

IPS Employment Support Fidelity Report (Final)

Date: 30 January 2019

To: Odyssey House Trust Christchurch
Odyssey House Community Services
Take Charge Programme staff

From: Adel Stephenson, IPS Implementation Manager, Work Counts
Richard Bell, Fidelity Reviewer, Work Counts

Purpose:

The Ministry of Social Development is in the process of evaluating Individual Placement and Support (IPS) initiatives. There is a roadmap for staged evaluation for initiatives, including fidelity reviews to determine the design of an impact evaluation.

The IPS initiatives are initially prototypes and pre-tested by providers. This IPS fidelity review relates to the Community Youth Mental Health Service at Odyssey House in Christchurch.

The wider evaluation aims to understand the impact of IPS employment support when delivered in a New Zealand setting to different cohorts of people with mental health conditions. It is intended to provide good quality information to determine whether the initiatives should be expanded further and to capture lessons that can be used for future initiatives.

Fidelity reviews are an integral part of the Individual Placement and Support, evidence-based approach to employment support. They provide an assessment of the current level of implementation of IPS principles by independent reviewers, highlighting successes and identifying any areas for refinement and improvement.

This fidelity review at the six-month milestone of service delivery, focuses purely on exploring current practices implemented by the Take Charge Programme, around employment support in alignment to the IPS evidence base.

It is the aim of this review to establish a baseline assessment, followed by the development of a partnership improvement plan that reflects achievable goals for the Take Charge Programme to achieve at least 80% adherence to IPS practices (i.e. 100 or more on the IPS-25 fidelity scale). Fidelity scores are grouped as Not IPS Employment Support, Fair Fidelity, Good Fidelity and Exemplary Fidelity.

115 - 125	Exemplary Fidelity
100 - 114	Good Fidelity
74 - 99	Fair Fidelity
73 and below	Not IPS Employment Support

This review has been peer reviewed by Sandy Reese from the IPS Employment Centre, in the USA.

Method:

Adel Stephenson (IPS Implementation manager) and Richard Bell (Fidelity reviewer) conducted the fidelity review in Christchurch on 30 and 31 October 2018. Activities included:

- interview with the one employment consultant (EC)
- interview with the one mental health clinician, also fulfilling the role of IPS Supervisor and Programme Coordinator
- in person interviews with six young people and additional phone calls with four young people
- interviews with the Clinical Director and Manager of Youth services, Odyssey House
- interview with the Clinical Coordinator, Community Youth Mental Health Service, Odyssey House
- interview with the Service Centre Manager, Canterbury Youth Service Centre, Work and Income, Linwood

During the visit, the review team spent time at the Odyssey House site. The review team:

- observed a Take Charge programme meeting
- spent time reviewing client records with the Take Charge Programme Coordinator
- reviewed employer logs and job outcome spreadsheets
- reviewed employment supervisor supervision notes and service reports
- observed employer engagement activities with the employment consultant
- reviewed employment consultant schedule and client list.

The information collected was appraised against the criterion in the IPS-25 fidelity scale.

Summary:

Reviewers would like to acknowledge the combined efforts of the mental health clinician and the employment consultant, along with the collaborative team approach established with the Work and Income Youth Service Centre, to implement IPS practices in Christchurch.

The team have taken on the challenge of embracing IPS employment support and finding ways to establish a prototype service quickly; with limited resource and IPS expertise. They truly have a “whatever it takes” attitude and are passionate about supporting young people with their wellbeing and employment/education aspirations.

It was a privilege to spend time with the leadership team, programme staff, service partners and the young people who use the service. A common theme from the interviews showed young people found the programme accessible, commented on the easy relationship with staff and their ability to really connect with them to have their needs met.

It is our observation that the programme has a strong health lens through which employment and wellbeing interventions are delivered. This review and recommendations offer ideas for the team to bring the principles and practices of IPS employment support more strongly into the heart of the programme. Improving scores on IPS-25 fidelity scale have been found to improve employment outcomes.

The Programme scored 71/125 – *Not IPS Employment Support*. The priority items highlight aspects that will increase alignment with the implementation of IPS evidence-based practices.

Reviewers recommend the programme focus on the following fidelity items over the coming twelve months.

1. Integration of employment with mental health treatment: Score = 1

Aim: The employment consultant is embedded in the treatment team and employment and health treatment are coordinated. Referrals are health led and driven by the clinical supports.

Currently, the service has an employment worker and mental health clinician collaborating, but not embedded in a treatment team of people using services.

2. IPS Supervisor: Score = 1

Aim: IPS supported employment supervision focuses on meeting weekly with employment consultants to discuss client situations and identify strategies to help people in their work lives. Assisting consultants with return to work conversations, developing career profile and job search plans, checking practices against the IPS principles and accompanying consultants in the community for field mentoring.

Currently, supervision is primarily offered through a health lens, supporting the consultant to work in a mental health and youth context.

3. Vocational unit: Score = 1

Aim: In order to form a vocational unit, a programme needs to have at least two employment consultants and a supervisor. Having two people work in the same role as peers, being able to share job leads, do job development activities together and talk about client challenges and successes.

The employment team meets weekly and follows an employment focused agenda. An agenda example includes: check employment journey phases people are in; identify who to focus on in job search; areas of work people would like to pursue; strategies to secure employment in named industries; job development activities planned; job leads secured and follow up; job interviews coming up and for people in work, reviewing current support strategies in place.

The IPS supervisor facilitates this meeting and assist the team to remain focused on employer and client work.

Currently, there is one employment consultant working on his own. The employment consultant and mental health clinician collaborate on how to support young people in the programme, from a health and employment perspective.

4. Job development (Two items) – both items Score = 2

Aim: Support employment consultants to incorporate job development as part of their day to day work. There is a direct correlation with the number of face-to-face contacts made with hiring managers, and the systematic building of employer relationships, with job outcomes achieved.

Currently, the employment consultant does not track face to face meetings with hiring managers and connects with employers when young people give permission for him to work on their behalf. In IPS programmes, face to face contacts with hiring managers are tracked monthly (minimum of six-face-to-face contacts per week) and job development activities discussed at vocational unit meetings. Ongoing relationships are developed with employers to understand their business, their hiring preferences and to profile people who may potentially match what they are looking for.

It is recommended that the programme partners follow through (after considering the review) with:

- a creative session with service partners and an IPS expert to examine the current design and structural supports. The current design does not allow the programme to embed employment support within a mental health treatment team, which is the true point of difference of the IPS approach.
- following the above session, create an IPS implementation plan to build on the work done to date, to which all the parties involved must commit.
- consider adding technical assistance and implementation support to assist staff to implement the strategies outlined in the plan.

IPS EMPLOYMENT SUPPORT FIDELITY REPORT

Staffing

1. Caseload size

Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients.	Rating: 3
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Sources of Information: Employment consultant interviews, IPS programme data, IPS supervisor interviews

Rationale for this item: Research has demonstrated that caseload size is directly related to good employment outcomes. For employment consultants to have regular contact with clients, visit employers each week, provide individualised job supports, and provide services in the community, they require caseloads of 20 or fewer people.

Comments: Take Charge IPS Programme can work with up to 45 young people as part of this Prototype. At the date of this report 40 young people were participating. Reviewers discovered that the team of two people (an employment consultant and mental health clinician) support all 40 people, with the employment consultant supporting 19 people more intensively, with around ten people having infrequent contact.

Contact hours varied from 25 minutes to 8.5 hours within a month. The mental health clinician had oversight of the total group, with varying levels of input. Working with this group is quite fluid and as a young person decides to pursue employment or education, the employment consultant will start working with them alongside the mental health clinician. This means that the caseload of 29/40 can technically increase to 40 at any time and is not aligned to having a discrete caseload of 20 or fewer. It appears to be a co-working relationship between the EC and mental health clinician.

Recommendation:

- a. Ensure the employment consultant has a discrete caseload of 20 or fewer number.

2. Employment services staff

Employment specialists provide only employment services.	Rating: 3
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Sources of Information: Employment consultant interviews, Client interviews, Client record reviews, Mental health clinician interviews

Rationale for this item: Practitioners who have broad roles often focus on all the person's needs and do not have time to build relationships with employers or focus on other IPS activities. In IPS, employment consultants occasionally help the mental health treatment team, for example, by delivering medications while visiting a client. But a full-time consultant does not spend more than one to two hours per week on non-employment related activities.

Comments: The intent and purpose of the Take Charge IPS Programme is to provide young people with access to a team of experienced staff that can assist with wellbeing, health, employment and education goals. They work closely with the young person to identify what matters most and look to address needs. The employment consultant along with the mental health clinician are dedicated to this work and often provide support outside their core roles.

The focus here is on exploring how much time the employment consultant has available to offer specialist employment and education support. Responding to needs and working with limited resource, the employment consultant also helps with housing; shopping, clothing, nutrition and attends the five group sessions at each intake. It is estimated that around 10 hours per week is spent on activities outside of employment and education activities. The team takes a strong client centred

approach and believe the interventions ultimately support the employment and education aspirations.

Recommendations:

- a. Ensure that employment consultant maximises employment and education support.
- b. Consider in future design the option of a support worker type role as part of the programme team, assisting with a range of tasks so the employment consultant and clinician can remain within the scope of their roles; or strengthen collaboration with other providers who can offer case management and/or support worker type services.

3. Vocational generalists

Each employment 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. (Note: It is not expected that each employment specialist will provide benefits counselling to their clients. Referrals to a highly trained benefits counsellor are in keeping with high fidelity, see Item # 1 in “Services”.)	Rating: 3
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Sources of Information: Employment consultant interviews, Client interviews, IPS supervisor interview, MSD Design team member

Rationale for this item: During research studies, people were most likely to drop out of services when asked to transfer from one employment consultant to another, for example when different people provided different parts of the employment service. Many clients value the relationship that they form with the employment consultant and do not want to transition to new team members. It is preferable for employment consultants to directly meet with people from the start and deliver all phases of the employment journey.

Comments: The Take Charge Coordinator (also the mental health clinician), conducts an intake appointment for all people who are interested in the programme, and then assigns clients who wants to look for work or pursue education, to the employment consultant. Although this provides the coordinator with an opportunity to meet all new people, they must attend an extra appointment before engaging with the employment consultant. Another approach to meeting most of the young people served by the team, is to meet together with people interested.

This Prototype differs from other IPS programmes, as referrals are not generated from within an integrated clinical team but generated by Ministry of Social Development (MSD) National office initially; and then the list of potential participants are followed up by the local Work and Income Youth Centre team from Linwood, to make contact. The Youth Service Centre team have used a range of strategies to engage youth and promote the opportunity. They re-visited people on the list at new participant intakes.

The Take Charge Programme Coordinator meets with young people interested, to talk about the programme and offer the opportunity to take part. As part of the conversation, the Coordinator talks about the chance to explore education and work goals and help to address health concerns within a supportive environment. It is a voluntary process. When the young person agrees, a consent form is signed, and they enrol in the five group sessions. Attendance is not mandatory, however one person opted not to participate in the group sessions.

Alongside group sessions, the mental health clinician will complete an individual clinical assessment and if the person wants employment support, will introduce them to the employment consultant. This introduction can occur at the group sessions as the employment consultant attends the five sessions, or somewhere along the way as connections occur with the mental health clinician. At the

first meeting, the employment consultant and young person will look to establish rapport and further identify their employment or education goals. The employment consultant is not involved in the intake process.

Group sessions are not commonly provided as part of an IPS programme.

Recommendations:

- a. Alter the intake process so that each person has their initial appointment with both Take Charge team members, therefore meet directly at the outset with the person who will provide the employment and education support.
- b. Include a Vocational Profile as part of the planning phase, to strengthen the process of choosing the right job and education pathway.

Organization

1. Integration of rehabilitation with mental health through team assignment

<p>Each employment specialist is attached to one or two mental health treatment teams from which at least 90% of the specialist’s caseload is comprised.</p>	<p>Rating: 1</p>
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Sources of Information: Employment consultant interviews, Mental health clinician interviews and Odyssey House leadership team

Rationale for this item: Employment consultants are asked to coordinate services with mental health clinicians, Work and Income team members, and families (with client permission). Coordination of services can become overly cumbersome if employment consultants are asked to work with more than one to two mental health treatment teams.

Comments: The Take Charge programme is staffed by two team members. The mental health clinician is the Programme Coordinator, and the IPS Supervisor. The mental health clinician and employment consultant form a dedicated unit to deliver wellbeing and employment support.

The employment consultant only works with young people referred to the IPS prototype programme. Referrals are generated by Work and Income and then contact is established to offer young people the opportunity to participate. The programme helps to address mental health wellbeing issues and support youth to explore employment and education aspirations. The programme offers five group sessions (understanding anxiety and depression, goal setting - importance of structure/routine, conflict resolution/communication skills, recognizing problematic alcohol and drug use) alongside individual support from the mental health clinician and/or the employment consultant. Support is available up to May 2019. Nineteen of the 40 participants receive more frequent support around employment and education.

The mental health clinician is part of a clinical team; receiving peer support and advice from Odyssey House Youth Mental Health treatment team. She attends their weekly meeting to discuss concerns. The Youth Mental Health treatment team does not hold clinical responsibility for the young people enrolled in the programme. The mental health clinician holds clinical responsibility for some of the young people.

Young people enrolled in the programme have varying levels of clinical support and receive treatment in the community; they are in receipt of benefit support associated with their mental health and addiction conditions.

MSD categorisation place this cohort in mild to moderate experience of ill health. They may have historically received specialist treatment, may have a connection with, for example, an anxiety disorder clinic or may have connection with their GP. The mental health clinician assesses what clinical supports are in place, will offer additional supports where appropriate, seek advice from the Youth Mental Health treatment team for guidance and facilitate access where required. Where robust

treatment supports are in place, the mental health clinician will take less of a role and only have programme participation oversight. It does not appear that clinical responsibility always lies with the Take Charge Programme mental health clinician. In some instances, it is more of a coordinator, monitoring and facilitation role.

Recommendation:

- a. To be aligned with IPS principles, employment consultants must be integrated with mental health treatment team that holds clinical responsibility and refers people directly to a programme. This programme has a peer support relationship with the Odyssey House Youth Mental Health service, however the clinicians are not referring to the service programme and the employment consultant is not integrated with this team. The point of difference for this Prototype is that referrals are generated from outside the health treatment team. To score well on this item, the employment consultant would need to be integrated with the mental health treatment team that holds clinical responsibility.

2. Integration of rehabilitation with mental health through frequent team member contact

<p>Employment 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. Employment 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 are integrated in a single client chart. Employment specialists help the team think about employment for people who have not yet been referred to supported employment services.</p>	<p>Rating: 1</p>
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Sources of Information: Employment consultant interviews, Client record reviews, Mental health clinician interviews, Observation of mental health treatment team meeting

Key:

- Checked boxes indicates criteria met*
- Unchecked boxes indicated criteria not yet met*

- Employment consultant attends weekly mental health treatment team meetings.
- Employment consultant participates actively in treatment team meetings with shared decision-making.
- Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client’s mental health treatment record.
- Employment consultant’s office is in close proximity to (or shared with) their mental health treatment team members.
- Employment consultant helps the team think about employment for people who haven’t yet been referred to supported employment services.

Rationale for this item: Frequent contact between providers ensures that all team members work together to help young people with their employment and education goals. When good integration of services exists, youth do not receive conflicting messages from different practitioners. Examples of good integration include case managers sharing information about a person's coping strategies, employment consultants sharing information about a person's new job. Mental health clinicians and employment consultants celebrate successes together.

Comments: The Take Charge team (one mental health clinician and one employment consultant) are employed by the same organisation and viewed as a discrete and separate unit. They share the same office and record their interventions in one electronic record named Pua. They meet weekly on a

Friday to discuss all clients, including people supported by both staff, and the rest of the participants for general updates. They discuss mental health and employment interventions, progress and next steps.

Reviewers did not observe the employment consultant helping the mental health clinician think about employment for those not yet co-worked, however it was evident that the team has formal and informal opportunities to discuss young people and changes in needs, as they occur.

The mental health clinician has access to the Youth Mental Health Service multi-disciplinary meeting (MDT) on a weekly basis, on a Monday. The purpose of this, is to have a platform to discuss any clinical concerns or issues currently faced by young people supported in the programme. The clinical team provides advice and peer support but does not share clinical responsibility. With consent, the mental health clinician directly liaises with young people's GP's, other specialists' or agencies that may be part of the person's treatment team, for example the eating disorder clinic. She also has access to a psychiatrist for consultation. The mental health clinician reported that relationships can be strengthened with GP's as a future improvement.

This means that the Take Charge team are organised in a way that supports great collaboration, however the vocational unit is not integrated with the treatment team, and the employment consultant is one step removed from directly working with health supports that carry clinical responsibility. The current design and where referrals come from means that the programme can score no more than one on this item.

Recommendations:

- a. The Programme currently has one weekly meeting to review all participants enrolled, discussing both employment and health updates. A recommendation is to develop a separate agenda for the mental health and employment focus areas. For example – an employment focused agenda will review the employment consultant's discrete caseload. It will monitor the employment phases people are in, keeping an eye on rapid job search and strategies to assist people in job search to progress as well as discussing people in work, reviewing job supports in place and how to manage concerns. The health team agenda consider who is not yet engaged in the employment or education and discuss what health and wellbeing strategies can support working or learning. Usually these conversations occur with either the IPS Supervisor with an employment lens front of mind and the health conversation with the mental health clinician with a clinical supports and wellbeing lens. In this programme, the mental health clinician has multiple roles and therefore conversations around employment can be strengthened around the technical aspects of supports offered.
- b. Consider the employment consultant attendance at the Peer MDT meeting with the mental health clinician to learn about health interventions and to discuss clients of concern. The purpose of client discussions is to identify strategies that will support securing and retaining work.

3. Collaboration between employment specialists and Work and Income staff

The employment specialists and Work and Income staff have frequent contact to discuss shared clients and identifying potential referrals.	Rating: 5
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Sources of Information: Employment consultant interview, Work and Income supervisor interview, IPS supervisor interview

Rationale for this item: Improved collaboration between Work and Income and IPS programmes results in better outcomes. Clients benefit from the wider range of services and expertise available when they have access to both systems.

Comments: The Take Charge IPS Programme has a collaborative relationship with the Work and Income Youth team at Linwood Centre. The Service Centre Manager has been actively involved in the design and monitoring of the Prototype and has a positive relationship with Odyssey House and Programme Coordinator. A team of four Work and Income Case Managers and a Work Broker make up the Youth team at Linwood. The team have reduced caseloads (80 vs the usual 120- 140 people). The Service Centre Manager has supported a culture of learning and development for this small team to build their capacity and capability to engage well with young people. A lead worker has been identified within this team to connect regularly with the Take Charge Coordinator. There is a weekly dedicated timeslot to ensure regular conversations can occur to discuss needs and supports.

The purpose of the collaboration is to support young people's wellbeing and progress towards achieving employment/education goals. Connection is by phone, email and in person. Urgent needs are discussed, advice sought, and organisation undertaken for the young person to attend Work and Income appointments. The Take Charge Programme Coordinator has a relationship management function here.

There is also a two-weekly design meeting with the MSD Design team, the Service Centre Manager and the Odyssey House team (Manager and Programme Coordinator). The intent of the meeting is to monitor referrals, address prototype design challenges, discuss progress and track barriers and interventions provided.

The team has access to the Work and Income team resources and expertise, as well as a "Flexifund" that allocates \$800 per participant. This fund can be used to support wellbeing, work or education interventions. The team has used these funds in dynamic ways to support people's goals. Examples of use: work and general clothing, work boots, nutrition appointments, metro cards (to access public transport), push bikes, driver licenses, driving lessons, petrol vouchers and cell phones. The employment consultant has less direct contact with the above structures, engaging with the Work and Income lead on a case by case basis, to access support for participants.

Young people interviewed shared that this collaboration has made a big difference in getting their needs met. There was high value placed on the programme having a direct relationship with Work and Income staff and being able to navigate systems to assist with individual circumstances and needs.

Recommendation:

- a. IPS Take Charge Programme leaders and Work and Income team lead: Programme Coordinator to attend meetings with Work and Income along with the employment consultant. In conversation with the Service Centre Manager it was identified that a monthly meeting of the two teams to continue to build strong collaborative relationships, and share information about Work and Income supports, celebrate successes or to discuss shared issues would be of benefit.

4. Vocational unit

<p>At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.</p>	<p>Rating: 1</p>
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Sources of Information: Employment consultant interview, IPS supervisor/mental health clinician interview

Rationale for this fidelity item: A unit of people who perform the same work has the advantage of sharing ideas and resources with each other. In contrast, a single employment consultant has no one to help them learn skills such as job development. Further, an employment consultant who does not

have access to peers for support and problem solving is more likely to revert to the provision of case management services.

Comments: The IPS Prototype only has one employment consultant, it therefore cannot score higher than a one unless there are two or more employment consultant roles.

The mental health clinician holds multiple roles, including:

- Take Charge Coordinator (Reporting and programme monitoring)
- Relationship manager Work and Income
- Mental Health clinician
- IPS Supervisor, supporting the employment consultant. The mental health clinician can provide general support and oversight but does not provide employment interventions for this group or specific IPS technical support for the employment consultant.

Recommendations:

- a. Odyssey House leadership team: Develop a full or part-time IPS supervisor position to ensure that the supervisor has time to learn about strategies to help people in their employment journeys, capacity to engage in field mentoring for employer relationships and upskill in the IPS approach. This will be particularly important if this programme was to expand according to IPS principles. Employment consultants require IPS technical supervision as well as generic supervision and oversight, to refine their skill set and build competence.
- b. IPS supervisor: As part of the weekly meetings ensure key employment focused agenda items are included, for example: review plans of young people currently in job search and the employer industries to target for job development, discuss job leads and follow up steps required. Review in-work support plans and what employment interventions is required to help young people thrive in work or continue their career development.
- c. Two employment consultants and an IPS supervisor forms a vocational unit. All team members are focused on helping people referred to the programme with their employment and education goals.

5. Role of employment supervisor

Supported employment unit is led by a supported employment team leader. Employment specialists’ skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present.	Rating: 1
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Sources of Information: Employment consultant interview, IPS supported employment (SE) supervisor/mental health clinician interview, Review of IPS team goals and outcome reports

Key:

- Checked boxes indicates criteria met*
- Unchecked boxes indicated criteria not yet met*
- One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment consultants. The supervisor does not have other supervisory responsibilities. (Programme leaders supervising fewer than 10 employment consultants may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for four employment consultants may be devoted to SE supervision half time.)
- Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.
- 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 clinicians) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis. Not applicable

- Supervisor accompanies employment consultants, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modelling, and giving feedback on skills, e.g., meeting employers for job development.
- Supervisor reviews current client outcomes with employment consultants and sets goals to improve programme performance at least quarterly.

Comments: This fidelity item focuses on specific practices that are helpful to employment support programmes. It is not a reflection of the supervisor's skill level but may be an indicator of other issues such as having too many additional responsibilities, which is likely to impact key components.

The Take Charge Prototype has the mental health clinician fill multiple roles as already discussed. As the mental health clinician, the worker is responsible for 40 young people - working alongside them and with whatever clinical supports are in place to achieve wellbeing goals. It is challenging to fulfil multiple roles and functions, and this creates complexity and tensions. Despite this limited resource and juggling of functions, we want to acknowledge the dedication and collaborative approach of this team of two who deliver a valuable service.

The mental health clinician is the IPS Supervisor and in this role provides support and oversight to the employment consultant. The supervision is based on general collaboration, tracking progress and discussion of employment/education interventions and does not have an in-depth focus on IPS principles. Both the employment consultant and clinician have not yet had the opportunity to participate in IPS training.

Supervision of the employment consultant is shared with the service manager. The Youth Services manager offers support and direction around staff related items and best practice, and the mental health clinician/ IPS supervisor around service delivery and interventions.

Targets have been set for the achieving employment outcomes, two paid employment outcomes per month. Employment and education outcomes are reported to the Funder (Ministry of Social Development).

Discussing and improving employment outcomes is not part of supervision conversations currently, due to it being a Prototype.

The leadership team also recognised the need to offer external supervision for the employment consultant due to working in a specialty area (young people). This is in process.

Recommendations:

- a. Consider the multiple roles held by the mental health clinician and which roles will have better alignment when grouped together. Consider what roles may need to be added to support the Prototype moving forward. This may be hiring a full/part-time supervisor for the IPS programme or adding mental health clinicians or developing capability and capacity to offer specific IPS supervision.
- b. Provide monthly field mentoring to employment consultants to refine their skills in developing relationships with employers.
- c. For new IPS Supervisors, consider enrolling in the IPS Practitioner online programme delivered by the IPS Employment Centre from the USA.
- d. Currently the employment consultant is practicing in isolation from an employment support perspective. Consider strategies where the employment consultant can connect with peers doing the same role and participate in IPS supervision.
- e. Consider enrolling the employment consultant in the IPS Practitioner online programme delivered by the IPS Employment Centre from the USA
- f. Consider accessing support for the IPS Supervisor to build capability and capacity in delivering IPS supervision.

6. Zero exclusion criteria

<p>All clients interested in working have access to employment support services regardless of job readiness factors, substance abuse, symptoms, history of violent behaviour, cognition impairments, treatment non-adherence, and personal presentation. These apply during employment support services too. Employment 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 Work and Income has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.</p>	<p>Rating: 5</p>
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Sources of Information: Employment consultant interviews, Client interviews, Mental health practitioner interviews, Work and Income interviews, Observation of the programme team meeting

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 behaviours that cause them problems (such as substance abuse), as they begin to see how those behaviours interfere with their goals.

Comments: This Prototype differs from other IPS Programmes regarding where referrals come from, as they are not from within an integrated mental health and employment team. The nature of a Prototype means it is a "test" programme and a group sample has been chosen to work with. The programme design therefore has several exclusion criteria as described below. The Ministry of Social Development (MSD) generated a list of potential participants, selected on the following criteria:

- 18-19-year-old
- Living in Canterbury, initially excluding Rangiora and Ashburton
- Youth with a mild to moderate mental health disability
- Six medical conditions selected to be included from medical certificates (depression, anxiety, alcohol or other drugs, other psychological, stress. Excluding Bi-polar, psychosis and schizophrenia as diagnostic groups).

The local Linwood Work and Income Youth team used a number of strategies to connect with people identified to promote the programme. Through the monitoring group (Odyssey House, MSD and Work and Income), several revisions occurred to support programme referrals.

During the marketing, connection and introduction phase, young people were told about the programme and the voluntary nature. Information was provided to ensure they could make informed decisions about participating or not. Once enrolled in the programme, young people could access mental health, wellbeing, employment and education support in combination or in order of what matters for them.

Reviewers did not observe overt or subtle exclusions from the mental health clinician or the employment consultant. Their practice was driven by what the young person was keen to work on.

No practices of exclusion were observed from the employment consultant or the mental health clinician, once youth were engaged in the programme.

The employment consultant said that they would work with any person who was interested in employment, regardless of diagnosis, symptoms, substance use disorder, personal presentation, decisions about mental health treatment, or other issues.

Recommendation:

- a. Odyssey House leaders and MSD Design team: Consider referral source design and how this could support a zero-exclusion approach in providing access to young people wanting to access employment and education support.

7. Agency focus on competitive employment

<p>Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programmes 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.</p>	<p>Rating: 1</p>
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Sources of Information: Employment consultant interviews, Client interviews, Mental health practitioner interviews, Agency leadership interviews

Key:

Checked boxes indicates criteria met

Unchecked boxes indicated criteria not yet met

- Agency intake includes questions about interest in employment.
- Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.
- Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas.
- 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 least twice a year.
- Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.

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.

Comments: Intake refers to having formal processes in place to ensure practice and processes supports clinicians or other integrated team members to ask about employment aspirations at entry and at regular intervals to ensure people using services have access to employment support.

In this case, there is no relevance for a team process, due to where referrals are generated from and due to current service design. The Take Charge Prototype has a specific intake process. During the five intakes, young people attended group or individual appointments to learn about the programme. This programme specifically addresses mental health, wellbeing, employment and/or education goals.

The leadership team intends to invite the Take Charge IPS Programme Coordinator to come and talk about the service in upcoming leadership meetings. There is also intent to write up some of the positive results to date to share in the organisation newsletter.

No employment support brochures or posters were observed in the office apart from a poster naming the service on the team office door and to indicate room for group sessions.

Employment and education outcomes are tracked and monthly reported to the Funder.

The Prototype was established in May 18, so still early on in establishment and service delivery, therefore, some of the above anchors cannot be scored.

Recommendations:

- a. Post information about employment and employment support in areas of the building that are visited by people who are eligible for the programme or at appropriate agency sites where people can hear about this service.
- b. Develop a plan to help people share their work stories with others at least twice a year. Written work stories could be placed in waiting areas and in newsletters.
- c. Measure the rate of competitive employment for all young people of working age with mental health conditions on a quarterly basis and share the information with agency practitioners and leaders.

8. Executive team support for SE

Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, Quality Assurance Director (QA), Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present.	Rating: 4
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Sources of Information: IPS supervisor/mental health clinician interview, Executive team members interview

Key:

- Checked boxes indicates criteria met*
- Unchecked boxes indicated criteria not yet met*

- Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.
- Agency QA process includes an explicit review of the Supported Employment (SE) programme, or components of the programme, at least every six months through the use of the 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 SE implementation and sustainability.
- At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programmes and at least quarterly for programmes that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, programme implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.
- The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kick-off, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.
- SE programme leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the programme leader identify and implement solutions to barriers.

Rationale for this item: It has been demonstrated that agency executive leadership is necessary to successfully implement evidence-based practices. IPS programmes that had strong support from upper management were more successful implementing IPS than other programmes.

Comments: The Clinical Director and Youth Services Manager of Odyssey House are both knowledgeable of the IPS approach and committed to support the Prototype. They have worked closely with the MSD Design team and Work and Income to monitor progress and operational

delivery, making changes along the way to refine the programme to support access for young people. They have developed and adapted resources, processes and recruited an employment consultant to establish this programme. Data is collected, and reporting occurs monthly to examine the programme design and results achieved to date. This collaboration and monitoring of the Prototype offers a similar function as a Steering Group. Robust monitoring and evaluation processes have occurred alongside operational roll-out including a formal evaluation by MSD evaluation team. Leadership support and commitment from both Odyssey House, MSD and Work and Income is making a difference for this target group.

Support structures in place:

- Dedicated liaison and weekly timeslot with the Work and Income team
- Two-weekly connection with Odyssey House Manager, Take Charge Programme Coordinator, Service Centre Manager and MSD Design team
- Take Charge Service Meetings with Service Manager, Programme Coordinator and employment consultant

Recommendation:

- Consider imbedding fidelity reviews in the quality assurance programme of Odyssey House. It is recommended to facilitate an additional review in six months to support imbedding IPS and to increase score to Fair fidelity. Annual reviews occur until services achieve Good Fidelity and then this can be done in 18-month cycles to maintain alignment to the IPS approach.

Services

1. Work incentives planning

<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 benefits, housing subsidies, and any other source of income. Clients are provided information and assistance about reporting earnings depending on the person’s benefits.</p>	<p>Rating: 4</p>
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Sources of Information: Employment consultant interviews, Client interviews, Mental health clinician interviews, Work and Income staff

Rationale for this item: Many people report that the risk of losing 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 favour of full-time employment and need information to develop a plan to go off benefits.

Comments: The Take Charge team has a close working relationship with the Work and Income Youth Service Centre. The “Flexifund” and Work and Income support are regularly accessed to support wellbeing, employment and education goals and needs. People are supported to declare income, and there were many examples of how the teams collaborated to support people.

Recommendation:

- As the programme evolves, more people will be in work and/or transition to other roles or varying work hours. Talk to Work and Income colleagues about providing young people with scenarios of how their overall income would be affected by various levels of earnings to inform decision making.

2. Disclosure

Employment 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 health condition.	Rating: 2
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Sources of Information: Employment specialist interviews, Client interviews

Key:

- Checked boxes indicates criteria met*
- Unchecked boxes indicated criteria not yet met*

- Employment consultants do not require all clients to disclose their psychiatric disability at the work site in order to receive services.
- Employment consultants 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. Employment consultants describe how disclosure relates to requesting accommodations and the employment consultant's role communicating with the employer.
- Employment consultants 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, etc.) and offers examples of what could be said to employers.
- Employment consultants discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.

Rationale for this item: One principle of IPS employment support is that people's preferences should be honoured. Preferences relate not just to job type, but also to the way that services are delivered. Programmes that honour people's preferences help them think about the possible benefits or risks of disclosing their health condition to employers. Employment consultants do not encourage people in one direction or the other.

Comments: The employment consultant shared a couple of examples of supporting people currently in work to talk about their health conditions and provided guidance about what to document on job application forms. It appears that support around managing personal information occurs on job placement or when issues occur when in work, rather than systematic conversations covering pros and cons, benefits of disclosing and how this may assist with securing accommodations at work.

Recommendations:

- a. Consider implementing a disclosure worksheet that will help the employment consultant talk about managing personal information (MPI) with youth. An example of such a form may be found at <https://ipsworks.org/>. Discuss MPI on multiple occasions, particularly when there is no success in securing employment or challenges to maintain jobs and thrive at work.
- b. Consider accessing training for the team around managing personal information.
- c. IPS Supervisor: monitor managing personal information activity.

3. Ongoing, work-based vocational assessment

<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>Rating 3</p>
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Sources of Information: Employment consultant interview, Client interviews, Client record reviews, Programme Coordinator interview

Rationale for this item: 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 consider each person's preference for type of work, hours of work, job location, job environment, type of job supports, and other factors. Employment consultants 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 health condition, best time of day, situations in which the person excels, and interests.

Comments: The programme does not use a comprehensive career profile. The mental health clinician completes an initial assessment and WHOQOL (World Health Organization Quality of Life) with every participant. The WHOQOL is repeated at three and six months to capture any changes. The WHOQOL measurement instruments are tools designed to measure the extent to which people, irrespective of their health status and what impersonal statistics infer, feel satisfied with their health and well-being.

All participants, but one person, attended the group sessions facilitated at intake. Sessions cover the following topics: Understanding depression and anxiety and strategies to manage; Recognizing problematic alcohol and drug use; Establishing structure and routine/Goal setting; Being your best – personal presentation and Conflict resolution and communication skills. Young people interviewed, shared how much they valued the group sessions and the connections made with their peers.

Recommendations:

- a. Develop a comprehensive profile that will be completed and updated for each person in the programme. An example of such a career profile may be found at www.ipsworks.org
- b. Include information from mental health treatment providers, family members (with permission), and others in the career profile.
- c. Complete the profile in a thorough manner. Gather information about the person's complete work history, including what they liked and disliked about jobs, and the reasons for job endings. Help the person identify trends in work history and learnings from past experiences

4. Rapid job search for competitive job

Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after programme entry.	Rating: 3
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Sources of Information: Employment consultant interview, IPS programme data, IPS Supervisor/Programme Coordinator interview

Rationale for this item: Some people have tried other vocational programmes that required them to participate in work readiness groups or work adjustment programmes 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 people say they want to do—to become employed at a regular job.

Comments: This programme does not track rapid job search. Time to first face to face contact with a hiring manager is not tracked and it appears that the employment consultant mostly assists people to make applications and/or approach employers themselves. The programme does have dates available for first face to face contact with the young person and start dates for employment. From this data, and current jobs secured, the score is estimated to be a 3. A cautionary note is to be mindful that attendance of the group sessions does not delay job search or engagement with the programme, unless this is the preference of the young person.

Recommendations:

- a. IPS supervisor: Track number of days from the client's first meeting with the employment consultant to the first in-person employer contact by either the employment consultant or client. For example, during team meetings ask employment consultant when they had a first appointment with a client. Then ask when client had a first in-person meeting with a business employee with hiring authority. Use the supervisor data tracking sheet at www.ipsworks.org to automatically calculate the days between entering the programme and making contact with employers.
- b. Make in-person contact with employers within 30 days of the first IPS appointment. Employer contact may be by the employment consultant or job seeker.

5. Individualized job search

Employment 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.	Rating: 3
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Sources of Information: Employment consultant interviews, Client interviews, Client record reviews, Mental health clinician interviews, Work and Income Service Centre Manager interview

Rationale for this item: Every person is more likely to succeed at work (regardless of health status) if they find a job that they enjoy and is a good fit for her skills. Employment consultants 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 consultant will help him explore jobs working with the public. If a person has trouble with disorganized thoughts, the employment consultant will avoid jobs that require multi-tasking. Employment consultants 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.

Comments: The employment consultant utilizes a job search tool to help young people think about employers they would like to work for and reasons for this. Each person has a job search plan with actions to progress to achieve this goal. From the file review, five out of seven people currently in work, job roles aligned with their preferences.

Recommendations:

- a. Continue to build on current practices. Ask each person about their job preferences, but also ask what about that particular job appeals to the person. Also ask if they have thought about other jobs that would meet their preferences. Suggest other types of jobs that you think the person might like.
- b. Go beyond simply asking the person what type of job they would like. Think carefully with people about their previous work experiences. The Career Profile tool can really help here. Attempt to learn what has worked for the person in the past, and what has not worked. Help the person consider jobs that might be a good fit for their personality, symptoms (if any), substance use (if any), strengths and skills. Ask what the person enjoys doing aside from work.

6. Job development - Frequent employer contact

<p>Each employment 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 employment 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. Employment specialists use a weekly tracking form to document employer contacts.</p>	<p>Rating: 1</p>
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Sources of Information: Employment consultant interviews, IPS supervisor interviews, Review of employer contact logs

Rationale for this item: Developing employer relationships is an essential step for helping many people obtain jobs. This item ensures that employment consultants allocate time each week to connect with employers.

Comments: The employment consultant supports young people to submit job applications online or in person. Most of the job development is done with the focus on the young person driving this process. The employment consultant did not indicate (on written employer contact logs) whether the contacts were with a person who had hiring authority. The employment consultant keeps track of employer contacts, but the supervisor does not regularly review the logs to help the consultant think of ways to follow-up with employers or increase number of employer contacts. Although a reviewer accompanied the consultant while he visited employers, it was clear from talking to the consultant and reviewing programme information, that the consultant makes fewer than two employer contacts per week.

Recommendations:

- a.

7. Job development - Quality of employer contact

<p>Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE programme offers to the employer, describe client strengths that are a good match for</p>	<p>Rating: 1</p>
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the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.)	
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Sources of Information: Employment consultant interview, IPS supervisor interview, Client interviews, Observation of employment consultant conducting employer contacts

Rationale for this item: Employment consultants are more likely to help people 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 consultants view employers as customers and try to introduce only those candidates they believe will be a good fit for the business.

Comments: The team have a spreadsheet with names of employers and time spent, however it is not clear if these are with hiring managers, in person contacts or via other methods. The employment consultant rarely makes employer contacts. Unfortunately, the job development activity observed during the review, was not a competitive job opportunity as the young person was supported to remain with an employer as a volunteer after the temporary job expired.

Recommendations:

- a. Be strategic about which employers to visit. Build relationships with employers based upon the people's interests and preferences for work.
- b. Schedule appointments with employers by visiting in person, rather than by phone, whenever possible.
- c. During the first appointment with the employer, focus on learning about the business and their hiring preferences. Encourage the employer to do most of the talking by asking open-ended questions and using reflections. Refrain from discussing specific job seekers unless the employer asks for help filling a job opening.
- d. As part of ongoing job development with employers and maintaining connection, ask employers to meet with a young person who is a good fit for that business, whether or not there is a job opening at the moment. This provides an opportunity to test job and employer "match" and if the information learned about the business translate to opportunities for current people being supported.
- e. Follow-up on all job applications by attempting to meet with a manager and/or helping the young person contact a hiring manager.
- f. Consider job development training for employment consultants to assist in refining this skill set. IPS Supervisors also accompany employment consultants and provide field mentoring monthly for seasoned staff, more frequently for team members new to IPS or when people want to develop their confidence and approach. IPS employment team meetings also focus on discussing approaches made, job leads secured and next steps to maintain relationships with employers or what support to provide both the employer and person in work.

8. Diversity of job types

Employment specialists assist clients in obtaining different types of jobs.	Rating: 5
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Sources of Information: Employment consultant interviews, IPS programme data, IPS supervisor interviews

Rationale for this item: In order to help people find jobs related to their interests, strengths, needs and experiences, the IPS team must be able to help people obtain employment in a wide range of job types.

Comments: Young people were securing different types of roles.

9. Diversity of employers

Employment specialists assist clients in obtaining jobs with different employers.	Rating: 5
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Sources of Information: Employment consultant interviews, IPS programme data

Rationale for this item: Employment consultants work with a range of employers so that they can help people find jobs related to their interests. They avoid placing many people in one business because they want to help people assimilate into their work environment like any other worker, and because they want to honour people's preferences. In some cases, an employment consultant might decline an employer's request to refer more people to his business. On the other hand, employment consultants may sometimes encourage an employer to hire more than one person in order to honour client preferences (this is especially true in rural areas).

Comments: Job placements are with a diverse range of employers.

10. Competitive jobs

Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (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.)	Rating: 5
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Sources of Information: Employment consultant interviews, IPS programme data, IPS supervisor interviews, Client interviews

Rationale for this item: Most people say that they are interested in competitive jobs, rather than sheltered work, set-aside jobs, or volunteer jobs. Therefore, IPS supported employment programmes focus on competitive employment.

Comments: Reviewed employment outcomes with the Programme Coordinator. 18 jobs were secured by 16 participants. One of the jobs secured was a time-limited position to provide participant with work experience. This was a paid role but set aside for a particular group. Therefore, this temporary placement is not viewed as competitive employment.

Recommendation:

- a. Continue to find competitive roles and refrain from using opportunities set aside for specific groups of people.

11. Individualised follow-along supports

<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 employment specialist. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. Employment specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.</p>	Rating: 3
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Sources of Information: Employment consultant interview, Client interviews, Client record reviews, IPS supported employment supervisor interview

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 consultants think about the way that the person's strengths will help them succeed on the job, but also try to anticipate possible problems.

Comments: Follow along supports are provided by the employment consultant, the mental health clinician, family and other agencies with consent. Supports focus on improving wellbeing as well as support in employment and education. Supports for wellbeing include access to a nutritionist, transport and attending GP appointments, facilitating family meetings, transition to other roles and gym memberships.

Due to the programme not being directly connected with a clinical treatment team, it is limited what can be offered by clinicians a step removed from the programme. The mental health clinician from Take Charge liaises with clinical supports as required.

Supports around employment has involved the employment consultant talking to young people about what to say to employers regarding health issues and managing at work or going along with them to discuss concerns. There have also been examples of family meetings to discuss options to salvage jobs. People have had some assistance with enrolling in education and one person had assistance in setting up his own business.

Recommendations:

- a. IPS supervisor: Use vocational unit meetings to discuss support plans for people who have just become employed, or who have begun to have trouble on the job. Ask the employment consultant to describe the person's strengths, work history, current symptoms (if any), substance use (if any), and supports. Help the employment consultant think about the ways that the person's strengths and supports can help with the job and try to anticipate possible problems. Brainstorm job supports to offer to the client.
- b. IPS supervisor: review records for working clients from time to time to ensure that the supports received are congruent with client needs and preferences.
- c. Include information from the mental health treatment team and family members (with permission) in the job support plan.
- d. Offer job supports that help avoid possible problems and enhance strengths, rather than a "check in" service. Talk to people about areas in which they would like to improve as workers and design job supports accordingly. Plan job supports, rather than waiting to see what happens with a person's job.
- e. Build on the current supports offered and focus on career pathway development.

12. Time-unlimited follow-along supports

Employment 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 clinician following steady employment. Employment specialists contact clients within 3 days of learning about the job loss.	Rating: 2
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Sources of Information: Employment consultant interviews, IPS supervisor interviews, Client interviews, Client record reviews

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 consultants are encouraged to offer more face-to-face supports to people who have recently become employed. Over time, as people have been working steadily and report job satisfaction, it may be possible for mental health clinicians or others to provide job supports.

Comments: The employment consultant reported ongoing connection with people in work via phone, text and face to face visits as required. Two people included in the file review had contact prior and soon after job start in person.

Recommendations:

- a. Schedule face-to-face support just before a job start and weekly for the first month of employment. In some cases, offer even more intensive job supports, for example, daily supports for a new worker.
- b. Plan job supports, rather than waiting to see if the person has problems on the job. Base job support plans on the person's work history, preferences for job supports, current symptoms, strengths, etc. Try to anticipate possible problems and design supports to avoid those problems.

13. Community-based services

Employment services such as engagement, job finding, and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours, then calculate the average and use the closest scale point.)	Rating: 2
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Sources of Information: Employment consultant interviews, IPS supervisor interviews, Mental health practitioner interviews, employment consultant work calendar

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 consultants and clients. Further, many clients prefer to meet in the community because that is convenient. Employment consultants can learn more about clients by seeing them at home and in the community.

Comments: Reviewer looked at two weeks of work activity. Week one showed 11 hours and week two showed 16 hours of work out in the community. Youth attended appointments at the Take Charge office, some appointments occurred at home or in the community. Using the formula, this item scores 2.

Recommendations:

- a. Encourage employment consultant to go out weekly with each person who is job searching to apply for jobs and follow up on applications. Encourage employment consultants to visit

- employers on their own to learn about each business's hiring preferences. This will increase time spent in the community.
- b. IPS supervisor: work with each employment consultant to spend 65% of their work week in the community. Review their planned schedule to help them think of ways to increase time in the community.
- c. IPS supervisor: provide field mentoring in the community (for engagement, career profile, job development and job supports) to model working in community settings.

14. Assertive engagement and outreach by integrated treatment team

<p>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 employment specialist with integrated team member. Connect with family, when applicable. Once it is clear the client no longer wants to work or continue SE services, the team stops outreach.</p>	<p>Rating: 4</p>
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Sources of Information: Employment specialist interviews, Client record reviews, Mental health practitioner interviews, IPS supported employment supervisor interview, Family interviews

Key:

- Checked boxes indicates criteria met*
- Unchecked boxes indicated criteria not yet met*

- 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 employment consultant with integrated team member.
- Connect with family, when applicable.

Rationale for this item: Failure to attend appointments with an employment consultant 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 consultants 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.

Comments: The team use phone, text and family connections to establish contact, as well as home visits to re-engage with the young person.

Recommendation:

- a. Document each outreach attempt. Brief documentation is fine, but include the date and strategy used to reach the person.

Staffing		
1.	Caseload size	Score: 3
2.	Employment services staff	Score: 3
3.	Vocational generalists	Score: 3
Organization		
1.	Integration of rehabilitation with mental health through team assignment	Score: 1
2.	Integration of rehabilitation with mental health through frequent team member contact	Score: 1
3.	Collaboration between employment specialists and Vocational Rehabilitation counsellors	Score: 5
4.	Vocational unit	Score: 1
5.	Role of employment supervisor	Score: 1
6.	Zero exclusion criteria	Score: 5
7.	Agency focus on competitive employment	Score: 1
8.	Executive team support for Employment Support	Score: 4
Services		
1.	Work incentives planning	Score: 4
2.	Disclosure	Score: 2
3.	Ongoing, work-based vocational assessment	Score: 3
4.	Rapid job search for competitive job	Score: 3
5.	Individualized job search	Score: 3
6.	Job development - Frequent employer contact	Score: 1
7.	Job development - Quality of employer contact	Score: 1
8.	Diversity of job types	Score: 5
9.	Diversity of employers	Score: 5
10.	Competitive jobs	Score: 5
11.	Individualized follow-along supports	Score: 3
12.	Time-unlimited follow-along supports	Score: 2
13.	Community-based services	Score: 2
14.	Assertive engagement and outreach by integrated treatment team	Score: 4
Total:		71

115 - 125 = Exemplary Fidelity

100 -114 = Good Fidelity

74 - 99 = Fair Fidelity

73 and below = Not IPS Employment Support