



Oregon Supported Employment Center for Excellence

TECHNICAL ASSISTANCE & CERTIFICATION FOR INDIVIDUAL PLACEMENT & SUPPORT (IPS)

Fidelity Assessment Tool At-A-Glance

IPS-25 Item	
Subscale #1: Staffing	Subscale #3: Services
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2. Employment Services Staff	2. Disclosure
3. Vocational Generalists	3. Ongoing, Work-Based Vocational Assessment
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2. Integration Of Rehabilitation with Mental Health Through Frequent Team Member Contact	6. Job Development- Frequent Employer Contact
3. Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors	7. Job Development- Quality of Employer Contact
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Subscale #1: Staffing

1. CASELOAD SIZE	1	2	3	4	5
IPS specialists have individual employment caseloads. The maximum caseload for any full-time IPS specialist is 20 or fewer clients.	41 or more clients per IPS specialist.	31 - 40	26 - 30	21 - 25	20 or fewer clients per IPS specialist.
<p>Rationale for this item: Research has demonstrated that caseload size is directly related to good employment outcomes. In order for employment specialists to have regular contact with clients, visit employers each week, provide individualized job supports, and provide services in the community, they require caseloads of 20 or fewer people. Data source(s): MIS, DOC, INT</p>					
2. EMPLOYMENT SERVICES STAFF	1	2	3	4	5
IPS specialists provide only employment services.	Employment services provided less than 60% of the time.	60 - 74%	75 - 89%	90 - 95%	Employment services provided 96% or more of the time.
<p>Rationale for this item: Practitioners who have dual roles often focus on mental health services and do not have time to build relationships with employers or focus on other IPS activities. In IPS, employment specialists occasionally help the mental health treatment team, for example, by delivering medications while visiting a client. But a full-time specialist does not spend more than one to two hours per week on non-employment related activities. Data source(s): MIS, DOC, INT</p>					
3. VOCATIONAL GENERALISTS	1	2	3	4	5
<p>Each IPS specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner.</p> <p><i>Note: It is not expected that each IPS specialist will provide employment benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity.</i></p>	IPS specialist only provides vocational referral service to vendors and other programs.	IPS specialist maintains caseload but refers clients to other programs for vocational services.	IPS specialist provides one to four phases of the employment service (e.g., intake, engagement, assessment, job development, job placement, job coaching, and follow-along supports).	IPS specialist provides five phases of employment service but not the entire service.	IPS 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).
<p>Rationale for this item: During research trials, clients were most likely to drop out of services when asked to transfer from one employment specialist to another. Many people value the relationships that they form with employment specialists and do not wish to work with someone new. Many employers also prefer to work with only one employment specialist throughout the employment process. Data source(s): MIS, DOC, INT, OBS</p>					

Subscale #2: Organization

1. INTEGRATION OF REHABILITATION WITH MENTAL HEALTH THRU TEAM ASSIGNMENT	1	2	3	4	5
IPS specialists are part of up to two mental health treatment teams from which at least 90% of the IPS specialist's caseload is comprised.	IPS specialists are part of a vocational program that functions separately from mental health treatment.	IPS specialists are attached to 3 or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR IPS specialists are attached to 1 or 2 teams from which less than 50% of the IPS specialist's caseload is comprised.	IPS specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the IPS specialist's caseload is comprised.	IPS specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the IPS specialist's caseload is comprised.	IPS specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the IPS specialist's caseload is comprised.
<p>Rationale for this item: Employment specialists are asked to coordinate services with mental health practitioners, Vocational Rehabilitation counselors, and families (with client permission). Coordination of services can become overly cumbersome if employment specialists are asked to work with more than one to two mental health treatment teams. Data source(s): MIS, DOC, INT, OBS</p>					
<p>Metrics:</p>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists are part of a vocational program that functions separately from the mental health treatment				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists are attached to three or more mental health treatment teams				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Clients are served by individual mental health practitioners who are <u>not</u> organized into teams				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists are attached to one or two teams				
%	Percent of MH Team's caseload that is assigned to IPS Supportive Employment				
<p>*UTD = Unable to determine</p>					

Subscale #2: Organization

2. INTEGRATION OF REHABILITATION WITH MENTAL HEALTH THRU FREQUENT TEAM MEMBER CONTACT	1	2	3	4	5
<p>IPS specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. IPS specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. IPS specialists help the team think about employment for people who haven't been referred to services.</p>	1 or none are present	2 are present	3 are present	4 are present	5 are present
<p>Rationale for this item: Frequent contact between providers ensures that all team members work together to help clients with their employment and education goals. When good integration of services exists, clients do not receive conflicting messages from different practitioners. Examples of good integration include case managers sharing information about a person's coping strategies, mental health counselors sharing information about a business that is hiring, or employment specialists sharing information about a person's new job. Mental health practitioners and employment specialists celebrate successes together. Data source(s): MIS, DOC, INT, OBS</p>					
<p>Metric:</p>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialist attends weekly mental health treatment team meetings				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialist participates actively in treatment team meetings with shared decision-making				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialist's office is in close proximity to (or shared with) their mental health treatment team members				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialist helps the team think about employment for people who haven't yet been referred to supported employment services				
Total # of IPS specialist weekly MH team meeting components that are present					

*UTD = Unable to determine

Subscale #2: Organization

3. COLLABORATION BETWEEN IPS SPECIALISTS AND VOCATIONAL REHABILITATION (VR) COUNSELORS	1	2	3	4	5
IPS specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.	IPS specialists and VR counselors have client-related contacts (phone, email, in person) less than quarterly to discuss shared clients and referrals. OR IPS specialists and VR counselors do not communicate.	IPS specialists and VR counselors have client-related contacts (phone, email, in person) at least quarterly to discuss shared clients and referrals.	IPS specialists and VR counselors have client-related contacts (phone, email, in-person) monthly to discuss shared clients and referrals.	IPS specialists and VR counselors have scheduled, face-to-face meetings at least quarterly, OR have client-related contacts (phone, email, in person) weekly to discuss shared clients and referrals.	IPS specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, email, in person) weekly to discuss shared clients and referrals.
<p>Rationale for this item: Improved collaboration between Vocational Rehabilitation and IPS programs results in better outcomes. Clients benefit from the wider range of services and expertise available when they have access to both systems. Data source(s): DOC, INT, OBS, ISP</p>					

4. VOCATIONAL UNIT	1	2	3	4	5
At least 1* full-time IPS specialist and a team leader comprise the vocational unit. They have weekly client-based group supervision following the IPS supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.	IPS specialists are not part of a vocational unit.	IPS specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.	IPS specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. OR, If a program is in a rural area where IPS specialists are geographically separate with one IPS specialist at each site, the IPS specialists meet 2-3 times monthly with their supervisor by teleconference.	At least 1 IPS specialist & a team leader form a vocational unit with 2-3 regularly scheduled client-based group supervision meetings per month where strategies are identified, job leads are shared, & clients discussed. They provide coverage for each other's caseloads when needed. OR, for rural areas where IPS specialists are geographically separate with one IPS specialist at each site, the IPS specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the IPS specialist with activities such as taking someone to work or picking up job applications.	At least 1 full-time IPS specialist and a team leader form a vocational unit with weekly client-based group supervision based on the IPS supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.

*Oregon guidance: Rating adjusted down from SAMHSA IPS Scale of 2.0 FTE per team. Per OAR 309-019-0280 (B): Case load size should not exceed more than 20:1 ratio. If case load

Subscale #2: Organization

exceeds this amount, it is recommended that the team adapt with additional staffing in attempt to ensure caseloads are manageable per evidence-based model.

5. ROLE OF IPS SUPERVISOR		1	2	3	4	5
IPS vocational unit is led by an IPS team leader. IPS specialists' skills are developed and improved through outcome-based supervision. All five key roles of the IPS supervisor are present.		One or none are present.	2 are present.	3 are present.	4 are present.	5 are present.
<p>Rationale for this item: Effective supervisors are essential for successful programs. Supervisors must have time to work alongside employment specialists to help them develop needed skills. Supervisors act as liaisons with mental health teams, Vocational Rehabilitation counselors, and others. They attempt to know most people served by the IPS team. Supervisors also set the tone for the team (e.g., hopeful, respectful) and provide ongoing quality improvement. Data source(s): MIS, INT</p>						
Metric:						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	One full-time equivalent (FTE) supervisor is responsible for <u>no more than 10</u> IPS specialists. The supervisor <u>does not</u> have other supervisory responsibilities. (Program leaders supervising <u>fewer than 10</u> IPS specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an IPS supervisor responsible for four IPS specialists may be devoted to IPS supervision half time.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Supervisor conducts <u>weekly</u> IPS supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for <u>each mental health treatment team</u> on a <u>quarterly</u> basis					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Supervisor accompanies IPS specialists, who are new or having difficulty with job development, in the field <u>monthly</u> to improve skills by observing, modeling, and giving feedback on skills (e.g., meeting employers for job development)					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Supervisor reviews current client outcomes with IPS specialists and sets goals to improve program performance <u>at least quarterly</u>					
	Total # of IPS supervisor roles that are present					
*UTD = Unable to determine						

Subscale #2: Organization

6. ZERO EXCLUSION CRITERIA	Rating	1	2	3		5
<p>All clients interested in working have access to IPS services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during IPS services too. IPS specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.</p>		<p>There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.</p>	<p>Most clients are unable to access IPS services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).</p>	<p>Some clients are unable to access IPS services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).</p>	<p>No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. IPS specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.</p>	<p>All clients interested in working have access to IPS services. Mental health practitioners encourage clients to consider employment, and referrals for IPS are solicited by many sources. IPS specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.</p>
<p>Rationale for this item: Practitioners cannot accurately predict who will be successful at work. Interest in work has been shown to be a predictor of success. Further, some people will change behaviors that cause them problems (such as substance abuse) as they begin to see how those behaviors interfere with their goals. Data source(s): DOC, INT, OBS</p>						

Subscale #2: Organization

7. AGENCY FOCUS ON COMPETITIVE EMPLOYMENT		1	2	3	4	5
Agency promotes competitive work through multiple strategies. Agency intake includes questions about the interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and IPS services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff.		1 or none is present.	2 are present.	3 are present.	4 are present.	5 are present.
<p>Rationale for this item: People who have not worked recently may not feel confident about their ability to find and keep satisfying jobs. Others may need assistance to consider how employment could be a part of their lives. Not every person will choose work, but the purpose of this item is to ensure that each person has opportunities to consider employment. Data source(s): DOC, INT, OBS</p>						
Metric:						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Agency intake includes questions about interest in employment					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Agency includes questions about interest in employment on <u>all annual (or semi-annual)</u> assessment or treatment plan reviews					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and IPS services, in lobby and other waiting areas					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at <u>least twice a year</u>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Agency measures rate of competitive employment on at <u>least a quarterly basis</u> and shares outcomes with agency leadership and staff					
Total # of competitive employment strategies that are present						
*UTD = Unable to determine						

Subscale #2: Organization

8. EXECUTIVE TEAM SUPPORT FOR IPS	1	2	3	4	5
Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with IPS implementation and sustainability. All five key components of executive team support are present.	1 or none are present.	2 are present.	3 are present.	4 are present.	5 are present.
<p>Rationale for this item: The National Evidence-Based Practice Project demonstrated that agency executive leadership is necessary to successfully implement evidence-based practices. IPS programs that had strong support from upper management were more successful implementing IPS than other programs. Data source(s): DOC, INT, OBS</p>					
<p>Metric:</p>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based IPS supported employment				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Agency QA process includes an explicit review of the IPS program, or components of the program, at least every 6 months through the use of the IPS-25 Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve IPS implementation and sustainability				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	At least one member of the executive team actively participates at IPS 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. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	The agency CEO/Executive Director communicates how IPS services support the mission of the agency and articulates clear and specific goals for IPS and/or competitive employment to all agency staff during the first six months and at least annually (i.e., IPS kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS program leader shares information about barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers				
Total # of executive team support for IPS components that are present					
*UTD = Unable to determine					

Subscale #3: Services

1. WORK INCENTIVES PLANNING	1	2	3	4	5
<p>All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes Social Security Administration (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, VA programs, etc., depending on the person's benefits.</p>	<p>Work incentives planning is not readily available or easily accessible to most clients served by the agency.</p>	<p>IPS specialist gives client contact information about where to access information about work incentives planning.</p>	<p>IPS specialist discusses with each client changes in benefits based on work status.</p>	<p>IPS specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.</p>	<p>IPS specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.</p>
<p><u>Rationale for this item:</u> Many clients report that the risk of losing benefits (especially health benefits) is their primary reason for remaining unemployed. People need access to accurate information about work incentives so that they can make informed decisions about work. Some people would like to relinquish benefits in favor of full-time employment and need information to develop a plan to go off benefits. Data source(s): DOC, INT, OBS, ISP</p>					

Subscale #3: Services

2. DISCLOSURE		1	2	3	4	5
IPS specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.		None present.	1 is present.	2 are present.	3 are present.	4 are present.
<p>Rationale for this item: One principle of IPS supported employment is that client preferences should be honored. Preferences relate not just to job type, but also to the way that services are delivered. Programs that honor client preferences help people think about the possible benefits or risks of disclosing their disability to employers. Employment specialists do not encourage clients in one direction or the other. Data source(s): DOC, INT, OBS</p>						
Metric:						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists <u>do not</u> require all clients to disclose their psychiatric disability at the work site in order to receive services					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. IPS specialists describe how disclosure relates to requesting accommodations <u>and</u> the IPS specialist's role communicating with the employer					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) <u>and</u> offers examples of what could be said to employers					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	IPS specialists discuss disclosure on <u>more than one occasion</u> (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)					
Total # of IPS specialist disclosure components that are present						
*UTD = Unable to determine						

Subscale #3: Services

3. ONGOING, WORK-BASED VOCATIONAL ASSESSMENT	1	2	3	4	5
<p>Initial vocational assessment occurs over 2-3 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. 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, from family members and previous employers.</p>	<p>Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.</p>	<p>Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs, agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).</p>	<p>IPS specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, etc., and do not routinely analyze job loss (or job problems) for lessons learned.</p>	<p>Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. IPS specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems, and job successes. They do not document these lessons learned in the vocational profile, OR The vocational profile is not updated on a regular basis.</p>	<p>Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. 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, from family members and previous employers. IPS specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems, and job successes.</p>
<p><u>Rationale for this item:</u> Standardized vocational tests, work samples and situational assessments (work try-outs) are not good predictors of job success for people who have serious mental illnesses. Instead, what does work is individualized job searches that take into account each person's preference for type of work, hours of work, job location, job environment, type of job supports, and other factors. Employment specialists review each person’s work history to understand what has worked, or not worked, for the person on previous jobs. Additional information from family and treatment providers can help to further individualize the plan with information about the person's illness, substance use disorder, best time of day, situations in which the person excels, and interests. Data source(s): DOC, INT, OBS, ISP</p>					

Subscale #3: Services

4. RAPID JOB SEARCH FOR COMPETITIVE JOB	1	2	3	4	5
Initial employment assessment and first face-to-face employer contact by the client or the IPS specialist about a competitive job occurs within 30 days (one month) after program entry.	First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average 271 days or more (>9 mos.) after program entry.	First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.	First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.	First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.	The program tracks employer contacts and the first face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average within 30 days (one month) after program entry.
<p>Rationale for this item: Some people have tried other vocational programs that required them to participate in work readiness groups or work adjustment programs before beginning a job search. Many people report that this process was frustrating or demeaning and that they never engaged in the job search. In contrast, a rapid job search focuses on what clients say they want to do--become employed at a regular job. Data source(s): DOC, INT, OBS, ISP</p>					

5. INDIVIDUALIZED JOB SEARCH	1	2	3	4	5
IPS specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.	Less than 25% of employer contacts by the IPS specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.	25 - 49%	50 - 74%	75 - 89%	IPS specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, IPS specialists provide information about a range of job options in the community.
<p>Rationale for this item: Every person is more likely to succeed at work (regardless of disability status) if they find a job that they enjoy and is a good fit for their skills. Employment specialists attempt to help people find jobs that maximize their strengths and minimize potential problems. For example, if a person enjoys talking with people, the employment specialist will help them explore jobs working with the public. If a person has trouble with disorganized thoughts, the employment specialist will avoid jobs that require multi-tasking. Employment specialists help people consider positions based on what they most enjoy doing, what time of day is best, what has contributed to success in the past, etc. Data source(s): DOC, INT, OBS, ISP</p>					

Subscale #3: Services

6. JOB DEVELOPMENT – FREQUENT EMPLOYER CONTACT	1	2	3	4	5
<p>Each IPS specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an IPS specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. IPS specialists use a weekly tracking form to document employer contacts.</p>	<p>IPS specialist makes less than 2 face-to-face employer contacts that are client-specific per week.</p>	<p>IPS specialist makes 2 face-to-face employer contacts per week that are client-specific, OR Does not have a process for tracking.</p>	<p>IPS specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the IPS supervisor on a monthly basis.</p>	<p>IPS specialist makes 5 face-to-face employer contacts per week that are client specific, and uses a tracking form that is reviewed by the IPS supervisor on a weekly basis.</p>	<p>IPS specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, IPS specialist uses a tracking form that is reviewed by the IPS supervisor on a weekly basis.</p>
<p>Rationale for this item: Developing employer relationships is an essential step for helping many people obtain jobs. This item ensures that employment specialists allocate time each week to connect with employers. Data source(s): DOC, INT, OBS</p>					

7. JOB DEVELOPMENT – QUALITY OF EMPLOYER CONTACT	1	2	3	4	5
<p>IPS specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the IPS program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each IPS, then calculate average and use the closest scale point.)</p>	<p>IPS specialist meets employer when helping client to turn in job applications, OR IPS specialist rarely makes employer contacts.</p>	<p>IPS specialist contacts employers to ask about job openings and then shares these “leads” with clients.</p>	<p>IPS specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.</p>	<p>IPS specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths, and asks employers to interview clients.</p>	<p>IPS specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the IPS program offers to the employer, describe client strengths that are a good match for the employer.</p>
<p>Rationale for this item: Employment specialists are more likely to help clients find employment if they first take time to understand the needs of each business and the preferences of each business manager or owner. They do that by scheduling time to talk to employers about their businesses. By using this approach, employment specialists view employers as customers and try to introduce only those candidates they believe will be a good fit for the business. Data source(s): DOC, INT, OBS</p>					

Subscale #3: Services

8. DIVERSITY OF JOB TYPES	1	2	3	4	5
IPS specialists assist clients in obtaining different types of jobs.	IPS specialists assist clients obtain different types of jobs less than 50% of the time.	50 - 59%	60 - 69%	70 - 84%	IPS specialists assist clients obtain different types of jobs 85-100% of the time.
<p>Rationale for this item: In order to help clients find jobs related to their interests, strengths, needs, and experiences, the IPS supported employment team must be able to help clients obtain employment in a wide range of job types. Data source(s): DOC, INT, OBS, ISP</p>					

9. DIVERSITY OF EMPLOYERS	1	2	3	4	5
IPS specialists assist clients in obtaining jobs with different employers.	IPS specialists assist clients obtain jobs with the different employers less than 50% of the time.	50 - 59%	60 - 69%	70 - 84%	IPS specialists assist clients obtain jobs with different employers 85-100% of the time.

Rationale for this item: Employment specialists work with a range of employers so that they can help clients find jobs related to their interests. They avoid placing a large number of clients in one business because they want to help clients assimilate into their work environment like any other worker, and because they want to honor client preferences. In some cases, an employment specialist might decline an employer's request to refer more clients to his business. On the other hand, employment specialists may sometimes encourage an employer to hire more than one client in order to honor client preferences (this is especially true in rural areas). **Data source(s):** DOC, INT, OBS, ISP

10. COMPETITIVE JOBS	1	2	3	4	5
IPS specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., transitional employment positions. Competitive jobs pay at least minimum wage, are jobs that anyone can apply for 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.)	IPS specialists provide options for permanent, competitive jobs less than 64% of the time, OR There are fewer than 10 current jobs.	65 - 74%	75 - 84%	85 - 94%	95% or more competitive jobs held by clients are permanent.

Rationale for this item: Most clients say that they are interested in competitive jobs, rather than sheltered work, set-aside jobs, or volunteer jobs. Therefore, IPS supported employment programs focus on competitive employment. **Data source(s):** DOC, INT, OBS, ISP

Subscale #3: Services

11. INDIVIDUALIZED FOLLOW-ALONG SUPPORTS	1	2	3	4	5
<p>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., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and IPS specialist. IPS specialist also provides employer support (e.g., educational information, job accommodations) at client's request. IPS specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.</p>	<p>Most clients do not receive supports after starting a job.</p>	<p>About half of the working clients receive a narrow range of supports provided primarily by the IPS specialist.</p>	<p>Most working clients receive a narrow range of supports that are provided primarily by the IPS specialist.</p>	<p>Clients receive different types of support working for a job that are based on the job, client preferences, work history, needs, etc. IPS specialists provide employer supports at the client's request.</p>	<p>Clients receive different types of job support based on the job, client preferences, work history, needs, etc. IPS specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The IPS specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.</p>
<p>Rationale for this item: Helping people achieve success at work is just as important as helping people find jobs. People are more likely to maintain employment if job supports are tailored to each person's strengths, job environment, needs, work history, preferences for support, or other factors. Employment specialists think about the way that the person's strengths will help them succeed on the job, but also try to anticipate possible problems. Data source(s): DOC, INT, OBS, ISP</p>					

12. TIME-UNLIMITED FOLLOW-ALONG SUPPORTS	1	2	3	4	5
<p>IPS specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. IPS specialists contact clients within 3 days of learning about the job loss.</p>	<p>IPS specialist does not meet face-to-face with the client after the first month of starting a job.</p>	<p>IPS specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.</p>	<p>IPS specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.</p>	<p>IPS specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.</p>	<p>IPS specialist has face-to-face contact during the week before, and within 3 days after, starting a job; weekly for the first month; and averaging at least monthly for a year or more, for clients working steadily and who desire contact. Clients achieving steady employment subsequently transition to step down job supports from a mental health worker. IPS specialist contacts clients within 3 days of hearing about the job loss.</p>
<p>Rationale for this item: There is some evidence that job loss is most likely to occur soon after a job start. Also, many people report that jobs are more stressful in the beginning. Therefore, employment specialists are encouraged to offer more face-to-face supports to clients who have recently become employed. Over time, as</p>					

Subscale #3: Services

clients have been working steadily and report job satisfaction, it may be possible for the mental health practitioners to provide job supports. **Data source(s):** DOC, INT, OBS, ISP

13. COMMUNITY-BASED SERVICES	1	2	3	4	5
Employment services such as engagement, job finding, and follow-along supports are provided in natural community settings by all IPS specialists. (Rate each IPS specialist based upon their total weekly scheduled work hours, then calculate the average and use the closest scale point.)	IPS specialist spends 30% time or less in the scheduled work hours in the community.	30 - 39%	40 - 49%	50 - 64%	IPS specialist spends 65% or more of total scheduled work hours in the community.
<p>Rationale for this item: Research has demonstrated that providing services in the community leads to better outcomes. This may be because an effective method for helping people find jobs involves employer visits by employment specialists and clients. Further, many clients prefer to meet in the community because that is convenient. Employment specialists learn about their clients by seeing them at home and in the community. Data source(s): DOC, INT, OBS</p>					

14. ASSERTIVE ENGAGEMENT AND OUTREACH BY INTEGRATED TREATMENT TEAM	1	2	3	4	5
Service termination is not based on missed appointments or fixed time limits Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by IPS specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue IPS services, the team stops outreach.	Evidence that 2 or less strategies for engagement and outreach are used.	3 or less strategies for engagement and outreach are used.	4 or less strategies for engagement and outreach are used.	5 or less strategies for engagement and outreach are used.	Evidence that all 6 strategies for engagement and outreach are used.
<p>Rationale for this item: Failure to attend appointments with an employment specialist does not necessarily indicate that a person is no longer interested in employment. Missed appointments may be a result of anxiety about working, trouble remembering appointments, difficulty getting to appointments, family commitments, loss of hope that a job will be found, etc. Employment specialists should work with the integrated team and family members (with permission) to try to determine what is getting in the way of appointments, and to help the person manage problems that are interfering with the employment plan. Data source(s): MIS, DOC, INT, OBS</p>					

Metric:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Service termination is not based on missed appointments or fixed time limits
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Systematic documentation of outreach attempts
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Engagement and outreach attempts made by integrated team members
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Multiple home/community visits
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Coordinated visits by IPS specialist with integrated team member
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTD*	Connect with family, when applicable
Total # of integrated treatment team assertive engagement and outreach components that are present	