Assessment #9

Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach

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Ninth in a Series of Ten Briefs Addressing: Bold Approaches for Better Mental Health Outcomes across the Continuum of Care

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Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach

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Special Thanks to IPS Supported Employment pioneer Robert E. Drake M.D., Ph.D., for ensuring we got it all right.

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Executive Summary

Research shows that 70 percent of unemployed adults with serious mental illnesses (SMI) have a strong desire to work and consider finding a job a priority. Among those who do desire to work, approximately 60 percent of individuals with SMI who are exposed to evidence-based supported employment services can be successfully employed in real jobs within the community.

Unlike supported employment approaches for other forms of disability, the preferred evidence-based approach for individuals with SMI—Individual Placement and Support (IPS) Supported Employment—avoids lengthy assessment and pre-employment services in favor of a rapid job search and engagement in competitive, integrated employment, with the first contact with prospective employers occurring within 30 days of the initiation of services. Competitive, integrated employment is defined as a bona fide job in which the individual is hired, employed, and paid by the business, not the rehabilitation agency, at not less than minimum wage or the customary wage for the position. The job is open and available to any qualified individual in the general labor market, not set aside or reserved exclusively for individuals with disabilities, and offers ample opportunities for the individual to interact with peers without disabilities and the general public to the same extent as a job offered those without disabilities employed in a comparable position.

All individuals who want to work are considered eligible for supported employment under the IPS approach, irrespective of severity of symptoms, substance use, diagnosis, or recent hospitalizations. The nature, type, and extent of employment is based on the individual’s preferences, abilities, and informed choice, not solely the prevalence or availability of jobs in the general labor market. Individuals receive personalized benefits counseling so that they may access available work incentives and understand the impact of employment on their receipt of public benefits such as Social Security or Medicaid.

Supported employment services are integrated with medically necessary mental health services, and follow-along supports are made available because the individual may continue to struggle with symptoms that persist over time. However, it is the individual’s informed decision that governs whether and how his or her illness is disclosed to the employer.

A 2016 meta-analysis of 23 supported employment programs found that IPS supported employment programs consistently produce better vocational outcomes than comparison programs, such as prevocational programs, sheltered work, and Transitional Employment Programs (TEP). Across these studies, 58 to 60 percent of individuals who were in supported employment programs obtained competitive employment, compared to 23 to 24 percent in comparison programs. They were more successful in obtaining competitive work, worked more hours, and earned more from competitive employment than individuals receiving other vocational services. The cost of individual placement and support averaged $3,500 to $5,000 per client in the first year of enrollment, incurred primarily in the first nine months.

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A 2014 longitudinal study found that participants in IPS supported employment were more likely to obtain competitive work than those in traditional vocational rehabilitation (65 percent compared with 33 percent), worked more hours and weeks, earned more wages, and had longer job tenures. Reliance on supported employment services for retaining competitive work decreased, and participants were also significantly less likely to be hospitalized, with fewer psychiatric hospital admissions, and spent fewer days in the hospital when they were admitted. The social return on investment was higher for IPS supported employment participants, whether calculated as the ratio of work earnings to vocational program costs or the ratio of work earnings to total vocational program and mental health treatment costs.

![Clients Served and Working in the IPS Supported Employment](image_url)

Source: IPS Employment Center, June 19, 2018, The Rockville Institute, Westat. Data is reported by participants in the IPS Learning Community of the United States.

Single-source funding for IPS supported employment is limited in the U.S. Most supported employment programs are required to braid funding from the Medicaid program and the state’s vocational rehabilitation and state mental health programs. Financing Recommendation 5.2 of the Interdepartmental Serious Mental Illness Coordinating Committee’s (ISMICC)1 December 2017 Report to Congress is to adequately fund the full range of supported employment services needed by individuals with SMI and serious emotional disturbance (SED) under federal health benefit programs (including Medicaid, Medicare, Veteran’s Administration (VA), and TRICARE). Under its Continuum of Care Recommendation 3.1, ISMICC also recommended that the federal government provide a comprehensive continuum of care for individuals with SMI and SED that includes supported employment within the continuum.

Evidence-based IPS supported employment services have proven successful at producing a high return on investment in sustained employment for the majority of individuals with SMI who participate in those programs, but funding for the full array of the services provided is precarious. In order to ensure that supported employment programs efforts continue, a sustained stream of reliable funding must be assured.

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1 Created by Congress under § 6031 of the 21st Century Cures Act, Pub. L. 114-255.
Introduction

Most individuals with SMI want to work. Research shows that 70 percent of unemployed adults with SMI have a strong desire to work and consider finding a job a priority. Among those who do desire to work, approximately 60 percent of individuals with SMI who are exposed to evidence-based supported employment services can be successfully employed in real jobs within the community.

The umbrella term supported employment includes the services provided to individuals with intellectual disabilities, mental illness, substance use, and traumatic brain injury to assist those individuals with obtaining and maintaining competitive employment in fully integrated settings while living within the community. Competitive, integrated employment is defined as a bona fide job in which the individual is hired, employed, and paid by the business, not the rehabilitation agency, at not less than the minimum wage or the customary wage for the position. The job is open and available to any qualified individual in the general labor market, not set aside or reserved exclusively for individuals with disabilities; it offers ample opportunities for the individual to interact with peers without disabilities and the general public to the same extent as offered those without disabilities employed in a comparable position. Although supported employment has been codified in federal legislation since 1984, the term historically has taken on many manifestations and iterations in actual practice. What has constituted supported employment in one locality, agency, or program location has often borne little resemblance to service interventions and outcomes of similarly described services in other locations.

In 1993, in an attempt to define and standardize the supported employment methodology first designed and developed for individuals with intellectual disabilities and apply those principles and practices to individuals with SMI, Dr. Robert Drake, a psychiatrist, and Deborah Becker, a rehabilitation counselor, both then affiliated with the New Hampshire-Dartmouth Psychiatric Rehabilitation Center, conceptualized an approach to supported employment that integrated clinical and rehabilitation treatment with well-defined supported employment interventions. Taken together, these principles and practices represent the Individual Placement and Support (IPS) approach to supported employment, a well-researched, logically coherent approach to supported employment service delivery.

It is important to recognize that IPS is not a distinct model of service delivery, but rather a means to operationally define the principles and practices of supported employment for individuals with SMI, in an effort to facilitate research on its efficacy and effectiveness and to ensure its faithful adoption and implementation by programs claiming to provide supported employment services. The extent to which a program is implemented as intended is known as fidelity, and in order to ensure that evidence-based IPS supported employment programs achieve the outcomes that have been demonstrated by research, fidelity must be continually assessed and evaluated.

Research has shown that IPS supported employment helps individuals with disabilities achieve and sustain recovery. In addition to providing income, the opportunity to work facilitates social

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Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach, August 2018
inclusion and influences many aspects of health status. For people with disabilities, employment can serve to increase self-esteem, social integration, and participation in community activities. With support, individuals can work in competitive jobs or be self-employed and increase their work activity and earnings over time. The income that employment produces enables people to improve their living situations, reducing their exposure to violence and other stressors that may adversely affect behavioral health and recovery. Conversely, being unemployed is associated with increased rates of mental illness and substance use disorders.

A 2016 review of 23 IPS supported employment programs for individuals with mental illness found that supported employment programs consistently produce better vocational outcomes than comparison programs, such as pre-vocational programs, sheltered workshops, and TEPs. Across these studies, 58 percent of participants in IPS supported employment programs obtained competitive employment, compared to 21 percent in comparison programs. Not only were they more successful in obtaining competitive work, they worked more hours, and earned more from competitive employment than enrollees receiving other vocational services.

Employment is both an outcome and a core component of recovery from mental illness. The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Recovery Support Strategic Initiative (RSSI) has as its goal a high-quality, self-directed, satisfying life integrated in the community. It emphasizes meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in meaningful work. RSSI Goal 4.3 for individuals in recovery is to increase gainful employment and educational opportunities, while decreasing legal and policy barriers.

In its RSSI, SAMHSA proposes to achieve Goal 4.3 by:

- increasing the proportion of individuals with mental health and/or substance use disorders who are gainfully employed and/or participating in self-directed educational endeavors;
- developing employer strategies to address national employment and educational disparities among people with and without identified behavioral health problems;
- improving the employment and educational outcomes among individuals with mental health and/or substance use disorders served by SAMHSA; and
- implementing evidence-based practices related to employment and education for individuals with mental health and/or substance use disorders throughout all service systems.

In addition to being a significant element of SAMHSA’s RSSI, the employment of individuals with disabilities is one of the federal government’s Healthy People 2020 measures (DH-16) for improving the health of Americans over a 10-year period. The percentage of individuals with disabilities employed in the Healthy People baseline year of 2009 was 29.7. The Healthy People

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5 Drake, R. E., et al. (June 2016)
6 Ibid.
measures set an employment percentage of 32.7 percent for 2020. But by 2016, the surveyed percentage had dropped from the baseline to 26.9. In 2009, SAMHSA published a comprehensive toolkit for service providers and government agencies, the Supported Employment Evidence-Based Practices (EBP) Kit. In 2014, it provided financial assistance to seven states through its 2014 Transforming Lives Through Supported Employment Grants. Those grants were intended to enhance state and community capacity to provide and expand evidence-based, supported employment programs to adults with serious mental illness, including individuals with co-occurring mental health and substance use disorders. In making the grants available, SAMHSA recognized that, even though most individuals with serious mental illness (SMI) want to work, they face significant barriers in finding and keeping jobs—barriers such as:

- a limited number of jobs in communities;
- discrimination against individuals with mental illnesses;
- limited or compromised executive functioning skills in some individuals that can hinder the ability to perform and attend work;
- a lack of supported employment programs; and
- inadequate transportation to those programs and jobs that exist.

**ISMICC Recommendations**

When the non-public members of the ISMICC were crafting their recommendations for a December 2017 Report to Congress, they included recommendations on supported employment in a number of the five focus areas of the report.

Under its Financing Recommendation 5.2 to adequately fund the full range of services needed by individuals with SMI and SED, the services which the Committee members recommended be covered under federal health benefit programs (including Medicaid, Medicare, Veteran’s Administration [VA], and TRICARE) included supported employment services. Under its Continuum of Care Recommendation 3.1 that the Federal government provide a comprehensive continuum of care for individuals with SMI and SED, ISMICC again included supported employment and education within the desired continuum.

Under Diversion Recommendation 4.8, the Committee members recommended that criminal charges that are related to symptoms of SMI and SED not impede a person’s ability to get employment, housing, and education and that states adopt policies that enable immediate access to benefits (such as Medicaid, Supplemental Security Income, and Social Security Disability Income) upon release from correctional facilities, including services such as supported employment.

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9 SMA08-4365, last accessed June 18, 2018 at https://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365.
IPS Principles of Supported Employment and the SAMHSA Supported Employment Evidence-Based Practices Toolkit

In its Supported Employment Evidence-Based Practices Toolkit, SAMHSA included a Power Point presentation that lists the following Principles of Supported Employment derived from the evidence-based IPS team approach to supported employment.

Before Dr. Drake and Ms. Becker developed their IPS approach, psychiatrists were taught not to create emotional stress for individuals with mental illness by requiring them or affording them the opportunity to work. The consensus was that work stress could cause individuals with mental illness to decompensate...break down and have worse symptoms or have another episode of their illness. However, the results of a randomized controlled trial conducted by the two pioneers in the first rigorous test of the intervention, and published in the Journal of Consulting and Clinical Psychology in 1996, surprised even the authors. The 71 clients in the IPS program were found to be more likely to be competitively employed—defined as working in the competitive job market at prevailing wages supervised by personnel employed by the business—throughout most of an 18-month follow-up than the 72 clients not in IPS. Workers in IPS got jobs faster and maintained their advantage throughout the 18 months of the study. They also worked more total hours and earned more total wages during the 18-month follow-up.

Empirical support for IPS came from a quasi-experimental study in which one of two comparable rehabilitative day treatment centers was closed and replaced by the IPS program. In the program that converted, rates of competitive employment among 71 clients with SMI increased during the first year in the IPS program from 25 percent to 39 percent, and among 27 regular day treatment attenders from 33 percent to 56 percent, while employment remained constant in the comparison day treatment program. A replication that served as a comparison for the initial study showed similar outcomes: competitive employment increased from 13 percent to 23 percent among 112 clients with SMI, and from 9 percent to 40 percent among 35 clients who had been regular attendees in day treatment.

Since then, more than two dozen random controlled studies in the U.S. and abroad (as of April 2018) have shown that, with IPS EBP supported employment, two to three times more people find work than with traditional vocational rehabilitation services. The IPS model is used in 243 agencies and 306 teams throughout the United States alone.

The return on investment is over three times higher for IPS supported employment than for traditional vocational services. Participants in IPS are nearly twice as likely to keep their jobs as those in other employment services, and are far less likely to be hospitalized or to see their symptoms increase. Their success at work helps increase self-esteem, reduce psychiatric and substance use symptoms, and increase life-satisfaction.


The Principles of IPS, as laid out by Becker and Drake and in the SAMHSA Toolkit are:

- Eligibility is based on individual choice.
  - All individuals with SMI who want to work are considered eligible for supported employment.
  - Individuals may not be excluded because of severity of symptoms, substance use, diagnosis, or recent hospitalizations.
  - All individuals can work at competitive jobs in the community without prior training, and no one should be excluded from the opportunity to work.
  - Supported employment does not try to bring individuals to some preconceived standard of “work-readiness” before they seek employment; individuals are “work-ready” when they say they want to work

- Supported employment services are integrated with comprehensive mental health treatment.
  - Employment specialists coordinate services with other mental health practitioners (for example, case managers, therapists, psychiatrists, etc.).
  - It is important that the employment specialist participate regularly in clinical treatment team meetings. Participating in team meetings provides a vehicle to discuss clinical and rehabilitation issues relevant to work, such as medication side-effects, persistent symptoms (e.g., hallucinations), cognitive difficulties, or other rehabilitation needs, such as the need for skills training to improve the ability to socialize with co-workers or to improve self-assertion skills.
  - Regular contact with team members (phone or face-to-face meetings) facilitates helping the individual to achieve his or her vocational goals.

- Competitive employment is the goal.
  - Employment specialists help individuals find jobs that exist in the open labor market and that pay at least minimum wage, including part-time and full-time jobs.
  - Individuals are not steered into sheltered jobs that are set aside for people with disabilities, do not pay a minimum or prevailing wage, or are run by the rehabilitation agency.
  - Jobs are in community settings that include individuals who do not have disabilities, because involving individuals in normal activities reduces stigma. As individuals see they are able to work competitively, that their work is valued, and that they can contribute to society, they experience improvements in symptoms and self-esteem.

- Personalized benefits counseling is important.
  - Fear of losing benefits (e.g., Social Security and health insurance) is often the reason an individual may not seek employment. For this reason, it is vital that individuals who are interested in working obtain accurate information to guide decisions about work. Employment specialists help the individual understand how benefits (such as Social Security or Medicaid) are affected by working so they can make informed decisions about starting or changing jobs.
  - The employment specialist is also responsible for ensuring that the individual receives benefits counseling when he or she begins supported employment services, and when changes occur in work status. Individuals may be able to access available work incentives that enable them to work and continue to receive some benefits.

- Job search starts soon after the individual expresses an interest in working.
Employment specialists help individuals start looking for jobs within one month after they start the program.

- Pre-employment vocational assessment, training, and counseling are not required and are kept to a minimum.
- Beginning the search early demonstrates to the individual that his or her desire to work is taken seriously and conveys optimism that multiple opportunities are available in the community to help the individual achieve vocational goals. It is often important to assure the individual who may question his or her ability to succeed in the workplace. In addition, studies show that fewer individuals get jobs when the job search is delayed by pre-vocational preparations and requirements.
- Although the individual need not be “work ready” by traditional standards, the job search should be conducted at a pace that is comfortable for the individual. Follow-along supports must be continuous because the individual may continue to struggle with employment-related problems that persist over time.
  - Employment specialists should continue to stay in regular contact with individuals and (when appropriate) the employer—without arbitrary time limits.
  - Employment specialists may sometimes play a more active role in the workplace—assisting with training and mediating between the employee and employer, or with coworkers, if problems arise.
  - Individuals are never terminated from supported employment unless they directly request it.
  - However, while follow-along supports are continuous, the extent of support may gradually decrease over time, depending on the individual’s needs. The goal of employment specialists should be to remain available to provide support and assistance while helping individuals become independent. Employment specialists can help individuals become as independent as possible by teaching them to meet their own needs at work. For example, individuals may arrange for their own transportation to work, perform their own job tasks without coaching, build socialization skills, and develop skills for responding to supervisor feedback.

- Individual preferences are important and supported employment is individualized.
  - Employment positions should be based on the participant’s individual preferences, strengths, and work experiences. Individuals who obtain work that they find interesting tend to have higher levels of satisfaction with their jobs and longer job tenures.
  - Job-finding is not based on jobs that are readily available or set aside specifically for individuals with mental illness.
  - Individual preference must guide whether the supported employment specialist discloses the individual’s mental illness to the employer. Honoring these preferences is crucial to how enrollees want to be supported in their pursuit of vocational goals. In addition, under HIPAA and, for participants with substance use disorders under 42 CFR Part 2, providers are required to obtain a participant’s consent to disclose.

Since the publication of the SAMHSA toolkit, an eighth principle has been added:
Employment specialists systematically develop relationships with employers based upon client preferences.

- Employment specialists develop relationships with employers, based on clients’ work preferences, by meeting face-to-face over multiple visits.
- Employment specialists learn about the work environment and the employers’ work needs. They find out about jobs they may not otherwise be aware of at employment sites. They gather information about the nature of job opportunities and assess whether they may be a good job fit for the participant.
- Employment specialists continue to make periodic visits because networking is how people find jobs.

The overriding philosophy of supported employment is the belief that every individual with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found. Rather than trying to sculpt enrollees into becoming “perfect workers” through extensive prevocational assessment and training, individuals are offered help finding and keeping jobs that capitalize on their personal strengths and motivation. The primary goal of supported employment is not to change the individual to fit the job, but rather to find a natural “fit” between individuals’ strengths and experiences and the jobs available in the community.

### Getting Started – Hiring and Training the Employment Specialists

In their book *A Working Life for People with Severe Mental Illness*,13 IPS Supported Employment pioneers Robert Drake and Deborah Becker say that a qualified supported employment specialist should have education and experience equivalent to an undergraduate degree in mental health, social services, or business. They recommend experience working with people with serious mental illness, experience providing employment services, and knowledge of the work world. They say it is essential that the candidate have the ability to work as an effective team player.14

Drake and Becker say the supported employment coordinator, whose function is to oversee the program by supervising employment specialists and providing administrative liaison to other coordinators within the mental health agency, should have a Master’s degree in rehabilitation counseling or a related field. They also recommend previous experience as an employment specialist assisting clients with severe mental illness in obtaining and maintaining competitive employment, as well as previous supervisory experience.

They list as the duties of the coordinator:

- accepting referrals for services and assigning individuals to work with employment specialists;
- hiring, training, and evaluating employment specialists;
- conducting weekly employment supervision of the team of employment specialists using individual examples and following the IPS principles and procedures;

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14 Ibid.
overseeing weekly job development meetings to explore job leads;
providing individual supervision to employment specialists and monitoring the employment specialist’s role;
participating on case management treatment teams to enhance integrated, seamless services at the delivery level;
acting as a liaison to other department coordinators within the mental health agency and the vocational rehabilitation agency;
arranging regular in-service training for all staff in the principles and practices of IPS evidence-based supported employment;
tracking employment outcomes on a monthly basis and by employment specialist, including job dates, hours worked, wages earned, and quality of job match; and
maintaining his or her own small caseload of clients.\footnote{Ibid.}

In its Supported Employment Evidence-Based Practices Toolkit, SAMHSA recommends that, in the initial two- to three-day \textit{training of front-line staff},\footnote{Evidence-Based Practices Kit – Supported Employment, Training Frontline Staff, SAMHSA, DHHS Publication No. SMA-08-4364 (2009), last accessed June 22, 2018 at \url{https://store.samhsa.gov/shin/content//SMA08-4365/TrainingFrontline%20Staff-SE.pdf}.} employment specialists should be trained in: admissions and discharge criteria; the supported employment referral form; assessment procedures; the employee’s vocational profile; the concept of the individual employment plan; criteria on which the program’s fidelity to the supported employment model will be assessed; and the supported employment outcomes that will be monitored. Employment specialists should also be trained about other policies and procedures that may be relevant, including: state and federal individual rights requirements, especially under the Americans with Disabilities Act (ADA); billing procedures, \textit{i.e.} how to document activities and bill for services; safety, including training in de-escalation techniques; legal mandates regarding the reporting of suspected abuse and neglect; and any other specifically applicable human resources policies and procedures. SAMHSA also suggests it might be appropriate to ask a local law-enforcement agency to provide training in personal safety and crime-prevention strategies.

In addition, SAMHSA recommends taking employment specialists to see a high-fidelity supported employment program in action. And, over time, because employment specialists may stray from fidelity to the supported employment model, missing some of the more subtle aspects of the model or reverting to older, more familiar practices as enrollment and pressures build, SAMHSA recommends working with an experienced consultant throughout the first year of operation to ensure ongoing fidelity. The agency suggests the consultant can provide the needed support either by phone or in-person.

\textbf{Supported Employment Fidelity Scale}

The \textbf{Supported Employment Fidelity Scale} developed by Dartmouth Medical School Professor of Psychiatry Gary R. Bond, with the assistance of Dr. Drake and Ms. Becker, (previously called the IPS...
model fidelity scale) ensures an appropriate measure of program fidelity. The Scale is a 25-item scale which may be used by the staff of a program or administered by someone outside the program. Fidelity reviewers utilize numerous data sources to obtain the most accurate ratings, such as interviews with other program staff, observations of treatment team and vocational supervision meetings, reviews of clinical charts, and observation of employment specialists in action.

Among the factors measured in evaluating fidelity are:

- Caseload size (maximum caseload should be 20 individuals per full-time employment specialist);
- Whether the employment specialists provide only employment services;
- Whether the employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports);
- Whether employment specialists are attached to one or two mental health treatment teams, from which at least 90 percent of the employment specialist’s caseload is comprised;
- Whether there is integration of vocational rehabilitation (VR) with mental health treatment through frequent team member contact;
  - Whether employment specialists and VR counselors have scheduled face-to-face contact at least monthly for the purpose of discussing shared clients and identifying potential referrals and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals;
- Whether employment specialists actively participate in weekly mental health treatment team meetings that discuss clients and their employment goals with shared decision-making;
  - Whether the employment specialist’s office is in close proximity to (or shared with) mental health treatment team members;
  - Whether documentation of mental health treatment and employment services are integrated in a single client chart;
  - Whether employment specialists help the team think about employment for people who haven’t yet been referred to supported employment services;
- Whether at least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. Employment specialists provide coverage for each other’s caseloads when needed;
- Whether the 5 Key Roles of the supported employment supervisor are met:
  - One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than 10 employment specialists

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may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to supported employment supervision half-time.)

- The supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.
- The supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem-solve programmatic issues (such as referral process or to transfer follow-along supports to mental health workers), and to be a champion for the value of work. The supervisor attends a meeting for each mental health treatment team on a quarterly basis.
- The supervisor accompanies employment specialists who are new or having difficulty with job development in the field on a monthly basis in order to help to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.
- The supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly.

**Zero Exclusion Criteria:**
- All clients interested in working have access to supported employment services, regardless of “job-readiness,” substance abuse, symptoms, history of violent behavior, cognitive impairments, treatment non-adherence, or personal presentation.
- Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited from many sources.
- If the VR agency has screening criteria, those criteria are not used by the mental health agency. Clients are not screened out formally or informally.
- Employment specialists offer to help with finding another job when one has ended, regardless of the reason that the job ended or the number of jobs held.

**The supported employment agency promotes competitive work through multiple strategies:**
- Agency intake includes questions about interest in employment.
- The agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services.
- The focus is on agency programs that provide supported employment services to individuals with serious mental illness.
- The agency supports ways for clients to share work stories with other clients and staff.
- The agency measures rate of competitive employment and shares this information with agency leadership and staff.

**Executive team (e.g., CEO/Executive Director, Chief Operating Officer, Quality Assurance**
(QA) Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with support for supported employment:

- The Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.

- The agency quality assurance (QA) process includes an explicit review of the supported employment program or components of the program through the use of the Supported Employment Fidelity Scale, at least every six months or until achieving high fidelity, and at least annually after achieving high fidelity. The agency QA process uses the results of the fidelity scale assessment to improve implementation and sustainability.

- At least one member of the executive team actively participates in supported employment 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. The steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. The steering committee develops written action plans aimed at developing or sustaining high fidelity services.

- Work incentives planning:
  - All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job, and assistance in accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits, and any other source of income.
  - Clients are provided information and assistance about reporting earnings to SSA, housing programs, or VA programs, etc., depending on the person’s benefits.

- Employment specialists provide clients with accurate information and assist with evaluating their choices to make informed decisions regarding what is disclosed to the employer about having a disability and how the disability is disclosed.

- Ongoing, work-based vocational assessment:
  - Initial vocational assessment occurs over two or three sessions and is updated with information from work experiences in competitive jobs.
  - A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc., is updated with each new job experience.
  - The employment specialist aims at problem-solving using environmental assessments and consideration of reasonable accommodations.
  - Sources of information include the client, treatment team, clinical records, and—with the client’s permission—family members and previous employers.
● Rapid job search for competitive employment:
  ○ Initial employment assessment and first face-to-face employer contact by the client or the employment specialist occurs within 30 days after program entry.

● Individual-specific job search:
  ○ The employment specialist makes employer contacts that reflect the individual’s preferences, what the individual enjoys, and his or her personal goals and needs, strengths, symptoms, and lessons learned from previous jobs. The employer contacts are consistent with the current employment/job search plan, rather than what jobs are readily available in the job market.
  ○ When clients have limited work experience, employment specialists provide information about a range of job options in the community.

● Frequent employer contact:
  ○ Each employment specialist makes at least six face to-face employer contacts per week on behalf of clients looking for work. An employer contact is counted even when an employment specialist meets the same employer more than one time in a week and whether or not the individual is present. Both individual-specific and generic contacts are included.
  ○ In addition, the employment specialist uses a tracking form that is reviewed by the supported employment supervisor on a weekly basis.

● Quality of employer contact:
  ○ The employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the supported employment program offers to the employer, and describe the individual’s strengths that are a good match for the employer.

● The jobs in which individuals are placed are diverse.
● The types of employers with whom clients are placed are diverse.

● Competitive jobs;
  ○ Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TEP positions).
  ○ Competitive jobs pay at least minimum wage, are jobs for which anyone can apply, and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)

● Individualized, follow-along supports:
  ○ Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc.
  ○ Supports are provided by a variety of people, including treatment team members (e.g., for medication changes, social skills training, encouragement), family, friends,
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co-workers (i.e., natural supports), and the employment specialist.

- The employment specialist also facilitates employer support (e.g., educational information, job accommodations) at the client’s request.
- The employment specialist offers help with career development (i.e., assistance with education, a more desirable job, or more preferred job duties).

- Time-unlimited follow-along supports:
  - The employment specialist has face-to-face contact within one week before starting a job, within three days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily.
  - Individuals may be transitioned to stepped-down job supports from a mental health worker when employment becomes steady.
  - The employment specialist contacts the individual within three days of hearing that the individual has experienced a job loss.

- Employment services such as engagement, job finding, and follow-along supports are provided in natural community settings.

- Assertive engagement and outreach by integrated treatment team:
  - Service termination is not based on missed appointments or fixed time limits.
  - Outreach attempts are systematically documented.
  - Engagement and outreach attempts are made by integrated team members, with multiple home/community visits.
  - Visits are coordinated by the employment specialist with integrated team members.
  - The team connects with the client’s family, when applicable.
  - Once it is clear the client no longer wants to work or to continue supported employment services, team outreach is discontinued.

State Models

How It Works in Maryland

The Maryland Behavioral Health Administration (BHA) is committed to EBPs in supported employment as a vehicle for promoting greater consumer self-determination and direction, for achieving valued system-level outcomes desired by individuals and family members, and for coalescing the service delivery system around recovery and consumer-centric values, services and supports. Maryland has been an historical leader in the national movement toward the implementation of EBPs and recovery-oriented practice. It was one of four states in 2001 to initially recognize the opportunities and promise offered by EBPs to positively impact the quality and delivery of mental health services, and to join the Dartmouth-led National Evidence-Based Practice Project (NEBPP), a research and systems change initiative.
In that year, BHA expanded the traditional BHA and University of Maryland School of Medicine partnership with the creation of the Behavioral Health Systems Improvement Collaborative (MHSIC) at the University, which currently consists of three Centers: the Training Center (TC), the Evidence-Based Practice Center (EBPC) and the Systems Evaluation Center (SEC). These three now function interactively to educate, evaluate and advise the Maryland Public Behavioral Health System (PBHS). The EBPC was designed to serve as Maryland’s infrastructure for dissemination of evidence-based, promising and best practices, including an initial focus on the NEBP Project. The SEC was designed to enhance Maryland’s capacity to evaluate the PBHS and provide feedback about the current functioning of the PMHS. Further, the SEC assists BHA in identifying and monitoring system outcomes; this resource is seen as critical to the current and future rollout of EBPs in Maryland, since the design and monitoring of outcomes is central to efforts aimed at sustaining lessons learned and consolidating gains made. Additionally the SEC was seen as the vehicle for the monitoring and evaluation required in the NEBP Project.

Maryland began implementation of supported employment in 2002 under the NEBPP at three sites. Additional Johnson and Johnson Foundation funding made it possible to expand that capacity to six sites. A skilled Supported Employment Consultant/Trainer was hired by the EBPC to disseminate the training materials developed under the NEBPP, called the supported employment “toolkit”, and to provide ongoing training, technical assistance, and consultation to program leaders, clinicians, employment specialists, service recipients, and family members on the application and implementation of the toolkit. Particular emphasis was placed at each stage of the implementation on consensus building and skill development, achieved in part through the use of Leadership Teams at each site which included service recipients, family members, providers, agency leaders, local BHA staff, local business representatives, and other key stakeholders. These activities assured local relevance and cultural competence of all efforts undertaken.

In July 2006, BHA made a critical decision impacting current and future EBP efforts. Under the direction of the BHA director, BHA designed an enhanced rate structure to deliver services in accordance with the EBP supported employment service approach. Once trained, and upon request, a site is assessed using the supported employment Fidelity Scale by BHA-employed fidelity evaluators. If the program meets the established fidelity threshold on the supported employment Fidelity Scale, it receives the increased EBP rate. Thus, by tying fidelity to higher rates, BHA has built in a mechanism to prevent “drift” and assure continued fidelity.

The continuing relevance and success of the EBP supported employment initiative in Maryland is due in large part to the integral relationship between BHA and the state VR agency, the Division of Rehabilitation Services (DORS) under the Maryland State Department of Education (MSDE). MSDE, DORS and the BHA have enjoyed a long-standing collaborative partnership in the provision of supported employment services to individuals with SMI. Both agencies have displayed a commitment to assisting individuals with mental illness to develop, attain, maintain, and advance within competitive employment.

Supported employment services for individuals with SMI are funded jointly by BHA and DORS. The current rate structure and reimbursement takes into account both components, with their cooperative relationship integral to the continued viability of supported employment in Maryland. The partnership leverages the resources of both agencies to maximize the funding devoted to supported employment for individuals with SMI. DORS has been a valued partner in the EBP in
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supported employment Initiative, by serving as a member of the EBP in supported employment Advisory Committee, planning and convening interagency state conferences and regional trainings, and jointly evaluating with BHA the design and implementation of the aggregate supported employment service delivery systems through various work groups, focus groups, and ad hoc committees. As a product of these work groups, DORS has implemented policy changes which have resulted in a milestone reimbursement rubric specific to EBP supported employment and policy revisions to align DORS practice with EBP supported employment and recovery-oriented principles.

In the service of systems integration, BHA and DORS designed and developed an integrated web-based portal as a single point of entry for application, referral, and eligibility determination for clients and providers requesting supported employment services. BHA’s contracted Administrative Services Organization (ASO) embedded critical ingredients of the DORS paper referral and application into the existing web-based proprietary care management system, added elements not otherwise captured by the system’s database, and revised and realigned data fields and system prompts to permit guest access by DORS counselors, with the individual’s consent, to archived BHA authorization requests and to behavioral health treatment and psychiatric rehabilitation plans.

Policy changes were instituted to allow DORS counselors to expedite eligibility for VR services for any individual determined to be eligible for supported employment in the Public Behavioral Health System. The web-based system safeguards the confidentiality of information and grants limited access to DORS counselors who, in turn, can verify online application, referral, and eligibility for supported employment services, and access to long-term funding, and review relevant behavioral health rehabilitation and treatment records necessary for VR plan development. The system reduces administrative burden and duplication of effort and expedites supported employment service delivery.

Additionally, the current funding mechanism for supported employment creatively braids state general funds, Medicaid service dollars, and VR service dollars, an approach which has been recognized for its responsible use of Medicaid to leverage and seamlessly integrate multiple funding streams.

It should be noted that the Maryland system differs from that in other IPS states in many ways. IPS is not the only employment service offered in MD, and the state uses an IPS-15 Fidelity Scale rather than the IPS-25 Scale.

**Implementation and Fidelity Monitoring**

Significant attention has been devoted to ensuring that the EBP of supported employment is being implemented with fidelity since the onset of implementation in 2002. Under the NEBPP, the SEC’s Implementation Monitor and the EBPC’s Consultant/Trainer is administered at baseline. Every six months thereafter, the General Organizational Index (GOI) and the supported employment Fidelity Scale (tools developed by the NEBPP) are administered.

The fidelity monitoring function eventually transitioned to the state, with service reimbursement now tied to fidelity. Once sites have been fully trained by the University of Maryland Consultant/Trainer, sites are assessed to determine whether they are meeting the established
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fidelity threshold to qualify for the enhanced reimbursement rate. Initially, fidelity monitoring is conducted on an annual basis; however, once a program has met the established fidelity threshold at two consecutive annual fidelity reviews, the program moves to a biennial review schedule, as long as the program continues to meet the fidelity threshold. BHA has four full-time fidelity evaluators who continue to conduct fidelity monitoring for supported employment sites.

Only a BHA-designated EBP supported employment program that meets fidelity to the EBP service approach is eligible to receive the EBP reimbursement rate. It is the responsibility of the EBP program to self-monitor its supported employment program to ensure continued adherence with established fidelity standards between BHA fidelity reviews. If, a BHA-designated EBP supported employment program fails to meet the full fidelity standard, but otherwise meets a lower fidelity threshold, it may qualify for a six-month conditional eligibility. If the program fails to meet the lower threshold, it is designated as ineligible to receive the enhanced rate.

If after qualifying for conditional eligibility on two consecutive fidelity assessments, the program fails to meet the full fidelity threshold in a third consecutive fidelity assessment, it is no longer designated as an EBP supported employment program. Programs that do not possess the BHA EBP supported employment designation may not bill the EBP supported employment rate. There are currently 26 EBP supported employment sites meeting the established fidelity threshold in Maryland.

Results

The EBP supported employment initiative in Maryland has enhanced the quality of supported employment services, honored the preferences of clients for competitive employment and job diversity, achieved improved competitive employment outcomes for supported employment clients, and increased case closure outcomes for DORS counselors.

As of the end of the first quarter of 2018, 51 percent of service recipients were competitively employed through EBP supported employment program. In addition, over the years of EBP supported employment implementation, individuals who participate in an EBP supported employment program have had as much as a two-fold advantage in successful case closure outcomes with DORS as compared to those with a mental illness served in traditional VR services. Since BHA believes that, given scarce mental health resources, persons with SMI have a right to access interventions proven through rigorous research to be effective, the supported employment project has become a successful effort to improve the likelihood that Maryland citizens with SMI will achieve competitive employment.

EBP Supported Employment Programs in Maryland

Arundel Lodge, Inc. and Pathways, Inc. treat youth with significant emotional and behavioral disabilities and adults age 18 and older with a diagnosis of SMI. Both agency’s EBP supported employment Programs adhere to the key principles of the IPS model. Competitive part-time or full-time employment is the goal. All eligible persons can participate, and the participant’s preferences are important. Job search starts soon after a person expresses an interest in working, and supported employment services are integrated with treatment. Participants are counseled
regarding Social Security and other benefits. On-going supports are made available even after job placement.

**Arundel Lodge Business Community**

The businesses in the community working with Arundel Lodge are varied: AT&T, Annapolis Art Guild, the U.S. Naval Academy in Annapolis, two Bow Tie Cinema locations, the Giant Food grocery chain, the Anne Arundel Medical Center, the restaurant chain Noodles and Company, Nordstrom Rack, Lord & Taylor, Target, grocery chain Safeway, Goodwill, Wal-Mart, Sears, and J.C. Penny.

**Individual Employment Success at Pathways, Inc.**

*Don has a long-standing history of SMI, having been first diagnosed with a significant mental illness at age 7. Due to the intractable symptoms of his mental illness, he has had difficulty throughout his life with school, employment, and interpersonal relationships. A psychologically trauma event, compounded by persistent economic stressors, precipitated two psychiatric hospitalizations. Following his hospitalizations, he entered the Pathways EBP supported employment program at age 35 as an unemployed, separated father, feeling anguished, guilty, isolated, helpless, and hopeless. After working closely with his Employment Specialist to activate his interests, strengths, and personal resources, he secured competitive employment, with his employment specialist’s assistance at a local transportation company that works with car dealerships to deliver new cars to out of state owners. Although his hours fluctuate based on business demand, he averages up to $2500 per week in gross salary. He is now financially independent, has remarried and is successfully raising his children. Employment has changed his life.*

**Eligibility**

Individuals with Medicaid eligibility or who are uninsured are eligible for supported employment services in Maryland if they:

- have a diagnosis of serious mental illness or are a transition age youth with a primary mental health diagnosis;
- express an interest in competitive employment and a desire to work in the community;
- demonstrate a work history which has been non-existent, interrupted, or intermittent due to a significant psychiatric impairment; and
- require supported employment services to choose, obtain, maintain, or advance within competitive employment.\(^{18}\)

\(^{18}\)Beacon Health Options Provider Manual § 6.6 Mental Health – Supported Employment (SE) Services; Code of Maryland Regulations (COMAR) 10.21.28.06A.
The services must be preauthorized by the Core Service Agency (CSA), or local mental health authority, for the jurisdiction in which the individual resides.19

For supported employment service participants, income derived from supported employment may be reviewed to determine if the individual has the resources to pay for services or to pay a co-payment without jeopardizing the individual’s employment. Providers may negotiate with the individual regarding contributing to the cost of care. Participants who are recovering from SMI or are transitioning from Psychiatric Rehabilitation Program (PRP) services retain access to and eligibility for supported employment services as their symptoms abate and functioning improves. This serves as a means to further support, sustain, or extend their recovery from serious mental illness.

**What the Program Provides**

Maryland supported employment services are designed to support an individual in the PBHS to be able to choose, obtain, maintain, and advance within competitive employment, make vocational decisions and career changes, and enhance the individual’s natural supports. The services must be provided in a flexible manner that supports the individual’s vocational plan throughout both the enrollee’s employment and periods of unemployment. The services must include ongoing assessment and planning with the individual and, with the individual’s consent, the individual’s family or natural supports. The supported employment staff is expected to develop close cooperation with industries, unions, and other community resources related to employment opportunities, regularly survey the local business community, and develop an ongoing marketing strategy to increase employment opportunities for individuals served.20

In Maryland’s EBP supported employment, a consumer meets individually with an employment specialist in an effort to identify and secure collaboratively a community-based job congruent with an assessment of his or her interests, strengths, resources, skills, values, preferences, education, and experience and consistent with the informed choice of the individual, not solely the prevalence or availability of jobs in the labor market. In order to coordinate and to integrate supported employment efforts with mental health treatment, the employment specialist regularly meets with members of a multidisciplinary treatment team, including the case manager, the rehabilitation counselor, the therapist, the psychiatrist, and any other individuals who may be involved in the treatment and rehabilitation of the individual. Extended services and supports from the employment specialist to assist the individual to attain, maintain, and advance within employment continue indefinitely as long as the individual desires and needs the support.

The program director is required to ensure that the individual is educated about the financial impact of employment on disability benefits, entitlements, and other benefits; access to such Social Security programs as Plan to Achieve Self- Sufficiency and Impairment-Related Work Expense, and the individual’s rights and responsibilities under such programs; access to additional benefits and other resources; and the benefits and risks of disclosure to the employer of the individual’s disability.21

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19 COMAR 10.21.28.04.
20 COMAR 10.21.28.08B(1) and (2).
21 COMAR 10.21.28.08.
Upon initiation of supported employment services and based on the vocational assessment completed, the enrollee’s employment specialist must prepare an initial vocational plan in collaboration with the enrollee or, with proper consent, family or significant others designated by the enrollee and others involved in the enrollee’s care, and coordinated with DORS and the enrollee’s treatment plan, rehabilitation plan, and care management plan, that is designed to assist the enrollee in identifying and maintaining vocational goals. The plan must identify the individual’s strengths, vocational service needs, vocational goals and the target dates for those goals, vocational interventions, the staff responsible for those interventions, and a plan for obtaining a job that matches the individual’s interests, preferences, abilities, and needed accommodations and adaptations.\(^2\)

Job development and placement begin immediately upon the individual’s expression of interest in competitive employment, and the frequency, intensity, and pace of job development is determined by the individual, rather than by the team of professionals, as has traditionally occurred within the public vocational rehabilitation sector. Individuals have historically complained that a series or complex matrix of prevocational activities or services have been required by various service delivery systems as a screening criterion to demonstrate their readiness for competitive employment. Unlike traditional employment services in which individuals may be required to complete mandatory assessments, work trials, or work preparatory classes, which have little or no demonstrated bearing on the ultimate employment outcome, Maryland’s EBP supported employment program participants are given the opportunity to work in a job of their choice in the community as soon as a compatible job has been identified and an offer of employment has been extended.

The employment specialist is expected to review with the individual, as frequently as necessary, but at least every six months, the individual vocational plan (IVP). The employment specialist is expected to review and record in the individual’s employment record the individual’s programs toward achieving previously identified vocational goals, any appropriate goal changes based on the individual’s progress, and changes in interventions, including staff responsibilities.\(^3\)

In order to assist the enrollee in maintaining employment, the employment specialist supporting the individual in supported employment must contact the employer, with the individual’s consent, at least once monthly to obtain information about the enrollee’s work performance, and must provide at least two face-to-face contacts each month with the participant.\(^4\)

The employment specialist may provide assistance to the employer, if requested and with the individual’s consent, on effective strategies to help the individual remain on the job.\(^5\) However, the employment specialist is also expected to encourage the individual to use natural supports, developing an employment-related support system through relationships with co-workers, supervisors, and others in the workplace.\(^6\)

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\(^2\) COMAR 10.21.28.07B(1).
\(^3\) COMAR 10.21.28.07B(2).
\(^4\) COMAR 10.21.28.09.
\(^5\) COMAR 10.21.28.08C(4).
\(^6\) COMAR 10.21.28.08C(1)(b).
\(^7\) COMAR 10.21.28.08C(2).
When an individual’s employment status changes, the employment specialist is expected to assist the individual in maintaining the goal of employment by facilitating additional job placements. Participants and their families are assisted and encouraged to become advocates in their recovery and in mental health systems transformation, in collaboration with mental health advocacy and support organizations, and through the leadership and guidance of the BHA’s Office of Consumer Affairs. The Office of Consumer Affairs Advisory Council, which meets monthly, provides valuable input towards furthering the system’s change to improve access and the quality of services.

Reimbursable Service Phases

The supported employment service, funded under the state’s PBHS, consists of the following reimbursable service phases:

1. **Pre-Placement Phase**: This includes, at a minimum, vocational assessment, referral to DORS, entitlements counseling, and discussions of the risks and benefits of disability disclosure and informed choice. A request for re-authorization of the pre-placement service phase may be approved at the CSA’s discretion, not to exceed three service authorizations per fiscal year, based on a change in individual circumstances or the emergence of a new service need.

2. **Job Development Phase** (reimbursed by DORS)

3. **Placement in a Competitive Job** (does not include agency-sponsored employment): This includes assisting the individual in negotiating with the employer a mutually acceptable job offer and advocating for the terms and conditions of employment, to include any reasonable accommodations and adaptations requested by the individual. A request for reauthorization for the placement service phase may be approved at the CSA’s discretion, not to exceed three service authorizations per fiscal year, based on a change in individual circumstances or the emergence of a new service need. Approval of re-authorization requests is not guaranteed and the request must reflect the need for a separate and independent job development activity.

4. **Intensive Job Coaching Phase** (reimbursed by DORS; special intensive exceptions may be made for PBHS reimbursement): This includes the use of systematic intervention techniques designed to help the supported employment enrollee learn to perform job tasks to the employer’s specifications and to develop the interpersonal skills necessary to assume the employee role and be accepted as a full-status employee at the job site and in related community-based settings. Job coaching may also be used as a preventative intervention to assist the individual in preserving the job placement, resolving employment crises, and stabilizing the employment situation for continuing employment. In addition to direct job skills training, job coaching includes related job analysis and environmental assessment, vocational counseling, employer education and advocacy, mobility skills training, and other

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28 COMAR 10.21.28.08B(5).
support services as needed to promote job stability and social integration within the employment environment.

5. **Ongoing Support Services Phase:** This includes proactive employment advocacy, supportive counseling, and ancillary support services at or away from the job site, to assist the enrollee in maintaining continuous, uninterrupted, competitive employment and to develop an employment-related support system. This service is not time-limited and continues until the individual no longer needs or desires the service.

6. **Psychiatric Rehabilitation Program Services to Enrollees in Supported Employment (PRP-SE):** This includes those psychiatric rehabilitation service interventions needed to assist the enrollee in improving coping skills, assertiveness skills, interpersonal skills, and social skills necessary to function adaptively in the work environment or to develop compensatory strategies to minimize the impact of the individual’s mental illness on his or her behavior while on the job. The service must be provided on the job, unless the participant has chosen not to disclose his or her disability to the employer. At the enrollee’s request, the service may be performed at a mutually agreed upon community-based location, as indicated in the individual rehabilitation plan (IRP) or disclosure plan. The enrollee must be competitively employed to receive this service.

7. **Clinical Coordination (EBP-specific service).** This includes direct or indirect efforts on behalf of the consumer to coordinate and integrate the individual’s supported employment services with psychiatric rehabilitation and treatment services through regular meetings and contact with members of the individual’s multidisciplinary treatment team, shared responsibility for employment outcomes, and integrated and congruent planning, intervention, and services delivery.

   The following goals have been identified for the clinical coordination service:

   - In pursuit of the individual’s goals for competitive employment, to establish a working alliance with the clinician and to enlist his or her support for the consumer’s interests and desires;
   - To enhance the program’s ability to engage and retain individuals in supported employment through assertive engagement and follow-up;
   - To facilitate effective, efficient communication between the consumer and clinical, rehabilitation, and treatment providers as a means to coordinate care;
   - When desired by the consumer, to encourage timely, fully integrated interventions which collectively support the individual in identifying and selecting employment options; and
   - To incorporate employment-related issues in treatment and rehabilitation plans to ensure congruence of rehabilitation and treatment goals, interventions, activities, and plans.

Maryland’s Division of Rehabilitation Services (DORS) provides time-limited supported employment job development and coaching services through EBP-approved community providers to individuals with SMI as needed to achieve competitive employment.
DORS Milestone Payment System

Findings from implementation of a two-phase pilot confirmed that DORS’ Milestone Payment System significantly streamlines provision of services for DORS and provider staff by reducing time involved in the preparation of authorizations, invoicing, and tracking hours of services, as well as simplifying reporting, as the documentation completed by the provider for the PBHS is accepted by the DORS counselor.

The DORS Milestone Payment System applies to all EBP in supported employment sites. Prior to the initiation of service, DORS forwards an authorization to the provider for job development activities. The provider may send DORS an invoice for services as job development is initiated that is inclusive of a placement plan and an updated resume. The IVP completed for the PBHS may serve as the individual placement plan, if the plan includes the individual’s employment goal as stated on their DORS Individualized Plan for Employment (IPE) and describes the responsibilities/activities to be completed by the individual and the provider staff.

Once a job is secured for the consumer and the provider confirms the job with the DORS counselor, DORS forwards a two-part authorization to the provider for job coaching. The provider may send DORS an invoice as job coaching is initiated and a second invoice once continuous employment has been achieved for 45 days. At that time, the provider can obtain extended funding for follow-along supports as needed. The DORS counselor will close the individual’s case once successful employment has been achieved for 90 days following stabilization on the job.

The Colorado Experience

The Colorado Department of Labor Employment’s Division of Vocational Rehabilitation (DVR) provides supported employment opportunities in Colorado through the Mental Health Supported Employment Program for individuals with SMI or in recovery from SMI, through a partnership with employers, the Office of Behavioral Health (OBH), Mental Health Service Organizations, and the Behavioral Health Planning and Advisory Council (BHPAC). This program has resulted in increased competitive integrated employment opportunities through assistance with job development, job-seeking skills, job coaching, and extended services.
Several of Colorado’s mental health centers are practicing IPS supported employment and experiencing great success, including:

Source: Colorado Department of Human Services Office of Behavioral Health

- AllHealth Network (AHN), which serves Arapahoe and Douglas counties, not including the city of Aurora;
- AspenPointe, which serves El Paso, Park, and Teller counties;
- Aurora Mental Health Center (AuMHC), which serves the City of Aurora;
- Community Reach Center (CRC), which serves Adam’s county, northern Denver Metro area;
- Centennial Mental Health Center (CMHC), which serves Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma counties;
- Jefferson Center for Mental Health (JCMH), which serves Jefferson, Gilpin, and Clear Creek counties;
- Mental Health Center of Denver (MHCD), which serves the City and County of Denver;
- Mind Springs Health, which serves northwestern Colorado, from the Continental Divide to the Utah state border, with offices in 13 cities and towns along the western slope;
- North Range Behavioral Health (NRBH), which serves Weld County;
- San Luis Valley Behavioral Health Group (SLVBHG), which serves Saguache, Alamosa, Rio Grande, Conejos, Costilla and Mineral counties;
- Solvista Health, which serves Fremont, Chaffee, Lake and Custer counties; and
- SummitStone Health Partners (SHP), which serves Larimer County.

I had a mental breakdown and didn’t have an opportunity to gain employment and I wasn’t doing well for myself at all. ...I’m proud of myself. ... Even though I had stuff in my background, it was okay because I could provide many things to many different employers. I love my new job. I feel like my whole life has been geared for me to work at North Range [Behavioral Health Center]. I didn’t think it was possible for me to work at a place like this and to be able to get an opportunity to help people, which is what I thought my calling was in life. So this is a huge blessing for me. DVR is a huge blessing. A lot of people I know who do have disabilities work at McDonalds or Walmart, so to be able to have an opportunity to follow your dream and have gainful employment is huge. --DeAndre Jackson

In addition to the North Range Behavioral Health Center serving as both service provider and employer, Colorado’s supported employment partner employers include: ACE Hardware, Aramark, Argus Event Staffing, Barnes & Noble, Boston Market, Circle K, Coors Brewing Company, Colorado Baggage, Costco, Dairy Queen, Denny’s, Dish Network, Evergreen Parks & Recreation, GNC, Goodwill Industries, Honey-Baked Ham, Jefferson County Public Schools, KFC, King Soopers, K Mart, La Quinta Hotels, Little Caesar’s Pizza, Lowe’s Hardware, McDonald’s, Modern Day Spa, National Jewish Hospital, Old Chicago, Oxford Hotel, Panera Bread, Peak Nursing, Premier Food Service, Ruby Tuesday’s, Sam’s Club, Sinclair Gas Station, Skin Care Colorado Dermatologist, Souper Salad, Target, Taco Bell, The Book Nook, TJ Maxx,
The Westat IPS Employment Center

Westat runs the IPS Employment Center, a multidisciplinary team of researchers and trainers who conduct research studies, disseminate findings, prepare training and educational materials, and provide training and consultation services. The Center’s team officially defines the IPS approach to supported employment. In addition to overseeing the IPS learning community, which includes 23 states and 4 countries other than the U.S., the Center provides technical assistance and training to countries, states, regions, and agencies, upon request.

The IPS Employment Center trains practitioners, provides technical assistance in IPS, and now offers certification after passing a 75-minute, 100-question on-line certification exam. The IPS certification lasts three years. Certificate recipients can be re-certified if they pay a small recertification fee and earn 30 continuing education units (CEUs) by attending training in the following areas: vocational rehabilitation, medical and psychosocial aspects of disabilities, ethics, cultural awareness, IPS supported education and employment, benefits planning, job development, substance abuse disorders, financial literacy, cultural awareness, shared-decision making, motivational interviewing, problem-solving therapy, techniques for working in teams and with other disciplines, and working with families.

The Westat Supported Employment Demonstration (SED)

The Social Security Administration (SSA) oversees two disability programs, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Adults with mental impairments represent a very large component of the programs. Across all levels of appeal, about half of those who apply for Social Security benefits are denied, and a large portion of those denied allege a mental impairment. Statistics indicate that, over time, these individuals continue to have health problems and labor market problems. Policy makers and SSA are concerned about the accuracy of disability determinations and also about low levels of work force participation among individuals with disabilities. Adults with mental impairments have proven challenging to assess for work-related functional limitations and in encouraging their return to labor force participation.29

The Westat Supported Employment Demonstration, which began August 29, 2016 and runs until August 28, 2022, is a randomized controlled trial of evidence-based vocational and mental health services. The goals of the study, funded by the Social Security Administration, are: (1) successful employment, (2) improved mental health, and (3) reduced demand for Social Security disability benefits. The study is taking place in 30 mental health agencies across 20 states.

The study follows up on a previous long-term study on behalf of the Social Security Administration’s Mental Health Treatment Study, which provided integrated mental health and vocational services to disability beneficiaries with mental illness. The Supported Employment

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Demonstration will offer the same services to individuals with a mental impairment who were recently denied Social Security disability benefits. SSA seeks to determine whether offering this evidence-based package of integrated vocational and mental health services to denied disability applicants fosters employment that leads to self-sufficiency, improved mental health and quality of life, and reduced demand for disability benefits.

Outcome measures studied include employment rate, the timing of benefits-related decisions, total benefit award payments, earnings, income, mental health status, quality of life, and health services utilization. The evaluation will also assess participation (the take-up rate of denied applicants), study implementation, mental health center and provider views of the study, and participant and non-participant views of their disability experience and association with the study.

The participants in the Supported Employment Demonstration are 3,000 adults who have been recently denied in a first application for disability (SSI or SSDI) due to mental impairments. Participants are randomly assigned to one of three arms of the study: a Full Service arm (team leader, IPS supported employment, case management, other behavioral health services, nurse care coordination, and systematic medication management); a Basic Service arm (similar to Full Services without the systematic medication management facilitated by the nurse care coordinator); and a Usual Service arm (the control group).

Regardless of the study arm to which they are assigned, all participants will have the opportunity to access necessary healthcare. The study will refer participants who do not have healthcare insurance at enrollment, and who must wait for the Affordable Care Act (ACA) Open Enrollment Period, to Federally Qualified Health Centers or study-approved public clinics that offer services free of charge or on a sliding scale. The study will pay for or reimburse these uninsured participants for up to $20,000 in healthcare expenses.

Principal investigators on the project are Dr. Drake and William Frey, Ph.D., with assistance from Jarnee Riley, M.S. Dr. Frey is joined on the evaluation team by Dr. Lisa Dixon of Columbia University, pioneer of the Recovery After an Initial Schizophrenia Episode (RAISE) model of early intervention, Dr. Howard H. Goldman, a Westat consultant and psychiatrist, and David Salkever, Ph.D. of the University of Maryland at Baltimore County. The implementation team includes Dr. Drake and Ms. Becker, and long-time supported employment researcher and creator of the Supported Employment Fidelity Scale Dartmouth Medical School psychiatry professor Gary R. Bond.30

**Conclusions**

Over more than two dozen studies conducted over the last 25 years, the IPS Supported Employment model has proven effective in helping individuals with serious mental illness attain and retain the employment they seek in a competitive environment. The pioneers of that model continue to refine and further test the model for individuals with SMI. While the full employment of individuals with SMI has not been completely achieved, as sought by the ISMICC, as many as

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30 Supported Employment Demonstration (SED), IPS Supported Employment Center, last accessed July 3, 2018 at [https://ipsworks.org/index.php/study/supported-employment-demonstration-sed/](https://ipsworks.org/index.php/study/supported-employment-demonstration-sed/)
two-thirds of enrollees in IPS supported employment programs are retaining the employment they seek in a competitive environment over prolonged periods of time.

There will always be barriers to full employment for individuals with SMI, but the IPS supported employment model offers the best promise for full and fulfilling integrated employment in a job of their own choice, in a competitive environment, for those individuals.