

Individual Placement and Support (IPS) Wisconsin Mental Health and Division of Vocational Rehabilitation Process

The IPS project emphasizes best practice implementation strategies in collaboration and modifying existing practices and organizational barriers. There is long term technical assistance for statewide implementation. Outcomes are tracked closely. On the local level the work is done in a team with all members contributing expertise towards employment and other goals. DVR would be expected to be a member of that team and provide expertise and case service based funding for related vocational services. The day to day work is done by an Employment Specialist with a small caseload of participants. Strict guidelines and fidelity scales are used to insure that evidence based best practice is used and not services based on anecdotal, casual or existing practice.

This document is intended to provide an outline of process elements needed for Individual Placement and Support (IPS) in Mental Health for WI DVR Counselors and others.

The following tables are standard requirements of EBP. Each of the standard seven elements is followed by a narrative of how DVR plans to work within these perimeters:

1.) Employment is integrated with clinical MH treatment
Employment is incorporated into mental health team meetings and other discussion on a routine basis.
VR counselors can become part of the “treatment team” in collaboration with SE providers and will meet as often as practical with the mental health team. No less than 1 time per month.
As much as possible coordination of case file contents will be done. Releases will be obtained from participants to insure a consistent and coordinated exchange of information. At a minimum the IPS vocational profile and the DVR Individual Plan for Employment (IPE) will be shared between the mental health team and DVR.

Prior to formal application to DVR, a Supported Employment consumer has been involved in ongoing therapeutic intervention and may perhaps had some involvement with employment. The DVR Counselor participates at a minimum of one time per month in attending an update meeting held weekly with a team of MH support staff that may include: Case Manager, Employment Specialist, Peer Support, Psychologist, Social Worker, ASODA Counselor, Psychiatrist, and Family Care Provider. It is believed that involvement of DVR in regular meetings will help to provide information to all team members about employment in general, possible local employers, career path information, training and labor market information.

2.) Participation in the SE program is open to all who want to work/Zero Exclusion
Individuals are not screened out because of substance abuse lapses. Harm reduction and Risk Management techniques are actively identified and used by the MH Treatment Team. DVR staff will abide by DVR policy regarding illegal substance use or abuse.
MH treatment teams and Employment specialists (ES) work with individuals to fully support a recovery lifestyle.

Stages of Change (SOC) and motivational interviewing techniques are used to acknowledge that persons experience different levels of motivation to participate in employment. These differences are identified, accepted and encouragement to become engaged in employment by the Treatment Team is continuous.

Assertive outreach is provided by the ES and the MH Treatment Team to engage persons who are reluctant to participate or drop out.

Standardized tests, work samples and situational assessments/work experiences are not used to predict readiness for program participation. They may be utilized at the discretion of the VR Counselor and consumer if more information is needed.

During these meetings treatment team members discuss the employment readiness of each participant and progress. The team decides based on the consumer stated goals for employment when a consumer should apply for DVR services. It is understood that upon a statement of interest by the consumer employment related services begin and become an integrated aspect of the treatment plan regardless of DVR application status. It is believed that involvement of DVR in regular meetings will help to provide information to all team members about employment in general, timing of a DVR application to meet each consumers needs, progress measures, or other specific knowledge. In turn, DVR staff will learn about potential consumers, intervention strategies, and needs of consumers with mental illness outside of the scope of employment. DVR will proceed with the application using regular methodology.

3.) Job finding is individualized with attention to consumer preferences

Preferences: Number of hours, Type of job, Workplace environment, Work shift, Disclosure (or no disclosure), Location, Types and Frequency of support.

As early as possible in the DVR process, DVR staff will develop an IPE with information provided by the consumer and treatment team.

4.) A rapid job search approach is used.

Persons served have active involvement in vocational planning/job search with two weeks of expressing desire to work.

Person is involved in placement activities (contact with employer about a job within one month of entry into program)

Time needed for good job match is taken

When disclosure permits, employment specialists are strongly encouraged to meet with employers face to face to advocate on behalf of their consumers.

Employment specialists in SE programs spend at least 65% of their time in the community!

Regardless of DVR status, participants will begin services with an employment specialist. DVR services will begin once an IPE is in place. Local agreements can be made with the MH Team Employment Specialists. For the pilot/grant period these agreements will follow closely the existing fee structure. The technical specifications and fees are included in Attachment A.

5.) Competitive employment is the goal

Regular integrated competitive jobs that pay a competitive wage are in the community and are open to anyone, not just people with mental illnesses or other disabilities.

Diversity of jobs and employers is emphasized: different types of jobs at least 85% of the time and different employers 85% or more of the time.
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This definition of employment is consistent with DVR policy and regulation.

6.) Long-term supports are proactive and ongoing

VR counselors are expected to provide only those supports that VR regulations permit.

SE program with support from MH is responsible for the time-unlimited supports.

Step-down supports provided after people have worked for an extended period of time (generally at least a year) from MH treatment team.

DVR will work with the MH team to secure long term support and provide appropriate resources. These resources can include funding for initial support (90 day maximum) through one on one vocational support provided by the MH team while a consumer is working. (On-site or off-site job coaching.)

7.) Ongoing work incentives and benefits counseling are used to educate consumers on the effects of earnings on benefits (e.g. federal, state, and local benefits).
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Benefits Planning are addressed at the beginning of vocational planning not only when people secure a job.
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Benefits counseling can be critical for people with mental illnesses, helping to allay anxieties and fears about losing coverage if they try work and encouraging them to go ahead.

Benefits counseling may need to continue beyond initial employment, to assist consumers in coping with reporting requirements, raises, etc.

The treatment team as well as DVR will provide access to benefits counseling as needed on a case by case basis. This may be done prior to a DVR referral as part of regular mental health services. DVR will track wages for consumers seeking to work at the Ticket-to-Work or Substantial gainful Employment level. MH providers are encouraged to become Employment Networks to secure some additional funding where possible.

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