TRANSCRIPT

SOCIAL POLICY RESEARCH ASSOCIATES

SECTION 188

USING INDIVIDUAL PLACEMENT AND SUPPORT

TO ASSIST JOB SEEKERS AND WORKERS

WITH MENTAL HEALTH CONDITIONS

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>> Maddy Ruvolo: Welcome to using Individual Placement and Support to assist job seekers and workers with mental health conditions. We're so happy that you are here with us today. Today's webinar is hosted by the LEAD center which stands for Leadership for the Employment and Economic Advancement of People with Disabilities. We are a workforce innovation and opportunity Act or WIOA policy development center, of the Office of Disability Employment Policy. Social Policy Research Associates a National Disability Institute lead the LEAD Center.

Next slide please.

So that everyone can fully participate in today's webinar, we'd like to take a moment to share some captioning and housekeeping tips. Today's webinar is live captioned. If you would like to hide captions, click the live transcript button to find the hide captions option. You can also adjust the caption size under the subtitle settings option. You also have the option to open the captioning web page in a new browser. The link has been posted in the chat box. You can adjust the background color, text color,

and font using the drop down menus at the top of the browser. Position the window to sit on top of the embedded captioning.

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If you have content questions for panelists during this presentation, and we do encourage you to ask

them, please type them into the Q & A panel and we will save time at the end for questions and answers. If your question is not content related - for example, you need tech support use the chat box instead.

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To kick off our day today we would like to welcome the Deputy Assistant Secretary for the Office of Disability Employment Policy, ODEP, at the U.S. Department of Labor, Jennifer Sheehy. Prior to her current position, Jennifer spent ten years at the U.S. Department of Education in many roles including Acting Director of the National Institute on Disability and Rehabilitation Research, Acting Deputy Commissioner of the Rehabilitation Services Administration, and Special Assistant to the Assistant

Secretary of the Office of Special Education and Rehabilitative Services. Jennifer came to

the Department of Education from the Presidential Task Force on Employment of Adults with

Disabilities where she was Senior Policy Advisor and served a detail as Associate Director

in the White House Domestic Policy Council. Before she joined the task force, Jennifer

was Vice President on the National Organization on disability and Director of Its

CEO council. In 2016 Jennifer was appointed by the president to the Ability One Commission.

Jennifer, welcome to the webinar.

>> Jennifer Sheehy: Thank you, Maddy. I really appreciate participating today and want to welcome all the panelists and all the participants and representatives from state agencies here today. As Maddy said, I'm Jennifer Sheehy. I'm the Deputy Assistant Secretary for the Office of Disability Employment Policy or ODEP. And we actually have a very exciting year this year. 2021 marks the 20th anniversary of ODEP. We were just created 20 years ago in 2001. So we’re a young agency but as Mayor Walsh, our hopefully future Secretary, said this morning in his hearing, we are small but mighty. And I think today's webinar will show you how we illustrate that point. So one of the most promising but underutilized practices for helping people with mental health conditions become employed is the Individual Placement and Support form of supported employment or IPS. Today you will not only learn about the basics of how IPS works but you'll also learn some innovative practices happening in states for providing IPS through the public workforce system. You'll hear from an impressive global leader and friend in the field of IPS, Dr. Bob Drake. Dr. Drake early on saw the potential of IPS for helping people with mental health conditions to enter competitive, the competitive workplace. And in order to ensure consistency in the provision of IPS services, he worked with a team

to develop a Fidelity scale for delivery of IPS. He and his team are widely regarded

as international experts in this area. The IPS model has been tested extensively. And through the years we've come to understand that IPS not only benefits individuals with mental health conditions but also employers, employment service providers, and people with other co-occurring disabilities. They can assist people who have not been successful in finding or keeping a job through other strategies. And you’ll hear today the success rate is impressive. You'll also hear stories from two states – Illinois and Missouri about how they integrated IPS into services provided through their programs in the public workforce system. These agencies within the workforce system ensure the availability of IPS for people who need it. Hopefully, you will be able to take away one or two strategies that Illinois and Missouri use and bring it back to your own work.

And now, if you would advance the slide, please.

I want to tell you a little bit about ASPIRE our new initiative Advancing State Policy Integration for Recovery and Unemployment. ASPIRE's goal is to increase competitive employment for people with mental health conditions by aligning employment policies across state agencies and service providers. ASPIRE is a new initiative. The partners are, again, impressive. We have national subject matter experts. We have Mathematica, Westat a terrific contractors with years of experience in the mental health area. And we also have a terrific range of Policy Advisers from ODEP who will be Program Officers for ASPIRE. We have an open competition. The applications are due February 24th, and six states will be selected who will receive 100 to 300 hours of individualized, customized consultation, especially to show the states how to incorporate IPS. So how to align policy, funding strategies, how to partner with local organizations, nonprofits and other state agencies and use state and federal resources in order to apply IPS and help people with mental health conditions. So as you can see I'm excited about this webinar and without further to do I am going to turn it back to Maddy to get started.

>> Maddy Ruvolo: Thank you, Jennifer, so much. Let's go to the next slide.

Wonderful. So I will now introduce our presenters. My name is Maddy Ruvolo and I am an associate at Social Policy Research Associates. Also joining us is Robert Drake a renowned expert as Jennifer mentioned on IPS and a Vice President at Westat. Bob will be introducing us to IPS.

We also have IPS experts who will share their experience and best practices implementing IPS at the state level. Chad Hinkle is the Director of Employment Services at the Missouri Department of Mental Health. Rebecca Maynard is the Director of Mental Health Services at Missouri Vocational Rehabilitation. Chad and Rebecca will be sharing best practices from Missouri. Darius McKinney is the IPS Program Manage in the Illinois Department of Human Services. Tania Morawiec is the Deputy Director of Planning and Regional Office Operations at the California State Council on developmental disabilities. Tania is also the former lead IPS trainer in the Illinois Department of Human Services.

Darius and Tania will be sharing best practices from Illinois.

Next slide.

All right let's talk about our objectives today. So we hope participants will learn how IPS benefits individuals, employers, and programs. The role of the workforce system in implementing IPS and how workforce partners can successfully collaborate with mental health partners to assist job seekers with mental health conditions. And let's zoom out for a second to talk about the bigger picture. In order to achieve WIOA's vision of employment and re-employment, agencies have about actively and purposely collaborating to serve individuals. Agencies whether mandated partners or not need to collaborate across systems with

employers to enhance services for job seekers. IPS is one such collaboration. So before we move into the presentations, we'd like to get a sense of who is in the room. In just a second a poll should pop up on your screen asking about where you work. When you see it, please select your organization type. Great, I'm starting to see answers coming in. Go ahead and fill that out now if you haven't already. All right,

just going to give it a few more seconds Wonderful. All right. So why don't we - still a few more answers. Okay great. I'm glad so many people are participating. Let’s see why don't we go ahead now since

it seems like answers are slowing down and end the polling and share the results with the whole webinar. So as you can see the majority a slight majority of folks today are from nonprofit organizations. We also have representation from state governments. And some from local government,

for profit organizations, and others. So a good mix of folks and we're so glad you're here. Thanks so much.

Why don't we go to the next slide. Great. So now I will turn it over to Bob Drake

to kick us off with an introduction to IPS. Welcome, Bob.

>> Bob Drake: Thank you very much, Maddy. I appreciate it. And I've been asked to introduce IPS to

the audience today. And I'm pleased to be here with my colleagues from Illinois, and Missouri, and ODEP. Thank you for inviting me. If we could go to the next slide - please. IPS is an evidence based model

of supported employment developed specifically for people with serious mental illness. But now being used for people with lots of other conditions or disabilities. IPS aims at helping people with disabilities get into regular, competitive, integrated employment.

Next slide please.

So, you know, there are several principles of IPS that all of our programs try to follow but maybe

I can illustrate it best with a simple example. I work in a mental health center in New Hampshire

and we have a team that includes mental health people and social workers and also employment

specialists. And a typical client I'll call John comes into our center. And John is a young fellow,

18 years old, just recently developed a psychotic illness that's called schizophrenia. He has finished high school but not done any further education and he's never worked in a competitive job. And when he comes to us, he is still quite paranoid and overwhelmed with psychotic symptoms. You know, so on the clinical side, you know, we work with John and his family to understand his psychotic disorder and to learn how to manage the symptoms and the disorder. But we also have a wonderful employment specialist on our team who meets with John. And the employment specialist figures out that John has great skills, as we all do in some areas. But John's skills are in the area of working with animals. He loves his dog and takes great care of his dog and agrees with the IPS specialist that it would be ideal for

him to get a job working with animals somewhere. So we as a team talk about, well how can

we find such a job. This is what's called targeted job development. And one person on the team, you know, knows a pet store owner and so reaches out to that person. Another person on the team rents a house on a farm and so reaches out to the farmer. Another person on the team or several of us actually say well, you know, we have animals, and we go to this or that vet clinic. And so we all check with the people we know and then the employment specialist takes John around to see these different spots. And within three weeks we've got John a job working on weekends at a veterinary clinic. And his job is to come in and bathe the animals, walk the animals, feed the animals, and in some cases change the

dressing on their wounds. Of course, John doesn't have any experience doing this kind of job so

the employment specialist comes in with him the first two weekends and does the job with him

and helps make sure John knows how to do the job. Well John likes this job and over a few months

the people in the vet clinic get to know John and like him a lot. They convince him to work some

on weekdays, too. And when he starts doing that, of course he's working a lot more hours and

he gets to know other young people who work in the vet clinic. So he's got a bit of a peer

group. And John stays in this job, you know, for the two years that he's been with us and

his hours have expanded and he loves this job. What I am trying to illustrate is that, you

know, anyone can work. We can find a job for almost anybody because everybody's got some kind

of skills. And people want to have a competitive job so that they're out there in the real world

and they're getting paid and they feel like, you know, the job is meaningful, and you

know, they're doing something constructive in the world. And when we follow people with

mental health problems in a real job like this, we find that they get better and better over the years in terms of their symptoms and self-esteem and relationships and sense of being part of the community.

We engage always in a rapid job search like I described with John because people want to get to work right away. They don't want to go through long training programs or be in sheltered workshops or any of those kinds of things. Everything about IPS follows the client's preferences for type of job and how many hours to work and so on. We provide supports on an individualized basis. So for John, for example, after he learned to use the job the employment specialist just checked in with him every couple weeks to make sure that things were going well and he didn't need help. And the employment specialist also checked in with the head of the vet clinic to make sure things were going well. We try to provide supports to the employer as well as the client. And as I described, you know, the treatment was integrated with the employment services so that John, you know, we were all on the same team and everybody was trying to help John get to his goals. And because benefits are so complicated with

people who have a disability, we make sure that we made sure that John like everybody else

gets benefits counseling before starting. If I could go on to the next slide. There are now 28 randomized controlled trials of IPS for people with mental health conditions. They all show that IPS is superior to a whole variety of comparison conditions that we've tried. And they all show that once people become

employed they improve in all these other areas of their lives. Being able to manage their

illnesses, reporting better self-esteem and higher quality of life and so on. If we could go to the next slide. And as far as we can tell, all groups do better in IPS than in other approaches. Regardless of age, gender, race, diagnosis, symptoms, co-occurring substance use disorder, homelessness, disability status in rural areas, in urban inner city urban areas, and so on.

Next slide.

Now, over the last five or ten years IPS has gradually been expanding to new target conditions. And this is just a list of some of these conditions. So, for example, we now have very nice studies in the VA to show that IPS works well with people who have PTSD or Post Traumatic Stress Disorder and even for people who have serious spinal cord injuries. IPS has also been used for a variety of other populations with other kinds of impairments. People with substance use disorders, people with anxiety, and depression, which are called common mental disorders and so on. If we can go to the next slide. People ask us, and I ask myself all the time, why is IPS so much more effective than other approaches? You know, it's really different from any of the other mental health interventions that I've ever

studied. You know, case management, psychotherapy, medications, and so on. No other intervention

really is two or three times better than usual services the way IPS is. And I think it's because IPS was developed based on listening carefully to consumers and trying to provide what they believed that they needed rather than being developed by professionals or experts or government funders and so on.

Another thing that's made it effective over time is that we've right from the beginning been doing

research and trying to improve the intervention based on a large number of trials and other kinds of studies. And we've had great support from private foundations, from family foundations, and also from government. And that's allowed us to create this international learning community which now encompasses 25 states and also supports IPS development in about 20 other countries. Maybe we could go to the next slide. So we started with three pilot sites in 2000. In 2019 we were up to 24 states and 6 other countries. A 25th state just joined and others are in preparation for joining. There are over 400 programs – IPS programs, in the US. In the learning community, there are actually over a thousand programs now around the US and probably at least that many in other high income countries around the world. If we could go to the next slide.

So we follow about 20,000 people who are in the IPS learning community every quarter and you can see that the quarterly employment rate has been maintained over 40 percent even during the great recession and even during the recent COVID pandemic. And that's - you know, that's over 40 percent in a quarter and it's well over 50 percent, you know, over the year. In fact, the well-done study show that we can help 60-80 percent of people in the US get in to a competitive job and be successful. If we can go to the next slide.

You know, we've been developing and trying to improve and trying to study IPS for about 30 years. We've studied lots of other employment interventions but we haven't found one yet that's anywhere close to comparable to IPS in terms of finding competitive jobs. We're a research center and you can find, you know, everything we've done we've tried to put in the public domain and you can download videos and so on at our website IPSworks.org. And if you have questions about IPS after today's sessions, please contact Susan Morris our administrative assistant and we'll be happy to try to send you whatever we think is the best research article that addresses your question. Thanks very much for having me today.

>> Maddy Ruvolo: Thank you, Bob, for that excellent introduction. If you have questions for Bob, we encourage you to enter them into the Q & A panel. Remember we're saving the chat for technical assistance questions so go ahead and put those content questions in the Q & A. And we'll have a Q & A session with our panelists at the end of the presentation. All right, so now we're moving on to our next

presentation and I will turn it over to Chad Hinkle who will share best practices in IPS implementation from Missouri. Take it away, Chad.

>> Chad Hinkle: Thank you, Maddy. I am Chad Hinkle with the Department of Mental Health and with me today is Rebecca Maynard with Vocational Rehabilitation and we oversee the implementation and expansion of IPS throughout the State of Missouri. We thank you for allowing us to share some information on how we built a successful partnership between DMH, VR, and other agencies here in Missouri. We're very honored to present alongside such great experts in the employment field. You know, we're very proud of our partnership and feel that our partnership along with the hard work

of our community IPS providers has contributed to the expansion of Missouri's IPS program. Just to give you an idea in 2009 we had six IPS sites. That grew to 13 sites by 2015. And today we have 31 sites across Missouri. We boil it down to essence of our partnership to collaboration, communication, and respect.

Slide please.

Here's our employment team at a glance and I want you to notice the disability rights slogan "nothing about us without us" and that's how Rebecca and I really feel that our relationship is encapsulated. We share important information or any changes regarding IPS programs or any new employment news immediately with our staff and with our community providers. There are never any surprises because

Rebecca and I work so closely together. But our employment team consists of VR and DMH staff and all members of our team conduct IPS reviews together and ideally that's at least one representative from both VR and DMH attending each review and there's three members per review team. Several VR counselors are trained as IPS Ambassadors and these folks educate others on the importance of IPS as a support employment evidence based practice and they are also Fidelity reviewers. We have a Missouri State IPS trainer, and the state trainer tracks and coordinates all IPS reviews and provides employment trainings to providers. We also have regional DMH staff. They're located throughout the state and provide training and technical assistance to our providers. Lead reviewers, staff from both agencies

are trained as lead reviewers. And again, that's teams of three. And finally, I want to say something about data and how crucial it is. Our team utilizes Fidelity data and employment outcomes. It’s how our team defines success. And Rebecca, I think you were going to say a little about the data.

>> Rebecca Maynard: Yes, I’m here, I was waiting for you to turn it over to me. I wasn't sure if you were done. Data is very important to us and we exchange our data. VR keeps up with the outcomes, the rehabilitative outcomes, the open cases, open VR case, and the non-rehabilitated outcomes. We have, first off, we have a yearly data exchange through an FTP site where the data folks at DMH will send

over secured identification numbers to the FTP site and then our data folks picks it up, assigns it back to, you know, whatever clients within the DMH system that were employed. These include our IPS clients. But it also includes other clients under the mental health system that might reach out to VR for employment services that are different from IPS. We also have a weekly data, we provide data on

a weekly status. I receive a report every Monday morning. It's a weekly report. It's more like a

dashboard that we have set up through Tableau and it actually shows us our outcomes for the week. It shows us our the cases open in the week. It breaks it down by all 31 providers. This information is sent out on Monday to the data folks at DMH, to Chad, and to Chad's team. Our team on the VR side, they have access to the full Tableau report so they're able to go into that report any time and look at it which is very important during our Fidelity reviews.

>> Chad Hinkle: Slide please.

So a little about collaboration. The IPS employment team holds quarterly IPS collaborative meetings and that's between VR, DMH, and our IPS supervisors. And the purpose of these meetings is to give updates on upcoming Fidelity reviews, to review the supported employment training schedule, to give our providers a chance to share some success stories which are oh so important, and also to give them a chance to network and find out what's working or what are some barriers in each region throughout the State of Missouri. We also during these collaborative meetings have breakout sessions that focus upon specific IPS principles at each meeting and we discuss the challenges and success regarding each principle. So what that breakout meeting looks like is we will partner established IPS teams with some newer teams to discuss challenges and success with each Fidelity component and it provides a chance

for teams to learn from each other. We've actually continued these meetings virtually over the past

several months and have gotten good feedback. Also, at these meetings it provides opportunities for guest speakers such as from the American Job Centers, Housing Authorities, benefit specialists, and et cetera. It is a wonderful way to disseminate important information to the leaders of all 31 IPS

providers across the State of Missouri. And at these meetings DMH and VR really get a sense of areas where we can work together with IPS providers to develop and implement employment trainings. The IPS team also or just our employment team participates in quarterly meetings and that's just for the team only that includes members from DMH and VR and this provides another opportunity to share updates among the team and discuss IPS provider’s needs. And regarding collaboration with American Job Centers. We have providers who have coordinated trainings offered by the American Job Centers.

What that looks like is job center staff will come on site to explain services and provide general

trainings on job seeking and job retention. VR and DMH promotes and recognizes these partnerships. When a provider has a successful partnership, we highlight it to other providers. Also, at all of our employment resources training we always outline the services and locations of our job centers. And I can't speak for the entirety of the state but in southeast Missouri and in St. Louis, there's an employment meeting led by VR that includes many community stakeholders including DMH, job centers,

local schools and colleges, local employers, supported employment providers and more. And they discuss community employment trends, job leads, training opportunities specific to their region, and usually have a guest speaker which is often a community employer.

>> Rebecca Maynard: And also, in some of our regions we have what we call IPS mixers. Our IPS providers, our VR counselor, our DMH staff that are in that region, they get together, they discuss employment trends, they share idea in a more formal, relax environment. And some providers have branched out into social media to announce job opportunities and also to kind of keep the connection going. Especially during when a lot is being done virtually. This practice just like our quarterly meetings is continuing to occur but in more of a virtual environment.

Next slide, Maddy.

>> Chad Hinkle: So, regarding communication. I mentioned earlier Missouri has one IPS state trainer employee by VR who is responsible for scheduling and communicating dates of IPS reviews. The state trainer reaches out to both VR and DMH employment team members to inquire of availability for upcoming reviews of the 31 sites. Each site receive as review annually so it's critically important we all work closely together to stay on track with these reviews. That state trainer really keeps the

pulse of the success of all providers. And I can't stress enough that if someone were to follow our model,

it's incredibly important to have someone with strong organizational skills in this position. They need to be able to respond to the needs of our providers and effectively managed complex schedules and we're

fortunate to have that here in Missouri. DMH staff are also able to provide training to these IPS providers. So what will happen is that state trainer will communicate with regional DMH

staff. If a provider needs training or technical assistance. And since DMH staff are based regionally throughout the state, hopefully, they'll be in closer proximity to a provider and provide quicker more effective services. And our decisions are made jointly by the leadership of DMH and VR. Rebecca and I

maintain regular contact with each other, and we make sure to communicate any program updates to

the teams and providers.

>>Rebecca Maynard: Go ahead.

>> Chad Hinkle: I was just going to turn it to you to talk about the website.

>> Rebecca Maynard: Okay, thank you.

Yes, one thing that we are very proud of and has been such a value to our team is that we have a shared website, a shared drive that the DMH IPS team has access to as well as our VR IPS team. And on that website, it just holds so many things. The past IPS reviews, reports, resources, training materials. It allows easy access to all the documents IPS related. And I think one of the coolest tools of our shared

drive is the magic tracker. And the magic tracker is basically a spreadsheet that has all of our IPS

sites listed on it and it keeps us with the last Fidelity review. It keeps up with the next Fidelity review is needed. Any type of little notes that need to go in it and as Chad mentioned before, our state trainer, who is very organized, keeps up with this, along with another individual to keep it up to date. So, it's just a quick glance when we look at it to see when the next Fidelity review is due, how long it's been since the last one, are we waiting on corrective action plans, those type of things. But it is a good place for DMH and VR to come together and look at all the IPS resources.

Next slide please.

>> Chad Hinkle: And it may seem obvious, but respect is so critical to our partnership. We respect each other's experience and expertise. So on our team, we have different degrees of support employment experience ranging from several years to just a few months. And we respect the knowledge of team members with vast and varying experiences while understanding the value of fresh eyes provided by newer team members. Differences of opinion are respected and approached in a thoughtful manner while recognizing their chance to learn from each other. During a review, disagreements lead to open

and honest discussion held between reviewers. With the lead reviewer either from VR or DMH, having the final determination. Finally, we respect all IPS sites. We approach each Fidelity review as a chance to shine a light on the wonderful accomplishments of an agency and also to provide them with opportunities for improvement. We never approach a review as a cold impersonal audit. We want IPS providers to understand they are part of this partnership.

Slide please.

So, our administration believes that employment is recovery and recovery is employment. Supported employment is viewed as equally as other clinical services provided by a treatment team. Agencies must have buy in from leadership to build and maintain a successful IPS employment program. Our employment team is always watchful of any drift from this philosophy. You can't have a successful program unless leadership believes in the value of employment to recovery. And that's not just talking about DMH and VR that's talking about our partners in the community as well.

Slide please.

This just gives you an idea of how we address concerns. We're out there constantly with our state trainer and our regional DMH staff listening to IPS providers feedback, their challenges, and questions they may have. Then we may get together, DMH and VR, to discuss how to address those provider challenges before they effect Fidelity, hopefully. Then we quickly get back with that provider and address challenges based on those employment principals. And then it circles back around to constantly

listening and engaging with our providers. I think this slide just ties in all parties to illustrate how effective communication should work and how it strengthens our partnership. And Rebecca, you had a comment on this as well.

>> Rebecca Maynard: I did, and this goes towards

credibility and this will be a final comment to wrap things up. But building and maintaining credibility, trust, and respect with our providers is a priority of the Missouri IPS team. Providers are confident in knowing that when they reach out to the Missouri IPS team for assistance with training needs, questions, and concerns that IPS team is prompt in responding and following up afterwards and I think that has really worked to build the credibility that DMH and VR has with our providers. There's never a hesitation to reach out to us whether it's to tell us a success story, whether it's a concern. They know that Chad and I are approachable as is all of our IPS team. So, we really appreciate being able to present to you folks today and I'll turn it back to Maddy.

>> Chad Hinkle: We have one more slide, Maddy.

>> Rebecca Maynard: Oh, I'm sorry.

>> Chad Hinkle: Yeah, so just going to echo what Rebecca said. Here is our contact information and we thank you again for this opportunity to highlight our program and partnership. We'd be happy to provide any guidance or feedback and we'd love to hear ideas from others as well because we're always looking to improve our services. So, thank you all again and back to you, Maddy.

>> Maddy Ruvolo: Wonderful. Thank you, Chad and Rebecca. And for our audience just as a reminder to please use the Q & A module to ask any questions for Chad and Rebecca or any of our other panelists. Great, we're on the next slide - and so I will now turn it over to Darius McKinney and or maybe Tania will speak first. Darius and Tania will share some best practices from Illinois. Darius and Tania, the floor is yours.

>> Tania Morawiec: Hi, Darius is going to kick us off by talking

about some of the expansion and history of IPS across the State of Illinois. What you see up

is a map of the Illinois sites via PDF which I believe will be included as an attachment to the

PowerPoint deck. Darius, turning it over to you.

>> Darius McKinney: Thanks so much, Tania. Thank you so much. Thank you all for being here today.

Great presentation by Missouri. To tell you the honest truth, what you could do is take their name off of everything, put Illinois's name out and it is the same thing. Because a lot of things they said was the exact same things that Illinois do as far as collaboration and communication and making sure that everybody who wants to work has that ability to work in the State of Illinois. As we see the map, right now, you know we started doing IPS in 2005. And at that time, we only had six IPS teams across the state. And I think we served maybe 80 people. So now, years later, 16 years later, you know, we serve over 3,500 people a year and we have over 50 IPS teams across the state. You know, we have 6 IPS trainers. Two or three of them being in Cook County because that's Chicago and the rest of them one trainer in each region across Illinois. And we have a great partner at VR who also is a trainer as well and together that makes our IPS review team when we go across and do agency IPS reviews at our community mental health centers providing IPS services.

Next slide or next.

So, this is the Chicagoland area. Chicago is in Cook County. We probably have of the 60 providers,

probably about 20 or 25 of the IPS teams are in Cook County.

>> Tania Morawiec:

Okay we're going to be moving back to the main deck again. And what we're going to talk about is sort of the plan for implementation. As Darius said, to know you need to start somewhere. This is an evolving process. It takes time. It takes ongoing collaboration. And it takes the messaging from the top down

as well as a connection to grassroots advocacy. The reality is that the majority of people who

have a mental health diagnosis want to work and yet less than 15 percent are actively employed.

Furthermore, between two to five percent have access to IPS services. So there's a huge demand

and we're quickly trying to expand access and the ASPIRE grant is a fantastic opportunity to do so.

So what we did in Illinois was really start with, you know, talking about employment as a social

determinant of health. It quickly ladders into other gains that help people feel connected,

integrated in their communities, and it really just lead full filling lives. As well as earn an income. It is a pathway out of poverty. So, our consistent cross-system messaging was really not saying, you know, hey some people who want to work can work. It was more about normalizing employment. Instead of saying, do you want to work? We began saying things like what kind of work do you want to do. We also moved from a medical model to more of a recovery model knowing that recovery is possible and made up by those different social determinants of health or eight dimensions of wellness as some of you

may have seen in SAMHSA's work. We emphasize partnerships and continuously expand them.

And this is primarily in Illinois between the division of mental health and the division of rehab is services. But we also work with the division of developmental disabilities and through

our employment first community work with over 15 different collaborative partners that

include places like the Department of Commerce and Economic Opportunity which is

implementing a lot of WIOA grant funding. We also train and hire certified recovery

support specialists with an employment focus. So we utilize and leverage peer supports because

they are fantastic element leading to inspiration and meaningful recovery gains.

Next slide please.

And again, it's evolving right. You start somewhere. We participate and facilitate an IPS community of practice. And we do it within the State of Illinois amongst all of our providers. We do it at an implementers employment specialist level as well as the level of IPS supervisors. And, in addition to that, we participate in the international Westat learning collaborative around IPS. So we learn from great leaders like the State of Missouri and then we drill down and help evolve and monitor growth within our own state. We use braided funding. I've been monitoring some of the chat questions. Primarily in the State of Illinois it's funded by the Division of Rehab Services through milestone payments

as well as funding through the Division of Mental Health Services who funds the majority of the trainers in the state of Illinois. In addition to that, we have applied for and obtained other grants like SAMHSA's grant of transforming lives through competitive employment. We communicate and collaborate on the micro and macro levels. So again, going all the way to the employment specialists and then all the way up to state government agencies to make sure that we are supporting each other, sharing resources, and leveraging opportunities. A great example of that was using BIP funding in the state Illinois. The Balancing incentive program to expand IPS and look at its efficacy for individuals who have intellectual

developmental disabilities as well as mental health diagnoses. DRS and DMH are conducting

reviews together. So really monitoring implementation and their resources from both angles. And we're continuously seeking out new opportunities for technical assistance. So, in addition to leveraging funding, like I mentioned, we're constantly looking for participation in different things like the

Office of Disability Employment Policies, employment first, state leadership, mentorship, program where we were a state that was chosen for three years and really leveraged the fantastic technical assistance that helped us look at expanding practice. So really looking at capacity building and looking at

sustainability.

Next slide please.

Interagency collaboration is something that was essential. In the State of Illinois though I mentioned primarily DMH Division for Mental Health Services and Division of Rehab Services, the Department of Human Services was five different divisions. And it was really integral that we drove employment first policy as well as awareness of IPS through collaboration amongst those divisions. We also invited ISBE the Illinois State Board of Education and the Department of Commerce and Economic Opportunity as an opportunity to really explore capacity building, information sharing, and share a common language. As I was monitoring chat, I know questions came up around customized employment and a comparison between IPS and customized. And I think I've always found being a practitioner of both that many of the things coincide and work well hand in hand. A lot of those activities support each other and can lead to successful outcomes. IPS has a clear and consistent and long history of evidence and research behind showing its efficacy. And again, I think they go hand in hand and there are a lot of similarities though we can't really address them in context of this presentation. We increased our inner divisional community by having the employment first interagency council. So, we started with that 15 designated state agency Employment and Economic Opportunity for Persons with Disabilities task force or EEOPD and those different agencies came together. It was a governor's mandated task force that really looked at policies across the State of Illinois and then because our Department of Human Services had five different divisions, we started another interagency work group where we together looked at best ways to improve competitive integrated employment opportunities across populations. And because of IPS's advocacy it was a fantastic opportunity to really highlight the model and engage new stakeholders. We also scheduled regular technical assistance and that came from those different communities of practice that I spoke about earlier at the ES and supervisory level. But also engaging the subject matter experts that we connected to via ODEP.

We really had to change some policy, too. So that resulted in our interagency workgroup really

working with the different divisions to create MOUs or administrative directives to help create

some structure and some transparency about how to access the model, how to pay for the model, how to implement the model. It was fantastically helpful within our state to have our Division of Rehab

Services create a policy manual specific to the implementation of IPS and support IPS by looking

at funding opportunities that really carried the model and helped us enact it with a high

level of efficacy that supported job retention. I think a lot of you know that sometimes finding

the job is the easy part and then keeping the job can be challenging. So, part of what this manual

stated and explored was how to assist with longer term support to cover job retention.

Next slide please.

This is some of the data that we collect. I'm going to turn it back over to Darius so he can do a deeper dive with you.

>> Darius McKinney: Yes, data collection is a major part of what we do in Illinois. A lot of times we use that data to help provide technical assistance to our agencies doing IPS. What we have is an IPS web based system where all of our agencies who are doing IPS enter their employment data into that system. So, caseload sites, who is working, what jobs are they working, how long they've been working,

things like that. They enter all of this data into the system and we pull it at the end of every quarter and have meetings about it, talk about it. We share it with our providers, so they know how well they're doing or what areas they need to improve. But again, more importantly we use it as a tool for improvement. A lot of times our teams, they ask us for data. Even when we're trying to coordinate it and organize it, you know, they're eager for data. A lot of things in Illinois would not be successful without the hard work of our community mental health centers and providers who provide the service. They drive the system and as a state we are where we are because of our providers. They do a great job at doing IPS. They do a great job of entering their data. And likewise, when we return the data back to

them, we all do a great job of seeing what areas of improvement that we can use as far as Fidelity,

data, quality and all that kind of stuff.

Next slide please.

>> Tania Morawiec: Data again is so important because it is

helps you really understand where you're at and envision where you can go and what it takes

to get there. Right, I mentioned sometimes finding the job is the easy part. Keeping the job can be a little more challenging. And when we're looking at the workforce development system for people who have disabilities we really need to keep our eyes on upskilling and career laddering so we're advancing.

Bob's example in the beginning was really great where the individual started out part-time and then really kind of learned that they were more capable and interested in advancing and moving to full time employment. So really carrying that pathway forward and helping people grow within career sets like we all have. Another cool thing that Illinois does is the IPS certification of Fidelity reviewers. And that

basically is creating a Fidelity reviewer role for people who are experts within IPS implementation.

So, we looked at high performing sites and looked at the supervisors of those IPS programs and then

within the doors structure they funded or DRS funded individuals to serve as kind of guest

Fidelity reviewers. And that really allowed for that cross pollination or fertilization of skills.

It was really beneficial to both those supervisors and the programs that they were reviewing.

One thing that's really important is to learn each other's languages and take and

reporting requirements. Because each division speaks a different language, has different regs,

and if we don't know those we're going to be continuing to sort of misunderstand and maybe

not meet the needs creating a more cumbersome process and challenges within collaboration. So we spent a lot of time doing some resource mapping and kind of understanding process. That really

helped in terms of opening cases with our Division of Rehab Services because we learned what their

intake needs were and then our collaborative partners implementing IPS on the mental health

side put together a referral packet that answered all those questions and helped to expedite those

openings. And that was part of our streamlining of paperwork and pre-planning process.

This is a step that I don't think anybody could skip because it's really essential to kind

of expediting and helping things move more slowly. Greasing the wheel so to say.

Next slide please.

And the messaging. All people can work with the right supports. And that is important to talk

across every single agency. One thing that I learned and that we really worked towards in the

State of Illinois was when we engaged or our WIOA partners and the Department of Commerce and

Economic Opportunity. There was a fantastic opportunity to learn that shared language and to

help understand that people can work and want to work and understand the business case for hiring

individuals who have disabilities. One of the really helpful initiatives we took on was engaging with Cornell's diversity partners to talk about the business case and to engage American Job Centers

and our Division of Rehab Services and Division of Mental Health as well as community rehab providers

to all work together to talk about this shared mission and outcome and to leverage or develop some mutual talking points that really pointed to the business case to support our IPS clients and other job seekers who have disabilities. And what we learned through that initiative was really that the business

services representatives on the AJC side hadn’t been provided some of the basic training

around how to effectively kind of interact with the individuals who have disabilities

and support them as well as understand some of those business bottom line benefits. So when they went out to talk to employers, they could advocate for every participant in the AJC system. Those who had disabilities and those who didn't have disabilities and a really great kind of joint activity that came out of that was when our VR job development specialist went out with some of those business services reps and they kind of showed each other how they do it, how they go about it, and learned from each other. And that type of mentorship and sharing is one of the most important parts I think of building

a skill set and confidence in representing individuals who have disabilities effectively. So that's a bit about our path. I'm so thankful to be on the panel with such fantastic IPS supporters and thankful that you’re all here to learn and share questions and insights that you have. Done.

>> Maddy Ruvolo: Thank you, Tania and Darius. Great. We're going to move very quickly to the Q & A slide. Those were wonderful presentations. We are going to go a couple minutes over but we're recording this, and this will all be available online next week. If you have to go, we understand. So, in the interest of time, I'm just going to kick it off with a question for Chad and Rebecca. Chad and Rebecca, in Missouri, do you braid funding between VR and DMH? Does Medicaid play a role in funding? If so,

how does each source pay providers.

>> Rebecca Maynard: Missouri VR, we have a milestone payment fee structure and so VR provides the four levels of payment for the IPS case record. DMH, we braid in different ways. DMH provides or Medicaid provides benefits planning, the career profile is done prior to coming to VR so that is done under DMH. And also, DMH provides funding for the training for certified benefit planners. So our braiding is a little different, but we do consider it braiding because we are both paying for different parts of the case. Chad, do you have anything to add?

>> Chad Hinkle: No just that you are correct. We were fortunate enough to have funds this year to send several people to the Cornell benefits planners course. So that was something that happens on the DMH side.

>> Maddy Ruvolo: Great. Thank you. Just one question for Bob. So how does IPS differ from integrated resource teams currently being done in workforce development for those with disabilities? How can we coordinate with the workforce system?

>> Bob Drake: I don't think I am the best one to answer that, Maddy.

>> Maddy Ruvolo: Alright, well then I will throw it out to any of our other panelists who want to answer that question.

>> Tania Morawiec: I think one of the best methods to coordinate or interact is to again sort of learn the language and offer supports and services for the business services representatives to implement at WIOA. Right, making the services as well as the site accessible. So that started with us by kind of going into some of the American Job Centers and asking, how do you work with individuals who have a disability? And we found out initially that the first step was sometimes referring directly to DRS or DOORS. And we talked about well that might be necessary or of interest to some but those who don't want to go that path, what can you provide or what do you know how to provide to that individual when they walk in seeking assistance. So, we talked about different types of accommodations or technological

accessibility issues. We introduced IPS, the recovery model, and also those basic accommodations that you could find at JAN and some of the research that's been done on

reduced turnover or debunking realities, debunking myths around the cost of accommodations and things like that. And we found that to be extremely helpful in the workforce service center in terms

of helping build comfort as well as access.

>> Maddy Ruvolo: Great. Thank you so much. We're just a couple minutes over time so I'm really sorry there were so many good questions. Let's go to the next slide to wrap things up. So, before we go, if you are not already connected to the LEAD center please sign up to get newsletters and notifications.

Next slide.

Finally, thank you all so much to our presenters, our wonderful presenters, and all of our attendees. Stay safe out there and we hope you have a great rest of your day. Thank you.

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