

Working Together

An IPS and ACT Guide

Members of the Assertive Community Treatment (ACT) Committee of the Individual Placement and Support (IPS) Learning Community developed these guidelines based on their experiences with both ACT teams and IPS teams. These recommended standards may apply to a variety of other teams such as coordinated specialty care teams for early psychosis and assertive community outreach teams.

1 Develop a Culture of Work

ACT teams develop a culture to support individualized paths of recovery. Rather than using a crisis response orientation, staff discuss functional roles such as worker/student for the people they serve. They create a culture of hope in which the intensive supports of the IPS specialist help service recipients develop the confidence and skills needed to reach their vocational potentials. IPS was developed for and has been proven effective with people with serious mental illness, and therefore is the best vocational model for ACT teams to adopt. Witnessing people going to work and doing well helps team members believe in the work possibilities of the people they serve. When people have set-backs and learn from their experiences, team members see the value of work in recovery.

The IPS specialist and the ACT team lead address the topic of vocation at every team meeting. They ask about each ACT participant's interest in work and suggest how a person's interests and skills may transfer to the workplace. They ask about further education to build knowledge and skills for desired employment. The IPS specialist shares work successes with the team. At least monthly, the team talks about an employed person they serve. *What seemed to help the person succeed? Why do team members think work is important to this individual? Why is employment important for this person?* They highlight how team members helped the person work – everyone shares in success.

Bulletin boards are useful tools to display information about people going to work and school. Place the bulletin board in a location for all staff and ACT participants to see.

The ACT team lead tracks the rate of competitive employment and the team uses the outcomes to set goals for increased rates. For example, in quarter 1, 2017, Oregon had 26 ACT teams with an overall competitive employment rate of 11%. The rates of the top four teams were: 44%, 33%, 27%, and 24%. The rates of the bottom four teams were: 0%, 0%, 0%, and 0%. What were the teams doing differently? ACT team leaders share employment rates with their agency executive directors.

2 Protect the Role of the IPS Specialist on the ACT Team

(Generalists vs. Specialists)

The IPS specialist, the psychiatrist and the nurse have specialist roles. Based on research findings, the IPS specialist focuses on employment and education to achieve good outcomes. The team has the responsibility to protect the IPS specialist from tasks and assignments that are not vocationally related. As with the role of the IPS specialist on any clinical team, the IPS specialist spends at least 96% of their time providing employment services. The IPS specialist, similar to all specialists, must maintain good boundaries when asked to assist with non-vocational needs of the ACT participants. The team leader and other team members determine who else on the team will assist instead. When IPS specialists clearly communicate their role, ACT teammates are respectful and considerate of the IPS specialists' responsibilities.

IPS specialists may underestimate the amount of time that they actually spend on non-vocational activities. To maintain a focus on providing employment services, IPS specialists make their schedule in advance (one week) as much as possible.

An exercise that helps to clarify time is to ask the IPS specialist to review the past two weeks using their daily calendar to determine the employment services they delivered as well as the non-employment services.

3 Train the ACT Team Lead and ACT Staff on IPS

State leaders ensure that all ACT teams and all IPS units receive ACT and IPS service integration training. Additionally, ACT team leads and IPS supervisors are cross-trained. When a state office of behavioral health offers both ACT and IPS training, they provide basic ACT training to the IPS supervisors and involve ACT team leads in regional IPS trainings around the state. Presentations and discussions are effective methods to educate and promote integrated services.

When ACT team leads are trained on IPS, information on building employer relationships is emphasized. Afterwards, in pairs, the IPS supervisor and the ACT team lead conduct job development together to help the ACT team lead experience this method of job development. State leaders convey the expectation that the ACT team lead is responsible for training the ACT team about IPS, including field mentoring for employer relationship building. The ACT team lead provides team-focused training so that the psychiatrist and case managers understand and support the model.

4 Models of Supervision for ACT IPS Specialists

Act Team Lead, IPS Supervisor

The ACT IPS specialist receives ACT supervision from the ACT team lead and IPS supervision from the IPS supervisor. The IPS specialist is a full member of both teams, i.e., attending weekly and group IPS supervision and attending daily ACT team meetings. If the IPS specialist is part time on the team, the IPS specialist attends at least two ACT team meetings per week. Through this organizational structure, the IPS specialist garners IPS vocational support from the IPS team and ACT clinical support from the ACT team. On a monthly basis, they provide supervision together. When an ACT team and IPS unit are part of the same agency and the ACT team lead has IPS experience, skills, and commitment, we recommend that the ACT team lead is the administrative supervisor of the ACT IPS specialist. Otherwise, the IPS supervisor is the administrative supervisor of the ACT IPS specialist.

5 Caseload Size of ACT IPS Specialist

The caseload size is 20:1 for IPS specialists. While the caseload size is calculated differently on the ACT fidelity scales (Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) and Tool for Measurement of Assertive Community Treatment (TMACT)), based on caseload for the whole team it is possible to meet both the IPS and ACT caseload standards. Similar to the psychiatric care provider who is not bound to the 10:1 ratio because of specialization, the ACT IPS specialist focuses on employment and education. People who express interest, or even marginal interest, in work and/or school are on the IPS caseload. The IPS specialist connects with people on the caseload at least monthly, understanding that some participants disengage and then reengage.

The ACT IPS specialist, in coordination with the rest of the ACT team, attempts to engage the majority of ACT service recipients to explore interests and ideas about work and/or school. *What would be the benefits of having a job? What would it be like to have a job 5 hours a week or 10 hours a week? What kind of job would be a good fit for you? Who do you admire who has a job? How could further schooling help you prepare for the job you want?* The ACT IPS specialist caseload is likely to be small initially (e.g., 10 participants) while engaging people around work, school, and certificate programs.

6 Engage ACT Service Recipients in Work or School

Phone calling is one of the easiest ways to do outreach, but it is also one of the least successful ways, though sometimes yielding results. Another method of outreach is when IPS specialists volunteer to drop off medications or provide transportation for service recipients and discuss employment/education. Although these tasks do not appear to be employment related, the face-to-face contact gives the opportunity to discuss interests/skills, employment, and vocational support. The IPS specialist attempts to build rapport with people who are unsure about considering work or further education or training. The IPS specialist introduces ACT participants who are unemployed to people who are employed and helps to facilitate a discussion. All ACT practitioners talk to people about work/school. They ask ACT participants, "What did you do yesterday morning? What about in the afternoon? Evening? Is this how you want to spend your time? What would you like to be doing three years from now?" The team asks all ACT participants about work and school periodically with the understanding that some people may not be interested due to their age or other individual circumstances.

ACT peer specialists meet with participants to encourage further exploration about interest in work or school. The ACT peer specialist serves as a role model of someone who has lived with behavioral health challenges and has moved forward in recovery through work. The peer specialists may share their personal stories of going to work, even going off benefits if that is the case.

The IPS career profile is part of the ACT comprehensive assessment. The assessment includes questions about work and school.

The ACT IPS specialist provides access to benefits planning for people who are unsure about work. People need accurate and comprehensive information about benefits in order to make decisions about obtaining employment.

The ACT team lead tracks engagement and interest in employment and/or education by using a spreadsheet during daily ACT team meetings. The spreadsheet lists each ACT participant's name and six to seven important domains, including employment status and interest/engagement in thinking about work or school. The ACT team lead checks off the domains that apply to each service recipient and uses the information for service planning.

8 ACT IPS Specialist Responsibilities

ACT IPS specialists carry out all responsibilities as outlined on the service section of the IPS fidelity scale. They engage participants around work and school, make referrals for benefits counseling as needed and requested, build an employer network by making six contacts per week with hiring managers, assist participants gain competitive employment and education, and provide individualized, time-unlimited follow-up supports. Decisions about when people transition off the IPS caseload are made when the individual has demonstrated ability to work with natural supports (e.g., family, friends, work colleagues). Transition planning occurs in discussions over time including how the participant wants and needs support. Participants continue with the same IPS specialist to avoid disruptions caused by staffing changes.

7 IPS Specialist Staffing on ACT Teams

ACT teams serving 50 participants have 1 full-time equivalent (FTE) IPS specialist. Teams with 75 participants have 1.5 FTE IPS specialists and teams with 100 participants have 2 FTE IPS specialists.

9 Goal Setting

State leaders may consider establishing paid performance goals for agencies with ACT participants who are working. For example, a state may have a goal of 10% of ACT participants working part time or full time, or receiving IPS. State leaders adjust goals as more people gain employment.

10 State Steering Committee

The function of an ACT-IPS state steering committee is to oversee and make recommendations regarding the coordination of ACT and IPS services, employment outcomes, cross training, funding, and implementation barriers. The ACT-IPS steering committee, which could be a subcommittee of the IPS steering committee or the ACT steering committee, initially meets quarterly to discuss implementation and sustainment of coordinated ACT and IPS services.