

LIVE WEBINAR

INVOLVING PEERS IN THE DELIVERY OF IPS-SUPPORTED EMPLOYMENT

TUESDAY, AUGUST 8 2:00 PM ET / 11:00 AM PT

Judith A. Cook, PhD ~ University of Illinois Chicago Taina Laing, MSW, NYCPS ~ Baltic Street AEH, Inc.













The contents of this presentation were developed with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90RT5038), and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). NIDILRR is a Center within the Administration for Community Living (ACL). ACL and SAMHSA are part of the Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, SAMHSA, ACL, or HHS, and you should not assume endorsement by the Federal Government.

New York State Office of Mental Health and Hygiene; and New York City Department of Mental Health and Hygiene

The presenters have no conflicts of interest to disclose regarding the content of this presentation.

ACKNOWLEDGEMENTS



Evidence-Based Practices

IPS supported employment & its evidence base.

Research supporting the role of health education in recovery.

Integration

Integrate the concepts of supported employment & physical wellness for work into services you provide to enhance engagement

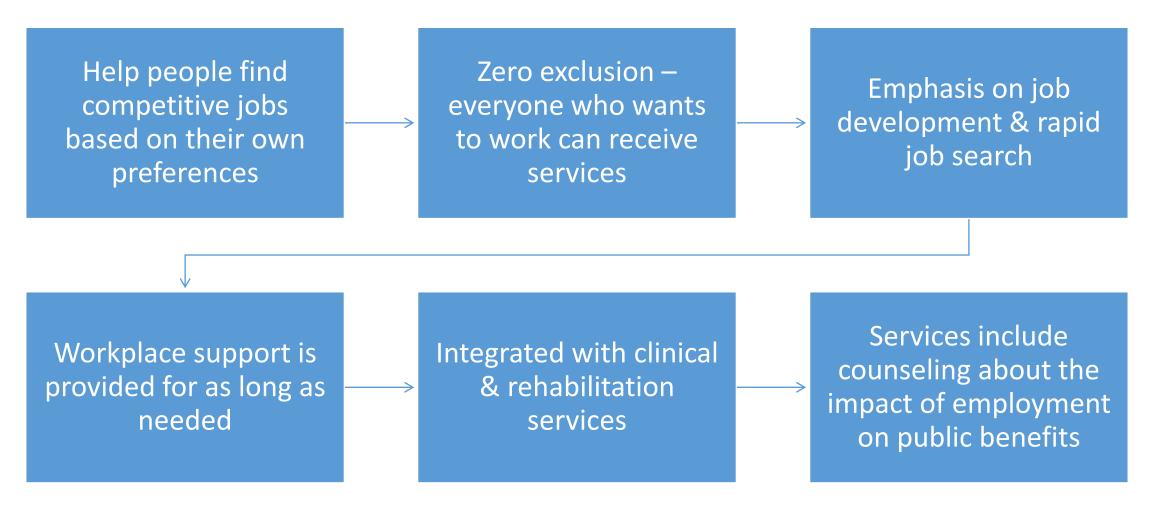
Adoption

Use the SAMHSA IPS
Toolkit, Physical
Wellness for Work &
other resources in your
work with service
recipients

Outcomes

Achieve better engagement & recovery outcomes with service recipients

Individual Placement & Support (IPS) Principles

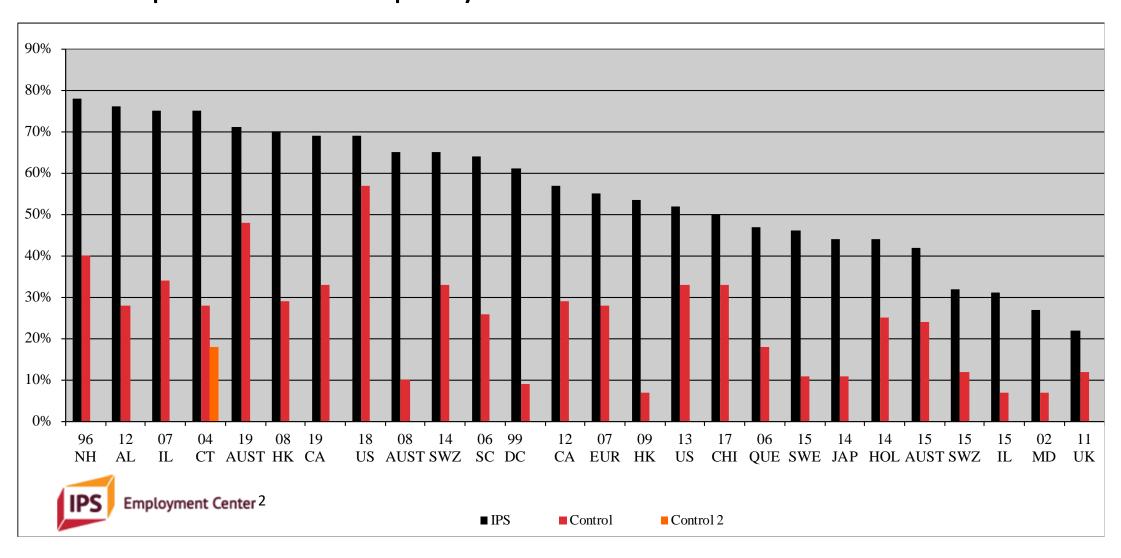


IPS Research Evidence

- 26 Randomized controlled trials (RCTs)
- RCTs are the best evidence available on effectiveness
- 12 U.S. studies and 14 outside U.S.
- 2/3 of studies had at least 18-month follow-up
- Total enrollment = 5,877 participants
- In most studies, the control group received services as usual (sometimes best practices)



Competitive Employment Rates in 26 RCTs of IPS



Overall Findings for 26 RCTs

- 25 of 26 studies showed a significant advantage for IPS
- Mean competitive employment rates for the 26 studies:
 - 55% for IPS
 - 23% for controls
- Evidence-based IPS is the only model of vocational rehabilitation that has been repeatedly shown to result in competitive employment for people with psychiatric disabilities.
- There is no body of rigorous empirical research supporting the efficacy of any other model with this group.



Shortage of IPS Programs & Providers in U.S.

In 2019, 41 (80%) of 50 states & DC had IPS services, with 857 IPS programs serving an estimated 43,209 clients.³

IPS program penetration rate (# IPS programs per million people) ranged from only 0.05 to 16.62 *in states with IPS services*. 4

In U.S. national survey of state administrators, IPS provider workforce problems were one of the top 4 barriers to expanding IPS,⁵ a finding echoed in another survey of rural areas.⁶

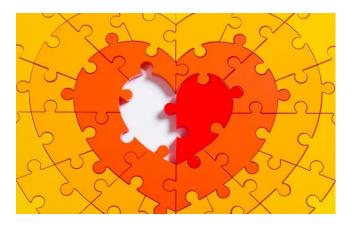
Missing Pieces of the IPS Model?



Peer Support

- enhance IPS engagement
- support during creation of Vocational Profile
- serve as employment specialists
- serve on IPS fidelity assessment teams
- participate in training of employment specialists

From UIC Center Peers in IPS Toolkit: https://bit.ly/2Jwc22c



Health & Wellness Support

- health is major determinant of employment status⁷ & impacts nature of labor force participation⁸
- well-documented poor physical health among people with psychiatric disabilities ⁹ creates need to manage co-morbid conditions on the job
- considerable research evidence supports value of health education to recovery¹⁰⁻¹²







Could peerdelivered IPS services address service & provider gaps? MH workforce shortage limits service access¹³

¼ of all U.S. mental health facilities offer peer services¹⁴ Employment services are commonly offered in peer-run programs



41 states allow Medicaid billing for any type of peer support services¹⁴



Need EBP
vocational
models that can
be provided by
peer & non-peer
providers



Build on health & wellness foundation of peer & other community-based programs



History of Baltic Street

- Established in 1977
- 2023 Baltic Street is the largest peer led organization in New York State.
- Programs
 - *Employment
 - Housing
 - Advocacy
 - Supported Education
 - Bridgers
 - Self-Help
- IPS recipients later were hired as peer specialist employees at Baltic Street

Employment = Health Health = Employment

8 Dimensions of Wellness Assessment Tool

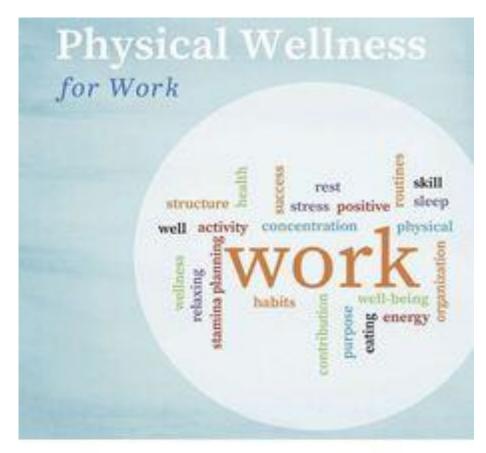




Vocational Health & Wellness Component

- Structured set of activities during meetings with employment specialists
- Education about work-health connections re:
 - sleep & rest
 - physical activity
 - relaxation & stress management
 - healthy eating
 - medical care
- Identify health habits and routines to support specific work goals
 - getting enough sleep the night before a job interview, having a nutritious snack on the way to the meeting & taking a walk afterwards to manage stress

Peggy Swarbrick, PhD, Collaborative Support Programs of NJ







https://bit.ly/2O2GZe3

Physical Wellness for Work Assessments Example

PHYSICAL WELLNESS FOR WORK

Physical Wellness



Physical wellness involves choosing to do things that contribute to your health, energy level, and concentration. Sleeping well, staying active, and making healthy choices are all very important. Physical wellness also includes taking steps to avoid becoming ill, getting regular health screenings, and going to the doctor when medical attention is needed. These are all important for people like yourself who want to work.

Excellent Good Fair	Poor
Next, think about your typical day, from the time you get up until you go to bed. List the activities you do each morning, afternoon, and evening on a typical day.	How many hours a day do yo work or plan to work?
Morning activities:	How many hours a week do you work or plan to work:
Afternoon activities:	
Evening activities:	
	

Physical Wellness for Work Assessments

Example



Habits and Routines

A habit is an automatic behavior-something you do without thinking. This could include having a regular bedtime, eating a healthy lunch, or getting some exercise each day. When you are a worker, it is important to have health habits that help you prepare for your workday, travel to your job, be productive, and structure your free time after work to include rest and relaxation.

Routines are collections of habits that provide structure for your day. A healthy morning routine for a worker might involve waking up at a consistent time, eating a healthy breakfast, and leaving for work early enough to arrive on time

without feeling rushed. A healthy routine for someone who is looking for work might include getting enough sleep the night before a job interview, having a nutritious snack on the way to the meeting, and taking a walk afterwards to relieve stress. Creating physical wellness routines can help you to begin your day well-rested and ready to work, and be productive even when your work is challenging. Having a wellness routine if you're looking for work can help you get to job interviews promptly, manage any nervousness you feel, and maintain the concentration to answer questions and present yourself well to potential employers.

Think again about your typical day and check the items below that apply to you.

- ☐ I have daily habits that help me accomplish my goals.
- ☐ I have habits that help me get ready to start the day.
- ☐ My habits help me structure my daily activities.
- I have habits that help me during stressful times.
- ☐ I can identify habits that make me successful as a worker.
- ☐ I know which of my habits could be a challenge in the workplace or looking for work.
- ☐ I use a nightly routine to prepare me for sleep.
- ☐ I have a regular bedtime on work days.

TRY THIS!

Starting a new job? This podcast describes how to start new health habits at the same time.

https://bit.ly/2wZ7LwM

Physical Wellness for Work Assessments

Example

PHYSICAL WELLNESS FOR WORK

Ideas for Wellness Habits that Support Work

- Think about different routines that will get your day started, and help you arrive at work or a job interview on time, well-rested, and ready to put your best foot forward.
- Organize your workday around your natural clock. For example, perform difficult job duties at times when you are most alert. Try to schedule job interviews for the time of day you are most refreshed and able to concentrate.
- Whether at home or on the job, organize your workspace so you know where things are when you need them, and devote a few minutes each day to organizing your work space for the next day.
- 4. Replace unhealthy habits with new positive and healthy ones, especially when the pace is hectic. For example, bring a healthy lunch instead of grabbing fast food on busy days. Bring a snack of nuts or peanut butter for a quick energy boost on days where things are hectic at work, or you have multiple job interviews.
- In the evening, set out the next day's clothes, lunch, keys, transportation money, or other needed items so they are ready for the next day.
- Having a routine for winding down as the day ends can help to ensure that you get enough good quality sleep so that you awake refreshed and ready for work the next day.

Wha	t habits do you have now that help you (or would help you) succeed at work?
Wha	t habits do you have now that might get in the way of doing well at work?
	u wanted to, what are some things you could change or improve about your habits, lp you do well at work?
_	

IPS Research: Baltic Street Vocational Staff Delivered Physical Wellness for Work + IPS

- The Employment Peer Specialists were educated by Peggy Swarbrick of Collaborative Support Programs of New Jersey (CSPNJ) using the Physical Wellness for Work module
- Goal Development: Trained the Employment Peer Specialist on Physical Wellness Goal Development

Staff Training for IPS & Physical Wellness

IPS

The IPS expert provided initial training that involved assigned readings & completing the IPS Employment Center's practitioner skills course. He provided expert feedback at twice-monthly onsite visits, and weekly telephone supervision. Training was repeated whenever new staff were hired. Performance goals included monthly number of new employer contacts and new jobs developed. Fidelity assessment identified areas for further training.

Physical Wellness for Work

CSPNJ experts delivered initial training including assigned readings, instruction on links between health and successful job search and retention, wellness goal setting, modeling wellness tools for participants, and ongoing technical assistance via in-person visits and conference calls. Additionally, the experts worked with managers to create logs and a notation system for documenting health promotion services and progress in the participant's file.

Baltic Street Assisted Competitive Employment (ACE) Vocational Programming

- Baltic Bazaar-Training Program Entry Level Retail Job
- Baltic Street Thrift
- Little Things Convenience Store
- Assisted Competitive Employment (ACE) Program Used the Boston University Psychiatric Rehabilitation Center's Choose, Get, Keep Model¹⁵ in the assessment process
- BalticWorks- American Dream Employment Network (ADEN)
 - ACE Peer Services Delivered by 2 teams located in Brooklyn (downtown and by Avenue I)
 - BalticWorks serves all of New York City's 5 Boroughs

Study Design

Team 1

Switched from generic SE to IPS

Team 2

Continued to offer generic SE

- Received extensive IPS Training
- Ongoing supervision by IPS expert
- Employment specialists assigned job development benchmarks
- Continued with usual staff training & supervision for SE
- No benchmarks for employment specialists



Our study compared the teams on these vocational outcomes



ever achieving competitive employment



monthly % in competitive employment



hourly wage



hours worked in competitive employment



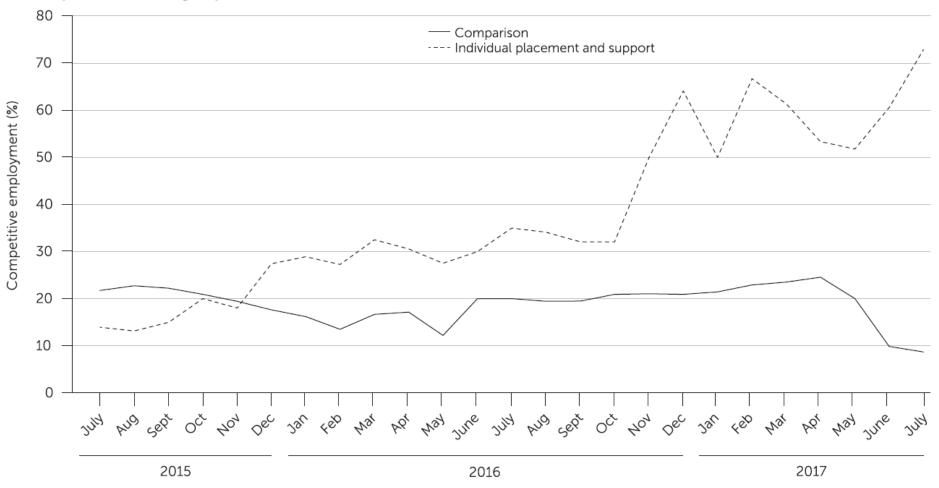
job tenure



job starts per month

Rates of competitive employment among IPS (N=184) and comparison group (N=164)

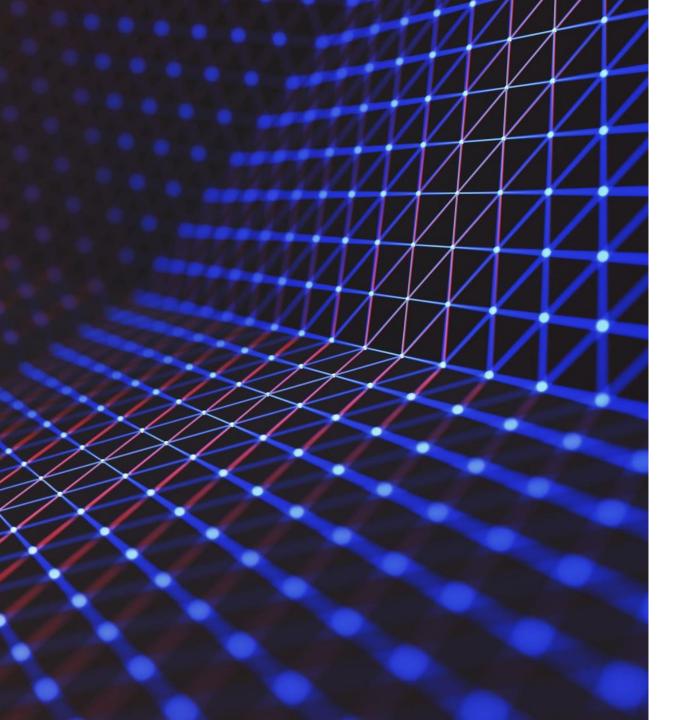
FIGURE 1. Rates of competitive employment during the study period among participants in individual placement and support (N=184) and comparison (N=164) groups



Cook et al., 2022, Psychiatric Services¹⁶

TABLE 2. Summary of employment and program outcomes for 348 clients served by IPS and comparison teams from July 2015 to July 2017^a

	Total (N=348)		IPS (N=184)		Comparison (N=164)		
Variable	N	%	N	%	N	%	р
N of participants ever achieving competitive employment	114	33	79	43	35	21	<.001
Mean N of participants in competitive employment per month ^b	12	27	17	38	8	18	<.001
N of job starts per month (M±SD)	2.2±2.3		3.4±2.7		.9±.9		<.001
Hourly wage in competitive employment per month (M±SD \$)	13.25±5.54		13.35±4.87		13.04±3.76		.967
Hours worked in competitive employment per month (M±SD)	26.0±13.2		25.4±14.4		27.4±0.2		.086
Job tenure among those that	120.5±120.2		134.1±133.6		75.2±31.5		.033
ended during the study (M±SD days)		Cook et al., 2022, Psychiatric Servi					



Fidelity to the IPS Model

Baseline

 Score of 71 indicating little adherence to IPS principles

Midpoint

Score of 99 indicating fair fidelity

End

 Score of 110 representing good fidelity

Cook et al., 2022, Psychiatric Services¹⁶

Challenges in Adopting IPS

Shift in the relationship between service providers and recipients

- peer provider relationship emphasizes recipients taking the lead whereas the IPS employment specialist role involves guiding the participant through a sequence of predefined service delivery steps
- needed additional training and support to feel comfortable taking the lead while also honoring peer support principles of mutuality, choice & relationship building

Absence of clinical treatment staff with whom to directly coordinate IPS services

• employment specialists sought and received clients' permission to confer with their case managers, psychiatrists, and therapists via telephone and e-mail to discuss medication regimens, concurrent therapies, and other psychosocial employment supports.

Challenges in Adopting IPS (cont.)

Use of benchmarks to evaluate the job performance of employment specialists

- unfamiliar practice not used in provision of generic SE
- target goals viewed as unrealistic by employment specialists
- concern over what would happen if goals not met

High vocational staff turnover

 low-salaried vocational positions motivated staff to seek clinical positions within & outside the agency

Facilitators in Adopting IPS



Pre-existing model followed supported employment principles

focus on competitive employment, individual choice & no time limits



Existing emphasis on physical wellness in the larger program

the importance of health and wellness to recovery making them receptive to vocational health promotion

staff were comfortable providing health education & connecting it to achievement of employment goals



Rapid engagement in IPS services

staff were trusted given their association with the larger agency



Employment specialists modeled two important principles

people in recovery can successfully hold competitive jobs & build lasting careers

building intentional health habits and routines can contribute to vocational success

Resources for Integrating IPS & Vocational Wellness into Your Work



SAMHSA Supported Employment Toolkit

Describes what IPS is, how to implement it programmatically, how to train staff to deliver it, & ways to evaluate your IPS services

https://store.samhsa.gov/product/Sup ported-Employment-Evidence-Based-Practices-EBP-Kit/SMA08-4364



Illinois IPS Web Portal

Contains webinars & podcasts
on different aspects of IPS
delivery (participant
engagement, assessing fidelity,
cultural competency, vocational
peer support, job development)
Includes a section for employers
& one for families and other
supporters

https://www.illinoisips.org/



Physical Wellness for Work Manual

Peers in IPS Toolkit

Manual of strategies to enhance employment-related health & wellness.

https://www.center4healthandsdc.org/ physical-wellness-for-work.html

Toolkit describing different ways to integrate peer support into IPS with program examples

https://bit.ly/2Jwc22c



IPS Employment Center

Definitive resource from the creators of the IPS model including courses, research studies, supported employment policy developments, & updates on the IPS Learning Community

https://ipsworks.org/

Future Directions for Peer Support in IPS

WORKFORCE DEVELOPMENT

- BalticWorks Ticket-to-Work program is working well at Baltic Street
- Steady Job Bank
- Wide variety of competitive jobs, not just positions representing the 5 Fs (food, filing, factories, flowers & filth)¹⁷
- Wide variety of different levels of education seeking job advancement and job satisfaction.

WAYS IPS ENHANCED BALTIC STREET AS AN AGENCY

- SAMHSA Wellness Award 2019
- American Dream
 Employment Network
- Increased job satisfaction from hiring peer specialists that went thorough the IPS study
- Longer employment tenure

Future Directions for Peer Support in IPS

WORKFORCE DEVELOPMENT

- Maximize the capacity of the peer workforce to deliver high quality IPS supported employment
- Integrate peer providers & natural supports
- Explore different ways peer specialists can support employment & health together
- Develop national & state capacity to disseminate & support use of IPS in peerrun programs

KNOWLEDGE CREATION & TRANSLATION

- Further study the impact of IPS services delivered by peers
- Study how adding a health component to IPS improves work outcomes
- Develop innovative approaches for use by peers working in peerrun AND non-peer-run programs

Literature Cited

- 1. Bond, G.R., Drake, R.E., Becker, D.R. (2020). An update on individual placement and support. World Psychiatry, 19, 390–391.
- 2. IPS Employment Center. (2023). Evidence for IPS. https://ipsworks.org/index.php/evidence-for-ips/.
- 3. Pogue J.A. et al. (2022). Growth of IPS supported employment programs in the United States: an update. *Psychiatric Services*, 73, 533–538.
- 4. Johnson-Kwochka A. et al. (2017). Prevalence and quality of individual placement and support (IPS) supported employment in the United States. Administration and Policy in Mental Health, 44, 311–319.
- 5. Bond G. et al. (2022). State-level barriers and facilitators to Individual Placement and Support (IPS) implementation. ASPIRE Issue Brief, https://www.dol.gov/sites/dolgov/files/ODEP/topics/pdf/ASPIRE-lssueBriefState-LevelBarriers.pdf.
- 6. Al-Abdulmunem M. et al. (2021). Evidence-based supported employment in the rural United States: challenges and adaptations. *Psychiatric Services* 72, 712–715.
- 7. Pelkowski J.M. et al. (2004). The impact of health on employment, wages, and hours worked over the life cycle. Quarterly Review of Economics and Finance, 44, 102–121.
- 8. van Rijn R.M. et al. (2014). Influence of poor health on exit from paid employment: a systematic review. Occupational and Environmental Medicine, 71, 95-301.
- 9. Cook, J.A. et al. (2015). Health risks and changes in self-efficacy following community health screening of adults with serious mental illnesses. PLoS ONE, 10(4), e0123552.
- 10. Cook, J.A. et al. (2020). Whole health action management: A randomized controlled trial of a peer-led health promotion intervention. *Psychiatric Services*, 71(10), 1039-1046.
- 11. Muralidharan, A. et al. (2019). Living well: An intervention to improve medical illness self-management among individuals with serious mental illness. *Psychiatric Services*, 70(1), 19-25.
- 12. Druss, B.G. et al. (2018). Peer-led self-management of general medical conditions for patients with serious mental illnesses: A randomized trial. Psychiatric Services, 69(5), 529-535.
- 13. HRSA. (2022). Behavioral health workforce projections, 2017-2030. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Projections-Factsheet.pdf.
- 14. Videka L. et al. (2019). National analysis of peer support providers: practice settings, requirements, roles, and reimbursement. Ann Arbor, University of Michigan Behavioral Health Workforce Research Center.
- 15. Cook, J. A. et al. (2022). Outcomes of peer-provided Individual Placement and Support services in a mental health peer-run vocational program. Psychiatric Services, https://doi.org/10.1176/appi.ps.20220134.
- 16. Rogers, E. S., Anthony, W. A., & Farkas, M. (2006). The choose-get-keep model of psychiatric rehabilitation: A synopsis of recent studies. *Rehabilitation Psychology*, 51(3), 247–256.
- 17. Kumin, L., & Schoenbrodt, L. (2015). Employment in adults with Down Syndrome in the United States: results from a national survey. *Journal of Applied Research in Intellectual Disabilities*, 29(4), 330-345.

Contact Information



Judith A. Cook. PhD
University of Illinois Chicago
1601 W. Taylor St. M/C 912
Chicago, IL 60612
jcook@uic.edu
https://www.center4healthandsdc.org/



Taina Laing, MSW, NYCPS
Baltic Street AEH, Inc.
9 Bond St, Brooklyn, NY 11201
tlaing@balticstreet.org
https://balticstreet.org/