully funding the service, so that we can advocate properly for adequate funding in the future.

While each site is required to set up a vendor relationship with the Department of Rehabilitation and submits billing for job development and placement of shared clients, the current rate of reimbursement is only \$2200 maximum per client. This does not cover the cost of providing the service, as most clients in IPS receive intensive services for several months. So far, the amount of revenue that IPS pilot sites have captured from DOR remains relatively low compared to the overall cost of the program.

Stable funding is an important feature for scaling out and sustaining IPS services in Alameda County. One option that we have been advocating for over the past few years is a 1915(i) State Plan Amendment, which would amend our State Medicaid (Medi-Cal) Plan to fund all aspects of employment services. This would allow providers to bill Medi-Cal entirely for the service, just as they do for case management and other mental health recovery services. So far, we have garnered interest from a group of leaders from several counties, California Institute of Mental Health, California Council of Community Mental Health Agencies, and California Mental Health Directors Association and the Oversight and Accountability Commission for the MHSA.

Looking Ahead

During the next two years of this Dartmouth project, we have several priorities and goals to accomplish.

- Increase capacity for IPS services in our County. This includes sustaining and growing current IPS programs, developing new programs, and realigning currently funded BHCS employment services to follow the IPS model. Building Opportunities for Self Sufficiency (BOSS) has already been identified as our fourth IPS pilot agency. We are collaborating with County system of care leaders and contract managers to create IPS implementation plans for Level 1 adult and transition-age youth programs.
- Maximize our collaboration with the Department of Rehabilitation. Work together to manage issues, streamline workflow and client flow, and maximize financing between programs.
- Secure an adequate and stable funding model for IPS services. Continue advocacy for amending the state Medicaid plan to include employment services funding, in addition to looking at Mental Health Services Act and other funding.
- Continue to support IPS agencies to achieve high fidelity to the model. This includes regular fidelity reviews and access to frequent and effective training and consultation.
- Continue to partner with consumer and family advocacy groups. Recently, our Family Advocacy Project has decided to welcome consumer advocates to their group.
- Continue consensus building and marketing activities related to the project. For example, on November 3, 2014 we will host a one-day IPS conference to highlight success so far and encourage interested agencies to consider implementation.

For more information, contact Jackie Pogue, IPS Trainer, or Rick DeGette, Vocational Program Director, at 510-383-1600, jpogue@acbhcs.org, and rdegette@acbhcs.org.