

Iowa Center of Excellence for Behavioral Health's

# Iowa Individual Placement and Support Fidelity Manual

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## Acknowledgements

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# TABLE OF CONTENTS

Acknowledgements..... 2

University of Iowa Indigenous Land Acknowledgement..... 2

Disclaimer ..... 2

Anti-Discrimination Policy..... 2

Public Domain Notice ..... 2

Recommended Citation ..... 2

**Preface ..... 7**

**Terminology..... 7**

    Acronyms..... 7

    Terms..... 8

**IPS Fidelity Overview ..... 10**

**IPS Fidelity Scale Summary ..... 13**

**Sources for Information ..... 14**

**Rating ..... 20**

**Fidelity Review Timeframe ..... 20**

**Fidelity Reviewer Description ..... 20**

**Missing Information ..... 21**

**Populations Served ..... 21**

**Supported Education ..... 21**

**Fidelity Report..... 21**

**IPS Fidelity Review Preparation ..... 23**

**Scheduling Fidelity Reviews ..... 23**

**Agency Contact..... 23**

**IPS Fidelity Timeline ..... 23**

**A Common Goal ..... 25**

**Information to Request..... 26**

**Fidelity Review Schedule ..... 26**



- Confidentiality** ..... 29
- Debriefing** ..... 29
- IPS Fidelity Items** ..... 30
  - Staffing\*** ..... 30
    - 1. Caseload Size\* ..... 30
    - 2. Exclusive Focus on Employment\* ..... 31
    - 3. IPS Generalists\* ..... 33
  - Organization\*** ..... 35
    - 4. Integration of IPS with Mental Health Treatment through Team Assignment\* ..... 35
    - 5. Integration of IPS with Mental Health Treatment through Frequent Team Member Contact\* ..... 36
    - 6. Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors\* ..... 41
    - 7. IPS Unit\* ..... 43
    - 8. Role of IPS Supervisor\* ..... 44
    - 9. Zero Exclusion Criteria\* ..... 49
    - 10. Agency Focus on Employment\* ..... 51
    - 11. Executive Team Support for IPS Services\* ..... 56
  - Services\*** ..... 60
    - 12. Work Incentives Planning\* ..... 60
    - 13. Disclosure\* ..... 62
    - 14. Experience-Based Career Profile\* ..... 65
    - 15. Rapid Job Search for Competitive Job\* ..... 68
    - 16. Individualized Job Search\* ..... 70
    - 17. Job Development – Frequent Employer Contact\* ..... 74
    - 18. Job Development – Quality of Employer Contact\* ..... 76
    - 19. Diversity of Job Types\* ..... 78
    - 20. Diversity of Employers\* ..... 79
    - 21. Competitive Jobs\* ..... 81
    - 22. Individualized Follow-Along Supports\* ..... 83
    - 23. Intensity and Timing of Follow-Along Supports\* ..... 88
    - 24. Community-Based Services\* ..... 91
    - 25. Assertive Engagement and Outreach\* ..... 93



**The IPS Fidelity Review** ..... 97

**Reviews When IPS Programs and Mental Health Agencies are Separate** ..... 100

**IPS Peer Specialists** ..... 102

**Consensus Scoring** ..... 103

**The Fidelity Report** ..... 106

**Assistance In Report Utilization for Program Enhancement** ..... 109

**Data Collection and Quality Improvement Processes for Good IPS Fidelity** ..... 110

**Fidelity Tools** ..... 113

**Checklist** ..... 113

        Reviewer’s Checklist for Fidelity Visits ..... 113

        Fidelity Review Information to Gather ..... 113

**Shadowing IPS Specialists** ..... 115

**IPS Fidelity Scale** ..... 116

**IPS Fidelity Scale Scoresheet** ..... 128

**Sample Fidelity Documents** ..... 132

**Sample Fidelity Review Preparation Letter** ..... 132

**Sample Records Review Form** ..... 135

**Sample Interview Questions** ..... 140

        Agency Leadership (CEO, Director, QA) ..... 140

        ARNPs/Psychiatrists/Medication Prescribers or Medical Directors ..... 141

        Benefits/Work Incentives Planner ..... 143

        Case Managers, Counselors, Service Coordinators, Therapists ..... 143

        Clients Receiving IPS Services ..... 146

        Family Members of IPS Clients ..... 149

        IPS Peer Support Specialists ..... 150

        IPS Specialists ..... 152

        IPS Supervisor ..... 161

        Mental Health Supervisor/Clinical Director ..... 165

        Vocational Rehabilitation Staff ..... 167

**Sample IPS Fidelity Report** ..... 169



Report ..... 170

Glossary ..... 195

References ..... 200

# PREFACE

Thank you for using the Iowa Individual Placement and Support Fidelity Manual. The goal of this manual is to provide a tool for understanding the fidelity scale for all stakeholder groups. Particularly, the goal is to have a resource for all Iowa IPS fidelity reviewers to perform reviews and offer scores consistently and reliably throughout the state. For example, an item score of “4” for a program at 43 North Iowa should be the same score for a similar situation at Hope Haven, Inc., Vera French, and any other Iowa IPS program.

Provided within this manual is information on the purpose of a fidelity review, planning and conducting the review, scoring the items, writing the report, and providing suggestions and assistance in implementing program improvement ideas to the agency leaders.

**[COMING SOON]** There are more resources in addition to this manual to support further training in providing an IPS Fidelity Review in Iowa. This is an on-demand course on IPS Fidelity in Iowa (link will be here). Within this course are videos, tracking sheets, sample fidelity reports, the Iowa IPS Fidelity Scale, sample IPS fidelity action plans, and a fidelity template.

Contained within portions of the manual, there are links that connect to another section within the manual. These are indicated with an \*. This includes the ability to click back and forth between the IPS scale and the rationale.

## Terminology

Individual Placement and Support is an Evidence-Based Practice sometimes referred to as “IPS”. IPS is the only evidence-based practice of supported employment for people with serious mental illness (SMI). For a more comprehensive list of terminology, please see the **Glossary**\*

## Acronyms

### Some acronyms used throughout this document are:

- ACT (Assertive Community Treatment)
- ADA (Americans with Disabilities Act)
- CE (Customized Employment)
- CEBH (Iowa’s Center of Excellence for Behavioral Health)
- CEO (Chief Executive Officer – another name for agency executive director)
- EBP (Evidence-Based Practice)
- ES (Employment/Education Specialist)
- FAFSA (Free Application for Federal Student Aid)
- IDEA (Individuals with Disabilities Education Act)
- IEP (Individualized Education Program)
- IHH (Integrated Health Home)
- IPS (Individual Placement and Support)

- IPS-Y (Individual Placement and Support for Young Adults)
- IVRS (Iowa Vocational Rehabilitation Services)
- JC (Job Candidate)
- MH (Mental Health)
- Pre-ETS (Pre-Employment Transition Services)
- PSH (Permanent Supportive Housing)
- SE (Supported Employment)
- SEd (Supported Education)
- SED (Serious Emotional Disturbance)
- SMI (Serious Mental Illness)
- SPED (Special Education)
- SSA (Social Security Administration – an office that administers government disability benefits)
- QA (Quality Assurance)
- VA (Veterans Administration)
- VR (Vocational Rehabilitation)

## Terms

### Frequently used terms used throughout this manual:

**Fidelity item anchor:** The individual score (1 – 5) within each fidelity scale criterion.

**Fidelity item component:** Some of the fidelity scale criterion have four or five measures, which are referred to as components.

**IPS:** Refers to Individual Placement and Support. IPS is a specific type of supported employment that is an evidence-based practice.

**IPS-25:** This term can be used for the IPS fidelity scale in some publications.

**IPS-Y:** Refers to Individual Placement and Support for Young Adults. IPS-Y is a specific type of supported employment that is an evidence-based practice for young adults aged 16 - 24.

**IPS Peer Specialist:** People with lived experiences of mental illness or co-occurring disorders employed within the IPS program. Programs vary the job duties for this position.

**IPS Specialist:** This is the individual who helps clients with education and job training, finding a job, success at a job, and developing careers. Other terms some programs use for this individual





are Employment Specialist (ES), Job Specialist, or Supported Education and Employment Specialist (SEE).

**IPS Supervisor:** The individual who provides supervision to the IPS team. Other terms some programs use for this individual are team leader, coordinator, and program leader.

**Iowa Vocational Rehabilitation Services (IVRS):** Also referred to as “VR”, have offices in the U.S. territories, the District of Columbia, and each U.S. state, to support individuals with disabilities obtain work. Vocational Rehabilitation counselors and ES collaborate to assist individuals who demonstrate a desire to work.

**Mental Health Treatment Team:** A typical team can vary, but usually include counselors, therapists, case managers or service coordinators, nurses, psychiatrists, etc. These practitioners meet regularly to coordinate services and the ES and IPS Peer Specialists join these meetings. When IPS is offered to other client groups than those with serious mental illness, there may be other teams (who take the place of the mental health treatment team) the ES and IPS Peer Specialists join, such as a housing team or a team comprised of service coordinators for the specific disability group.

**Supported Education:** A promising practice that provides supports for individuals with mental health disabilities to take advantage of skill, career, education, and interpersonal development opportunities within a normalizing academic environment. This practice helps people participate in education programs so they may receive the education and training they need to achieve their learning and recovery goals and become gainfully employed in the job or career of their choice. Not to be confused with education services provided within IPS.

# IPS FIDELITY OVERVIEW

Individual Placement and Support (IPS) is a research informed employment service and has been proven to be the most effective practice for helping individuals with serious mental illness (SMI) who demonstrate a desire to work regular jobs. Consistently, IPS has been substantiated as being more efficacious than other types of employment programs which is why it is considered an evidence-based practice.

Evidence-based practices utilize an instrument to measure the level of implementation which is typically called a fidelity scale. For the IPS Fidelity Scale, the practice principles of IPS are defined within criterion which differentiate the programs implementing the model fully versus those who are not providing IPS. Research has demonstrated programs who rate at a higher fidelity are expected to have better employment outcomes than those programs who rate at a lower fidelity score.

Typically, the IPS Fidelity Scale is used as a guide for quality improvement for IPS teams. Through the use of consistent reviews, IPS teams are able to learn ways to develop and improve their programs. An IPS Fidelity review is conducted two days on-site. Following this on-site visit, the fidelity reviewers meet to create a consensus score and report with feedback including observations, assessments, and recommendations to enhance the program. The goal is IPS teams will then use this report to create an action plan for the IPS criterion which are not fully implemented.

## Is a fidelity review worth it?

Conducting a fidelity review is lengthy and can be burdensome. Although it is meant to be a tool for improving the program's outcomes, it is human to feel judged. When this is a concern, it is common to ask "Is a review worthwhile? Why should our program need one?"

It cannot be stressed enough how useful it is to receive feedback from outside sources on ways to improve the IPS program because the outcomes from research studies prove this in turn improves clients' lives. Many community-based evidence-based practices use fidelity scales to create a system that can replicate outcomes for programs regardless of implementation location. There are over a dozen studies which have reliably demonstrated the relationship between programs who rate at a higher fidelity score and better employment overall.

The specific feedback fidelity reviews can provide is the absolute best approach to enhance the quality of services. When IPS teams implement changes based on the recommendations received in the IPS Fidelity Report, it has been repeatedly evidenced that programs can achieve high fidelity.

Additionally, when programs and leaders promote fidelity reviews there is a more far-reaching dedication to the assurance of quality in IPS services. Those IPS teams who use information to inform practice and monitor their progress, provide a higher standard of excellence for all clients served within IPS.

## Synopsis of IPS

IPS has been proven by using a distinct methodology to assist individuals with mental illness to find and retain employment that is competitive. Competitive employment is part-time, full-time, or self-employment in regular jobs within society (i.e., in typical work settings, working side-by-side with people without disabilities, earning regular wages and benefits and being part of the economic mainstream of society). Depending on the needs of the

business owner and the preferences of the worker, the job can vary in duration. Because a job qualification of peer specialists is lived experience of a mental illness, these positions are considered competitive employment.

IPS is more effective than alternative vocational approaches regardless of a variety of client background factors (e.g., ethnicity, gender, socioeconomic status) and has been utilized in many different countries. Additional evidence proves IPS is successful in various types of organizations (e.g., community mental health centers, rehabilitation programs, supportive housing programs, in various geographical settings (urban/rural/frontier), and in different labor markets). Throughout 28 randomized control trials, IPS has primarily demonstrated a significant advantage over other vocational approaches. Individuals who use IPS attain employment faster, hold jobs longer, and work more hours.

**“ Nothing that I have studied has the same kind of impact on people that employment does. Medication, case management, and psychotherapies tend to produce a small impact on people’s overall adjustment. But the differences are often striking and dramatic with employment.” – Robert Drake, M.D.**

Based on a team approach, IPS programs are staffed with IPS Supervisors, IPS Specialists who meet frequently with mental health treatment teams (i.e., mental health practitioners, case managers, service coordinators, therapists, psychiatrists) and state Vocational Rehabilitation counselors, and sometimes staff peer specialists, housing programs, and schools. Iowa Vocational Rehabilitation counselors work with IPS teams to ensure individuals receive coordinated services. If an IPS team is able to staff peer specialists, an important role is to communicate their lived experiences to empower others to work and develop careers.

One of the IPS Practice Principles is “Zero Exclusion”. This principle means IPS Specialists help anyone who expresses an interest in working, regardless of job readiness factors, substance use, mental health symptoms, history of violent behavior, cognition impairment, treatment adherence, houselessness, work history, justice-involvement, and personal appearance.

A part of the employment development process and another practice principle is benefits planning (i.e., work incentives planning). For individuals to make the most informed decisions about work, they are offered comprehensive and individualized benefits planning, including how employment may impact their disability and government benefits. Individuals are educated in how work and building a career can be the most efficient way to avoid poverty or a reliance on benefits.

Shortly after entering the IPS program, IPS Specialists assist individuals in a job search. This is the IPS Practice Principle of “Rapid Job Search”. Furthermore, there is no requirement for pre-employment assessments and training or transitional work experiences (e.g., prevocational work units, short-term jobs to assess skills, transitional employment, agency-run businesses, or sheltered workshops).

Another IPS Practice Principle is “Time-Unlimited Supports”, which means after individuals obtain a job, the IPS team offer supports as long as desired and there is an advantage to the assistance. When the individual is comfortable and successful in their work life, the goal is they would work independently (or with natural supports) and transition off the IPS caseload. Natural supports include those within the workplace (i.e., co-workers, supervisor), mental health practitioners, family members, and peer specialists.

It is common for individuals to work at multiple jobs before the ideal employment is found. It is emphasized each job start and job loss is a positive learning experience. After a job loss, the IPS Specialists work with the individual



to find a new job based on those lessons learned. This is an important part of the IPS model to ensure all the choices and decisions about a job, education, technical training, and support are based on the individual's preferences, strengths, and experiences. This philosophy works to empower individuals to be as independent as possible.

A career profile is developed for all individuals to offer assistance in career planning. This is another very individualized component of the IPS program where some people may be focused on a job that will be rewarding and meaningful and others may include an education plan to advance their careers or earnings. Support for education through credit-bearing or certified educational programs or technical training is another part of IPS typically of interest to young adults but is offered to anyone interested in increasing their job qualifications.

# IPS FIDELITY SCALE SUMMARY

There are three sections to the IPS Fidelity Scale: Staffing, Organization, and Services. Each section has criterion which is rated on a 5-point Likert scale, where “1” is considered no implementation to “5” which is considered full implementation and the ratings in between demonstrating gradually increased levels of application. Each item is anchored in measurable elements of the IPS model. The IPS programs that rate at a higher fidelity have been proven to have better outcomes, including higher competitive employment rates, than the programs who rate lower.

Below is a list of the sections and their criterion, which are described in more detail in the “IPS Fidelity Items” portion of the manual. Some of the criterion have four or five components and the score is based on the program’s ability to demonstrate implementation of all the items. The items that use this method of scoring are indicated with a caret (^) below.

## Staffing

1. Caseload Size
2. Exclusive Focus on Employment
3. IPS Generalists^

## Organization

4. Integration of IPS with Mental Health Treatment through Team Assignment
5. Integration of IPS with Mental Health Treatment through Frequent Team Member Contact^
6. Collaboration between IPS Specialists and Vocational Rehabilitation Counselors
7. IPS Unit^
8. Role of the IPS Supervisor^
9. Zero Exclusion Criteria
10. Agency Focus on Employment^
11. Executive Team Support for IPS Services^

## Services

12. Work Incentives Planning
13. Disclosure^
14. Experience-Based Career Profile^
15. Rapid Search for Competitive Job
16. Individualized Job Search^
17. Job Development – Frequent Employer Contact
18. Job Development – Quality of Employer Contact
19. Diversity of Job Types
20. Diversity of Employers
21. Competitive Jobs
22. Individualized Follow-Along Supports^
23. Intensity and Timing of Follow-Along Supports^



- 24. Community-Based Services
- 25. Assertive Engagement and Outreach^

## Sources for Information

There are numerous sources for information fidelity reviewers utilize to make credible ratings. For example, reviewers may attain evidence about Individualized Follow-Along Supports by interviewing clients, IPS Specialists, IPS Peer Specialists, Iowa Vocational Rehabilitation counselors, family members, IPS Supervisors, observations of the vocational unit meeting and the mental health treatment team meeting(s), and reviews of the client records. The list of fidelity items measured by the various sources of information is listed below.

Sources of Information	Fidelity Item Measured
Agency Tour	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact Agency Focus on Employment
Interview with the agency’s clinical director/leaders	Integration of IPS with Mental Health Treatment through Team Assignment Agency Focus on Employment
Interview(s) with a clinical supervisor	Exclusive Focus on Employment
Interviews with benefits planners	Work Incentives Planning
Interviews with clients	Employment Services Staff IPS Generalists Zero Exclusion Criteria Agency Focus on Employment Work Incentives Planning Disclosure Experience-Based Career Profile Rapid Search for Competitive Job Individualized Job Search Competitive Jobs Individualized Follow-Along Supports Intensity and Timing of Follow-Along Supports Community-Based Services Assertive Engagement and Outreach



Interviews with family members

- Zero Exclusion Criteria
- Disclosure
- Experience-Based Career Profile
- Rapid Search for Competitive Job
- Individualized Job Search
- Individualized Follow-Along Supports
- Intensity and Timing of Follow-Along Supports
- Community-Based Services
- Assertive Engagement and Outreach

Interviews with Iowa Vocational Rehabilitation counselors

- Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors
- Work Incentives Planning
- Individualized Job Search
- Job Development – Quality of Employer Contact
- Competitive Jobs
- Individualized Follow-Along Supports
- Intensity and Timing of Follow-Along Supports

Interviews with IPS Peer Specialists

- Exclusive Focus on Employment
- IPS Generalists
- Integration of IPS with Mental Health Treatment through Frequent Team Member Contact
- IPS Unit
- Role of IPS Supervisor
- Zero Exclusion Criteria
- Agency Focus on Employment
- Executive Team Support for IPS Services
- Experience-Based Career Profile
- Rapid Search for Competitive Job
- Individualized Job Search
- Individualized Follow-Along Supports
- Intensity and Timing of Follow-Along Supports
- Assertive Engagement and Outreach



Interviews with IPS Specialists

- Caseload Size
- Exclusive Focus on Employment
- IPS Generalists
- Integration of IPS with Mental Health Treatment through Team Assignment
- Integration of IPS with Mental Health Treatment through Frequent Team Member Contact
- Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors
- IPS Unit
- Role of IPS Supervisor
- Zero Exclusion Criteria
- Agency Focus on Employment
- Executive Team Support for IPS Services
- Work Incentives Planning
- Disclosure (including role-plays about disclosure discussions)
- Experience-Based Career Profile
- Rapid Search for Competitive Job
- Individualized Job Search
- Job Development – Frequent Employer Contact
- Job Development – Quality of Employer Contact
- Diversity of Job Types (to ask about job duties, if needed)
- Diversity of Employers (to ask about employers, if needed)
- Competitive Jobs
- Individualized Follow-Along Supports
- Intensity and Timing of Follow-Along Supports
- Community-Based Services
- Assertive Engagement and Outreach

Interviews with IPS Supervisors

- Caseload Size
- Exclusive Focus on Employment
- Integration of IPS with Mental Health Treatment through Team Assignment
- Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors





- IPS Unit
- Role of IPS Supervisor
- Executive Team Support for IPS Services
- Disclosure
- Individualized Job Search
- Job Development – Quality of Employer Contact
- Competitive Jobs
- Individualized Follow-Along Supports
- Intensity and Timing of Follow-Along Supports
- Assertive Engagement and Outreach

Interviews with medical prescriber	Zero Exclusion Criteria
Interviews with mental health practitioners	<ul style="list-style-type: none"> <li>Exclusive Focus on Employment</li> <li>IPS Generalists</li> <li>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</li> <li>Role of IPS Supervisor</li> <li>Zero Exclusion Criteria</li> <li>Agency Focus on Employment</li> <li>Executive Team Support for IPS Services</li> <li>Work Incentives Planning</li> <li>Disclosure</li> <li>Experience-Based Career Profile</li> <li>Community-Based Services</li> </ul>
Interviews with mental health treatment team supervisors/leaders	<ul style="list-style-type: none"> <li>Integration of IPS with Mental Health Treatment through Team Assignment</li> <li>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</li> <li>Role of IPS Supervisor</li> </ul>
Interviews with the executive team member (e.g., executive director, clinical director, and quality assurance director)	Executive Team Support for IPS Services
Observation of IPS Specialists meeting with employers	<ul style="list-style-type: none"> <li>Job Development – Quality of Employer Contact</li> <li>Competitive Jobs</li> </ul>



Observations of a mental health treatment team meeting(s)

- IPS Generalists
- Integration of IPS with Mental Health Treatment through Frequent Team Member Contact
- Individualized Job Search
- Individualized Follow-Along Supports
- Assertive Engagement and Outreach

Observations of the vocational unit meeting

- IPS Generalists
- IPS Unit
- Individualized Job Search
- Competitive Jobs
- Individualized Follow-Along Supports
- Intensity and Timing of Follow-Along Supports
- Assertive Engagement and Outreach

Review of benefit planning reports

- Work Incentives Planning

Review of caseload lists from IPS Specialists

- Caseload Size
- Integration of IPS with Mental Health Treatment through Team Assignment

Review of caseload lists from IPS Supervisors

- Caseload Size
- Integration of IPS with Mental Health Treatment through Team Assignment

Review of client records

- Exclusive Focus on Employment
- IPS Generalists
- Integration of IPS with Mental Health Treatment through Frequent Team Member Contact
- Zero Exclusion Criteria (reviewers read progress notes to learn when a person expressed interest in work and when they were referred to IPS)
- Agency Focus on Employment
- Work Incentives Planning
- Disclosure
- Experience-Based Career Profile
- Rapid Search for Competitive Job
- Individualized Job Search



	<ul style="list-style-type: none"> <li>Diversity of Job Types</li> <li>Diversity of Employers</li> <li>Competitive Jobs</li> <li>Individualized Follow-Along Supports</li> <li>Intensity and Timing of Follow-Along Supports</li> <li>Community-Based Services</li> <li>Assertive Engagement and Outreach (for people who stopped appointments and/or were closed from services)</li> </ul>
Review of data	Agency Focus on Employment (quarterly employment rates for all people with serious mental illness)
Review of data from IPS Supervisors	<ul style="list-style-type: none"> <li>Integration of IPS with Mental Health Treatment through Team Assignment</li> <li>Experience-Based Career Profile</li> <li>Rapid Search for Competitive Job</li> <li>Job Development – Frequent Employer Contact</li> <li>Diversity of Job Types</li> <li>Diversity of Employers</li> <li>Competitive Jobs</li> </ul>
Review of employer contact logs	<ul style="list-style-type: none"> <li>Job Development – Frequent Employer Contact</li> <li>Job Development – Quality of Employer Contact</li> </ul>
Review of employer lists	Job Development – Quality of Employer Contact
Review of fidelity action plan/strategic plan	Executive Team Support for IPS Services
Review of field mentoring notes (if available)	Role of IPS Supervisor
Review of IPS Specialist’s appointment book	Community-Based Services
Review of meeting minutes (if available)	Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors
Review of quality assurance reports or meeting minutes	Executive Team Support for IPS Services
Review of steering committee meeting minutes	Executive Team Support for IPS Services
Viewing public areas	Zero Exclusion Criteria (look for instructions for clients to self-refer to IPS)

## Rating

Existing service methods and conducts are what are rated, not the behaviors that are planned or intended. For instance, for a rating of “5” for **Job Development – Quality of Employer Contact**, the IPS Specialist cannot just *schedule or plan* to visit employers, rather, the rating is based on how the IPS Specialists operate *the day of* the fidelity visit. However, reviewers would need to note the IPS team’s plan to schedule a visit with employers to make an accurate rating.

## Fidelity Review Timeframe

A schedule for the fidelity review is preorganized with the agency for the reviewers to visit the site for at least 1.5 days to complete a review. When the two reviewers work together throughout the entire review, it may require two days, however if the two reviewers perform some activities separately, it can be accomplished within 1.5 days. Reviewers who recently became certified will need to shadow the reviewer with the most experience for the full assessment. Another factor that may impact the time to conduct the fidelity review is the size of the IPS program. As an example, if an agency works with one mental health treatment team, it will take less time than a site that works with two or three treatment teams and the reviewers will need to observe more than one meeting. Additionally, if an agency has more than one IPS team (i.e., a group of IPS Specialists reporting to one IPS Supervisor), the agency’s executive leadership can be interviewed once annually, but reviewers will need to assess each IPS team independently.

A list of the activities to schedule for a review are listed in the section of this manual **IPS Fidelity Review Preparation\***. To ensure credibility and reliability in the ratings, it is best to conduct the review in person. It is not recommended to replace these visits with virtual or phone conversations, however, if interviewees like mental health practitioners work at a location outside the review location, or family members/IPS clients are unable to come in person, virtual or phone interviews may be used to accommodate. Gathering information and organizing materials prior to the visit can improve efficiency of the review.

## Fidelity Reviewer Description

The ideal qualifications for fidelity reviewers are experience and instruction in interviewing and interpreting data, comprehend the values and principles of IPS, and have a certification and practice in the elements of an IPS fidelity review. Furthermore, to become an IPS fidelity reviewer, an individual has knowledge of IPS (e.g., training within the past year, experience working in an IPS program, is a past IPS client, or an IPS trainer), has practiced applying the fidelity scale (e.g., **[COMING SOON]** watch the video in the IPS Fidelity Reviewer course entitled “Practice IPS Fidelity Review”; throughout the video, use the tracking sheet to collect information and score items), has observed IPS fidelity reviews (i.e., must observe at least one fidelity review, consensus scoring discussion, and report review by an experienced fidelity reviewer). After those conditions are met, the individual can then conduct a review with another more skilled fidelity reviewer.

To increase the validity of the ratings, there should be at least two reviewers with a maximum of four reviewers per visit. Limiting the number of reviewers to four or less reduces the disruption to the everyday functions of the agency. Reviewers with less experience are paired with those who are proficient at fidelity reviews. Ideally, review teams include clients and/or family members who have trained in fidelity reviews since they can provide a unique perspective.

Sometimes it is thought a fidelity review is an audit of the IPS programs, this is **NOT** the case. A fidelity review is meant to provide guidance to an agency to improve their practices for better outcomes for the individuals the program is intended to serve. Because of this, it is preferred for the fidelity reviewers be unaffiliated with the agency, however it can be useful for the agency to conduct an internal assessment that is not an official review of the IPS program to assist in updating goals and objectives in correspondence to outcomes. Having reviewers who are knowledgeable of the agency yet are separate from it has a distinct advantage in providing impartial and valid results, including providing helpful feedback to the agency. The vital component is all reviewers are impartial and receive proper training to rate agencies. At times, IPS Supervisors are trained as fidelity reviewers to conduct reviews for other IPS programs. Other positions who make good fidelity reviewers are IPS trainers, state mental health staff, IPS state leadership, state fidelity reviewers, and Veteran Specialists.

## Missing Information

For accuracy of a fidelity review, it is necessary the fidelity scale be filled to its entirety, all items must be rated. Acquiring the data needed for scoring each item is so important that if it cannot be done during the site visit, reviewers should collect it later, either by telephone, zoom, or another visit. If all methods to find the information have been exhausted, the default rating is “1”, even if the category doesn’t seem to pertain to an IPS program. For instance, if an agency does not work with (a) VR counselor(s), the item **Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors** is scored a “1”. If the reviewers identify information not indicated on the scale anchors, the core principles of the item are emphasized (see rationale for each item in the **IPS Fidelity Items\*** section). Scores range from a “1” to a “5”, with a “1” to “3” reflecting varying degrees of not being implemented, a “4” being adequately implemented, and the highest score, “5”, denoting it is fully implemented.

## Populations Served

Although IPS has been proven to work for individuals living with serious mental illness (SMI), there is promise in it being used for other populations as well. There is evidence demonstrating the usefulness of IPS for people with post-traumatic stress disorder (PTSD), spinal cord injuries, traumatic brain injuries, autism spectrum disorder (ASD), and individuals who receive welfare benefits (i.e., Temporary Aid for Needy Families (TANF) program).

## Supported Education

One feature of IPS has been assistance in further education and technical training which is typically not implemented as frequently and therefore is not currently measured on the IPS fidelity scale. Though numerous supported education fidelity scales have been created, none have been validated. Typically, supported education is more utilized for young adults, transition-aged youth, and youth who are experiencing a first episode psychosis; however, adults have been known to prefer increasing their qualifications and employment options through this service. Something that has yet to be determined is whether a separate position should be created as a Supported Education Specialist or if the IPS Specialist could perform both employment and education services.

## Fidelity Report

Once a fidelity review has been completed and consensus scoring has been accomplished, a fidelity report is created to clarify ratings and offering feedback on both positive qualities and possible improvements. It is



important for the report to not only list the scores, but to assist the IPS programs in how they can improve and point out successes. This means the report needs to be objective, constructive, and informative.

Usually, the report is shared with the IPS team of the fidelity review such as the IPS Supervisors, IPS Specialists, leadership, and the MHDS region CEO. Some programs want it shared with mental health partners and IVRS partners, but that's only if requested. By including data collected from the review (e.g., quotes (without names), a list of caseload sizes, information from client records such as the number of community visits found in a sample of records), the IPS program can identify where their services are consistent with the practice which is evidence-based. Meaning, high fidelity services are compared to services the agency is currently implementing within the report.

More information on the IPS Fidelity Report and how to organize it is located within **The Fidelity Report\*** section of this manual.

# IPS FIDELITY REVIEW PREPARATION

Coordinating and organizing with agencies prior to a fidelity review allows for a more efficient site visit. By providing the agency with the list of all the procedures prior to, during, and after the fidelity review, an effective timeline can be created. Included within the timeline is a date the IPS Supervisor should share a proposed agenda for the fidelity review and after the visit for reviewers to discuss the fidelity report.

## Scheduling Fidelity Reviews

The first fidelity review for an agency provides the baseline fidelity for the IPS program. It is important for new IPS programs to have a minimum of six to nine months after kickoff to schedule the initial review. As mentioned earlier, to provide an accurate score, all criteria need to be rated, this includes having a minimum of 10 employed clients for two IPS Specialists and five employed clients for one IPS Specialist and some who have been employed. This is the importance in allowing IPS programs time to get established.

Occasionally IPS programs experience a change of personnel (e.g., IPS Supervisor, IPS Specialist) after a fidelity visit has been scheduled. This is an instance a fidelity visit can be postponed until the agency can get the IPS program reorganized. To make the score and feedback applicable to the new IPS team, the review would then be rescheduled.

## Agency Contact

Communication with the agency is crucial in completing a successful fidelity review, therefore attaining an agency contact is imperative. Generally, the IPS Supervisor undertakes the responsibility of the contact person. To maintain good rapport with the contact person, it is respectful of their time to reach out well before the review. The fidelity reviewer needs to know who would like a copy of the fidelity report, this is something to communicate with the contact person. Otherwise, the report is sent to whoever requested the fidelity review (e.g., the executive director, CEO), the IPS Supervisor, and the IPS Specialists. If partner agencies or staff want copies, the reviewed agency is free to share the report however and with whomever they choose.

## IPS Fidelity Timeline

IPS Fidelity Review Timeline	
One month before fidelity review	Lead reviewer: Agency letter with outline of fidelity review procedures, including needed documentation, and fidelity review schedule request sent to agency contact.
Two weeks before fidelity review	Lead reviewer: Follow-up with agency contact on schedule request and verify all essential procedures are included.
One week before fidelity review	Lead reviewer: Finalize fidelity review schedule and confirm the dates with agency contact.



Two days for fidelity review    Fidelity Review

Two days after fidelity review    Consensus scoring with all fidelity reviewers and observers. Individual scoring to be completed beforehand.

One week after fidelity review    Fidelity report draft shared with all reviewers and observers to edit and confirm content.

Two weeks after fidelity review    Fidelity report shared with agency personnel.

One month after fidelity review    Assistance in fidelity report utilization for program enhancement provided by reviewers.

### Sample IPS Fidelity Review Timeline

Month						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. <b>Send Agency Letter</b>	2.	3.	4.	5.	6.	7.
8.	9.	10.	11.	12.	13.	14.
15.	16.	17. <b>Follow-up and Review Schedule</b>	18.	19.	20.	21.
22.	23.	24. <b>Reminder for Review</b>	25.	26.	27.	28.
29.	30.					
Month						
		1. <b>Fidelity Review</b>	2. <b>Fidelity Review</b>	3.	4. <b>Consensus Scoring</b>	5.



6.	7.	8.	9. <b>Report First Draft</b>	10.	11.	12.
13.	14.	15.	16. <b>Report Final Draft Shared</b>	17.	18.	19.
20.	21.	22.	23.	24.	25.	26.
27.	28.	29.	30.	31.		
<b>Month</b>						
					1. <b>Fidelity Report Assistance</b>	2.
3.	4.	5.	6.	7.	8.	9.
10.	11.	12.	13.	14.	15.	16.
17.	18.	19.	20.	21.	22.	23.
24.	25.	26.	27.	28.	29.	30.

## A Common Goal

When IPS fidelity reviewers and agency staff recognize the usefulness and ultimate goal of the fidelity review, the process is much more efficacious. Appreciating the outcomes that come from following an evidence-based practice to high fidelity brings reviewers and agency staff to a common goal. However, if the IPS team worry the report will not bode well and therefore could lose funding based on the findings, the accuracy and all-inclusiveness of information could be compromised. It is important to stress this is an opportunity for feedback and **NOT** an

audit, there will be no consequences for the findings, just an ability for the IPS program to improve their services.

**“The purpose of this review is to help more people get jobs.”**

Communication cannot be understated in this rapport building portion of the fidelity review. A way to convey this common goal is for the reviewers to start each interview or observation by sharing, “The purpose of this review is to help more people get jobs.” Being transparent on what data is shared and who receives the report are crucial in fostering trust with program staff.

## Information to Request

For better efficiency of the fidelity review, the reviewers request the IPS Supervisor or agency contact to gather these items prior to the visit:

- Names of IPS staff, indicating employment status (i.e., full-time or part-time), hire date for the current role, assigned caseloads and the corresponding mental health treatment team or agency.
- A list of current jobs held, including job titles, job start dates, job end dates if applicable, type of employment (i.e., competitive job, transitional employment job, sheltered job, set-aside job for people with disabilities, volunteer job) *and* names of businesses. If fewer than ten people are employed (for a team of two or more IPS Specialist), ask for a list of job starts for the past six months. If fewer than five people are employed for an IPS program with just one IPS Specialist, ask for a list of job starts for the past six months.
- A list of educational institutions and technical training schools IPS clients have attended in the past six months, including start/end dates of attendance, and subject area.
- The number of people who have participated in situational assessments during the past six months. (*Situational assessments* refer to short-term work assignments that occur at an agency or in the community. The purpose is to evaluate work behaviors such as attendance, ability to persist at tasks, social skills, and so forth. These assessments may also evaluate the person’s ability to perform a particular type of work). **NOTE:** situational assessments are not consistent with the IPS method.
- The number of people who have participated in vocational evaluation during the past six months. (*Vocational evaluation* refers to a battery of tests and work samples that measure academic levels, manual dexterity, short- and long-term recall, range of motion, vocational interests, ability to sort items, etc.). **NOTE:** vocational evaluation is not consistent with the IPS method.
- IPS Supervisor and IPS Specialist staff vacancies for the last six months.
- Available documentation indicating the location of services provided by IPS Specialists (i.e., agency or community).
- Agency brochure.
- Brochures, social media posts (or program descriptions) for each vocational service available to agency clients.
- Copy of the IPS fidelity action plan or program implementation plan, if available.
- Completed employer contact forms for each ES for the past two months.
- Field mentoring logs (or notes from IPS Supervisor making employer contacts with IPS Specialist), if available.
- Access to at least 10 client records for the documentation review: two records for unemployed people who have been closed to the IPS program in the last six months because they stopped attending appointments, and at least five records for people who have started work while in the IPS program, and at least three other records for people currently in job search or going to school.

## Fidelity Review Schedule

The following activities are required in a fidelity review schedule:

- Meeting with the IPS Supervisor (can include others from the agency) for an orientation to the agency (30 minutes)
- Observation of an IPS unit meeting (1 hour)

- Observation of at least one mental health treatment team meeting (1 hour)  
**NOTE:** If an agency has multiple mental health treatment teams, reviewers observe more than one team meeting. For example, if an agency has six mental health treatment teams, reviewers observe two or three team meetings.
- Interviewing members of the agency’s executive leadership, including the executive director (CEO), quality assurance director, and clinical director (30 - 45 minutes)
- Interviewing a psychiatrist, medication prescriber, or medical director, if available/applicable (15 minutes)
- Interviewing at least three case managers/therapists individually (30 minutes each)  
**NOTE:** Avoid interviewing the same case managers/therapists at each fidelity visit.
- Observation of at least two IPS Specialists as they meet with employers to schedule appointments and learn about their businesses (60 – 90 minutes per IPS Specialist)  
**NOTE:** Avoid shadowing the same IPS Specialist in future fidelity visits, if possible. Request IPS Specialists schedule at least one meeting with an employer to learn about a business during the fidelity visit. If needed, adjust the fidelity schedule for those meetings.
- Interviewing individual IPS Specialists to collect data not observed (30 minutes)
- Interviewing a small group (i.e., five to seven people) who have received IPS services (30 minutes)
- Interviewing family members of one to two IPS clients (30 minutes each)  
**NOTE:** Interview by phone or virtually if necessary to accommodate families.
- Reading a sample of at least 10 records for people who have received IPS services.
- Interviewing an Iowa Vocational Rehabilitation counselor and/or Vocational Rehabilitation supervisor who works with the IPS program (30 minutes)
- Interviewing a work incentive counselor/benefits counselor (30 minutes)
- Interviewing one or two IPS Peer Specialists, if available, who provide support service to the employment program (30 minutes each)
- Interviewing IPS Supervisor(s) (30 minutes)

**IPS Peer Specialists**

With the inclusion of peer specialists on the IPS teams, interviews of the peers are an additional activity of a fidelity review. Each IPS Peer Specialist is interviewed individually regarding their role and responsibilities in relation to the IPS program. These can be variant depending on the agency. There are more details about this in the **IPS Peer Support Specialists\*** section of the manual.

**Multiple IPS Teams**

An IPS team consists of an IPS Supervisor and the IPS Specialists they oversee. Sometimes an agency can have more than one IPS team which requires individual reviews for each team. However, the executive leaders (i.e., executive director, quality assurance director, and clinical director) are only interviewed once annually and the ratings apply to all IPS teams within the agency.

**Fidelity Review Preparation Letter**



A sample fidelity review preparation letter the reviewers send to the agency contact person is found within the **Fidelity Tools\*** section of this manual. This sample letter includes the necessary documentation and activities of the fidelity review. By sending this letter to the agency, adequate planning and expectation setting are met for the fidelity visit.

### Client Record Review

A random collection of client records should be selected by the IPS Supervisor or other agency staff and reserved before the fidelity review. This both secures objectivity and protects anonymity. There should be three records of clients who have an interview scheduled, two records of individuals who are no longer receiving IPS services (for information on assertive outreach), five records for clients who have started work within the past six months (for Time-Unlimited Follow-Along Supports), and three records for clients searching for a job or in school. If possible, having more client records than suggested would be ideal.

### Agenda Items that Cannot be Scheduled

There are times an IPS program does not implement an item that is rated thus cannot be scheduled for the review. For instance, if the agency does not work with mental health treatment teams, reviewers wouldn't observe a mental health treatment meeting. If this is the case, reviewers will select a lower score for the item Integration of IPS with Mental Health Treatment through Frequent Team Member Contact based on objective evidence about which components are met. Another example is an inability to contact family member to be interviewed, which would require the reviewers to ask IPS Specialists if they regularly discuss including family members or any other natural supports in each client's career profile.

### Efficient Scheduling

Ideally, the fidelity review is scheduled one of the days the mental health treatment team(s) meet since these meetings are not easy to reschedule. However, if the IPS unit meeting regularly meets at a time outside the days of the fidelity review, reviewers should request the meeting be arranged to happen during the visit. A week before or after the visit the reviewers could request to observe a vocational unit meeting if they work within close proximity to the location of the IPS program.

In the initial letter to the contact person a draft of the fidelity schedule is requested. For the most efficient scheduling, all the activities necessary, the names and positions of clients (with an exception to clients, they should stay anonymous), and timelines are included. Reviewers check over the schedule and communicate with the contact person if changes need to be made. A sample schedule for two experienced reviewers is provided below.

#### Sample Schedule of an IPS Fidelity Review

##### DAY ONE

8:30a.m.	Orientation to the agency	All Reviewers
9:00a.m.	Executive Team Interview	All Reviewers
9:30a.m.	IVRS Counselor Interview	All Reviewers



10:00a.m.	Three Case Manager Interviews	All Reviewers
11:00a.m.	Benefits Planner Interview	All Reviewers
11:30a.m.	Client Interviews	All Reviewers (possibly split)
12:30p.m.	Working Lunch: Review of client records	All Reviewers
2:30p.m.	Mental Health Treatment Team Leader Interview	All Reviewers
3:30p.m.	Observation of Mental Health Treatment Team	All Reviewers
5:00p.m.	Break for the day	All Reviewers

**DAY TWO**

8:30a.m.	IPS Supervisor Interview	All Reviewers
9:00a.m.	Observation of IPS Unit Meeting	All Reviewers
10:00a.m.	Medical Director Interview	All Reviewers
11:00a.m.	Interview with family member(s)	All Reviewers (possibly split)
11:30a.m.	Observation of two IPS Specialists and Interview with two IPS Specialists	Reviewers Split
12:30p.m.	Working Lunch: Review of client records	All Reviewers
2:00p.m.	Review ends	

## Confidentiality

Reviewers should determine if they need to sign confidentiality agreements regarding client information before the fidelity review. Client names should be redacted from tracking lists and other documentation so reviewers can take this information to work on the review outside of the agency (e.g., placement spreadsheets, active case lists).

## Debriefing

Although the agency may inquire about the preliminary findings of the IPS program when reviewers have completed all necessary activities for the fidelity review, it is not advised. Rather, reviewers should explain the need for consensus scoring and without knowing all the information it would be a disservice to provide any initial impressions as they are not well-informed. It can then be stated the fidelity report should be completed and shared within two weeks of the visit and a debriefing of the report can be scheduled via teleconference or a virtual meeting to answer questions and provide further guidance.

# IPS FIDELITY ITEMS

This portion of the manual provides a more holistic breakdown of each fidelity item, how reviewers gather the data for each item, and examples for rating various scenarios. The sources for information and the fidelity items they measure are listed in the section **Sources for Information\*** of the manual.

## Staffing\*

### 1. Caseload Size\*

IPS Specialists have caseloads comprised of individuals with employment and/or education goals. The maximum IPS caseload size for a full-time IPS Specialist is 20, which applies for IPS Specialists who provide only education or only employment services. The maximum caseload size is prorated for part-time IPS Specialists.

#### Rationale

For IPS Specialists to deliver valuable services to clients at all stages of employment and/or education needs, having a maximum of 20 clients per full-time caseload has been proven to be most successful. When IPS Specialists have more than 20 clients, it becomes challenging to provide all the contact and services clients need which can impact other fidelity items.

For this item, reviewers ask IPS Supervisors and IPS Specialists for caseload lists. If the reviewer notices the lists are not consistent, they request the IPS team correct any information that is inaccurate. It is common for caseload lists to be separated by clients currently being served in the IPS program and another for those who do not meet consistently with the IPS Specialists. To assist IPS teams in defining caseloads share the following strategies:

- Clients who are contacted (successfully or unsuccessfully) monthly are on the caseload.
- Clients receiving services by the IPS Specialists monthly are on the caseload.
- An individual who is now employed and intermittently (less than monthly) contacts the IPS Specialist is not on the caseload.
- When three months have passed without any services or outreach attempts, a client’s case is closed and is not on the caseload. For example, when someone is incarcerated for six months and cannot work, the client’s IPS case is closed and is no longer on the caseload, however, upon release the person can reenter the IPS program.
- If an IPS Specialist has not yet meet with a person who has been referred to the IPS Specialist, they are not on the caseload.
- There are no inactive caseloads.

When the lists are congruent, the reviewer can determine if each IPS Specialist has separate caseloads. Any clients for whom the IPS Supervisor provides services is not included in the average of the IPS Specialist caseloads, even when half or more of their time is spent as an IPS Specialist.

Scores	Examples
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"5"	Caseload sizes are small (i.e., 9 people). This item would be rated a "5" because the caseload size meets the criteria of 20 or fewer people. However, the fidelity report notes the IPS Specialists are underutilized and recommends increasing caseloads.
"4"	Caseload sizes can vary, for example, caseloads of 26, 18, and 19 people per IPS Specialist. ( $26 + 18 + 19 = 63$ . $63 \div 3 = 21$ ). The average caseload is 21 people per IPS Specialist, therefore the score would be "4".
"3"	All other criteria is met for caseload size, but the IPS Specialists don't have separate caseloads, they work with any client as needed and do not meet with clients on a regular basis. This is given a score of "3".
"3"	IPS Specialists only meet with clients when they voice a need, otherwise they do not meet with them. When this is the case, that IPS Specialists do not meet with clients on a regular basis (weekly during job search, weekly/monthly during job retention). This is given a rating of "3".
"2"	Right before the fidelity review, one IPS Specialist received 12 new referrals and met with 10 of them, putting them at an active caseload of 40, and the other IPS Specialist has 25 clients. (Calculation: $40 + 25 = 65$ . $65 \div 2 = 32.5$ ). The average caseload is 32 clients per IPS Specialist. The rating for this item is "2".
"1"	The IPS team consists of one IPS Specialist who has taken all referrals for the agency to avoid creating a waitlist, causing a caseload of 42 people. This item receives a score of "1".

**To calculate the score for this item\*:**

Add the number of people assigned to each IPS Specialist and divide by the number of full-time equivalent IPS Specialists (full-time = 1, half-time = 0.5, etc.). Score using the 1 – 5 anchors as appropriate.

## 2. Exclusive Focus on Employment\*

IPS Specialists only provide employment or education services.

### Rationale

The focus for IPS Specialists needs to be on connection with employers and clients, and time in the community to assist IPS clients with obtaining and maintaining their employment. If an IPS Specialist is responsible for both vocational and clinical roles, the attention moves to mental health emergencies, housing crises, etc. rather than IPS services. Although the IPS Specialists work with mental health treatment teams to bring up vocational opportunities for clients, at times they can assist team members with simple tasks (e.g., dropping off medication when meeting someone to talk about their job). The parameters for the IPS Specialist is no more than one to two hours spent per week (4 – 5% of a full-time position) on non-IPS services to safeguard the role (including staff on assertive community treatment (ACT) teams).

When IPS Specialists have a meeting with mental health practitioners and their clients to help them consider employment rather than disability benefits (i.e., jobs or education/training programs), this is considered an IPS

service. When education supports correlate with the individual’s career goal, this is also an IPS service. IPS Specialists who provide services for clients enrolled in an IPS-Y program will most likely provide more educational supports than for clients enrolled in IPS.

Fidelity reviewers search for each IPS Specialist’s roles and determine if they perform any non-vocational responsibilities. For instance, when interviewing clients, they may share the IPS Specialists have helped them look for housing and drove them to different doctor appointments. It is common for IPS Specialists to share they assist with case management duties; reviewers then need to follow-up (i.e., question in quotes) to clarify the amount of time spent on non-vocational activities.

**“ When was the last time you provided case management services? Did you do any work to help a service coordinator last week? What did you do? How about this week?”**

Another method to confirm the IPS Specialist’s role is for the reviewer to read progress notes in the client records or the IPS Specialist’s appointment books. The appointment book could illustrate the types of services provided from the week preceding the visit. **[COMING SOON]** To watch a reviewer using this approach, watch the video, “Observation of Job Development” in the Fidelity Review On-Demand Course.

At times agency leaders may delegate other responsibilities to the IPS Specialist because the IPS program is too small for a full IPS caseload (i.e., mental health agencies who serve 60 to 140 individuals). Reviewers score a “1” for **Employment Services Staff** and a lower rating for **Vocational Unit** due to there only being one IPS Specialist. Fidelity criteria do not change even if the dual roles may be sensible for funding.

An example for the difference between education supports is if an IPS Specialist assists an individual through training to be a certified nursing assistant (CNA), reviewers do not lower the score as this is an IPS service. However, if an IPS Specialist provides services for an individual in an elective with no correlation to a major for the individual’s career goal, the IPS Specialist is not providing IPS services.

Frequently, IPS programs offer positions for IPS Peer Specialists to support with engagement and outreach. This fidelity item would not be affected if an IPS Peer Specialist offers non-vocational services.

Scores	Examples
“5”	An IPS Specialist spends four workdays a week on IPS services and one day each week handling paper and pencil vocational tests. Since all the supports provided are employment-related, the rating for this item is “5”. However, reviewers do not score “5” on item Experience-Based Vocational Assessment because vocational tests are not aligned with IPS.
“5”	According to the IPS Specialist, they infrequently (less than 5% per week) assist with case management services. For example, when asked for help, the IPS Specialist assisted with documentation for a housing program in which a client is enrolled. Reviews of client records also imply a majority of the week is spent on employment and education services. This would be scored a “5”.
“5”	When other practitioners are unavailable to facilitate a substance use group, an IPS Specialist will fill in. The past two months required the IPS Specialist lead three times. Other than this, the IPS Specialist only provides employment services. (Monthly hours worked for full-time IPS Specialist = 160. Two months = 320. Facilitation



	time for two months = 4.5 hours. $4.5 \div 320 = 0.01$ or 1%). Because less than 4% of the IPS Specialist’s time is spent on non-IPS related services, the item is scored “5”.
“4”	On an IPS team of three IPS Specialists, two full-time IPS Specialists solely offer employment and education services while one full-time IPS Specialist spends one workday every week working in the day treatment program. The first two IPS Specialists spend 100% of their time providing employment services while the other IPS Specialist spends 80% of their time providing employment services. (Reviewers find the average: $100 + 100 + 80 = 280$ . $280 \div 3 = 93.33$ or 93%.) The item is scored a “4”.
“3”	There is one IPS Specialist in the IPS team who provides IPS services as their primary role, but also offer case management services around 24% of the time. The score for this item would be “3”.
“2”	One of two IPS Specialists shared they assist with housing and other basic needs because “If people don’t have housing and food, they can’t work.” Regardless of staffing issues, the rating is based on IPS Specialists time spent on employment services, in this case it is estimated both IPS Specialists spend 70% of their workweek offering employment supports. This item would be rated a “2”. The fidelity report clarifies IPS is meant to use a team approach where case managers or service coordinators help with the services to meet people’s basic needs, so the IPS Specialist can focus on employment and/or education services.
“1”	During the IPS related activities, but when talking with each individual IPS Specialist they provided schedules showing that they spend 3 days of the week leading Day Hab groups and outings, staff the residential home, and do intakes for the agency. The other two days are spent working with IPS clients on job seeking and retention activities. This is indicative of a score of a “1” since 20% of the IPS Specialist’s time is devoted to employment.

**To calculate the score for this item\*:**

Determine the percentage of time each IPS Specialist provides employment services. Add the percentage and divide by the number of IPS Specialists. Score using the 1 – 5 anchors as appropriate.

### 3. IPS Generalists\*

All stages of vocational supports are provided by the IPS Specialist. These include intake, engagement, career profile, job search, job support and workplace accommodation, and follow-along supports.

**NOTE:** It is not expected each IPS Specialist will provide benefits counseling to IPS clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see **Work Incentives Planning\***.

**Components of this item:**

1. Intake
2. Engagement
3. Career Profile
4. Job Search

- 5. Job Support and Workplace Accommodation
- 6. Follow-Along Supports

**Rationale**

Research has shown when people build rapport with an IPS Specialist, transitioning to another is so intimidating they are found to quit IPS services (e.g., when different people provided different parts of IPS services such as job search and job support). This has been found not just with clients but also with employers.

The only exception to this standard is the benefits counselor (i.e., work incentives planner). When an agency has one benefits counselor for all clients, one person is able to stay up to date on the latest resources. One training that is highly recommended for this position is the Certified Work Incentives Counselors (CWIC) provided by Virginia Commonwealth University. This level of training is costly, and most agencies are unable to afford to provide that to all IPS Specialists.

During the IPS fidelity review, this information can be gathered through interviews and observations of team meetings. When IPS programs have positions for the various vocational services (e.g., one IPS Specialist provides job development for everyone, while other IPS Specialists provide intake, vocational planning, education supports, and job supports), clients are then forced to meet with different IPS Specialists. Outcomes are not as successful due to clients forgoing services after learning they will not continue working with the same IPS Specialist. IPS Specialists who only provide one vocational service rather than all the employment supports don't provide the same individualized care they would with a client whom they have formed a relationship.

When calculating the score for this item it is important to note an IPS Specialist who provides all six phases of employment services is scored "5", five phases is scored "4", and one to four phases is scored "3".

Scores	Examples
"5"	An IPS team has a marketer as a lead job developer, however IPS Specialists also provide job development for clients on their caseloads. The fidelity review reveals each IPS Specialist does have at least six face-to-face employer contacts with a hiring manager each week and the marketer is simply elevating these efforts. This item would be rated "5". However, if the marketer is attempting job development specific to clients, it is unlikely they would be able to provide individualized services when they do not know clients as well. This could affect the score for Individualized Job Search.
"4"	Referrals to the IPS program first meet with an IPS Supervisor (or another designated person) before being assigned to an IPS Specialist, however all other duties of the IPS Specialist are met. The rating for this item is a "4" as the IPS Specialists are unable to interact with people immediately upon referral. IPS Specialists should be the designated person to complete an intake with a referral, and they should only meet with one IPS Specialist to receive IPS services, not multiple.
"4"	Due to staffing issues, job coaching is not provided, but all other duties are completed. The score for this item is "4".
"3"	An IPS team has three IPS Specialists, one provides all six phases of employment services ("5"), another IPS Specialist provides four phases, including intake, engagement, career profile, and follow-along supports ("3"), and the last IPS Specialist only provides job development ("3"). (Calculation: 5 + 3 + 3 = 11. 11 ÷ 3 = 3.6. The score is "3", the calculated value for a rating is always rounded down).

"2"	The IPS team splits duties with each client, for example, one IPS Specialist is responsible for intake, engagement and career profile, then they are transferred to another Specialist for job search, job retention and workplace accommodation, and follow-along supports, OR the IPS team regularly transfers IPS clients off of the IPS caseload to another supported employment program for long term job coaching and follow-along supports. Both examples would generate a score of "2".
"1"	Rather than offering direct, IPS services, an IPS Specialist refers clients to different vocational programs (e.g., other vocational programs within the center or the local area), reviewers rate this item "1".

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

## Organization\*

### 4. Integration of IPS with Mental Health Treatment through Team Assignment\*

IPS Specialists are integrated with a maximum of two mental health treatment teams wherefrom at least 90% of the IPS Specialist’s caseload is comprised.

#### Rationale

The integration duties of the IPS Specialist include weekly IPS team meetings, weekly mental health treatment meetings for each assigned team, and monthly Iowa Vocational Rehabilitation meetings, and collaboration with mental health practitioners and Vocational Rehabilitation counselors outside of meetings. IPS Specialists are obligated to coordinate supports with mental health practitioners, Iowa Vocational Rehabilitation counselors, and within their own IPS team. Additionally, most of the IPS Specialists’ schedules with clients and employers is to be spent in community settings. Fewer referral sources for the IPS Specialists’ caseloads are necessary for the IPS Specialists to accomplish all these responsibilities.

Reviewers rate this item on the percentage of the IPS Specialist’s caseload referrals from one to two mental health treatment teams, **NOT** on the number of mental health treatment teams who refer to the IPS Specialist. For instance, even if IPS Specialists obtains referrals from four mental health treatment teams, but 90% of them come from two teams, a "5" would be the rating for this item.

When an IPS Specialist is employed with a clubhouse or community rehabilitation provider that coordinate services with other mental health agencies the score may be impacted due to the inability to control service organization.

**NOTE:** When an IPS team provides services for populations other than people with serious mental illness (e.g., people with autism or other disability) and are integrated with a different team of service providers rather than mental health treatment teams, the references would be changed from mental health treatment teams to the other team of service providers.

Scores	Examples
"5"	There are three IPS Specialists on an IPS team housed within a clubhouse offering IPS amongst other employment services. Clubhouses normally do not provide mental health treatment, so two mental health treatment teams are attached to each of the three IPS Specialists which refer 90% of their caseloads. This item would be rated "5".
"5"	A mental health agency is not broken into teams as it only has six mental health practitioners. IPS Specialists are easily able to coordinate with the practitioners and are able to be unofficially a treatment team. This would be rated "5". The fidelity report would provide a recommendation for a weekly meeting between the six mental health practitioners, their supervisor, and the IPS Specialist and the rating for Integration of IPS with Mental Health through Frequent Team Member Contact would be affected.
"4"	An IPS Specialist has 19 people on their caseload, eight people are from mental health treatment team X, nine people are from mental health treatment team Y, and two people are from mental health treatment team Z. (Calculation: $X + Y = 8 + 9 = 17$ . $17 \div 19 = .89$ or 89%. This item would be scored "4".
"4"	There are three IPS Specialists on an IPS team, the first is integrated with two mental health treatment teams where 90% of their clients are involved ("5"), the next has 21 clients and is integrated with three mental health treatment teams where seven clients come from each team (66% from two teams = "3"), the third is integrated with two mental health treatment teams and Iowa VR refers 25% of their caseload who are not receiving mental health services from either mental health treatment team (75% from two teams = "4"). (Calculation: $5 + 3 + 4 = 12$ . $12 \div 3 = 4$ ). This item would be rated "4".
"3"	There is one IPS Specialist on an IPS team and they are integrated with three mental health treatment teams. The IPS Specialist receives referrals for 30% of their clients from one team, 30% from the second, and 40% from the third team. (Calculation: $40 + 30 = 70$ ). The IPS Specialist receives 70% of their referrals from two mental health treatment teams, the item would be scored "3".
"2"	An IPS program receives referrals from a mental health agency with 25 practitioners (case managers and therapists) who are not organized into treatment teams. The item would receive a rating of "2". The fidelity report would provide a recommendation for organizing practitioners into treatment teams.
"1"	An IPS team is integrated with a rehabilitation agency and receives referrals from individual mental health practitioners from various mental health agencies unconnected to the rehabilitation agency. This item would be scored "1".

**To calculate the score for this item\*:**

Determine the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g.,  $3.6 = 3$ ). Score using the 1 – 5 anchors as appropriate.

**5. Integration of IPS with Mental Health Treatment through Frequent Team Member Contact\***



Active participation by the IPS Specialist in mental health treatment team meetings with direct service staff (not replaced by administrative meetings) to discuss individual clients and their employment or education goals is conducted weekly. The IPS Specialist and mental health practitioners discuss situations together and brainstorm possible solutions. IPS Specialists' offices are located within the mental health center amongst their mental health treatment partners. A single chart integrates the documentation of the IPS services with the mental health treatment record.

### Components of this item:

1. Each full-time IPS Specialist attends treatment team meetings weekly. Attendance is in person unless the treatment team meeting is virtual for all team members.
2. IPS Specialists and mental health team members collaboratively brainstorm strategies to support IPS clients' employment and education goals; IPS Specialists subsequently share possible strategies with the IPS client.
3. IPS service documentation (i.e., experience-based career profile, plans, progress notes) is integrated within the IPS client's mental health treatment record.
4. IPS Specialists' offices are near (or shared with) mental health treatment providers.
5. IPS Specialists discuss with mental health staff how employment and career-related education could be beneficial for clients who haven't yet been referred to IPS services.

### Rationale

A group of qualified individuals who routinely meet about client growth and for feedback on methods to improve the client's livelihood is called a mental health treatment team (e.g., service coordinators, medication prescribers, peer/recovery specialists, employment/education specialists). When IPS Specialists are able to join the meetings weekly, the practitioners are then able to determine vocational goals within the options for recovery. Moreover, with effective communication, clients hear congruent messages about employment and/or education goals from multiple providers.

**NOTE:** Other service providers than mental health practitioners may be utilized when IPS programs serve populations other than individuals with SMI (e.g., people with autism, physical disabilities, etc.). In those cases, the reference of mental health treatment teams would be changed to the service team serving those other populations.

Reviewers can gather information on this item from observations of one or more mental health treatment team meetings (contingent on the quantity of teams with the IPS program). It is imperative the fidelity review is scheduled when mental health treatment teams meet. For example, if a mental health agency has implemented IPS in four or more of those teams, reviewers observe two of four team meetings. If IPS is implemented in three or fewer mental health treatment teams, reviewers observe one team meeting.

When mental health treatment is coordinated with other mental health agencies, such as with clubhouses and community rehabilitation providers, reviewers join the meetings at those agencies. Since the goal is to align services as much as possible, the reviewers observe how the IPS Specialist is incorporated in the mental health treatment teams.

**Component 1: Each full-time IPS Specialist attends treatment team meetings weekly. Attendance is in person unless treatment team meeting is virtual for all team members.**

When an IPS Specialist regularly attends the mental health treatment team meetings with practitioners who work with their clients, the IPS Specialist would be able to best request assistance, respond to questions, and brainstorm solutions to best aid in the client achieving their goals because they have formed a relationship with their client and know them best. Depending on how many clients on an IPS Specialist’s caseload come from mental health treatment teams affects the frequency of attending meetings. If three or more clients come from a team, an IPS Specialist meets once a week, if one or two clients are referred from a team, an IPS Specialist meets at least twice each month. When a team is connected to the mental health rehabilitation provider (i.e., does not provide mental health treatment), the IPS Specialist and practitioners gather at another agency. At times the meetings occur daily (e.g., ACT teams), for full points in this component the IPS Specialist would need to meet one or two times weekly.

During the evaluation, reviewers collect information for this component through inquiries about how often the IPS Specialist participates in meetings and if they are present the whole time. At times the structure for the meetings can have implications for this part of the item. When the meetings attended are focused on one or two people or those who are having a crisis, credit is not given for this component. Arrangements for an IPS Specialist to query about a client’s issues at work, or opportunities for conversations on referrals, etc. must be created within the meetings.

Scores	Examples
Met	There are two IPS Peer Specialists who are a part of an IPS program. Because the mental health agencies are hesitant to potentially breach confidentiality, they have not allowed the IPS Peer Specialists to attend the mental health treatment team meetings. This component is met. The fidelity report includes a recommendation for IPS Peer Specialists be involved in the treatment team meetings both for an improvement in service integration and for equality for all members of the IPS team.
Met	On occasion medication prescribers or psychiatrists are not present for the mental health treatment team meetings, this does not impact the scoring for this component. However, the fidelity report could still suggest ways the IPS Specialist could provide updates to those unable to attend team meetings. Possible recommendations could be for the IPS Specialist to have a brief meeting with the medication prescriber at their office or drive a client to an appointment with a psychiatrist.
Met	An IPS team has two IPS Specialists who are individually integrated with a different mental health treatment team at a mental health agency. IPS Specialists participate in the weekly team meetings. These two teams provide 90% of the referrals to the IPS program. This component would be met.
Unmet Met	One IPS Specialist has a meeting with residential workers at two different supported housing programs where their clients reside on a weekly basis. This component would be unmet as the IPS Specialist is not meeting with the mental health agency who works with their client (e.g., case manager, therapist).  <b>HOWEVER:</b> If the residential workers primarily work as case managers, this component would be met.

Unmet	IPS Specialists rotate attendance at mental health treatment team meetings and instead meet separately later to discuss updates about their clients. Because the IPS Specialist does not attend their assigned team meetings weekly, this component is not met.
Unmet	One IPS Specialist is integrated with three different mental health treatment teams within an agency. The IPS Specialist alternates the weekly meetings by attending a different team each week. This component would be unmet as the IPS Specialist does not attend <i>each</i> mental health treatment team on a weekly basis. The fidelity report would provide the rationale as being the IPS Specialist meets each team weekly when they have three or more clients from the treatment team. If they have less than three clients from the treatment team, they attend meetings at least bi-weekly.
Unmet	One IPS Specialist is integrated with two mental health treatment teams who both meet Tuesday mornings at 9:00AM. The IPS Specialist goes to the first half of one of the team’s meeting and the second half of the other team meeting. This component would be unmet as they are to partake in the meetings fully similarly to the practitioners on the team. The fidelity report would provide a recommendation to reschedule the time of one of the team meetings.
Unmet	One IPS Specialist is integrated with two mental health treatment teams, one team meets weekly and the other meets monthly. The IPS Specialist attends all meetings offered. This component would not be met as the IPS Specialist does not meet both teams on a weekly basis. The fidelity report would provide a recommendation for both teams to schedule weekly meetings.

**Component 2: IPS Specialists and mental health team members collaboratively brainstorm strategies to support their clients’ employment and education goals; IPS Specialists subsequently share possible strategies with their clients.**

IPS Specialists and mental health team members working together to brainstorm strategies to support clients is an attestation of a well-integrated program. For example, if a client recently got a new job and the therapist imparted “John shared in session with me yesterday that he is dealing with a family crisis which has exacerbated his depression symptoms. Increasing the frequency of supports for him in the next few weeks would be good because he tends to isolate when he is depressed, and he might avoid attending his scheduled work shifts. Checklists for his tasks at work could also be useful to assist him with staying on task”, this would be collaboration to support the client’s employment goals.

During the observation of the mental health treatment team meetings, the reviewers evaluate if the mental health practitioners and IPS Specialist brainstorm strategies to support clients or if the IPS Specialist solely provides updates on their caseload. Details to watch for are whether there is collaboration on an IPS client’s employment or education history, there are suggestions for searching for jobs, how to support the client at the job. For instance, has the IPS Specialist had conversations with the client’s therapist when they have reported issues with their increased symptoms at work? Have strategies been shared for what has worked best for the client in executive functioning skills when completing school? Has the IPS Specialist used shared decision-making when discussing these methods?

Scores	Examples
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Met	The IPS Specialist and mental health practitioners are seen working to formulate ideas to best support a client improve their relationship with a manager. This component would be met.
Unmet	During a mental health treatment team meeting an IPS Specialist reports on the progress of clients but the practitioners do not work to provide solutions to help the clients achieve their goals. This component is not met.

### Component 3: Integrated within the client’s mental health treatment record is the IPS service documentation.

At times, IPS Specialists do not keep documentation (e.g., career profile, resume) within the mental health record which then can be problematic when there is staff turnover, and the material is no longer available. IPS Specialists save copies of the documentation in a shared file. When IPS Specialists save the IPS services within the mental health treatment record, mental health practitioners are able to keep updated on employment and education goals.

During the fidelity review, the documentation reviewers search for in the record are the career profile, job search, job support, educational plans, and employment progress notes.

Scores	Examples
Met	A mental health treatment agency has an electronic medical record that integrates the employment services documentation into the client’s mental health treatment record. This component would be met.
Unmet	IPS service documentation is not currently shared within the mental health treatment record, in a couple months when a new system is in place, the plan is to integrate the records. This component would not be met. The fidelity report would have a comment about the intent to integrate the records which would improve this item’s score.

### Component 4: IPS Specialists’ offices are near (or shared with) mental health treatment providers.

Where the IPS Specialists’ offices are located may impact the ability to connect with mental health treatment providers. Although the IPS peer specialists are not required to be in close proximity to the mental health treatment providers, they also can influence the proficiency to integrate services. Therefore, reviewers may add a recommendation for IPS peer specialists to move closer to the mental health treatment teams.

For full credit of this component, IPS Specialists must have an office in the same building and close to the mental health treatment team. Having an office in a separate building, a different floor, or an isolated section of the building decreases the ability to communicate and thus, there would be no credit for the component.

Scores	Examples
Met	An IPS Specialist has office space both at the rehabilitation agency in which they are hired and at the mental health agency they are assigned. Nearly all of their office time is spent at the office space with the mental health treatment team. This component is met.



Met	An IPS Specialist does not have a separate office with the mental health treatment team, but they are provided space when they are at the agency. The IPS Specialist spends most of their office time at the mental health agency. This component is met.
Met	The IPS team is housed on the first floor within the same building as the mental health teams, who are located on the second floor. All team members interact often as the IPS team spends time throughout the day on the second floor attending meetings, visiting the mail or break room, or speaking with mental health practitioners. Mental health practitioners enter and exit the building on the first floor near the IPS offices.
Unmet	The IPS Specialist's offices are located on the third floor of the same building as mental health practitioners' offices which are on the first and second floors. The IPS Specialists rarely see the practitioners. This component would not be met.

### Component 5: IPS Specialists suggest employment and career-related education with mental health staff for clients who these options have not yet been considered.

During the fidelity visit, the mental health treatment team meeting may not have an appropriate conversation in which the IPS Specialist or IPS Peer Specialist could recommend IPS for an individual who is not currently receiving IPS services. When that is the case, the reviewers can glean information from the interviews with mental health practitioners and their supervisors for times the IPS Specialist and/or IPS Peer Specialist proposed work for clients without a job in previous meetings.

Scores	Examples
Met	Examples of the IPS Specialist or IPS Peer Specialist proposed employment or career-related education for people being seen with their assigned mental health treatment team who were not already utilizing IPS services. This component is met.
Unmet	IPS Specialists and the mental health treatment teams meet to talk about their shared clients, but the IPS Specialists leave the meeting when the team discusses people who have not currently been referred to the IPS program. This component is unmet.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

## 6. Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors\*

To determine possible referrals and confer about mutual clients, IPS Specialists and Iowa VR counselors meet frequently.

**Rationale**

Positive employment outcomes are the shared goal of both IPS Specialists and IVRS counselors, thus when they collaborate, they can enhance the outcomes for mutual clients. An opportunity to collaborate with one another is planned, recurring, in-person meetings, with or without the client. There are more opportunities for clients to choose from when IPS Specialists and IVRS counselors blend their resources and expertise, which makes the program more person-centered. Additionally, if the clients are unable to join the meetings, IPS Specialists and IVRS counselors collaborate to determine options for goal attainment. These options are always presented to the individual to allow them to choose which approaches they would like to implement.

Depending on the agency, these meetings can vary. At times, IVRS counselors are invited to the IPS vocational unit meetings, a monthly meeting could be created just for this collaboration to occur, or IVRS counselors join a mental health treatment team meeting monthly to communicate with all parties who are involved with the client’s employment and education goals.

Scores	Examples
"5"	An IPS team has a designated IVRS counselor who receives most referrals and attend the IPS unit meetings once or twice a month and communicate by phone weekly about shared clients. This item receives a rating of "5".
"5"	Both VR counselor and IPS Specialist report client-related email contacts occurs several times per week. Once a month the IPS Specialists go to the IVRS offices to have a meeting to discuss the status of shared clients. The rating is a "5".
"5"	An IPS team has a designated IVRS counselor who receives most referrals and attends the mental health treatment team meeting on a monthly basis. The IVRS counselor collaborates by phone, email, or in person with the IPS Specialist, IPS Peer Specialist, and mental health practitioners working with the client. This item is rated "5".
"5"	The IPS Specialists and IVRS counselor meet with each client individually every month. This item receives a score of "5". The fidelity report would provide a comment sharing how cumbersome these meetings could be for everyone and could recommend the IPS clients meet with the IVRS counselor separately and allow the IPS Specialist time to focus on IPS services.
"4"	IVRS and the IPS program have built good rapport and meet on a regular basis. The only clients who work with IVRS are those who are 24 or younger and the IPS team does not meet separately with IVRS, it’s a combined meeting with all employment services staff of the agency. The score for this item is "4".
"3"	IVRS counselors and IPS Specialists don’t have scheduled face to face meetings, but report sending an email update of all shared clients once per month.
"2"	The IPS program and IVRS have a good relationship. However, the IPS team simply refers clients to IVRS for funding and not for the use of resources and services both programs could provide to clients. This item is scored a "2".

“1”

Both the IPS team and IVRS staff are unfamiliar with each other and rarely have communication. OR there is a history of an uncooperative relationship between the agencies and referrals are avoided to IVRS for IPS clients, and IPS Specialists and VR counselors only communicate when shared clients have needs or paperwork to be updated.

**To calculate the score for this item\*:**

Determine the frequency of communication between the IPS Specialist and IVRS counselors. Score using the 1 – 5 anchors as appropriate.

**7. IPS Unit\***

The IPS unit requires a minimum set of features such as the quantity of IPS Specialists to IPS Supervisors, the knowledge and experience for management, and effective communication to provide comprehensive services without interruption.

**Components:**

1. The IPS unit has at least two full-time IPS Specialists.
2. The IPS unit has a supervisor with expertise in IPS.
3. The IPS unit has weekly in-person unit meetings (**NOTE:** Videoconferencing is OK as an alternative to face-to-face when the distance involved make this impractical (e.g., in rural areas)).
4. The IPS unit has team members who share strategies for working with clients, families, employers, clinicians, and others, and share job leads and information about educational programs.
5. The IPS unit has IPS Specialists who provide coverage for each other’s caseload when needed.

**Rationale**

Having a team to impart recommendations, provide job leads, and provide coverage for caseloads when needed is crucial for a successful IPS unit. If the IPS Specialist is the sole member of an IPS program, they have no way to expand their skills (e.g., job development).

Reviewers determine if all five features are present for a program to get a “5” for this item. That includes having at least two full-time IPS Specialists, an IPS supervisor, weekly in-person or virtual meetings, team members share strategies, and IPS Specialists provide coverage for each other’s caseload when needed. Having a supervisor with expertise in IPS is the most important of all the features of this item, if there is not an IPS supervisor the IPS program receives no higher than a rating of “2”. **[COMING SOON]** To practice what to watch for during the meeting, watch the video “IPS Unit Meeting” in the Fidelity Reviewer On-Demand Course.

Scores	Examples
“5”	An IPS program with two IPS Specialists is integrated with an ACT team in which they have office space and attend meetings twice weekly. Additionally, the two IPS Specialists meet weekly for the IPS unit meetings where they share strategies for working with clients, families, employers, and clinicians, share job leads and information about educational programs, and planning for providing coverage for caseloads as needed. The IPS Supervisor provides

	field mentoring for job development and works with the ACT Supervisor to provide monthly supervision for each IPS Specialist individually. This item receives a score of “5”.
“4”	An IPS program is integrated with a mental health agency providing services in a rural area covering multiple counties. The IPS team includes IPS Specialists who each individually cover one county and one IPS Supervisor. The IPS team meets sporadically as they are spread out throughout a large geographical area. At times mental health practitioners provide coverage for IPS Specialist’s caseloads (e.g., assisting with a job application when the IPS Specialist is on vacation). This item is rated “4”. The fidelity report would provide a recommendation for the IPS unit to meet weekly either in person or virtually to make it more possible to meet on a regular basis.
“3”	The IPS unit meeting occurs weekly in-person only providing a brief update on clients and mostly covers issues with administration. The IPS program has one IPS Supervisor for two IPS Specialists who provide coverage for one another as needed. The item is scored a “3”. The fidelity report would comment the purpose of the IPS unit meeting is to offer support to one another by brainstorming effective strategies, proposing job leads, and celebrating victories.
“3”	An IPS team meets in-person weekly and has one IPS Supervisor for three IPS Specialists who provide coverage for one another. The IPS Supervisor is unaware of the IPS principles and shares people who have a substance use disorder need to be sober before being eligible for IPS services and push for case closure after 90 days of successful employment. This item is rated “3”.
“3”	One full-time IPS Supervisor and one IPS Specialist comprise an IPS team. The IPS Supervisor serves 13 clients on a caseload, therefore performing the dual role of supervisor and IPS Specialist. The IPS Supervisor and IPS Specialist meet to share job leads and schedule caseload coverage as needed. This item receives a score of “3”.
“2”	An IPS program does not have an IPS Supervisor, but all four other components are present. This item receives a score of “2”.
“1”	One IPS Supervisor (who does not serve clients) and one IPS Specialist make up an IPS team. The IPS Supervisor also provides supervision for another team. This item is rated “1”.
“1”	One IPS Specialist provides coverage for a small rural mental health agency. The IPS Supervisor on the team does not serve clients, provide time weekly for an IPS unit meeting, and doesn’t provide field mentoring. The score for this item is “1”. The fidelity report provides a comment of the challenge an IPS Specialist faces when there is no one to strategize with, share job leads, and cover their caseload. A recommendation is to encourage the IPS Supervisor to provide services for one or two clients and to potentially hire another IPS Specialist if the agency serves more than 60 people.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**8. Role of IPS Supervisor\***



An IPS Supervisor with five key roles is the team lead of the IPS unit. By having outcome-based supervision, the IPS Specialist fosters and enhances their skills.

### Components of this item:

1. There are no more than 10 IPS Specialists per one full-time equivalent (FTE) IPS Supervisor. There are no other supervisory duties other than IPS. **(NOTE:** IPS Supervisors who have less than 10 IPS Specialists are allowed to prorate their responsibilities accordingly. As an example, if there are 2 IPS Specialists per IPS Supervisor, at least 25% of their time must be used for IPS, if there are 4 IPS Specialists per IPS Supervisor, the supervisor may prorate 50% of their time to functions outside of IPS).
2. The IPS Supervisor provides weekly supervision to IPS Specialists to review updates to caseloads, discuss ongoing client-related situations, and assist IPS Specialists in developing alternative approaches to helping clients with employment and career-related education goals.
3. On a quarterly basis, IPS Supervisors attend meetings for each mental health treatment team, and regularly communicates with mental health treatment team leaders, to advocate for service integration, troubleshoot organizational concerns (e.g., referral issues or transfer of follow-along to mental health workers), and to promote employment as recovery.
4. Monthly community supervision is conducted for IPS Specialists new to the program or struggling, to refine competencies through observation, demonstration, and providing recommendations (e.g., meeting employers for job development, joining IPS Specialists on intake interviews, family meetings, or other appointments with young adults).
5. At least quarterly, the IPS Supervisor examines current client outcomes and determines goals for program performance improvement with the IPS Specialists.

### Rationale

There are several roles the IPS Supervisor provides such as coach for IPS Specialists, the Iowa Vocational Rehabilitation liaison, advocate for work as recovery, leader of the application of high standards, steering committee coordinator, and partner in operating and conserving the IPS program.

When reviewers are writing the report for this item it is more significant than other scores to emphasize the positive qualities of the IPS supervisor, since this focuses on one person rather than the program. Receiving a rating of “3” or less in this category may be a sign of conflicts with agency policy rather than it being an indication of the abilities of the IPS supervisor. For example, the IPS supervisor may have other obligations within the agency that are not IPS related and can affect multiple components.

Utilizing mechanisms like the field mentoring logs and data collection forms could be a recommendation the reviewers provide in the fidelity review report. Although some of these documents are not required, it is helpful for both the agency and fidelity reviewers to keep track of this information in an organized document. Samples of these forms can be found near the end of this manual in **Sample Program Forms\***.

**Component 1: There are no more than 10 IPS Specialists per one full-time equivalent (FTE) IPS Supervisor. There are no other supervisory duties other than IPS. (IPS Supervisors who have less than 10 IPS Specialists are allowed to prorate their responsibilities accordingly).**

As a safeguard against negative IPS outcomes, IPS supervisors need to have the capacity to effectively execute their role. This is best accomplished by not overloading the IPS supervisor with responsibilities outside of IPS. However, when an IPS supervisor provides IPS services to a small caseload (i.e., dependent on how many IPS Specialists on the team) they are able to understand barriers to services and provide more beneficial suggestions to those they supervise. The caseload sizes per IPS supervisor can vary, for instance if there is a team with 9 IPS Specialists the IPS supervisor may only have one client on their caseload, versus having two IPS Specialists may allow them to have 15 clients on their caseload.

Scores	Examples
Met	An IPS program has one IPS Specialist with one IPS Supervisor who also is responsible for a team of five case managers. This component is met.
Unmet	The IPS Supervisor is responsible for two IPS Specialists and carries a large caseload of IPS clients which at times interferes with their ability to fulfill their role adequately. This component is unmet. The fidelity report offers a recommendation for the IPS Supervisor to delegate clients off their caseload.
Unmet	An IPS team is comprised of one IPS Supervisor for 12 IPS Specialists. This component is not met.
Unmet	An IPS Supervisor provides supervision for eight IPS Specialists and five case managers on an ACT team, which includes facilitating ACT team meetings every day, and tracking outcomes. This component is unmet. The fidelity report provides a comment that it is cumbersome for a supervisor to carry out all the responsibilities for two differing programs and offer the support IPS Specialists need. A recommendation for the agency leaders to ensure the IPS Supervisor has the capacity to perform IPS services effectively would be to hire a new supervisor for either the ACT team or the IPS team.

**Component 2: Weekly supervision is provided by the IPS supervisor to assess updates for IPS Specialist caseloads and to develop alternative approaches and suggestions to assist with employment goals.**

When the IPS supervisor provides individualized guidance, both newly hired and proficient IPS Specialists value and improve their services. Newly hired IPS Specialists meet weekly and proficient IPS Specialists meet one to two times a month.

While individualized supervision is most effective, weekly group meetings such as the vocational unit meeting are adequate for this component. A suggestion in the fidelity report would be to offer individualized meetings (in the office and in the community), particularly if the IPS Specialist has low IPS outcomes.

Scores	Examples
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Met	The IPS team does not meet all together as a group, however, the IPS Supervisor individually meets with each IPS Specialist to discuss clients on a weekly basis. This component is met. The score for the fidelity item IPS Unit would be affected.
Unmet	A weekly IPS unit meeting is not scheduled and instead team members are encouraged to individually meet with the IPS Supervisor to share barriers as they happen. This component is not met. The fidelity report would provide comments of spontaneous discussions do not provide collaborative brainstorming or success stories and instead solely focuses on the problems, there would be no opportunity for conversations on career development strategies.

**Component 3: On a quarterly basis, IPS supervisors attend meetings for each mental health treatment team to advocate for service integration, to trouble-shoot organizational concerns (e.g., referral issues or transfer of follow-along to mental health workers), and to promote employment as recovery.**

An integrated methodology is best demonstrated when the IPS supervisors join mental health treatment team meetings.

Scores	Examples
Met	An IPS Supervisor attends all mental health treatment team meetings quarterly. During one of the mental health treatment team meetings, the IPS Specialist shares a client has just accepted a job. The IPS Supervisor responds by asking the team for suggestions regarding job supports. This component is met.
Unmet	An IPS Specialist is integrated with four mental health treatment teams, the IPS Supervisor attends one mental health treatment team meeting every quarter. This component is not met. The fidelity report advises the IPS Supervisor to attend all team meetings on a quarterly basis.

**Component 4: Monthly community supervision is arranged for IPS Specialists new to the program or struggling with job development to refine competences through observation, demonstration, and providing recommendations (e.g., meeting employers for job development, by joining IPS Specialists in intake interviews, family meetings, or other appointments with young adults).**

Supervision provided in the community improves IPS Specialist abilities in a multitude of items, however the focus on this component is with developing rapport with employers. Employer rapport building is most notably challenging for IPS Specialists yet is correlated to positive outcomes. There are three critical features within this component that must be met to earn credit.

The first is all newly hired IPS Specialists must be provided community supervision (i.e., field mentoring) during an appointment with employers (i.e., first cup of tea and on). This supervision is arranged until the IPS Specialist is proficient at employer rapport building.

The second feature of this component is IPS Supervisors are required to provide community supervision. If the supervision is scheduled with anyone other than the IPS Supervisor, they do not obtain credit for this component. Utilizing more tenured IPS Specialists to provide feedback for newly hired IPS Specialists can be implemented, however, this must be in addition to the IPS Supervisor to receive credit.

Lastly, field mentoring is scheduled monthly for all new and struggling IPS Specialists. For instance, the IPS Supervisor provides monthly field mentoring for the first two to three months after an IPS Specialist is hired, when less than 40% of an IPS Specialist’s clients are working, or an IPS Specialist’s caseload has less than three job starts every quarter.

Scores	Examples
Met	Monthly field mentoring is provided to newly hired IPS team members by the IPS Supervisor. Quarterly field mentoring is provided by IPS Supervisors to IPS Specialists who have a minimum of three job starts each quarter and a minimum of 45% of their clients are employed. There is no documentation for field mentoring. This component is met. The fidelity report recommends keeping field mentoring logs. There are <b>Sample Field Mentoring Logs*</b> toward the end of this manual.
Unmet	All new IPS Specialists are accompanied by the IPS Supervisor during job development on a monthly basis for the first three months. The IPS Specialists of eight months struggle with building rapport with employers. This component is unmet.
Unmet	An IPS Supervisor admits they have not done job development before and therefore don’t provide field mentoring to the IPS Specialists on their team. This component is not met. The fidelity report notes experience is developed through practice and the IPS Supervisors are encouraged to shadow the IPS Specialists in the field and training in rapport building skills.

### Component 5: At least quarterly, the IPS supervisor examines current client outcomes and determines goals for program performance improvement with the IPS Specialist.

Every quarter, the IPS supervisor meets as a group and/or individually with each IPS Specialist to examine outcomes (e.g., job starts, number/percent of those employed, number/percent of those in advanced education, etc.). Goals are set based on the results of the outcomes. As an example, the IPS Specialist supported two clients in job starts quarterly, their goal could be to support three clients in job starts quarterly moving forward, or the IPS team has 32% employment, their goal could be to grow to 40% employment within six months.

Scores	Examples
Met	On a quarterly basis the IPS Supervisor collectively evaluates client outcomes, common trends within those outcomes and then determines goals with the IPS team. Documentation monitoring the quantity of referrals, clients with competitive jobs, those with job retention for 90 days, clients who have transitioned from IPS services, and clients using educational services. During an interview the following was shared: “During a meeting we noticed a



	trend for job retention decreasing in the last year and our team decided to share their job support plans. We have set our new goal for 70% of all the team’s clients who begin work remain employed for a minimum of 90 days.” This component is met.
Unmet	Employment outcomes and trends are monitored and shared by the IPS Supervisor; however, no goals are developed to improve those trends. This component is unmet. The fidelity report recommends the IPS Supervisor support their team and individual IPS Specialists by working together to create team and individual goals. Examples of these goals are shared within the comments for this item.

**To calculate the score for this item:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**9. Zero Exclusion Criteria\***

There is no formal or informal vetting for participation in IPS services; if a person expresses interest in employment, they are admitted into the program. Criteria such as job readiness, substance use, symptoms, record of violent behavior, cognitive impairments, adherence to treatment, and personal hygiene are not a determining factor for service utilization. A large array of sources are solicited for referrals. Regardless of how a job or educational program ends or the amount of job or program ends, the IPS Specialists support clients in acquiring another job. The IPS program does not use IVRS or other external agency screening measures to omit anyone.

**Rationale**

Zero exclusion is a practice principle of IPS which means anyone who expresses an interest in employment has access to IPS services. Research has established a desire to work is a predictor of success, barriers are more easily overcome when people are empowered and supported in finding jobs that match each individual’s skills, experiences, preferences, and needs (Becker & Swanson, 2022).

Although mental health practitioners and administrators often share IPS is a service for anyone who has voiced interest in working, there still tends to be screening based on a prediction of whether they would do well at work. For example, a therapist could ignore a client’s interest in work or recommend concentrating on behavior modification prior to working. The opposite of zero exclusion criteria is when individuals are persuaded to put off employment to focus on treatment. To avoid this potentially affecting referrals, the IPS team implore multiple practitioners for referrals (i.e., case managers/service coordinators, therapists, housing staff, peer specialists, clients (self-referral), psychiatrists, care coordinators, special education teachers, IEP team members, school counselors, and school-based therapists). At times, mental health practitioners hesitate to refer clients due to wait lists. A delay in services can affect the person’s appeal of working.

IPS Specialists can also assist in finding more than one job, if necessary, regardless of VR’s ability to authorize multiple job starts. In IPS, job loss is viewed as an opportunity to learn and grow to constructively impact their next job.

During the fidelity visit, reviewers analyze mental health practitioners progress notes (including medication prescribers) for mention of work or career advancement. If the IPS program is separate from the mental health agency, interviews with mental health practitioners (or other primary staff) are performed at the mental health agency by reviewers to discover how the topic of employment is brought up with clients.

If an IPS program receives funding from Iowa VR, reviewers interview VR counselors about possible restrictions to supporting people based on job readiness, substance use, symptoms, record of violent behavior, cognitive impairments, adherence to treatment, recent job loss, or freshly closed from VR services. Reviewers ask the IPS team for other funding sources to cover costs when VR no longer funds a client.

Scores	Examples
"5"	There is no formal policy excluding clients due to lack of job readiness. Interviews demonstrated a frequent occurrence of clients encouraged to seek employment. One practitioner shared, "I'm all on board IPS, I have their brochures in my office to hand out to all my clients I meet in person." Additionally, the IPS Specialist works with clients regardless of barriers (e.g., substance use, symptoms, or justice-involvement). This item would be rated a "5".
"4"	All other criteria for meeting zero exclusion is met, except there is no method for clients to self-refer to IPS, or if clients and their family members are unaware of how to refer themselves, the item receives a score of "4". The fidelity report suggests the IPS team instructs practitioners and clients on how to self-refer.
"4"	All other criteria for meeting zero exclusion is met, except there is a waitlist, this item is rated "4". In the fidelity report, reviewers suggest hiring an additional IPS Specialist to eliminate waitlists and increase capacity.
"3"	An IPS program is housed with a transitional employment program and an agency-run business (i.e., they employ clients). Mental health practitioners offer their clients the option for either program which at times is emphasized on work readiness and learning acceptable work behaviors as the preferred option. During interviews clients are unsure if they would have preferred to have a competitive job right away or if they are more successful because of the new work experience from the transition program. This item is scored "3".
"3"	All other criteria for meeting zero exclusion is met, except 33% or less of the mental health practitioners will not refer clients to IPS until they are sober. This item receives a rating of "3".
"3"	All other criteria for meeting zero exclusion is met, except 33% or less of the IPS Specialists dissuade referrals for people with justice-involvement. This item is scored "3".
"3"	All other criteria for meeting zero exclusion is met, except the IPS Specialists terminate services with clients who lose a job (e.g., if a person was fired for poor attendance). This item is rated "3".
"2"	The agency has an unwritten rule of discouraging referrals of people with perceived readiness issues (e.g., substance use, violence, justice-involvement, etc.). This item receives a rating of "2".
"1"	The agency formally refuses referrals from simply one (or more) specific demographic(s) based on perceived job readiness (e.g., substance use, violence, justice-involvement, etc.). The score for this item is "1".

**To calculate the score for this item\*:**

Determine the level of exclusion for the agency. Score using the 1 – 5 anchors as appropriate.

## 10. Agency Focus on Employment\*

Competitive employment is encouraged by various tactics throughout the entirety of the agency. For the purposes of this item, “the agency” refers to the organization making the most referrals to the IPS program. If the IPS program is a program within a mental health agency or psychiatric rehabilitation agency, then that agency is usually the primary referring agency. If most referrals to IPS are from outside organizations, then rate the agency making the most referrals, if this is feasible. For example, if the IPS team is collaborating with a coordinated specialty care program, then that team may be the primary referring agency.

### Components of this item:

1. Questions concerning employment interest are asked upon intake.
2. Questions concerning employment interest are incorporated on every annual (or semi-annual) assessment and treatment plan review.
3. Postings (e.g., brochures, bulletin boards, posters, social media) concerning employment and IPS services are displayed in the agency lobby and additional waiting areas. Publicizing IPS through websites and social media are also options. (**NOTE:** Publicity must be present in two locations or modalities for this to be counted).
4. At a minimum, there are opportunities bi-annually for IPS clients to share success stories and lessons learned 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.).
5. At a minimum, quarterly outcomes and calculated rates of competitive employment are communicated with agency leadership and staff, and are shared with stakeholders, the steering committee, and/or clients as appropriate.

### Rationale

The **Agency Focus on Employment** offers methods for people to contemplate a desire to work. The difference between this item and **Zero Exclusion Criteria** is this item provides outreach to those who have not yet been asked about their interest in employment versus zero exclusion is based on providing services for people who have already expressed an interest in working. At times people need to feel empowered in their ability work somewhere they look forward to, and others need inspiration for work after having been unemployed.

For this item, “the agency” refers to the organization making the most referrals to the IPS program. If the IPS program is within a mental health agency or psychiatric rehabilitation agency, that agency is usually the primary referring agency. If most referrals to IPS are from outside organizations, rate the agency making the most referrals, if feasible. For example, if the IPS team is collaborating with a coordinated specialty care program, that team may be the primary referring agency. (See **Reviews for IPS Programs Located Outside the Agency Providing Mental Health Services\*** section of the manual).

**NOTE:** Mental health treatment teams without a designated IPS Specialist are omitted from any ratings for this item.

Reviewers analyze mental health intakes (or other standardized form used at intake) and treatment plans (or other standardized form used at least annually) and inspect the lobby and waiting areas for postings concerning employment and IPS services.

### Component 1: Questions concerning employment interest are asked upon intake.

Having consistency in how questions are asked is crucial in avoiding leading questions such as, “You don’t want to work, do you?” Thus, having the questions written on forms prevents guiding someone to an answer they otherwise wouldn’t say. Additionally, only asking about work history is not enough, it is essential mental health practitioners discuss if someone has an interest in employment or education now or in the future.

Evaluating client records (intake forms) verifies whether a standardized tool is utilized to inquire about employment and education interest at the onset of mental health treatment services.

Scores	Examples
Met	This question is listed on intake forms: “Are you happy with your job if you are currently working?” This component is met.
Met	This question is listed on intake forms: “Do you have an interest in employment?” This component is met.
Met	This question is listed on intake forms: “Are you interested in higher education or technical training?” This component is met.
Met	This question is listed on intake forms: “Do you want to learn how work could affect your disability benefits?” This component is met.
Met	This question is listed on intake forms: “Do you want to hear why some people prefer to work rather than receive disability benefits?” This component is met.
Met	This question is listed on intake forms: “Do you know about supports for people in getting jobs/careers? Would you like to learn about them?” This component is met.
Met	This question is listed on intake forms: “Have you thought about what it would be like to have a job?” This component is met.
Met	This question is listed on intake forms: “What are some pros to working?” This component is met.
Met	This question is listed on intake forms: “Is there anything that you are worried about with working? Could you explain?” This component is met.
Unmet	There are no questions about an interest in employment or IPS services listed on intake forms. This component is not met.

Unmet	Agency intake forms only ask if clients are working or not or include a section of work history but have no questions about whether or not clients have a desire to work or learn about programs to help with employment. This component is not met. Recommendations would include helping clients think about work and helping them overcome barriers, real or perceived, to employment.
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## Component 2: Questions concerning employment interest are incorporated on every annual (or semi-annual) assessment or treatment plan review.

Similarly to component 1, the consistency in how questions are asked is crucial and having the questions written on forms prevents guiding someone to an answer with which they otherwise don't agree. Simply asking this information at intake is not enough, it is essential mental health practitioners discuss at multiple intervals if someone has an interest in employment or education now or in the future.

Evaluating client records (annual forms) verifies whether a standardized tool is utilized to inquire about employment and education interest at least yearly after the onset of mental health treatment services.

Scores	Examples
Met	This question is listed on reassessment forms: "Are you happy with your job if you are currently working?" This component is met.
Met	This question is listed on reassessment forms: "Do you have an interest in employment?" This component is met.
Met	This question is listed on reassessment forms: "Are you interested in higher education or technical training?" This component is met.
Met	This question is listed on reassessment forms: "Do you want to learn how work could affect your disability benefits?" This component is met.
Met	This question is listed on reassessment forms: "Do you want to hear why some people prefer to work rather than receive disability benefits?" This component is met.
Met	This question is listed on reassessment forms: "Do you know about supports for people in getting jobs/careers? Would you like to learn about them?" This component is met.
Met	This question is listed on reassessment forms: "Have you thought about what it would be like to have a job?" This component is met.
Met	This question is listed on reassessment forms: "What are some pros to working?" This component is met.
Met	This question is listed on reassessment forms: "Is there anything that you are worried about with working? Could you explain?" This component is met.

Unmet	There are no questions about an interest in employment or IPS services listed on reassessment forms. This component is not met.
Unmet	Agency reassessment forms only ask if clients are working or not or include a section of work history but have no questions about whether or not clients have a desire to work or learn about programs to help with employment. This component is not met. Recommendations would include helping clients think about work and helping them overcome barriers, real or perceived, to employment.

**Component 3: Postings (e.g., brochures, bulletin boards, posters, social media) concerning employment and IPS services are displayed in the agency lobby and additional waiting areas.**

To demonstrate an agency encourages work as recovery, there should be at least one space in the building open to the public containing materials concerning employment and IPS services for clients and family members to learn about supports for work and education.

Scores	Examples
Met	A bulletin board is located in the lobby with success stories of previous IPS clients. The IPS Supervisor’s contact information is provided with steps to self-refer to IPS. This component is met.
Met	Postings concerning employment and IPS services are displayed in areas of the agency building where long-term services are provided, but not short-term services are provided. The IPS program can only serve clients who receive long-term mental health services and not those who receive short-term counseling. This component is met.
Unmet	The only postings about IPS services are in and near the IPS offices. This component is unmet. The fidelity report comments the intent for this component is to market employment services to those who are not currently enrolled in IPS.

**Component 4: At a minimum, there are practices biannually for IPS clients to share success stories and lessons learned with other clients and staff.**

At least biannually there are opportunities for employed IPS clients to share success stories and lessons learned with unemployed clients and practitioners. These could be things such as agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, amongst others. Doing this adds value to both unemployed clients and practitioners in empowering and inspiring them about the success of work as recovery.

Scores	Examples
Met	Monthly agency newsletters provide work stories from clients and are put in waiting rooms and the lobby. The agency also invites working clients to the mental health treatment team meetings once a quarter to share their experience with work and why they chose to be employed. This component is met.

Unmet	An Employment Celebration Breakfast is held twice a year by the IPS team where all clients and family members are welcome to hear success stories from current and previous IPS clients. The mental health team is not invited. This component is not met. The fidelity report advises the IPS team invites the mental health practitioners and any of their clients who may be interested in working to the breakfast.
Unmet	There are no formal practices scheduled for clients to share success stories and lessons learned. As shared in an interview, "The same people go to groups or talk in waiting rooms and they hear about these stories then." This component does not receive credit. The fidelity report clarifies it cannot be assumed who hears about success stories and lessons learned.

### Component 5: At a minimum quarterly outcomes and calculated rates of competitive employment are communicated with agency leadership and staff.

The intention for collecting data for **ALL** clients with serious mental illness served by the agency (rather than only IPS clients) is to draw attention to the amount of unemployment. At a minimum, this data of competitive employment rates and outcomes must be communicated quarterly to agency leadership and staff. To assist practitioners in differentiating between competitive employment and other types of employment (e.g., volunteer, sheltered, transitional employment), the information is separated when shared with the agency.

In interviews with agency leadership, reviewers discover if and how often the number/percent of people who have a serious mental illness, and how many of those people are competitively employed. Even if they have no recollection of the exact numbers, credit is given for this component if this data was communicated. However, if the agency leadership have not heard of this information, it is impossible to draw attention to the need for employment, therefore credit is not awarded.

**NOTE:** If the different types of employment are not distinguished within the quarterly data presentation, a comment about the definition of competitive employment is shared in the fidelity report. (See **Glossary\***).

Scores	Examples
Met	Mental health practitioners receive a list of clients at the start of a month and are asked to check those who have been competitively employed in the month prior. The definition of competitive employment is provided to everyone. Once the results are compiled, they are shared to all staff: "Clients with serious mental illness and are employed competitively is currently at 15%, which is up 2% from last quarter! Our new goal is to have 18% of clients competitively employed by next year." As a follow-up, the quality assurance director comes to the mental health treatment team meetings to talk through the findings.
Unmet	The agency does not currently measure the rate of competitive employment among all clients served by the agency who have a serious mental illness. This employment rate is then not shared out amongst all agency staff. This component is unmet.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review. Score using the 1 – 5 anchors as appropriate.

## 11. Executive Team Support for IPS Services\*

The parent organization for the IPS program shares IPS values and provides infrastructure support to the IPS program. Administrative team members of the parent organization (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resources Director) contribute to the application and flourishing of an IPS program. *The agency leadership understands and supports the mission of IPS to address employment, including career advancement through education and vocational training.*

### Components of this item:

1. Chief Executive Officer (CEO) and/or agency equivalent demonstrate a general understanding of the principles of IPS and support its mission.
2. Using the IPS fidelity scale and results from the latest fidelity review, the agency quality assurance (QA) process involves a comprehensive evaluation of the IPS team(s), or components of the team(s), no less than every six months, or, after receiving a good fidelity score, no less than once a year.
3. At least one agency executive member contributes to and participates in steering committee meetings (occur bi-annually for IPS programs that have achieved good fidelity, and quarterly for teams below good fidelity). Entrusted with examining fidelity, program functionality, and the provision of services, the steering committee (comprised of a diverse assembly of interested partners) creates action plans targeting the development or sustainability of providing services at good fidelity.
4. At least annually, the entire agency staff receive communication about the explicit goals for IPS and the ways in which IPS services strengthen the agency mission directly from the agency CEO or equivalent, not another administrator.
5. At least bi-annually, the IPS Supervisor communicates strengths and barriers of the IPS program to the executive team (including the CEO) and they collaborate to identify and apply strategies for overcoming barriers.

**NOTE:** Depending on the organization and/or system, job titles (e.g., executive team members) can fluctuate. For instance, the Veterans Administration (VA) executive team may include the hospital director, associate director, chief of staff, and department head (e.g., Chief of Mental Health, Behavioral Health Service Line Chief, etc.).

### Rationale

Research has proven to have effective implementation of an evidence-based practice (e.g., IPS), executive team member involvement is essential and cannot just be assigned to the IPS team (Becker & Swanson, 2022).

For efficiency during the fidelity review, a brief group interview with several leaders (e.g., the executive director/chief executive officer (CEO), quality assurance director, and clinical director) to inform reviewers of operations performed by all of the executive team. Reviewers do not need to have individual interviews with each executive team member.





A single IPS supervisor to whom one or more IPS Specialists report is considered an IPS team. When an agency has more than one IPS team, individual IPS fidelity reviews are completed for each team. However, the group interview with the executive team can be performed once annually. The data collected from the group interview is then used for each IPS team evaluation for that year.

For instances when the IPS team is not integrated with the mental health agency, the components for this item may vary as to who should be interviewed. At times it could be executive team members from both the agency where the IPS team is located and the mental health agency, other times it could simply be the executive team members from the agency where the IPS team is located. These are indicated below:

- **Component 1:** Executive team members from both agencies demonstrate a general understanding of the principles for IPS and support its mission to receive credit for this component.
- **Component 2:** Both agencies share their quality assurance process.
- **Component 3:** One executive team member at a minimum from both agencies contributes at IPS leadership meetings (steering committees) for this component to be counted.
- **Component 4:** Agency CEO or agency equivalent from both agencies communicate explicit goals and support for IPS services to receive credit for this component.
- **Component 5:** Only the executive team members from the agency where the IPS team is located applies to this component.

**[COMING SOON]** To watch a scenario where fidelity reviewers elicit detailed information about the promotion of IPS by the executive team, the video entitled “Interview with the Executive Team” is in the IPS Fidelity Reviewer On-demand Course.

### Component 1: Chief Executive Officer (CEO) and/or agency equivalent demonstrate a general understanding of the principles of IPS and support its mission.

IPS programs are able to thrive when the CEO and/or agency equivalent can differentiate between IPS and other employment programs. For example, by understanding the IPS practice principle of focus on competitive employment and the successful outcomes correlated with getting people jobs anyone can obtain, the agency may then move to decrease the push for prevocational programs or providing jobs that are set aside for people with a disability.

Although most executive team members struggle explaining all of the IPS practice principles, they should have a general understanding of them, the mission of IPS, and what essential core elements are needed to make an IPS program sustainable. It is not necessary for the executive team members to comprehend the specific operations of IPS but being able to define a few principles is sufficient to meet the requirements of this component.

Scores	Examples
Met	The CEO is able to describe a few IPS practice principles and shares “IPS works with people to support them in getting regular jobs right away and its for anyone who shows an interest in working. I love that we are able to provide another evidence-based practice at our agency.” This component is met.

Unmet	The COO of the agency communicates an understanding of IPS and many of the principles, however the president was unable to articulate how IPS supports the agency mission and provide clear and specific goals for IPS within the strategic plan. This component is unmet.
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**Component 2: Using the IPS fidelity scale and results from the latest fidelity review, the agency quality assurance (QA) process involves a comprehensive evaluation of the IPS team(s), or components of the team(s), no less than every six months, or, after receiving a good fidelity score, no less than once a year.**

By requiring programs to examine their fidelity scores, it leads to improvement of both the scores and the outcomes. As long as the QA process assesses some of the fidelity items or the fidelity score credit can be given for this component.

Scores	Examples
Met	An agency quality assurance reports demonstrate the process has included monitoring the rating for zero exclusion criteria as well as the overall IPS fidelity score for the last 18 months. The reports also note the IPS steering committee’s role in improving fidelity. This component is met.
Unmet	The IPS steering committee deliberates over IPS fidelity measures and the goals and methods to monitor these, however the fidelity scores have not been a part of the quality assurance process thus far. This component is not met.

**Component 3: For IPS programs that have met good fidelity, every six months at least one agency executive team member contributes at IPS Steering Committee meetings, teams that have not yet achieved good fidelity should meet at least quarterly.**

Steering committees create action plans targeting the development or sustainability of providing services at good fidelity and are established by agency leadership and the IPS Supervisor. In addition to action plans, the committee deliberates on ideas to improve access to IPS services, to promote work as recovery, partnerships with schools and training programs within the community, amongst other similar tasks. Although there may not be action steps for every fidelity score below a “5”, the committee builds a plan they feel is feasible.

The committee is comprised of a diverse assembly of interested clients (e.g., clinical directors, quality assurance director, chief operating officer, clients, family members, mental health supervisors, IPS specialists, and Iowa Vocational Rehabilitation counselors). When members of the committee include those with executive positions, system level change is possible for the organization. For example, upper-level managers can develop plans to implement weekly mental health treatment team meetings.

The most current fidelity action plan is examined during the fidelity review. **[COMING SOON]** Sample fidelity action plans can be found in the IPS Toolbox here (link will be here).

Scores	Examples
Met	The agency quality assurance director attends the IPS steering committee meetings quarterly and the CEO participates in the meetings once a year. This component is met.
Unmet	No members of the agency’s executive leadership team is included in the steering committee, or executive members have only attended one meeting. Reviewers would recommend executive leadership prioritizing participation to help facilitate system level changes for IPS program success.

**Component 4: At least annually, the entire agency staff receive communication about the explicit goals for IPS and the ways in which IPS services strengthen the agency mission directly from the agency CEO or agency equivalent, not another administrator.**

Essential to successful IPS programs is the endorsement from the agency CEO or agency equivalent. If the CEO gives the impression they do not support IPS, practitioners and supervisors may abandon efforts to improve IPS services.

Scores	Examples
Met	At the IPS kickoff the CEO talked about IPS and competitive employment, which was six months prior to the fidelity review. This component is met.
Met	The executive director participated in the mental health treatment team meetings where they presented on employment as recovery and how that fits into the mission of supporting recovery. This component is met.
Unmet	The agency CEO hasn’t had the opportunity to communicate with the entire agency staff about how IPS fits with the recovery mission of the agency. This component is not met.

**Component 5: At least biannually, the IPS supervisor imparts the items that impede and facilitate IPS service implementation and delivery to the executive team (including the CEO) and they collaborate to ascertain and apply suggestions for overcoming those barriers.**

The collaboration between the IPS supervisor and executive team (including the CEO and possibly the clinical director) can be a brief meeting lasting as little as 20 minutes, but it will help to reiterate the IPS principles and reinvigorate the support for the IPS program. By including the executive team in celebrating the accomplishments of the IPS program and engaging the team in problem-solving, they will feel invested in the success of the IPS program.

During the interviews with the executive team members, reviewers enquire about the methods they used to overcome IPS program barriers. As an example, when the executive team learned about the barriers to having a waitlist, they redistributed funding to hire another IPS Specialist. Another example could be if the executive team learned about the struggle to collaborate with IVRS counselors and the CEO met with the regional VR director to brainstorm solutions to create a relationship between IVRS and the IPS program.

Scores	Examples
Met	<p>Twice a year the executive team schedules time for the IPS Supervisor to participate in their meetings. The IPS Supervisor states they share successes and barriers to program implementation as well as requesting advice if needed. As a result of these meetings, the CEO increased mental health treatment team meetings to weekly rather than monthly and the medical director has been discussing work as recovery since they learned the psychiatrists were excluding some people based on perceived job readiness. This component is met.</p>
Met	<p>The IPS Supervisor meets quarterly with the executive team of a rehabilitation agency that does not provide mental health treatment where the IPS program is housed. The IPS Supervisor does not meet with the executive team of the mental health agency where the IPS Specialists coordinate services. This component is met.</p> <p><b>NOTE:</b> It is not required for the IPS Supervisor to meet with the executive team at the mental health agency as one member of that team is required to attend the IPS steering committee at the rehabilitation agency and discovers the barriers at that time.</p>
Unmet	<p>The IPS Supervisor does not report directly to the executive leaders, and instead relays strengths and struggles of the IPS program to another person who has access to the executive team. This component is not met. The fidelity report shares a recommendation to create meetings for the IPS Supervisor and the executive team to impart impediments and facilitators to IPS implementation and to collaborate for solutions to those barriers.</p>

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review. Score using the 1 – 5 anchors as appropriate.

## Services\*

### 12. Work Incentives Planning\*

Before a job start or at times of hour and pay changes, all IPS clients are provided opportunities to access work incentives planning. Work incentives planning (i.e., benefits planning) consists of resource sharing, and support with SSA benefits, medical benefits, medication subsidies, housing subsidies, SNAP benefits, spouse and dependent children benefits, past job retirement benefits, any other source of income, and how to report wages to various programs (e.g., SSA, housing programs, VA programs).

#### Rationale

In the initial contact with exploring work as recovery, there are varying responses to how they may see this impacting their benefits. Some may feel apprehensive of the potential to no longer receive disability benefits, while others may want to ensure they are able to get paid adequately to no longer require utilizing the benefit system. This is why it is crucial all potential ways employment could influence individual economic situations are explored. In doing this, potential clients are able to make informed choices based on current information on benefits such as disability and government entitlements. As an example, “By making \$500 a month, you would lose your SNAP benefits (\$20), but your Social Security Disability Income would not be affected. Your total monthly income would be [total monthly income with \$500 and SSDI]. By making \$1000 a month [...]”.

There is rigorous training that professional work incentives planners must have completed with regular updates. One commonly used training is Certified Work Incentives Practitioner (CWIP) at Cornell University (<https://www.ytionline.org/>). Another commonly used training is Certified Work Incentives Coordinator (CWIC) at Virginia Commonwealth University ([www.vcu-ntc.org/certification/](http://www.vcu-ntc.org/certification/)).

Benefits counselors help each person understand:

- The sum of their finances based on part-time or full-time employment.
- The various sources of income such as SNAP benefits, housing subsidies, disability benefits, retirement benefits, railroad benefits, and veteran’s benefits.
- How earned income impacts cash benefits, public assistance, and health insurance, and other benefits for the individual, as well as a spouse’s or dependent child’s benefits.
- How to no longer require utilizing the benefits system, if preferred.
- Ways to save and build assets for self-reliance (e.g., Achieving a Better Life Experience (ABLE) accounts) and work incentives available when they go to work (e.g., Plans for Achieving Self Sufficiency (PASS), and Impairment Related Work Expenses (IRWEs)).
- There are multiple opportunities for assistance (e.g., if someone thinks of more questions, or there are changes with work, etc.).

Benefits counselors could be employed by the IPS program or another agency, either option does not affect the score of this item. If the IPS Specialist is the work incentives planner, during their interview they are asked about their initial and ongoing training. Additionally, they are asked to share various resources for income and/or benefits for an individual. Benefits can be impacted by a spouse’s or caregiver’s earned income therefore they also need to share if they understand those implications as well.

There are occasions when people do not have a need for work incentives planning, such as those who do not collect benefits. IPS programs serving the young adult population may find this to be more common as work has been promoted over disability benefits.

Scores	Examples
“5”	Any client who would like benefits counseling meets individually with the work incentives planners and are allowed to invite anyone they would like to join. Additionally, once a month a benefits planner provides informational sessions about SSA and work incentives to family members. This item receives a rating of “5”.
“5”	Clients can wait a month or longer to meet with a work incentives planner, but it’s in time for them to be able to make informed decisions about a job and how it could impact benefits. This is scored “5”. The fidelity manual comments the wait for benefits counseling could cause clients to feel disheartened and potentially lose interest in working.

"4"	IPS Specialists send referrals to benefits counselors in a timely manner but will not assist with monthly reporting (i.e., sending earned income to entitlement agencies). This item is rated "4". The fidelity report provides feedback that although IPS Specialists are not required to aid all clients in reporting income, some people learn best when they see this demonstrated for them before needing to do it independently. Others find reminders to send the information to be helpful.
"4"	The only time IPS Specialists refer clients to a work incentives planner is when they first start services, they do not refer clients or offer further resources when clients have changes in pay or hours. This receives a score of "4".
"3"	The benefits planning clients receive is effective for those who only receive Social Security benefits, but not for anyone who receives other benefits (e.g., veteran's benefits, multiple sources of benefits, etc.). This item is rated at a "3".
"3"	Mental health practitioners learn about benefits from the Social Security Administration's Red Book and then provide basic information about how work could impact SSA benefits. This item is scored "3".
"3"	Clients who receive Social Security benefits receives information about work incentives from a monthly presentation by a work incentives planner. All clients who receive other benefits meet with a benefits planner one-on-one. This item receives a rating of "3".
"2"	Most clients at an IPS program are referred to benefits planning, however less than 20% of clients follow-through with a meeting with the benefits counselor. This is scored at "2". The fidelity report suggests the IPS Specialist or natural supports assist clients in attending benefits planning appointments. Until this is more common practice, the IPS Supervisor should track the number of clients attending work incentives planning appointments.
"2"	Benefits counseling simply involves the clarification of one area of benefits (e.g., the rules for entitlements). This item is scored "2".
"1"	The agency reports that there are no certified work incentives planners to refer clients, OR no clients have received or been referred to benefits planning services. This item is scored "1".

**To calculate the score for this item\*:**

Determine the amount of assistance clients receive for comprehensive benefits planning.  
Score using the 1 – 5 anchors as appropriate.

### 13. Disclosure\*

An extensive conversation (on multiple occasions) to explain the advantages and disadvantages to sharing all or parts of a person's disability to their employer so the client can make the best choice for their circumstances.

**Components of this item:**

1. IPS clients are not required to share all or parts of their psychiatric disability to their employer/educator to remain in the IPS program.

2. Before sharing with the IPS client’s employer/educator, the IPS Specialist offers to clarify the advantages and disadvantages of disclosing all or parts of their psychiatric disability, including how accommodations could be requested and the role of the IPS Specialist in this communication with the employer/educator.
3. There is an extensive documented conversation between the IPS Specialist and IPS client about what information to disclose (e.g., receiving mental health treatment, presence of a psychiatric disability, difficulty with anxiety, unemployment, etc.) and ideas on how to share this with employers/educators.
4. The purpose of disclosure is brought up on multiple occasions (e.g., no job start after two months, challenges at the work site are reported).

**Rationale**

Typically, there are two reactions to disclosure, one is the value from an IPS Specialist advocating throughout the process of the job search, career advancement, and/or requesting accommodations. Others feel apprehension due to the stigma surrounding psychiatric disabilities or would rather focus on their strengths as they look to their future. Overall, disclosure is meant to provide clients with options for imparting personal details, if they should, what to share, and with whom to share. Whatever is decided, the IPS Specialist explains their choices and respects their preferences.

To receive a score of “3” or higher, the IPS Specialist must utilize a disclosure document. **[COMING SOON]** An example of this document (i.e., Plan for Approaching Employers) can be found in the **Sample Program Forms** in the IPS Toolbox found here: **link to come**. For a score of “4” or higher, in addition to the document, the conversations must be guided by the IPS client and not by the opinions of the IPS Specialist. Furthermore, there also must be verification the IPS Specialist has multiple conversations about disclosure to receive a score of “5”.

**Component 1: All clients are not required to share all or parts of their psychiatric disability to their employer/educator to remain in the IPS program.**

All clients have been inquired on their preferences for disclosure (i.e., psychiatric disability, association with the IPS program) to employers and/or to educators (i.e., Office of Student Services, Office for Students with Disabilities, and professors/teachers).

Scores	Examples
Met	The IPS Specialists do not require all clients to disclose a disability to employers. This component is met.
Unmet	Most IPS Specialists offer choice in disclosure but encourage sharing parts of their disability with employers. Some IPS Specialists will not support clients with job development until the client will disclose their disability. This component is not met.

**Component 2: Before sharing with the client’s employer/educator, the IPS Specialist offers to clarify the advantages and disadvantages of disclosing all or parts of their psychiatric disability with their employer/educator, including how accommodations could be requested and the role of the IPS Specialist in this communication with the employer/educator.**

IPS Specialists objectively deliberate with the clients to discover their viewpoint on the advantages and disadvantages to disclosure.

Scores	Examples
Met	An IPS program has four IPS Specialists. During the IPS Specialist interviews, they are asked to role-play a discussion about disclosure. Three IPS Specialists ask about the advantages and disadvantages of disclosing. “Is there anything that worries you about disclosing your disability with employers? Is there anything that could be beneficial to sharing parts of your diagnosis?” The other IPS Specialist talks at the client about the advantage of disclosure is finding a job sooner when they are able to speak to employers on the client’s behalf, and the disadvantage to disclosing is sometimes people do not hire those with mental health risks. This component is met. The fidelity report clarifies most of the team is excelling at this job and recommends more training and supervision to provide a cohesive message. The IPS Specialists would all remain anonymous.
Unmet	An IPS program has two IPS Specialists who approximate 90% of their client have decided to not share any part of their disability. One IPS Specialist shared “The clients have the right to decide whether they disclose. Most of them worry about the stigma with their diagnosis so they choose to keep their diagnosis to themselves.” This component is unmet (unless there is evidence the IPS Specialists objectively share information about disclosure).

**Component 3: There is an extensive conversation between the IPS Specialist and client about what to disclose (e.g., receiving mental health treatment, presence of a psychiatric disability, difficulty with anxiety, unemployment, etc.) and ideas on how to share this with employers/educators.**

If the client chooses to disclose, the IPS Specialist respects the choice to share only as much as the client chooses. If an employer/educator asks personal details which is private, the IPS Specialist shares they are not allowed to reveal certain details and/or suggests the client be introduced to the employer/educator to have their firsthand knowledge.

Scores	Examples
Met	An IPS Specialist shares they typically say the following to their clients: “When I talk to employers, I tell them the people I work with have conditions such as depression or anxiety but have a variety of experience and skills and are



	eager to work. Unless you would like me to, I do not share anyone’s specific diagnosis, medications, or history of treatment. What do you think about me sharing that with employers?” This component is met.
Unmet	During client interviews, some people share they didn’t know what disclosure meant until today and feel they would choose for their IPS Specialist to advocate for them when contacting employers. This component is not met.

**Component 4: The purpose of disclosure is brought up on multiple occasions (e.g., no job start after two months, challenges at the work site are reported).**

The purpose of disclosure is brought up on multiple occasions. For instance, some clients want to change their choice to disclose depending on the employer/educator. Another example is if there are challenges with obtaining a job, a conversation is brought up about disclosure and if the client would like to modify their choice to disclose.

Scores	Examples
Met	There are multiple cases where the IPS Specialists discuss the purpose of disclosure. During an interview an IPS Specialist shared “When one client first started, they were adamant they did not want to disclose their disability or that they were working with IPS. After they started having issues at work, I asked them about what they see as the advantages or disadvantages to disclosing and how the situation could have been different if they had disclosed. They changed their mind and felt it would be helpful if I were to assist them in asking for work accommodations.” This component is met.
Unmet	Out of the client records reviewed, there was evidence of disclosure being discussed on more than one occasion 40% of the time. There was infrequent documentation regarding the client’s preferences in the amount of information to disclose and whether to disclose. This component is unmet. The fidelity report advises disclosure to be documented in its entirety.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**14. Experience-Based Career Profile\***

The IPS Specialist and client meet in person to complete a career profile immediately after IPS enrollment. Entries in the profile are guided by actual work experiences and/or visits to workplaces to learn about different jobs, not vocational tests. Volunteer positions and short-term job tryouts are rarely used. The profile is updated with information from career exploration activities and new competitive job experiences. The career profile form includes information about preferences, experiences, skills, current adjustment, strengths, and personal contacts.

**Components of this item:**

1. The IPS Specialists meet a client in person to complete a career profile immediately after IPS enrollment, systematically reviewing interests, experiences, and strengths, and analyzing prior job loss (or job problems) and job successes, using multiple sources (e.g., IPS client, family treatment team, clinical records, previous employers, and case management).
2. The IPS Specialist updates the career profile with information about career exploration experiences (i.e., education reports), each new job experience (i.e., job starts), and any job endings. Incorporates consideration of job accommodations. Most, if not all, these meetings should be done in person.
3. The IPS Specialist does not use office-based assessments, standardized tests, and/or intelligence tests.
4. The IPS Specialist does not use prevocational work experiences (e.g., work units in a day program), volunteer jobs, non-competitive internships, short-term work experiences, or set aside jobs (e.g., agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).

**Rationale**

Just as anyone else, clients discover their preferences and assets through competitive, integrated work experiences. Through a comprehensive career profile, IPS Specialists are able to develop a customized employment/education plan that can be revised through recent experiences.

Because IPS Specialists are unique in how they offer services, multiple sources of information must be collected during the fidelity review.

**Component 1: The IPS Specialists meet in person to complete a career profile immediately after IPS enrollment, systematically reviewing interests, experiences, and strengths, and analyzing prior job loss (or job problems) and job successes, using multiple sources.**

By completing a career profile using multiple consented sources such as the IPS client, case manager/service coordinator, psychiatrist, housing staff, family members, employers, and educators, the IPS Specialist can discover hobbies, talents, proficiencies, and effective supports for meeting their ambitions. Notably, this is not to establish career readiness but to discover a more personal approach to accomplishing goals. For example, if a client struggles with substance use, the team works to determine environments that support their recovery.

Scores	Examples
Met	The IPS program uses a comprehensive career profile to get to know clients’ strengths, job histories, and vocational preferences during the initial meeting. Most client records are updated after job starts or job ends. This component is met.
Unmet	The IPS program does not use a comprehensive career profile. This component is unmet.
Unmet	The IPS Specialists leave the work history section of the career profile blank because the resume is saved in the client records. This component is not met. The fidelity report clarifies the resume does not demonstrate what the client enjoyed or disliked about previous jobs, or discovers the reason for a job end, in what way were the jobs discovered, symptom management during work, relationships with managers and coworkers, and so on.

Unmet	The career profile is only completed with the client and no other sources for information are used. This component is unmet.
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**Component 2: The IPS Specialist updates the career profile with information about career exploration experiences (i.e., education), each new job experiences (i.e., job starts), and any job endings. Incorporates consideration of job accommodations. Most, if not all, these meetings should be done in person.**

To glean insight from every vocational and educational experience from the client’s perspective, the career profile is updated, and goals are revised. At times job accommodations are considered (e.g., working part time).

Scores	Examples
Met	After every job end or educational experience, the IPS Specialists work with clients to consider any new lessons they discovered, what they found most interesting, and what could have made the experience more successful. This component is met.
Unmet	The IPS Specialists only complete the career profile when a client is first enrolled in IPS, they do not consistently update the career profile with job start forms, job end forms, and/or educational experience reports. This item is unmet.

**Component 3: The IPS Specialist does not use office-based assessments, standardized tests, and/or intelligence tests.**

The purpose of this component is to prevent the use of office-based assessments (e.g., short-term work experiences), standardized tests (e.g., paper and pencil vocational tests, work samples), intelligence tests, or other assessments to obtain IPS services.

Scores	Examples
Met	There is no record of the use of any office-based assessments, standardized tests, and/or intelligence tests for clients to receive IPS services. This component is met.
Unmet	Most if not all IPS clients complete a vocational evaluation, primarily because IVRS authorizes these to be completed. This component is not met.

**Component 4: The IPS Specialist does not use prevocational work experiences, volunteer jobs, non-competitive internships, or set aside jobs. They also avoid short-term work experiences, even when VR counselors recommend those services.**

This component’s goal is to avoid the use of prevocational work experiences (e.g., work unis in a day program), volunteer jobs, non-competitive internships, set aside jobs (e.g., agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves), or short-term work experiences to receive IPS services.

Reviewers must investigate internships thoroughly. Determining if the internship is correlated to the IPS client’s career aspirations, if it is a paid internship or if it earns school credit, if this is a set-aside position for individuals with disabilities, whether the internship is required to meet employment goals, and whether the IPS client believes the internship is rewarding both personally and professionally. If the reviewers determine the internship is fundamentally a volunteer job, there is no credit for this component.

Competitive, integrated post-secondary education and technical training programs in line with the IPS client’s employment goals are congruent with this component. This is regardless of the program potentially delaying the job search.

Scores	Examples
Met	An IPS program has two clients who participate in an internship. Upon further investigation it is determined these internships are mandatory for all students in the program to complete the degree correlated to their career goals. This component is met.
Unmet	An IPS program does not typically administer vocational evaluations or utilize prevocational work experiences, but there were a few clients who participated in situational assessments (short-term, paid, work experiences) after learning VR offered these opportunities the IPS Specialists felt would better prepare their clients for work. This component is not met.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**15. Rapid Job Search for Competitive Job\***

Within 30 days (one month) following the first career meeting, the first face-to-face employer contact regarding a competitive job is completed by the IPS client or IPS Specialist.

**Rationale**



The intent of this criterion to guarantee IPS clients are promptly supported with employer contacts regarding competitive jobs. The face-to-face employer contact element may be completed by the IPS client, IPS Specialist, or both together. The job search schedule is based on the IPS client’s preferences and not a condition of the IPS program.

If the IPS client’s goal is to work, the IPS Specialist initiates the job search expeditiously. Generally, the IPS client would like to concentrate on applying for jobs and the employer contacts are concerned with job searches. Sporadically, the IPS client would like to gain an understanding of various types of jobs. When this is the case, the IPS Specialist may support this by having the IPS client tour businesses, meet current workers, and shadow an employee. These occurrences are congruent with the requirements of this item.

If the IPS client’s goal is to participate in an educational or training program, the IPS Specialist and IPS client initiate visits with academic establishments expeditiously. These can involve the IPS client’s enlightenment to potential degrees and certifications, engagement with financial aid and scholarly advisors, and visit with the Office for Students with Disabilities.

During the fidelity review, rapid job search is calculated by using the IPS client’s first appointment with the IPS team as the IPS enrollment date and the date of the first employer contact. By interviews with clients, IPS Specialists, and reviewing client records to determine these dates. Only the most current IPS enrollees should be used to determine this fidelity item. More importantly, if an IPS client has already been included in a past fidelity review for rapid job search, they should not be used in any other future reviews.

The average for all IPS Specialists is used to determine the rapid job search item, in this case meaning the median. The median can be found by sorting the number of days from the fewest days to the most days and finding the middle of the list. In the event there is an even number of days, the two middle numbers are added and then divided by two. The purpose of using the median rather than the mean is to avoid an alteration of the score due to a couple outliers.

In the instance that an IPS client has requested an IPS Specialist advocate for them with employers and it has yet to happen, the number of days for this case would be the first IPS appointment to the day of the fidelity review. Additionally, the reviewers would write about individual preferences under Individualized Job Search.

The IPS supervisor is asked to provide documentation monitoring rapid job search, reviewers do not rate this higher than a “4” if there is no system to track this. When this is documented, it is evaluated for accuracy with client records and the IPS supervisor is asked to clarify any discrepancies.

Only face-to-face (i.e., not by phone or email) employer contacts are allowed for the calculation of this item. For example, if an IPS Specialist speaks to an employer by phone within 30 days of enrollment but meets in person with an employer after 30 days, the face-to-face meeting is counted.

Scores	Examples
“5”	<p>An IPS program has a policy of only accepting referrals for those who are enrolled in treatment groups when they struggle with substance use. During the IPS unit meetings, the IPS Supervisor documents the day IPS Specialists meet a new client, when a first employer contact as a representative of their client, and any employer contacts a client has made. The IPS Supervisor then monitors the number of days between the first meeting and the first face-to-face contact with employers, this is their list:</p> <p>2 6 10 12 15 16 18 25 28 29 31 33 33 39 42 51</p>

	(Calculation: $25 + 28 = 53$ . $53 \div 2 = 26.5$ .) Because the median number is less than 30 and the IPS Supervisor monitors the days, the score is “5”. The score for Zero Exclusion Criteria would be impacted by the agency policy, but the rating for this item is only based on the median number of days for employer first contact.
“4”	<p>There is no method for monitoring the number of days between the first meeting with clients and first employer contact by the IPS Supervisor. The client record reviews show:</p> <p>4 12 25 27 <b>29 31</b> 32 37 44 78</p> <p>(Calculation: <math>29 + 31 = 60</math>. <math>60 \div 2 = 30</math>.) The median is 30 days. Although the median is at or below 30 days, the IPS Supervisor does not track this information, therefore this item receives a rating of “4”.</p>
“4”	<p>Clients typically have a waiting period of two to three months from referral before being having an initial meeting with an IPS Specialist. The IPS Supervisor provides this list of days to first employer contact:</p> <p>2 6 7 8 21 22 <b>33</b> 39 44 50 55 57 94</p> <p>The median is 33, the score is “4”. The fidelity report urges IPS Specialists to engage with clients promptly, but this does not affect the score for this item.</p>
“3”	<p>The IPS Supervisor tracks the number of days between the first meeting with clients and first employer contact and provides this list:</p> <p>24 27 27 29 30 <b>61 67</b> 67 72 74 87 121</p> <p>(Calculation: <math>61 + 67 = 128</math>. <math>128 \div 2 = 64</math>.) The median is 64. This item receives a rating of “3”.</p>
“2”	<p>The IPS Supervisor tracks the number of days between the first meeting with clients and first employer contact and provides this list:</p> <p>21 23 45 57 78 88 <b>153</b> 164 176 177 177 183 184</p> <p>The median is 153. The score is “2”.</p>
“1”	<p>Twenty-one days after the first meeting with a new client, the IPS Specialist called and spoke with a hiring manager. The IPS Specialist did not meet an employer face-to-face for that client until 273 days after the first meeting. This item is scored “1”. The fidelity report provides the rationale of in-person meetings are the best method in building rapport, at times phone calls or emails can be effective, but should not be the sole and most commonly used approach in communication.</p>

**To calculate the score for this item\*:**

Determine the median number of days between entry to the IPS program and first face-to-face contact with an employer for each IPS Specialist. Add the median days for each IPS Specialist and divide by the number of IPS Specialists. Score using the 1 – 5 anchors as appropriate.

**16. Individualized Job Search\***



An individualized job search is created by following the preferences and needs of the IPS client and not readily available jobs.

**Components of this item:**

1. IPS Specialists develop an individualized job search plan and update with information from the career profile and new job/educational experiences.
2. IPS Specialists make employer contacts aimed at making a good job match based on the IPS client’s preferences and needs (e.g., experience, ability, symptomatology, health).
3. IPS Specialists extend searches beyond jobs that are readily available.
4. IPS Specialists accept client’s decisions to change direction (i.e., revise goals) and work with them on revised plans, even if this means switching from employment to education as a next step.
5. When clients frequently find and leave jobs independently, IPS Specialists continue to job search (even when clients are employed) for positions related to preferences and lessons learned from job experiences.

**Rationale**

By creating an individualized plan, clients are shown to attain employment faster, hold jobs for longer, and work more hours.

If half or more of the individualized job search plans are missing from client records, they score no higher than “4”.

**Component 1: For clients with employment goals, IPS Specialists develop an individualized job search plan and update with information from the career profile and new job/educational experiences.**

Each IPS client should have an individualized job/education search plan based on their preferences and next steps for each client to acquire a job. If every plan said the same thing such as “Client is searching for full-time employment”, they are not personalized. When IPS team members are able to determine the IPS client from an anonymous plan, they are tailored plan. **[COMING SOON]** Sample job search plans are located in **Sample Program Forms** in the IPS Toolbox found here: **link to come**. The individualized job search plan is updated with information from the career profile and new job and school experiences.

Scores	Examples
Met	Job search plans list client preferences such as the type of job the person wants in addition to other preferences such as environment, transportation, noise level, social aspects, type of work (e.g., repetitive, stationary, varied, busy).
Unmet	There is no evidence of a job search plan.

**Component 2: For clients with employment goals, IPS Specialists make employer contacts aimed at making a good job match based on the client’s preferences and needs.**

In addition to a client’s specified preferences, the IPS Specialist determines job matches based on employment and/or education history, trainings, aptitudes, and gifts. When discussing employment and/or education history, certain qualities are particularly noted, such as what was most enjoyable, what influenced their success, what challenges they faced, relationships with employers and co-workers, the job search, and the reason for their departure. Using the responses, the IPS Specialist assists clients with emphasizing their strengths and decreasing possible issues, similarly to anyone who pursues a job would do. By balancing the incorporation of their successful influencers while avoiding similar challenges, the client can find more success in their future employment endeavors. Another important focus of client interests is unrelated to the job type and instead based on the logistics of the job, such as proximity to their home, wages, work conditions, hours worked, amongst others. It is the role of the IPS Specialists to hear the hierarchy of preferences to create an individualized employment plan.

After determining the hierarchy of preferences, the IPS Specialist then begins searching for a job that would be the best match for the client. In the event a client does not want to disclose and therefore have requested the IPS Specialist not speak to employers on their behalf, the IPS Specialist clarifies if they can contact employers about more generic information such as job qualifications, variety of jobs, desirable qualities, so they are able to impart the information to the clients.

Scores	Examples
Met	Job development logs reflect employer contacts are made based on client interest.
Unmet	IPS Specialists did not delve deeper than the client’s stated employment goals and make employer contacts based on that limited information without knowing job matches that could work with their strengths, lessons learned from previous employment, their hobbies, their personality, symptoms, and substance use, and so on.

**Component 3: For clients with employment goals, IPS Specialists extend searches beyond jobs that are readily available.**

There are times a client struggles with sharing their preferences and is willing to work anywhere. When this happens, the IPS Specialist has conversations to establish interests, even if it is the kind of work they avoid. IPS Specialists must extend searches beyond jobs that are readily available, with only extreme exceptions such as being on the brink of houselessness or something similarly catastrophic.

The only situations reviewers evaluate employer contacts by the client is if the IPS Specialist advises the client to reach out due to an open position or something irrelevant to the client’s preferences. Otherwise, if the client contacts an employer on their own volition, the reviewers can give credit for this component.

Scores	Examples
Met	IPS Specialists work on specific job matching that meet a client’s strengths and/or limitations, interests and preferences.



Unmet	IPS Specialists are urging clients with justice-involvement to accept any open jobs that will hire them to acquire a work history. The fidelity report recommends the IPS Specialists should assist clients in determining which jobs are interesting and they are qualified to perform; no assumptions are made about who employers will hire, they visit employers to discuss the client’s strengths and the changes they are making to improve their life.
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**Component 4: For clients with employment goals, IPS Specialists accept client’s decisions to change direction and work with them on revised plans, even if this means switching from employment to education as a next step.**

The revision of employment goals can happen and the IPS Specialist must work with the client to create newly updated plans. At times, this could mean the individual wants to move from a job search to career advancement through an education plan. When this happens, the IPS Specialist focuses on the educational and training programs that are nearby. Similar to a job search, the IPS Specialist would look to career advancement for the various degrees or certificates, the duration before completion, learning environments (i.e., hands-on or academic or online), financial aid, and employment rate post-graduation. If desired, the IPS Specialist can accompany an IPS client to tour colleges or technical schools associated with their preferences.

If a client needs support in determining a profession, the IPS Specialist could create meetings with individuals who graduated from a specific program, are employed in that occupation, and Iowa VR counselors. This can help the client narrow down their interests.

If the IPS client never brings up a desire to change directions in their individualized plan, full credit is given for this component.

Scores	Examples
Met	IPS Specialists document in the job search plan changes to the client’s employment goal from mechanic to a nurse and they are now working on educational supports toward becoming a CNA.
Unmet	During a client interview, reviewers hear the client used to be interested in being a baker, but now that they are working in that position, they no longer enjoy the work and instead would now prefer to do something like gardening. They further state the IPS Specialist advised them to stick with the work for now and they will see what is available later. The client records indicate this change in preference has not been documented.

**Component 5: When clients rapidly find and leave jobs independently, IPS Specialists continue to job search (even when clients are employed) for positions related to preferences and lessons learned from job experiences.**

In IPS it is encouraged to view job loss as a learning experience and not to be seen as mistakes. IPS Specialists do not terminate services based on frequent resignations and instead adapt their role to search for jobs more often even if the IPS client is still employed.

Scores	Examples
Met	Since beginning the program, an IPS client has worked at Burger King as a cashier for two weeks, Wendy’s as a cook for five weeks, and at Dunkin’ Donuts as a team member for eight days. The IPS Specialist helps the client determine a better fit for potential employment after discerning the client tends to work better with coworkers but not customers, in more open spaces, and at an even pace. They work together to explore jobs as a warehouse picker instead. This component is met.
Unmet	After a pattern of employment instability including multiple jobs and employers, IPS Specialists require clients to hold a job for a specific length of time to prove “readiness” before helping them with any additional job search tasks. This component is not met.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

## 17. Job Development – Frequent Employer Contact\*

On behalf of IPS clients, the IPS Specialists individually contact hiring managers face-to-face at least six times every week. The same employers can be contacted multiple times within a week, the IPS client doesn’t need to be present, and individualized or generic interactions are all counted as meetings with hiring managers. The IPS Specialists record their employer contacts on a weekly tracking form (**[COMING SOON]** You can find a sample form here: [link to come](#)). (**NOTE:** Every IPS Specialist is rated, and the average is calculated to determine the score for this item).

### Rationale

A tenet of IPS is empowering clients to have considerable self-determination throughout the program, including during the job search. Because the clients have lived with their diagnosis for years, they tend to be the best at advocating on their behalf (i.e., building rapport with employers, explaining their needs, self-promotion, describing recovery). When the client would prefer the support of the IPS Specialist in finding employment, there are no requirements or hesitations to assisting with the obligations of a job search.

For this criterion, job development is the main goal of employer contacts. Job development is accomplished when the IPS Specialist contacts hiring managers face-to-face six times every week and learning about their needs, and qualifications of various jobs throughout the area. Customarily, the IPS Specialist makes employer contacts on behalf of or alongside a client.

Rapport building with employers can be a more anxiety-provoking responsibility of the IPS Specialist. By keeping record of the weekly employer contacts, the IPS supervisor can then infer the IPS Specialists who need more assistance with job development. The IPS supervisor can work with those IPS Specialists to develop a plan for employer visits.

During the fidelity review, two months' worth of the weekly tracking forms for each IPS Specialist are examined. These forms are assessed for every IPS Specialist due to the potential variation in how these can be recorded. The information from the IPS supervisor is not to be the source of information for this calculation. The tracking forms contain the list of employer contacts, including whether it was a face-to-face interaction and if it was with a hiring manager. **[COMING SOON]** A sample employer contact log is located in **Sample Program Forms** in the IPS Toolbox found here: [link to come](#).

Reviewers must verify the employer contacts were made with hiring managers, if they were face-to-face interactions, who made the contacts (i.e., clients and/or IPS Specialist), if the IPS supervisor checks the tracking forms weekly. If the contacts were made by email or phone, made with the client independently, after the client begins employment, were with someone who doesn't have authority to hire, or had other intentions such as requesting donations, the contacts cannot be included when calculating the number of employer contacts.

**NOTE:** If the IPS Specialist accompanies a client to an employer contact, this IS included as an employer contact and can be calculated with this item.

Once the reviewers determine the acceptable employer contacts, they are counted for all IPS Specialists (except specialists who have only been employed for a month or less). Taking the sum of the contacts and dividing by the number of IPS Specialists (employed a month or longer) on the team equals the average. The quotient is then divided by the number of weeks (i.e., two-months = 8 weeks). The answer is then rounded down to the nearest number.

Scores	Examples
"5"	An IPS Specialist who works part-time is found to have made three face-to-face contacts with the hiring managers of various employers every week. This item receives a rating of "5". The fidelity report notes the number of employer contacts is prorated based on the number of hours an IPS Specialist works each week.
"4"	During a two-month period, the IPS Specialists had an average of 48 employer face-to-face contacts with someone with hiring authority, which calculated to 5.33 contacts per week in the 9-week period. This item is scored "4".
"3"	An IPS team has two IPS Specialists, in a two-month period, one IPS Specialist made 42 employer contacts and the other IPS Specialist made 36 employer contacts. (Calculation: $42 + 36 = 78$ . $78 \div 16$ (total number of IPS Specialists times number of weeks) = 4.9. This is rounded down to 4). The rating for this item is "3".
"3"	An IPS team has two IPS Specialists, one IPS Specialist made 42 employer contacts over a two-month period. The second IPS Specialist took two weeks' vacation over the same two-month period and made 24 employer contacts. (Calculation: Number of weeks: $8 + 6 = 14$ . Number of contacts: $42 + 24 = 66$ . $66 \div 14 = 4.7$ . This is rounded down to 4). This item is scored "3".
"2"	When the average number of face-to-face meetings with hiring managers is between 2 and 3, it is rated "2".
"2"	If the employer contact logs do not specify whether the contacts were in person or if it was someone with hiring authority, and the IPS Supervisor is not able to expand on the information provided, the item receives a score of "2". The fidelity report recommends the logs to be fully completed and the IPS Supervisor monitor the employer contacts.

"2"	During the interviews with the IPS Specialists, it is shared the employer contact logs also include phone calls and employer contacts made by their clients without the IPS Specialist. The IPS Specialist makes it clear they make at least four face-to-face contacts with hiring managers each week. This item is rated "2".
"2"	The IPS Specialist has fully completed employer contact logs where they have made an average of six contacts with hiring managers every week. The IPS Supervisor admits they do not review the contact logs. The score for this item is "2". The fidelity report clarifies IPS Supervisors need to be aware of the IPS Specialist activity in job development and if any team member would need assistance in getting these contacts made.
"1"	The IPS Specialist was unsure what was considered an employer contact and had documented multiple visits with employers without conversations with a hiring manager. It is found the IPS Specialist made 1.5 employer contacts per week for a month. This item is scored "1".

**To calculate the score for this item\*:**

Add the number of employer contacts for the previous two months (eight weeks) for the IPS Specialist and divide by the number of IPS Specialists. Divide this number by the total number of weeks. Score the 1 – 5 anchors as appropriate.

## 18. Job Development – Quality of Employer Contact\*

Through numerous scheduled face-to-face interactions with employers to identify the work demands, share ways IPS services are mutually beneficial, and advocate for an IPS client who meets the needs of the organization, a bond is formed with the IPS Specialist. (**NOTE:** Every IPS Specialist is rated, and the average is calculated to determine the score for this item).

### Rationale

To mutually benefit both hiring managers and clients, the IPS Specialist meets regularly with employers to establish the needs and desired qualifications of applicants. Additionally, by scheduling numerous face-to-face interactions the IPS Specialist creates trust and forms an enduring bond. For ease of retention, the IPS Specialist records the frequency of employer contacts, including dates and locations which can be a great resource about long-lasting employer relationships.

Prior to the fidelity review, IPS teams are asked to schedule observations of the IPS Specialists **BOTH** scheduling a time to meet **AND** visiting hiring managers to inquire about their company (job development). When an IPS team has multiple IPS Specialists, reviewers shadow up to three IPS Specialist’s employer contacts. In future fidelity reviews request to observe other IPS Specialists (if possible). Reviewers are introduced as a colleague and do not contribute to the discussion unless prompted by the employer, they are there to simply observe.

When reviewers are able to observe an IPS Specialist meeting with an employer to follow up on a client’s application for employment, an IPS Specialist meet with an employer to discuss a client who would be a good fit, and/or an IPS Specialist asking for a follow up meeting to hear about the organization, the IPS program is consistent with good fidelity.



If the IPS Specialists cannot schedule both types of observations and can only coordinate one type, they do not receive higher than a rating of “4” as the reviewers would not have the ability to determine rapport without observing these interactions. In the case the IPS Specialists cannot schedule either type of observation, they do not receive higher than a rating of “1”. If the reviewer’s schedule allows, they can suggest revisiting the team the next week for these observations but cannot base the score on the word of the IPS Specialist alone.

When reviewers are not proficient in relationship building, a checklist for tracking observations may be useful since the concentration for these observations are on job development and not follow-along supports. A sample checklist can be found in **Shadowing IPS Specialists\***.

Scores	Examples
“5”	The IPS Specialist is observed meeting with a hiring manager at a business for 15 minutes engaging in a discussion about the business and their hiring preferences. The IPS Specialist is noted asking about various positions and what they consider a good match when hiring new employees. This item receives a rating of “5”.
“4”	One IPS Specialist was observed meeting with an employer learning about their organization by asking “What personality types are most successful in this job? What are positions the business hires that are not as common knowledge? Could you walk me through a typical day for a landscape installer?” This IPS Specialist receives a score of “5”. The observations with the two other IPS Specialists got a score of “4” and a “5”. (Calculation: $5 + 4 + 5 = 14$ . $14 \div 3 = 4.6$ . This item is rated “4”.
“4”	Employer contact logs demonstrate the IPS Specialists seldomly go back to an employer after the second cup of tea. The IPS Specialists are observed asking great questions encouraging the hiring manager share information about the business. This item is scored “4”. The fidelity report recommends lists of 20-25 employers are kept for each IPS Specialist for whom they schedule visits every month and half to two months, this includes with employers who were initially contacted with a specific client in mind but no longer have that client as the reason for communication.
“3”	An IPS Specialist is observed presenting content about the IPS program to an employer for 15 minutes, which was not requested by the employer, followed up with some questions about the business and hiring preferences. The rating for this item is “3”.
“3”	IPS Specialists are not paid to make employer contacts without a client and therefore do not complete job development unless a client is present. This item is scored “3”. The fidelity report suggests the agency leadership/steering committee find funding streams to allow IPS Specialists build rapport with employers without clients.
“2”	The IPS Specialists are observed simply asking employers about job openings and do not dig deeper into the mission or hiring preferences. This item is rated “2”.
“1”	The employer contact logs show the IPS Specialists meet an average of two employers face-to-face monthly. This item receives a score of “1”. The fidelity report clarifies the IPS Specialists cannot develop meaningful relationships with employers, even if they are skilled at building rapport, if they seldomly meet with hiring managers.

**To calculate the score for this item\*:**

Add the scores of each individual IPS Specialist and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**19. Diversity of Job Types\***

IPS Specialists support IPS clients in acquiring a diversity of job types. (**NOTE:** Must include at least 10 jobs (if two IPS Specialists) or at least 5 jobs (if one IPS Specialist), if there is less than this minimum the score is “1”).

**Rationale**

A key indicator of one of the eight practice principles of IPS, worker preferences, is the diversity of jobs clients obtain. A job start should occur after an individualized job search based on a client’s qualifications and preferences and not because of simplicity in access to the job type.

For the fidelity review, an inventory of presently employed clients is shared. This list must include at least 10 jobs (if there are two IPS Specialists) or at least 5 jobs (if there is one IPS Specialist), if this minimum cannot be shared, they are allowed to include inventory from the last six months. This is important to have a sufficient number of jobs to calculate the percentage of diverse jobs. If there are still not enough cases even with the inclusion of an additional six months, the score for this item is “1”.

Sometimes employment positions seem similar, this is when the IPS Specialist is asked to clarify the tasks of the clients for determining the job types. For instance, if the job list includes janitor, maintenance, and housekeeping, and upon further examination it is determine those jobs are essentially sweeping, dusting, and scrubbing restrooms, those jobs are deemed to be the same type.

For scoring purposes, the first two instances of a specific job type can be counted as diverse, but three or more repeated job types affect the rating as these are no longer diverse.

Scores	Examples																												
“5”	<p>An IPS team has two IPS Specialists where ten people are working the following jobs:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Landscape Installer</td> <td style="width: 12.5%;">Actuary</td> <td style="width: 12.5%;">Bank Teller</td> <td style="width: 12.5%;">Dog Walker</td> <td style="width: 12.5%;">Receptionist</td> <td style="width: 12.5%;">Stocker</td> <td style="width: 12.5%;">Janitor</td> </tr> <tr> <td>Stocker</td> <td>Janitor</td> <td>Stocker</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Janitor is listed only twice so reviewers count both jobs. But stocker is listed three times. Reviewers cross off the third listing of stocker (see below):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Landscape Installer</td> <td style="width: 12.5%;">Actuary</td> <td style="width: 12.5%;">Bank Teller</td> <td style="width: 12.5%;">Dog Walker</td> <td style="width: 12.5%;">Receptionist</td> <td style="width: 12.5%;">Stocker</td> <td style="width: 12.5%;">Janitor</td> </tr> <tr> <td>Stocker</td> <td>Janitor</td> <td><del>Stocker</del></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Out of 10 total jobs, nine are diverse. (Calculation: 9 ÷ 10 = 0.9 (90%)). The item is rated “5”.</p>	Landscape Installer	Actuary	Bank Teller	Dog Walker	Receptionist	Stocker	Janitor	Stocker	Janitor	Stocker					Landscape Installer	Actuary	Bank Teller	Dog Walker	Receptionist	Stocker	Janitor	Stocker	Janitor	<del>Stocker</del>				
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Landscape Installer	Actuary	Bank Teller	Dog Walker	Receptionist	Stocker	Janitor																							
Stocker	Janitor	<del>Stocker</del>																											
“4”	<p>An IPS team has two IPS Specialists where 11 people are working the following jobs:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Maintenance</td> <td style="width: 12.5%;">Cook</td> <td style="width: 12.5%;">Delivery Driver</td> <td style="width: 12.5%;">Truck Unloader</td> <td style="width: 12.5%;">Delivery Driver</td> <td style="width: 12.5%;">Welder</td> </tr> <tr> <td>Childcare Worker</td> <td>Dock Worker (Laborer)</td> <td>Childcare Worker</td> <td>Childcare Worker</td> <td>Childcare Worker</td> <td>Childcare Worker</td> </tr> </table> <p>Jobs listed two times or less are counted, so Delivery Driver is counted both times. However, four clients are listed as a Childcare Worker so the first two are counted and the other two are crossed off (see below):</p>	Maintenance	Cook	Delivery Driver	Truck Unloader	Delivery Driver	Welder	Childcare Worker	Dock Worker (Laborer)	Childcare Worker	Childcare Worker	Childcare Worker	Childcare Worker																
Maintenance	Cook	Delivery Driver	Truck Unloader	Delivery Driver	Welder																								
Childcare Worker	Dock Worker (Laborer)	Childcare Worker	Childcare Worker	Childcare Worker	Childcare Worker																								

	<p>Maintenance    Cook    Delivery Driver    Truck Unloader    Delivery Driver    Welder</p> <p>Childcare Worker    Dock Worker (Laborer)    Childcare Worker    <del>Childcare Worker</del>    <del>Childcare Worker</del></p> <p>Out of 11 total jobs, nine are diverse. (Calculation: <math>9 \div 11 = 0.81</math> (81%)). The rating for this item is "4".</p>
"3"	<p>An IPS team has two IPS Specialists where 12 people are working the following jobs:</p> <p>Librarian    Crew Member    Silverware Roller    Car Detailer    Dietary Aide    Janitor    Maintenance  Cook    Housekeeper    Librarian    Janitor    Food Prep</p> <p>It is found the Crew Member, Janitor, Maintenance, and Housekeeper positions have similar responsibilities including dusting, vacuuming, and cleaning bathrooms. The Dietary Aide, Cook, and Food Prep all perform similar duties such as cooking and serving food.</p> <p>Librarian    Crew Member    Silverware Roller    Car Detailer    Dietary Aide    Janitor    <del>Maintenance</del>  Cook    <del>Housekeeper</del>    Librarian    Janitor    Food Prep</p> <p>Out of 12 total jobs, eight are diverse. (Calculation: <math>8 \div 12 = 0.67</math> (67%)). This item receives a score of "3".</p>
"2"	<p>An IPS team has two IPS Specialists where 10 people are working the following jobs:</p> <p>Food Prep    Housekeeper    Janitor    Cook    Housekeeper    Cook    Janitor    Maintenance    Cook</p> <p>Janitor, Housekeeper, and Maintenance are all essentially the same job, their primary role is to sweep, dust, and clean bathrooms. Also, Food Prep and Cook have the same job responsibilities. Therefore, three of the Housekeeper/Janitor/Maintenance positions are crossed off, as well as two of the Cook job types.</p> <p>Food Prep    Housekeeper    Janitor    Cook    <del>Housekeeper</del>    <del>Cook</del>    <del>Janitor</del>    <del>Maintenance</del>    <del>Cook</del></p> <p>Out of 10 total jobs, five are diverse. (Calculation: <math>5 \div 10 = 0.5</math> (50%)). This item is scored "2".</p>
"1"	<p>An IPS team has one IPS Specialist where four people are working the following jobs:</p> <p>Receptionist    Pharmacy Tech    Paraprofessional    Tour Guide</p> <p>Out of four jobs, all four are diverse, but there are not enough employed clients to score this item. The rating is "1".</p>

**To calculate the score for this item\*:**

Determine the job types clients of the IPS program are working. Divide the diverse job types by the total number of job types. Remember, two or less of the same job type is counted in the number of diverse jobs. Score using the 1 – 5 anchors as appropriate.

## 20. Diversity of Employers\*

IPS Specialists help IPS clients identify a range of possible employers and avoid steering all clients to the same employers. (**NOTE:** Must include at least 10 jobs (if two IPS Specialists) or at least 5 jobs (if one IPS Specialist), if there is less than this minimum the score is "1").

### Rationale

When the IPS Specialist has broad connections with various employers in the service area they can follow the customized employment plans for each client. Additionally, the client is able to attain their goal of a competitive, integrated job based on their preferences when they have more access to a variety of employers. Although there are instances an employer is a good fit for a couple clients, particularly if they have roles in different departments, it is best practice to have no more than two clients working at one business at a time. Furthermore, by having more than two clients employed at the same organization there is potential for stigmatization or can be anxiety-provoking especially if one of the clients does not want to disclose their diagnosis.

For the fidelity review, an inventory of organizations (and their locations) presently employing clients is shared. This list must include at least 10 jobs (if there are two IPS Specialists) or at least 5 jobs (if there is one IPS Specialist), if this minimum cannot be shared, they are allowed to include inventory from the last six months. However, employment acquired preceding IPS enrollment are not counted. This is important to have a sufficient number of jobs to calculate the percentage of diverse jobs. If there are still not enough cases even with the inclusion of an additional six months, the score for this item is "1".

For scoring purposes, a business is considered diverse until it is repeated more than twice (e.g., three or more workers employed at the same business location). As an example, if Business ABC has employed four clients, reviewers determine the location of the business. The rating is not impacted if they find two people are working at one address and two are working at another.

Scores	Examples																														
"5"	<p>An IPS team has two IPS Specialists where 12 people are working at the following businesses:</p> <table border="0" data-bbox="256 1052 1487 1150"> <tr> <td>CR Senior Center</td> <td>CR Senior Center</td> <td>Burger Depot</td> <td>Burger Depot</td> <td>Burger Depot</td> </tr> <tr> <td>Pet Sitter's LLC</td> <td>Blank Children's Hospital</td> <td>Your Man Auto Repair</td> <td></td> <td>Yunker's Security</td> </tr> <tr> <td>Bank of America</td> <td>The Bridal Shop</td> <td>Farmer's Supplies</td> <td></td> <td></td> </tr> </table> <p>CR Senior Center is listed only twice, therefore reviewers count the employer both times. Burger Depot is listed three times; so one is crossed off (see below):</p> <table border="0" data-bbox="256 1251 1487 1350"> <tr> <td>CR Senior Center</td> <td>CR Senior Center</td> <td>Burger Depot</td> <td><del>Burger Depot</del></td> <td>Burger Depot</td> </tr> <tr> <td>Pet Sitter's LLC</td> <td>Blank Children's Hospital</td> <td>Your Man Auto Repair</td> <td></td> <td>Yunker's Security</td> </tr> <tr> <td>Bank of America</td> <td>The Bridal Shop</td> <td>Farmer's Supplies</td> <td></td> <td></td> </tr> </table> <p>Out of 12 total employers, 11 are diverse. (Calculation: <math>11 \div 12 = 0.91</math> (91%)). This item receives a rating of "5".</p>	CR Senior Center	CR Senior Center	Burger Depot	Burger Depot	Burger Depot	Pet Sitter's LLC	Blank Children's Hospital	Your Man Auto Repair		Yunker's Security	Bank of America	The Bridal Shop	Farmer's Supplies			CR Senior Center	CR Senior Center	Burger Depot	<del>Burger Depot</del>	Burger Depot	Pet Sitter's LLC	Blank Children's Hospital	Your Man Auto Repair		Yunker's Security	Bank of America	The Bridal Shop	Farmer's Supplies		
CR Senior Center	CR Senior Center	Burger Depot	Burger Depot	Burger Depot																											
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Pet Sitter's LLC	Blank Children's Hospital	Your Man Auto Repair		Yunker's Security																											
Bank of America	The Bridal Shop	Farmer's Supplies																													
"4"	<p>An IPS team has two IPS Specialists where seven clients are currently employed with an additional five job starts in the last six months giving a total of 12 employers.</p> <table border="0" data-bbox="256 1514 1487 1612"> <tr> <td>K-LOVE Radio</td> <td>Gutekunst Library</td> <td>Gutekunst Library</td> <td>Larry's Groceries</td> <td>Larry's Groceries</td> </tr> <tr> <td>Xtream Arena</td> <td>Hoover Elementary School</td> <td>Bob's Diner</td> <td>Xtra Boutique</td> <td>Carzz</td> </tr> <tr> <td>Larry's Groceries</td> <td></td> <td></td> <td></td> <td>Larry's Groceries</td> </tr> </table> <p>Larry's Groceries is counted as two diverse employers and the other two are crossed out (see below):</p> <table border="0" data-bbox="256 1675 1487 1774"> <tr> <td>K-LOVE Radio</td> <td>Gutekunst Library</td> <td>Gutekunst Library</td> <td>Larry's Groceries</td> <td>Larry's Groceries</td> </tr> <tr> <td>Xtream Arena</td> <td>Hoover Elementary School</td> <td>Bob's Diner</td> <td>Xtra Boutique</td> <td>Carzz</td> </tr> <tr> <td><del>Larry's Groceries</del></td> <td></td> <td></td> <td></td> <td><del>Larry's Groceries</del></td> </tr> </table> <p>Out of 12 total employers, 10 are diverse. (Calculation: <math>10 \div 12 = 0.83</math> (83%)). The item is rated "4".</p>	K-LOVE Radio	Gutekunst Library	Gutekunst Library	Larry's Groceries	Larry's Groceries	Xtream Arena	Hoover Elementary School	Bob's Diner	Xtra Boutique	Carzz	Larry's Groceries				Larry's Groceries	K-LOVE Radio	Gutekunst Library	Gutekunst Library	Larry's Groceries	Larry's Groceries	Xtream Arena	Hoover Elementary School	Bob's Diner	Xtra Boutique	Carzz	<del>Larry's Groceries</del>				<del>Larry's Groceries</del>
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<del>Larry's Groceries</del>				<del>Larry's Groceries</del>																											



"3"	<p>An IPS team has one IPS Specialist where six clients are currently employed at the following businesses:          Fareway    Fareway    Fareway    Fareway    Autozone    Dairy Queen</p> <p>Since there are four people employed at Fareway, and after interviews it is found to all be at the same location, only the first two can be counted, as below:          Fareway    Fareway    <del>Fareway</del>    <del>Fareway</del>    Autozone    Dairy Queen</p> <p>Out of six total employers, four are diverse. (Calculation: <math>4 \div 6 = 0.67</math> (67%)). The score for this item is "3".</p>
"2"	<p>An IPS team has two IPS Specialists where 10 clients are currently employed at the following organizations:          Target    Target    Target    GameStop    Target    Earl May    Earl May    Earl May    Target    Earl May</p> <p>Only two can be counted for any repeats, and all clients are employed at the same location of each repeated location. Three Targets get crossed off and two Earl Mays get crossed of (see below):          Target    Target    <del>Target</del>    GameStop    <del>Target</del>    Earl May    Earl May    <del>Earl May</del>    <del>Target</del>    <del>Earl May</del></p> <p>Out of 10 total employers, five are diverse. (Calculation: <math>5 \div 10 = 0.5</math> (50%)). This item receives a rating of "2".</p>
"1"	<p>An IPS team has two IPS Specialists where five clients are currently employed with no additional job starts in the last six months.          HyVee    Menards    Popeyes    WalMart    Michaels</p> <p>All five employers are diverse, because they do not meet the minimum requirement of 10 job starts for two IPS Specialists, this item is scored "1".</p>

**To calculate the score for this item\*:**

Determine the total number of employers and diverse employers (two or less of the same employer) where IPS clients work. Divide the number of diverse employers by the total number of employers. Score using the 1 – 5 anchors as appropriate.

**21. Competitive Jobs\***

IPS clients are offered competitive job options to choose from. A job is considered competitive when it is work available to the public (not just for individuals with disabilities), compensates at or above minimum wage, and are permanent (i.e., not temporary, or time-limited such as transitional employment positions). Seasonal and temp jobs anyone can utilize, working as independent contractors or "gig" jobs, and internships are also regarded as competitive jobs as long as they report their income to the government.

**Rationale**

Many people express a preference for competitive jobs over those jobs just for people with disabilities because they then feel connected to their community rather than ostracized due to the stigma that comes with certain diagnoses. A job is considered competitive when it is work available to the public (not just for people with disabilities), at least compensate at minimum wage, are permanent (i.e., not temporary, or time-limited such as



transitional employment positions). Seasonal and temp jobs anyone can utilize, working as independent contractors or “gig” jobs, and internships are also regarded as competitive jobs as long as they report their income to the government.

There are some federal guidelines that specify employers (e.g., federal contractors) must hire a certain proportion to bolster employment for qualified people with disabilities. Given all other conditions for competitive employment are satisfied, these are considered competitive jobs. However, when federal policies grant subsidies for paying employees with a disability for a limited period, this is not counted as a competitive job. An example of this is a client employed for a limited time in a rehabilitation program designated to provide opportunities in gaining vocational experience, like emptying recycling bins at a school for eight months, where job duration is based on guidelines of the program and not the employer.

At times an employer compensates above minimum wage yet segregates people with disabilities within the business, this would not be considered competitive jobs. An example is a cleaning crew that hires people with disabilities. Conversely, although peer specialist positions are reserved for people with lived experience, it is a qualification for the position and is therefore deemed a competitive job.

Working as independent contractors (i.e., “gig” jobs) are regarded as competitive jobs as long as they report their wages to the government and file taxes for their business. Nonetheless, if the client shares they do not care for the amount of work or pay from the job, this is noted in the item Individualized Job Search.

Some preferences may be for a position that can only be done depending on the season (e.g., construction or landscaping), or starts as temporary with a high probability of moving to permanent work. As long as the work is available to the public, they are considered competitive. For instance, a

if new workers at a factory are only hired through a temporary agency and then permanently hired at the factory after 90 days, those positions are competitive. Reviewers dig deeper to determine client preferences if three or more clients are employed through temporary agencies.

IPS clients who work in volunteer positions are not regarded as being employed in competitive jobs. The score for this item is impacted when there are multiple volunteer jobs. If reviewers find the IPS Specialists advise IPS clients to volunteer for experience, they write comments recommending an individualized job search for competitive employment commences shortly after IPS enrollment.

During the fidelity review, the inventory of job types and employers are studied to determine if IPS Specialists are assisting IPS clients in finding competitive jobs (to get a rating of a “5”). To do this, the list must include at least 10 jobs (if there are two IPS Specialists) or at least 5 jobs (if there is one IPS Specialist), if this minimum cannot be shared, they are allowed to include inventory from the last six months. However, employment acquired preceding IPS enrollment are not counted. This is important to have an adequate number of jobs to calculate the percentage of competitive employment. If there are still not enough cases even with the inclusion of an additional six months, reviewers record examples of job types within the employment search from client records and discussed at the vocational unit meeting.

Scores	Examples
“5”	Every job obtained by the IPS clients are competitive, integrated jobs, in the community, paying at least minimum wage and working with people without disabilities. They have the same opportunities for advancement as their peers. This item receives a score of “5”.

"4"	An IPS team has 12 clients who are currently employed. Eleven clients have competitive jobs, and one client works at an internship that is not common for people without disabilities to need to complete. (Calculation: $11 \div 12 = 0.92$ (92%)). The score for this item is "4".
"3"	An IPS team has 11 clients who are currently employed. Nine clients have competitive jobs, and two clients are in volunteer positions. (Calculation: $9 \div 11 = 0.82$ (82%)). The rating for this item is "3".
"3"	An IPS team has one IPS Specialist who was hired six months ago. There are three clients currently employed and two other who had job starts within the last six months. Four clients were employed in competitive jobs, and one client is employed at a sheltered workshop that mostly hires people with disabilities. (Calculation: $4 \div 5 = 0.8$ (80%)). This item is scored "3".
"2"	An IPS team has 10 clients who are currently employed. Seven clients have competitive, integrated jobs, two clients volunteer, and one client works at a sheltered workshop. (Calculation: $7 \div 10 = 0.7$ (70%)). This item receives a rating of "2".
"1"	An IPS team has two IPS Specialists where eight clients are currently employed and there are no other job starts in the last six months. Eight of the clients who are employed have competitive, integrated jobs. This item is scored "1". The fidelity report clarifies there are not enough job starts to accurately score this item.

**To calculate the score for this item\*:**

Determine the number of competitive jobs of IPS clients. Divide the number of competitive jobs by the number of IPS clients employed (whether currently or during the past six months). Score using the 1 – 5 anchors as appropriate.

**22. Individualized Follow-Along Supports\***

As identified in the Career Profile, individualized, in-person job retention supports are provided to clients that correspond with their preferences, work history, needs, the type of job, and so on. The Job/Educational Support Plan is created that includes the client’s support system and the transition of supports from the IPS Specialist to the client’s support system upon maintaining stable employment (**[COMING SOON]** see **Sample Program Forms** in the IPS Toolbox found here: **link to come**). Additional supports are offered when working people experience problems on the job. Career development as well as employer support are provided upon the client’s request. Outreach is scheduled at least monthly for those who decline supports.

**Components of this item:**

1. IPS Specialists offer in-person supports to at least 90% of all clients who are working.
2. IPS Specialists provide outreach on at least a monthly basis to clients who decline supports.
3. IPS Specialists create a Job Support Plan that includes the IPS client’s support system (i.e., other practitioner(s), natural supports such as family, co-workers, supervisor, etc.) and offers individualized job retention supports that correspond to client preferences, work history, needs, etc., as identified in the Career Profile; include plan to transition supports from IPS Specialist to the IPS client’s support system upon maintaining stable employment.

4. IPS Specialists offer additional supports when IPS clients experience problems on the job.
5. IPS Specialists provide employer support (e.g., educational information, job accommodations) at the IPS client’s request.
6. IPS Specialists offer to help with career development (i.e., assistance with education, a more desirable job, or more preferred job duties).

**Rationale**

Just as significant to assisting IPS clients in the job search process is the follow-along supports provided to thrive in their work and educational or training programs. While focusing on the IPS client’s strengths, needs and preferences for work and education, the Job Support Plans are created for each individual.

For the fidelity review, interviews, observations, and client records are examined for the variety of employment and educational supports. Reviewers inquire about the reason for the particular supports utilized for each IPS client.

**Component 1: IPS Specialists offer in-person supports to at least 90% of all clients who are working.**

In addition to phone calls and texts, in-person supports should be offered. By meeting face-to-face diminishes the worry of wasting the IPS Specialist’s time by calling about something seemingly insignificant or helping define what would be considered a job problem. In-person supports allows the time to discuss concerns and positive qualities of their job.

Scores	Examples
Met	Job/Educational Support Plans, interviews with clients and IPS Specialists, and client record reports all indicate the two IPS Specialists meet with their clients in-person. This component is met.
Unmet	Instead of scheduling meetings, the IPS Specialists offer clients to “call if they need anything”, it is also discovered most job supports are completed over the phone. This component is not met.
Unmet	IPS Specialists provide in-person supports for roughly half of their clients and phone call or text supports for the other half of their clients. Clients know they can call their IPS Specialist if they need anything. This component is unmet.

**Component 2: IPS Specialists provide outreach on at least a monthly basis to clients who decline supports.**

Research shows people who are provided continual contact with an IPS Specialist are more likely to remain employed. Even though it has been demonstrated that clients benefit from ongoing job supports, some people may still choose to decline these supports. When this occurs, the IPS Specialist can use outreach to celebrate successes, discuss colleagues and supervisors, talk about long-term career plans, ask how employment is affecting the worker’s family life, and learn what they like or dislike about their job. At times offering check-ins are less appealing and therefore the IPS Specialist could follow-up by asking how they could provide more opportune or useful supports, so the client feels the supports are worth their time.

**NOTE:** In programs serving young adults, there is a trend for clients to decline job supports at least in the beginning.

Scores	Examples
Met	The IPS Specialists provide outreach to those who have declined supports to help avoid possible problems. This includes bi-weekly to monthly check-ins by the IPS Specialist, where the Specialist asks the client open ended questions about their job and overall mental health. In these check-ins the Specialist learns a client hasn't been sleeping well and has been forgetting tasks at work so they suggest assisting the client with making an appointment with their provider and work with them on making checklists to avoid forgetting duties at work. This component is met.
Unmet	An IPS team has a majority of working clients who decline follow-along supports. During the fidelity review, it is found that IPS Specialists do not provide convenient times or locations for clients to meet around work schedules and have not shared all the supports they offer to promote success in the workplace. This component is unmet.

**Component 3: IPS Specialists create a Job/Educational Support Plan that includes the client’s support system and offers individualized job/educational retention supports that correspond to client preferences, work history, needs, etc., as identified in the Career Profile; include plan to transition supports from IPS Specialist to the client’s support system upon maintaining stable employment.**

Individualized job retention supports correspond to IPS client’s preferences, work history, needs, strengths, amongst others. Additional support methods an IPS Specialist could incorporate with the IPS client would be discussions about the work, reporting benefits, requesting a promotion, orientation information, regarding pay adjustments during a consultation with a benefits counselor, involving performance reviews with the manager, concerning approaches for higher productivity following a job shadow, and on scheduling practice-runs for traveling to work or pick-up times for those with anxiety. IPS Specialists could also help organize family meetings, complementary services with the Iowa Vocational Rehabilitation counselor, mental health treatment team supports (e.g., adjustments to medication, money management, building interpersonal skills, endorsing work as recovery, etc.).

Individualized educational supports following enrollment must match the IPS client’s preference, educational history, needs, strengths, amongst others. Additional support methods an IPS Specialist could incorporate with the IPS client could be linking the client to accredited educational programs, scheduling college tours, locating campus resources – including tutoring services, introducing staff and professors, where to find the campus office of disabilities and applicable academic accommodations, supplying time management tools, demonstrating how to drop a class or withdraw from a program, connecting with self-help groups, participating in IEP meetings, and creating 504 plans or transition plans.

Contained within the Job/Educational Support Plans are summaries of the job/educational supports delivered by the IPS Specialist, and action items for the IPS client for goal achievement. Ideally the Job/Educational Support

Plans also contain the supports provided by other practitioner(s), Iowa Vocational Rehabilitation counselors, and natural supports such as family, supervisors, and so on.

Scores	Examples
Met	If the Job/Educational Support Plans are completed at the same time as the Job Search plan, this is consistent with good fidelity with the caveat they are both updated when needed. This component is met.
Met	An example shared of an IPS Specialist providing individualized job retention supports to a client was when the client mentioned a barrier to getting to work on time was having troubles with waking up in the mornings. The IPS Specialist worked to provide wake-up calls (either by themselves or with friends/family members), helped the client purchase an alarm clock, and discussed wake-up call services they could purchase. This component is met.
Met	The IPS Specialists ought to provide cases of personalized supports such as, “My client’s supervisor got after her for leaving her post last week. She shared she’s been having panic attacks at work. She agreed to disclose, so I helped her meet with her supervisor to explain her anxiety symptoms and worked out a system for her to signal him when she needs to step away. She’ll be able to work through the attack without alerting her coworkers and the supervisor isn’t left wondering.” This component is met if there are more cases like this shared throughout the review.
Unmet	An IPS team has no examples of the mental health practitioners providing job or educational supports to a client (through interviews and observation of the treatment team meetings). The client receives supports solely through the IPS Specialist. This component is unmet.
Unmet	An IPS team has ten clients who are employed, only five of those clients have a documented individualized Job/Educational Support Plans. This component is unmet.
Unmet	If there are signs the supports are not individualized, the reviewers document them. For example, if 70% of workers receive on-the-job coaching (IPS Specialist provides job training while the person is working), if almost everyone is visited at their workplaces, or there is a note of “check-in support” without context, then supports are not individualized and this component is not met.

### Component 4: IPS Specialists offer additional supports when clients experience problems on the job.

Because there are some problems on the job that could affect their employment, it is crucial IPS Specialists increase supports when these issues arise. Increasing supports could save a client’s job.

Scores	Examples
Met	Different types of follow-along supports were documented and shared during interviews such as: discussing sleep issues, discussing strategies for getting along with co-workers, review of the organization’s policies and procedures, how to have appropriate job responsiveness, and aids with coping skills to manage stress. This component is met.
Unmet	There were situations where clients were struggling with their work, yet the IPS Specialists did not offer updated or modified supports. This component is not met.

## Component 5: IPS Specialists provide employer support at the client’s request.

When the IPS Specialist has a relationship with a client’s employer, they should continue to reach out regularly. If this is not done, the employers could feel abandoned particularly when the client may have problems on the job. If there are no issues this could be a brief interaction, however if there are troubles it is important the IPS Specialist responds promptly. By taking this measure, the employer will see the manner in which the IPS Specialist cares about supporting both the employer and their client.

IPS Specialists should provide examples of accommodations that would be beneficial to the client, so the employer doesn’t have to figure out adaptations on their own.

Another approach to employer support is the IPS Specialist could request brief meetings (15 minutes or less) with the supervisor and employee. This both allows the client to learn how to interact with management and allows them to hear feedback directly from their supervisor.

Scores	Examples
Met	It is clear employers have access to supports when disclosure is present and such support is requested. The IPS Specialist has met with a client and their supervisor to discuss job duties and supervisor expectations in the workplace. It is also apparent positive relationships have already been developed and maintained with many local businesses. This component is met.
Unmet	In reviewing case files and interviewing clients, fidelity reviewers can’t find any evidence of IPS Specialists visiting with supervisors of employed clients, and client report that the IPS Specialist doesn’t want to “overstep” by coming to their workplace. When interviewed, IPS Specialists say that they promote independence in their clients and instruct clients and their employers to reach out if or when there is an issue. This component is not met.

## Component 6: IPS Specialists offer to help with career/educational development.

A component of IPS services is career advancement supports, which can involve discussions for requesting a promotion, assisting with work-related education/training, or searching for an improved alternative employment when the IPS client is unhappy with their role.

The IPS Specialist may also offer educational supports based on the IPS client’s preferences, education history, educational fortes, disability-related challenges, amongst others. Educational supports can include creating action steps with teachers and family for completing high school, discussing proximate postsecondary education, touring schools, visiting advisors and financial aid officers, assisting with the completion of FAFSA forms, collaboratively creating strategies for studying and time management, advocating for necessary accommodations for the classroom or test taking, and so on.

Scores	Examples
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Met	IPS Specialists provide cases where they assisted clients in transferring to another department within the same organization or transitioning to a more lucrative position elsewhere, based on client preferences. Additionally, they shared that two clients are currently receiving educational supports. This component is met.
Unmet	During interviews with employed clients, they share they would like to have support in career advancement and the IPS Specialists had not offered those services. This component is unmet.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**23. Intensity and Timing of Follow-Along Supports\***

IPS Specialists provide a time-unlimited amount of follow-along supports, face-to-face whenever possible, commensurate to the level of need and as desired by the client.

**Components of this item:**

1. IPS Specialists offer extra support during the week before and the week after an IPS client starts a new job or enrolls in an educational program.
2. IPS Specialists increase support when IPS clients experience difficulties or in new situations.
3. IPS Specialists contact the IPS client immediately after learning of a job loss or a dropped class or withdrawal from a program (e.g., texting and following up in person within three days).
4. IPS Specialists provide supports at convenient times and locations for the IPS client.
5. Once an IPS client has begun working steadily or classes are well in session, the IPS Specialist encourages them to stay in contact with the IPS team. The IPS Specialist seeks to make at least monthly contact, or as frequently as the IPS client desires, for 12 months or more, using different strategies to re-engage the person, depending on their needs and preferences.
6. IPS Specialists begin decreasing job/educational supports, and increase supports provided by other practitioners, natural supports, family members, etc., following steady employment (approximately one year employed or as desired by the IPS client) or completion of educational plans in preparation of successful transition off the IPS caseload.

**Rationale**

During the fidelity review, IPS Specialists, IPS supervisors, and clients are interviewed about the follow-along supports provided. To conclude supports received surrounding a job start, reviewers examine a minimum of five charts for clients who were employed within six months of the visit. These services could be detailed in progress notes or weekly summaries. If the job supports are not recorded, they cannot receive a score higher than a “3”.



### Component 1: IPS Specialists offer extra support during the week before and the week after an IPS client starts a new job.

Because research has demonstrated a general trend toward a higher probability of losing a job shortly after employment, it is important to offer extra support during the week before and the week after an IPS client starts a new job. The best outcomes have been found when there are regular, face-to-face supports provided before starting a job and shortly after being employed.

Scores	Examples
Met	A spreadsheet is used for tracking supports which demonstrates face-to-face contact during the week leading up to the job start and within three days of the job start. This component is met.
Unmet	The 10 chart reviews of employed clients provided during the fidelity review showed two of the clients received face-to-face supports before starting their job, and one of the clients were seen within three days of the job start. This component is unmet.

### Component 2: IPS Specialists increase support when clients experience difficulties or in new situations.

When a client finds their position is not a good fit, the IPS Specialist does not try to convince them to stay for their resume, they simply work to identify what make the work unsatisfying and/or provide additional supports to be able to end their job. For example, the IPS Specialist could coach the client on how to deliver their two weeks’ notice and/or looking into new jobs.

Many people with or without a disability get anxious when in a new situation. This is an important stage for the IPS Specialist to provide additional supports. A lot of times it is more than just learning the new responsibilities, but also layout of the business, meeting co-workers, amongst other new experiences.

Scores	Examples
Met	The IPS Specialists are found to offer more intensive job supports when needed and desired by clients. This component is met.
Unmet	Clients have been told to “call if they need anything” but have stated they don’t want to be a burden so have not contacted their IPS Specialist when they were facing struggles at work. This component is not met.

### Component 3: IPS Specialists contact the client immediately after learning of a job loss.

Every work experience can provide new learning opportunities, no matter the reason for the job loss. It is the IPS Specialist’s responsibility to assist the client in determining lessons learned without shame. The client may have great insight into what could be a better fit in the future.

The IPS Specialist should ask permission to meet with the employer, family members, and mental health practitioners to glean from other viewpoints what they deemed positive and challenging about the recent employment.

Scores	Examples
Met	All clients that lost a job were seen within three days and were assisted in looking for a new job. This component is met.
Unmet	There were two clients who had experienced a job loss and there was no documentation of the IPS Specialist contacting the client until weeks after learning of the job loss. This component is unmet.

### Component 4: IPS Specialists provide supports at convenient times and locations for the IPS client.

For good fidelity, there will be differentiations in the times and locations supports are provided as they are personalized depending on the IPS client’s preferences.

Scores	Examples
Met	An employed IPS client works same hours as the IPS Specialist about 30 minutes from the Specialist’s office. The Specialist adjusted his schedule to come in late one day a week so that he can meet with this client at a diner near the client’s place of work after both of their work shifts. This component is met.
Unmet	The majority of job support contacts are limited to phone calls and texting. This component is not met.

### Component 5: Once a client has begun working steadily, the IPS Specialist encourages them to stay in contact with the IPS team. The IPS Specialist seeks to make at least monthly contact, or as frequently as the client desires, for 12 months or more, using different strategies to re-engage the person, depending on their needs and preferences.

The best outcomes have been found when there are regular, face-to-face supports provided weekly for the first month, therefore reviewers search for these supports by tallying weekly engagements with the IPS client during the first month of employment and asking about procedures for services for the first month after hire.

Some people prefer having job supports for a short period of time such as a few months after employment. Other people benefit from a longer period of job supports. Typically, programs see the most benefit from a full year of services after a client has been working steadily.

Scores	Examples
Met	IPS Specialists explain most of their young adults they serve are transferred off the IPS team before 12 months, and although they and the mental health team members encourage them to continue utilizing IPS services, many of the

	clients do not feel they need supports. However, they noted some clients who experience a job loss request longer job supports in the future. This component is met, the timeframe for job supports are based on client preferences.
Unmet	An IPS program is trained to automatically close cases when they have been employed for a year. This component is not met.
Unmet	Most clients only receive phone calls or texts after they have been employed for three months. This component is not met.

**Component 6: IPS Specialists begin decreasing job supports, and increase supports provided by other practitioners, natural supports, family members, etc., following steady employment (approximately one year employed or as desired by the IPS client) in preparation of successful transition off the IPS caseload.**

Time-unlimited follow-along supports typically last around a year following steady employment of an IPS client at which point a transition from supports provided by the IPS team is moved to mental health practitioners and natural supports. When IPS clients share a satisfaction in their work and voice they no longer require services from the IPS team, the IPS Specialist begins decreasing job supports and collaborates with the other practitioners and natural supports to increase their supports as to prepare for a successful transition off the IPS caseload.

Scores	Examples
Met	Once clients begin reaching certain milestones, a transition planning document is used in assisting people in step-down supports from members of the mental health treatment team as well as friends/family members. This component is met.
Unmet	An IPS team closes cases when their clients reach 90 days at their job without providing transition services for the person to continue to be successfully employed. This is due to the end of funding being at 90 days. This component is not met.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.

**24. Community-Based Services\***



IPS Specialists suggest meeting in community settings for employment and educational services (e.g., engagement, job finding, school selection, meetings in educational settings, and follow-along supports) and meet outside the IPS/agency offices, depending on client preferences.

**Rationale**

IPS Specialists who perform their work in the community have been proven through research to provide more employment assistance to more individuals. Before an IPS Specialist suggests meeting in community settings, they first inquire the IPS client’s comfortability with public consultations. There are a wide variety of community-based options, such as Iowa Vocational Rehabilitation offices, organizations, libraries, educational settings, cafes, homes, local chamber of commerce, meetings with job developers, as well as travel time between locations. However, if IPS unit meetings, individual supervision, or documentation completion is moved to a community-based setting or satellite offices this does not count toward time spent in the community. Additionally in cases where offices for an IPS team is located within housing, meetings held in offices or conference rooms within the housing program are not considered to be time in the community.

Sources of information to determine the score for this item are found in such places as interviews with the IPS Specialists, interviews with IPS clients, calendars, logs for using a company vehicle, and client records. **[COMING SOON]** A video entitled “IPS Specialist Interview” can be found on the **IPS Fidelity Reviewer On-Demand Course** this includes practice exercises for a fidelity review. By examining an IPS Specialist’s calendar for a few days they were working and breaking down their locations hourly, the average time they spend away from their office can be calculated. There are times company vehicles are available for use, and there would be logs to help determine the amount of time the IPS Specialist spent outside of their office. Within the client records, reviewers would note the meeting places to determine community-based services.

To clarify, IPS Specialists should at a minimum devote 65% of their total weekly scheduled hours in the community. That means if they work 40 hours per week, they should spend between 25 – 27.5 hours per week (5 – 5.5 hours daily), if they work 20 hours per week, they should spend 13 hours per week away from their offices. This is not just their time in client meetings, but their entire scheduled working hours.

Scores	Examples
"5"	IPS Specialists spend an average of 72% of their time in the community which is based on conversations, calendar reviews, and record reviews. This item is scored "5".
"4"	An IPS team has four IPS Specialists where they are found to spend 50%, 56%, 67%, and 70% of their time in the community. (Calculation: $50 + 56 + 67 + 70 = 243$ . $243 \div 4 = 60.8$ (60%)). This item receives a rating of "4".
"4"	One IPS Specialist is out of their office 50% of the time, another is out 55% of the time, and the third is out 65% of their time (Calculation: $50 + 55 + 65 = 170$ . $170 \div 3 = 56.6$ (56%)), a score of "4" would be given for this item.
"3"	When averaging two IPS Specialists calendars for two weeks, it was found that 46% of their time was spent in the community. This item is rated "3".
"2"	A full time IPS team has one IPS Specialist. Their time (in hours) in the community for the first week reviewed was 2, 3, 6, 0, 2 (13 hours), and the second week was 3.5, 2, 4, 1.5, 3 (14 hours). The total number of hours the IPS Specialist spent in the community for 2 weeks was 14. (Calculation $13 + 14 = 27$ ; $27 \div 80 = 33.7$ (33%)). This item is rated a "2".

“1”

An IPS team was uninformed on how to calculate community time and the IPS Specialists spent an average of 12% of their time in the community. The rating for this item is “1”.

**To calculate the score for this item\*:**

Determine the average community hours for each IPS Specialist based on their total weekly scheduled hours. Add the percentages for all IPS Specialists and divide by the number of IPS Specialists. Score using the 1 – 5 anchors as appropriate.

**25. Assertive Engagement and Outreach\***

Termination from an IPS team is not caused by missed appointments or time constraints. IPS Specialists document outreach attempts, including multiple home/community visits, phone calls, texts, coordinated visits with the IPS Specialist and integrated team members, and contacts to support network such as family or other nonprofessional support people (with permission from the IPS client). Engagement issues are promptly discussed in IPS team meetings. Outreach attempts are made by integrated team members. Outreach only stops when the IPS client makes it clear they no longer want IPS services.

**Components of this item:**

1. Service termination is not based on missed appointments or fixed time limits.
2. The IPS team provides at least monthly documentation of outreach attempts.
3. The IPS team discusses engagement issues during their IPS team meetings.
4. The IPS team documents engagement and outreach attempts made by integrated team members.
5. The IPS team documents multiple home/community visits.
6. The IPS team documents coordinated visits by the IPS Specialist with an integrated team member.
7. The IPS team documents connections with the IPS client’s family or other nonprofessional support people, when applicable.

**Rationale**

Assertive engagement and outreach are an important tenet of IPS and there are very few cases where it’s acceptable to close a case with an IPS client. The only scenarios in which termination from an IPS team is appropriate is when an IPS client clearly states they no longer want job supports, or after two months of multiple and diverse fruitless endeavors to outreach and engage a client. In these cases, it is recommended to notify the mental health practitioner and request they intermittently discuss employment with the individual.

### Component 1: The IPS team documents service termination is not based on missed appointments or fixed time limits.

There are a multitude of causes for missed appointments, lack of childcare, transportation issues, inadequate executive functioning skills, anxiety surrounding work, worry about loss of benefits, amongst others, giving clients the benefit of the doubt can encourage perseverance and continue to build rapport.

Scores	Examples
Met	An IPS program is noted that outreach and engagement do not have any set time limits and there was a case where a client was incarcerated, and they never closed the case. This component is met.
Unmet	An IPS team states the outreach and engagement they provide to clients who have missed appointments are a few phone calls or texts, mailing a letter, and if the client still does not respond, they terminate IPS services for the person. This component is not met.

### Component 2: The IPS team provides at least monthly documentation of outreach attempts.

For the fidelity review, progress notes and client records are assessed for a minimum of two IPS clients who were terminated from the IPS caseload without obtaining employment. Reviewers search for outreach attempts from the last two months.

Scores	Examples
Met	An IPS team provides documentation for the six outreach attempt types, this includes discussions with mental health practitioners to learn best methods in connecting with clients who have missed appointments. Only after a few months of no responses does the IPS Specialist terminate services for the client. This component is met.
Unmet	There is no systematic documentation of outreach attempts nor is there any contact notes for engaging families/natural supports. This component is not met.

### Component 3: The IPS team discusses engagement issues during their team meetings.

When the IPS Specialist participates in shared decision making, they can collaboratively brainstorm possible solutions that best fits the client’s preferences and lifestyle.

Scores	Examples
Met	IPS Specialists work with the integrated team and family members (with permission) letting them know when an IPS Specialist is unable to contact a client, collaborate to determine what the barriers are for attending appointments, and ways to assist the client with managing those issues that are interfering with the employment goals, including joint outreach and engagement. This component is met.

Unmet	And IPS Specialist has 4 clients who have disengaged from services. The Specialist only discusses actively engaged clients during team meetings and does not solicit ideas from teammates on how to re-engage. This component is not met.
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### Component 4: The IPS team provides examples of engagement and outreach attempts made by integrated team members.

For the fidelity review, a list of the engagement and outreach attempts made by integrated team members is requested for IPS clients who have gone a month without a meeting, which includes at least two clients who have not been employed. Reviewers can consider texting as a form of outreach.

Scores	Examples
Met	During interviews with various mental health providers, reviewers learn that when a client stops attending IPS appointments, a therapist will be notified and in turn discusses client’s reservations during therapy sessions in an attempt to encourage re-engagement. A case manager shares they have visited clients’ homes if they have been no shows for IPS appointments.
Unmet	Mental health practitioners are not made aware when clients stop showing up for IPS services, and do not have examples of helping to re-engage clients.

### Component 5: The IPS team documents multiple home/community visits.

When IPS clients miss several meetings, the IPS Specialist make every effort to meet in person in their home or community to discover the barrier to their IPS appointments. During the fidelity review, the IPS Specialists are interviewed on the locations of the approaches at engagement and outreach.

Scores	Examples
Met	IPS Specialists both document and express making multiple home and community visits for clients who have missed appointments. This component is met.
Unmet	When reading case files, reviewers find that contacts end with a case note that describes job search activities, which was months prior to the date of the review. There is no documentation about client wishing to close their case, or evidence that anyone from the IPS team has reached out to the client. This component is unmet.

### Component 6: The IPS team documents coordinated visits by the IPS Specialist with an integrated team member.

Coordinated visits is intended to denote the collaboration between IPS Specialists and practitioners for visits not necessarily concurrently meeting with an IPS client. These coordinated visits could signify a meeting with both the IPS Specialist and integrated team member.

Scores	Examples
Met	An IPS Specialist shares a time a case manager the IPS Specialist they were seeing a client at 2:00pm and the IPS Specialist was likely to be able to find that individual in the waiting room beforehand, which helped them reconnect with the client who had been missing appointments. This component is met.
Met	It is clear the IPS team integrates their services with the mental health treatment team members as there were discussions of warm handoffs, joint outreach and engagement, and connections with family and other natural supports when applicable. Additionally, there were cases where the IPS Specialist would sit in the waiting room before or after appointments. This component is met.
Unmet	IPS Specialists are able to access client appointments in a shared scheduling system; however, they don't attempt to work with other providers who may be meeting with a shared client who has stopped following through with the IPS program. This component is unmet.

### Component 7: The IPS team documents connections with the family or other nonprofessional support people, when applicable.

When an IPS client has granted permission for the IPS Specialist to communicate with their family members or other nonprofessional support people, the IPS team engages with these natural supports to discuss methods for the meetings to be more convenient for the client.

Scores	Examples
Met	The IPS Specialist checks in with a client's mother, who the client has signed a release of information for, on a weekly basis to discuss ways that the team can reach the client. The mother provides suggestions and explains that the client has been having a hard time lately after a death in the family. This is all clearly documented in the client's record. This component is met.
Unmet	IPS Specialists share they do not connect with family as they do not have permission to do so. This component is not met. The fidelity report recommends various strategies the IPS Specialists could involve the broader term of family as natural supports.

**To calculate the score for this item\*:**

Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.



# THE IPS FIDELITY REVIEW

When conducting a fidelity review, the first scheduled activity is an orientation to the agency with the IPS Supervisor and other agency leaders. Reviewers always initiate interviews and observations by providing a synopsis of the intent for a fidelity review and anonymity for the information provided. **[COMING SOON]** To view examples of reviewers describing the fidelity review to those who are interviewed or observed at the agency, a video “Introducing the Fidelity Review Process” is located in the **Fidelity Reviewer** On-Demand Course.

There are a multitude of sources the reviewers utilize to conclude a valid scoring method for each item (see **Sources for Information\***). By using multiple sources, there can be a distinction between cohesive information or disparities within the data. When there is incompatible information, reviewers investigate other sources to discover the cause for the inconsistency. For example, if documentation illustrates a lower frequency of community-based services than the IPS Specialist discloses, the reviewer would search for meeting locations within documentation and ask IPS clients where their meetings are held. It is crucial to base scores on objective information from a variety of sources (e.g., progress notes, agency leaders, practitioners, clients, family members) to provide the most accurate ratings.

A sorted catalog of sample questions, arranged by stakeholder groups, is in the **Fidelity Tools\*** section near the end of this manual. **[COMING SOON]** A sample list of interview questions arranged by stakeholder can be found in the **IPS Fidelity Toolbox** here: (link will go here). As a safeguard to prevent forgetting vital data collection, the reviewer should browse the list prior to concluding each interview. It should be noted closed ended questions and statements should be avoided as these may direct a different answer than what is truly occurring. Further, reviewers should make interviews more conversational and utilize interviewing skills that foster an environment open to imparting information (e.g., open-ended questions, reflective statements). For instance, a closed-ended question would be “Is all your time spent providing employment services?” versus an open-ended question to gather information could be “Can you describe a time you assisted a client with something unrelated to work or education?” The questions can be asked in varying orders and not sequentially based on the IPS Fidelity Scale items.

Observations completed during the fidelity review include the different team meetings and job development with the IPS Specialist engaging prospective employers. Reviewers abstain from contributing or proposing recommendations during these observations. The purpose in observing only is to collect data for fidelity scoring and recommendations are shared within the report and when discussing the results with the agency. Additionally, when the reviewer shadows the IPS Specialist during job development, they ask interview questions about the IPS program during the commute to various employers. As an example, questions about the frequency of mental health treatment team meeting participation, and what kinds of services they provide to clients, amongst others.

Once the first of two days have wrapped up, the reviewers meet to confirm what all was completed and gathered and what is still necessary to complete the next day. This allows a more efficient flow for the fidelity review.

Coordinating so many people’s schedules can be challenging and even when everything needed is scheduled, there are still unforeseen obstacles that happen in the midst of the review. There could be an illness, a crisis could occur that is a higher priority, or any other such unexpected circumstances. No matter the reason, it is important for reviewers to be adaptable and empathetic to these situations. There is a high likelihood the agency has a plan to adapt in these conditions and has an alternative for the reviewers to gather information. A comprehensive collection of data is necessary for the reviewers to provide the most valid total fidelity score.

Unexpected changes in the schedule sometimes occur during the visit. Someone may be absent due to illness and therefore not available for an interview or a clinical emergency may prevent the psychiatrist from meeting the reviewer as scheduled. As visitors to the agency, reviewers are courteous and flexible in response to unexpected changes. The agency has an important role in handling unforeseen scheduling issues. For example, the IPS team leader might have contingency plans in mind in anticipation of last-minute cancellations. The reason is to maximize the IPS reviewers' uses of time and their exposure to information. The more complete the information the reviewers receive, the more accurate the fidelity review will be.

When there is no feasible way an activity can be conducted during the visit to the agency, they can be postponed to later in the week or the next week. For example, if a family member gets called into work shortly before their interview, a phone interview is requested to be arranged for a time within the next week. If an IPS Specialist takes a reviewer to an employer as a check-in for an employed IPS client, they are redirected to make another face-to-face employer contact for an IPS client currently unemployed.

## Introductions for Interviews

The quotations below are a sample dialogue for introductions of the fidelity reviewer team and process. If there is an interview with someone who has already heard this introduction, it can be skipped.

**“ We appreciate you taking time to join us today. We’d like to take a moment to introduce ourselves [NAMES, JOB TITLES] and we work for [REVIEWER’S AGENCY NAME]. IPS is an evidence-based practice, which means there has been a lot of research to develop specific methods for providing the best services to the most people. We are here today in collaboration with [NAME OF AGENCY BEING REVIEWED] to determine how close their IPS team is to the IPS model. In addition to this interview, we observe various meetings and interactions, as well as looking through documentation to determine their strengths and ways to improve.**

**By sharing your experiences with us, we are able to provide recommendations for this IPS team as a means to improve employment and educational supports for individuals seeking employment. This meeting should take 15 to 30 minutes.**

**It is completely up to you as to how much information you would like to share; you can ask to skip questions as well. We like to use de-identified quotes that are impactful or helpful if you would be good with us doing that. [FOR IPS CLIENTS/FAMILY MEMBERS] Your involvement in this process will have no effect on the supports provided through this program. Additionally, everything discussed is confidential and anonymous, meaning there will be no identifying information written or shared in the final report. The only exception to this is if there is a threat to yourself or others which would then need to be disclosed, we will notify you before doing so. Is there anything you would like me to clarify before we get started?”**

## Demonstrating Respect to the Agency

It is common for an agency or various individuals to feel nervous about the fidelity review. It is important for reviewers to demonstrate gratitude to the agency for hosting the fidelity review and to make things feel as natural as possible. A couple major things that could assist in creating a more relaxed atmosphere is utilizing agency



language and asking permission for notetaking. Through introductions by the reviewers and showing a genuine appreciation for their time, it is easier for the nerves of the visit to subside.

During the orientation to the agency, it is important to ask what terminology they use to streamline the information gathering process. For example, if the IPS team uses the term *IPS client* for the individual utilizing IPS supports, that is the language the reviewers should use. Likewise, if mental health practitioners are called *clinicians* at the agency, the reviewers utilize that term. Additionally, at the orientation of the agency and the final agency meeting, reviewers should share the goal is for the full report along with their score should be completed within two to three weeks of the visit and a week after a meeting will be scheduled to clarify the results.

It is useful to note any quotes that stand out throughout the interviews and observations, to use these quotes, it is important to first ask permission to include anything and if it is used, the information would be deidentified. Jotting down observations or remarks is advantageous in writing the final report.

Before and after any interview or observation, reviewers should thank those who took the time and for their willingness to share. This demonstrates an authentic gratitude to the agency for their openness to receive feedback.

### Wrapping Up the Fidelity Visit

Prior to concluding the fidelity visit, it is crucial the reviewers confirm all information has been collected and there are no inconsistencies. There are times certain activities can be completed within a week or two after the initial visit, the sooner the better. Because the IPS fidelity scale requires all criterion be rated, the items may not be considered "not applicable" and instead would receive a score of "1".

In the case of discrepancies in information, reviewers should then probe into other sources to obtain a more comprehensive measurement for various items. For instance, the IPS Specialists share any person interested in employment has access to IPS, but some client records and an interview with a mental health practitioner suggest people with active substance use issues are deterred from starting employment services until they are sober. This would call for the reviewers to follow-up with the IPS Supervisor and IPS Specialists to clarify any potential for exclusion.

Finally, it is good practice if all reviewers can share any praise-worthy observations from the visit to leave the IPS programs on a positive note. This can ease any lingering anxiety and provide them with a sense of pride in their work.

# REVIEWS WHEN IPS PROGRAMS AND MENTAL HEALTH AGENCIES ARE SEPARATE

One of the eight IPS practice principles is integrated services, which is the purpose for IPS offices being near mental health treatment providers. At times this is not plausible such as when an IPS team is integrated with a rehabilitation agency or housing services, apart from where the IPS client receives mental health services. During the fidelity review, both the agency housing the IPS program (CRP), and the mental health provider agencies are evaluated following the instructions listed within this section of the manual and a recommendation would be to move IPS Specialist offices to the agency delivering mental health services. This safeguards effective collaboration between IPS services and mental health services.

Information from both the IPS program and mental health treatment providers are needed for some criterion within the fidelity scale to be scored. For instance, examination of client records and staff interviews are conducted at both agencies. The table below provides further guidance.

Fidelity Item	Fidelity Activities
<b>Integration of IPS with Mental Health through Frequent Team Member Contact</b>	Interview with IPS Specialists and mental health providers. Observation of one mental health treatment team meeting located in the mental health agency at a minimum. Review of client records for integration of IPS services and mental health services.
<b>Zero Exclusion Criteria</b>	Interview with IPS Specialists, IPS Peer Specialists, IPS Supervisor, and other practitioners at the mental health agency, including clinical supervisor(s), case managers/service coordinators or counselors, psychiatrist or medical director. Review of the mental health agency client records at intake and annually thereafter asking about employment/education interest.
<b>Agency Focus on Employment</b>	Interview with mental health practitioners to discover ways clients share employment success stories at least biannually. Interview with mental health staff to inquire the percent of clients with SMI in their agency who are competitively employed and how often this is tracked. (Should be tracked quarterly and communicated with their staff). Review of the mental health agency client records at intake and annually thereafter asking about employment/education interest. Viewing public areas at both mental health and IPS agencies for displays or documents about IPS services.



<p><b>Executive Team Support for IPS Services</b></p>	<p>Interview with executive directors at BOTH the IPS and mental health agencies about the difference between IPS and other employment programs (IPS principles). Also, their participation in the IPS steering committee (it is ideal that more than one executive from each agency joins). Furthermore, how the agency mission is enhanced by the IPS program and annual targets for IPS services.</p> <p>Interview with the IPS supervisor to determine the methods to describe barriers and facilitators to IPS implementation biannually with the executive director at the IPS agency and at all steering committee meetings.</p> <p>Interview with the clinical director at the mental health agency about the difference between IPS and other employment programs (IPS principles).</p> <p>Interview the QA director and ask to review the agency quality assurance report at BOTH the IPS and mental health agencies for the procedures in IPS fidelity monitoring.</p>
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# IPS PEER SPECIALISTS

Being a representative of the ability to prevail over various barriers and accomplishing employment goals, peer specialists have an inimitable finesse for instilling hope in those who have experienced similar struggles. In IPS there are a multitude of responsibilities for the IPS peer specialists which has grown rapidly and vary by agency. Generally, IPS peer support specialists are team members in the IPS program who have faced similar hindrances particularly as it relates to employment to IPS clients. Numerous mental health treatment teams hold a peer specialist role to provide other supports outside IPS. Unless stated otherwise within this manual, peer specialists refer to those who function as a member of the IPS team.

The various roles an IPS peer specialist may perform could be discussing employment as recovery, service availability, engagement within IPS, considering employment goals (i.e., short- and long-term), instilling confidence about work, assisting in the obtainment of necessary credentials, collaboratively consider transportation for work, aiding in completing job applications, amongst other IPS related supports. An important distinction is the IPS peer support specialists are intended to elevate IPS supports, not to supersede an IPS Specialist. For example, at one mental health agency, a peer meets with every new client of the agency and share how they found work they love despite past legal problems, substance use, and years of unemployment. They also explain services offered by the IPS program for the timing an individual is prepared to initiate employment supports.

Occasionally an IPS team employs a peer as an IPS Specialist, in which they provide the same services and receive the same wages as any other IPS Specialist on the team. However, the peer's experiences can be seen as an additional qualification as they would be able to periodically impart personal insight that increases success for the IPS clients they serve. Although this is an amazing opportunity, IPS peer support specialists do not indicate IPS Specialists who also have similar life experiences.

During the fidelity review, the information gathered from IPS peer support specialists are noted similarly to IPS Specialists if they are essentially offering the same supports to a full caseload of IPS clients. For instance, reviewers would calculate the score for Caseload Size by including the caseloads of the IPS peer support specialists, additionally the fidelity report would recommend hiring the peers as IPS Specialists. Currently, the IPS fidelity scale has no measurement for IPS peer support specialists therefore having a position on the team typically does not impact the agency's score. This could change in the future if research indicates a need for updating.

Within the fidelity report, anything the IPS peer support specialist adds to the IPS program should be emphasized. For instance, an IPS peer support specialist who helps with improving access to IPS services through meeting new clients at intake would be recorded in the fidelity report in Zero Exclusion Criteria. Additionally, when there are supports which contradict IPS practice principles these should be included within the recommendations. As an example, volunteer positions are recommended by the IPS peer support specialists because they have found starting in a competitive job is difficult, this would be shared in the fidelity report in Experience-Based Career Profile.

Presently, IPS peer support specialists are not required for a program to receive a score indicating good fidelity. Even though many IPS teams share having an IPS peer support specialist does elevate their program. It is important to note any IPS Specialist who happens to be a peer is scored as any other IPS Specialist.

# CONSENSUS SCORING

The meeting to deliberate scores for each item, contrasting opinions, the assets of the IPS program, and areas for improvement is called consensus scoring. Shortly after the fidelity review, within one or two days, each reviewer rates each item, any sources of information that attach to the item, and total the final scores to determine fidelity. If any information is unaccounted for the IPS supervisor should be contacted so all items are able to be accurately rated. The IPS fidelity scale score sheet is located in the **Fidelity Tools\*** section of this manual. **[COMING SOON]** For an example of two reviewers meeting for consensus scoring, the video “Consensus Scoring” can be watched in the **Fidelity Reviewer** On-Demand Course.

Suggestions for consistent ratings of the more challenging items are as follows:

1. The IPS fidelity scale, anchors, and rationale should be referenced when scoring the items. It is imperative to refer to this manual and not provide ratings based on memory.
2. There are many examples for how to rate each criterion in this manual especially for more challenging situations that a reviewer can come across when scoring. If a similar example is not listed, concentrate on the core principles of the item to determine a score.
3. All scores must be a whole number, if an item averages to a half number, the rating is round down. For example, if an item averages to 3.5, the score would be a “3”.
4. When feasible, objective information should be used to score an item. For example, the objective information gathered from a list of job types would be used over a subjective notion of job types when scoring the item Diversity of Job Types.
5. There are times there are no sources of information that are objective. In these cases, two or more sources should be used to determine a score for an item. For example, when scoring Integration of Rehabilitation with Mental Health Treatment Through Frequent Team Member Contact there is no documentation on an IPS Specialist attending mental health treatment team meetings and how frequently, reviewers use information from interviews with the IPS Specialist, IPS supervisor, and mental health practitioners to provide a rating for these items.
6. At times inconsistent information is provided from different sources. For instance, when asked about field mentoring, the IPS Specialists reported they receive infrequent supervision, if any. The IPS Supervisor shared they always provide field mentoring for newly hired IPS Specialists. If there is no documentation of field mentoring, reviewers default to the reports from the IPS Specialists as they are more prone to remember supervision while meeting with employers.
7. Each IPS Specialist is unique in how they provide services to clients, therefore many items require an average score of all the IPS Specialists on a team to determine the IPS program rating. For instance, Caseload Size and Job Development. To find the criterion scored with averages, see the section **IPS Fidelity Items\*** within this manual.
8. There are several items involving four to seven components to rate. For example, even if an IPS team meets all criteria but providing coverage for each other’s caseloads, they cannot score a “5” for the item IPS Unit. All components for an item or the item is given a lower score.
9. Ratings should not be modified based on the community. For instance, if a program modifies their services due to their local circumstances, it will be documented in the fidelity report but the rating for the item is used with the IPS fidelity scale without making alterations to the scale.
10. The time spent deliberating between scores should be focused in determining the difference between a “3” and “4” or a “4” and “5”, as these can make a difference in differentiating between a level of



implementation. However, the time spent considering the difference between a “1” and “2”, and a “2” and “3” as they are less likely to predict a higher level of implementation of IPS.

11. When a score is determined for an item, similar circumstances in future reviews should be rated uniformly. For example, if the item Work Incentives Planning was a “4” at the last review and nothing has been changed for the next review, the score would be another “4”. Ratings do not decrease due to a lack of improvement measures.
12. An exception to #11 is when an error was made for the rating of an item on a previous review. Reviewers would acknowledge the inaccurate measure from the preceding review and adjust the score for the current and future fidelity reviews.
13. For further assistance, contact [iowa-cebh@uiowa.edu](mailto:iowa-cebh@uiowa.edu) to submit questions to the Iowa IPS trainers and fidelity reviewers about Iowa-based IPS fidelity scoring.

During the fidelity review, there are multiple sources of information that require a review of various documentation to score an item. If the documentation cannot be provided or the information is not contained within the documentation, reviewers cannot score higher than a “4”. The assortment of documentation and the corresponding fidelity item to be rated is listed below.

### **Mandatory Documentation from the Agency:**

- Quality assurance reports or meeting minutes demonstrating the use of fidelity scores from the previous review [Executive Team Support for IPS Services].
- Quarterly rate for all people with serious mental illness served by the agency who are competitively employed [Agency Focus on Employment].
- Agency intake forms to find the questions addressing an interest in work [Agency Focus on Employment].
- Annual forms including treatment plans and mental health assessments which include questions addressing an interest in work [Agency Focus on Employment].

### **Mandatory Documentation from the IPS Program:**

- Comprehensive career profiles which are updated reflecting job starts, any career advancements, and new qualifications, provided by multiple informants (e.g., IPS clients, family members, mental health practitioners, education records, mental health records) [Experience-Based Career Profile].
- Record of the days following the IPS client’s initial appointment with the IPS Specialist until the first in-person employer contact conducted by the IPS client or the IPS Specialist. The IPS supervisor must track the number of days, or they do not receive a score higher than a “4” [Rapid Job search for Competitive Job].
- The last two months’ worth of individual employer contact logs for each IPS Specialist [Job Development – Frequent Employer Contact].
- Record of job/education search plans [Individualized Job Search].
- List of organizations who hired IPS clients for six months leading up to the fidelity review [Diversity of Employers].
- List of or employment positions held or education programs attended by IPS clients at the time of the fidelity review [Diversity of Job Types].
- Record of job/education support plans [Individualized Follow-Along Supports].





- Record of efforts for engagement and outreach for IPS clients no longer actively using IPS services [Assertive Engagement and Outreach].

### **Optional Useful Documentation (if this is not available it does not affect the fidelity score):**

- Field mentoring logs [Role of the IPS Supervisor].
- Record of conversations about disclosure (e.g., progress notes, disclosure worksheet) [Disclosure].
- Record of locations IPS Specialists visit in the community [Community-Based Services].
- Progress notes depicting the collaboration between IPS Specialists and mental health practitioners [Integration of IPS with Mental Health through Frequent Team Member Contact].
- Record of benefits planning reports [Work Incentives Planning].
- Meeting minutes for IPS unit meetings and IPS program meetings with Iowa VR [IPS Unit & Collaboration between IPS Specialists and IVRS Counselors].
- Meeting minutes for IPS steering committees [Executive Team Support for IPS Services].

# THE FIDELITY REPORT

Shortly after the fidelity review when the information is still fresh the items should be scored, and the fidelity report should be written. Most often the lead reviewer writes the original draft for the fidelity report to then share with any other reviewers from the visit to gather feedback and revisions to share with the agency within two to three weeks of the review. If the lead reviewer is unable to write the report, the team then establishes who will draft the fidelity report. **[COMING SOON]** A template for the fidelity report which includes the rationale, sources of information, sample comments, and sample recommendations can be found on the **IPS Fidelity Toolbox**.

The importance of having a quick turnaround in writing and distributing the fidelity report is to share relevant and prompt feedback for the agency. If the report is provided months later, the agency may have already implemented changes to their program, or another review may be scheduled shortly after, and they would not have time to utilize the feedback from the review. It is vital the fidelity review process is seen as a useful tool in improving IPS services rather than an irrelevant task taking up time they otherwise could be spending on their other IPS related duties.

The primary intention for the fidelity report is to provide a blueprint of ways in which their practices correlate to the IPS model. In addition to listing the scores for each item, the report also contains rationale for the ratings by sharing where the program is successfully implementing IPS principles and the areas for improvement, and recommendations for any score less than a "5". Overall, the fidelity report should be enlightening, objective, and practical as to provide the recipients of the report specific and measurable ways in which the scores were decided. Information gathered from the review to share within the report are anonymous quotes, caseloads, snippets from client records, and how they compare to high fidelity supports. Depending on the agency, different members may receive a copy of the fidelity report. Most commonly those who participated in the fidelity review (e.g., agency executive director, IPS Supervisor) would obtain the report.

The general outline of the fidelity report is a summarization of the review, assets of the IPS program and improvements from the last review, recommendations for program enhancement, and the contact information for the reviewers, additional information if the reviewers are the IPS state trainers. Many agency leaders appreciate having the summary at the beginning of the report as they do not intend to read the full document.

A sample fidelity report is provided within this manual in the **Sample IPS Fidelity Report\*** section. **[COMING SOON]** Additional examples are included in the CEBH Fidelity Reviewer On-Demand Course. These samples offer guidelines in providing feedback on a fidelity report.

As stated earlier, it is not enough to list the ratings for each item, the rationale and evidence for each score. Reviewers should provide several cases and quotes from interviews (anonymous) to support the ratings provided for the fidelity items. For instance, when rating Community-Based Services, the fidelity report provides information from the IPS Specialists' interviews, reviews from the IPS Specialists' work schedules, and client records to get to the final score.

Suggestions for items with a rating below a "5" or items that received a "5" but the agency has voiced an intent to update IPS services are helpful in guiding the team to meeting higher fidelity scores in the future. A recommendation such as:

**“ Strategies for creating a marketing position for the IPS program should instead be delegated to IPS Specialists as job development for IPS clients. Field supervision would provide IPS Specialists with the skills to build rapport with employers.”**

Recommendations supporting SMART (Specific, Measurable, Attainable, Realistic, and Time-Based) goals are most effective and appreciated. For instance:

**“ The advantages and disadvantages to disclosure should be discussed with all IPS clients both at the initial meeting and throughout their time in the program.”**

**“ The IPS Steering Committee should also have IPS clients and family supports included as members.”**

When the administrative staff have practical goals, they are more likely to both appreciate and implement the proposed changes. If there is significant incongruence to the IPS model the reviewers may have to suggest alternate first steps to achieving a higher score rather than all necessary adjustments to meet high fidelity all at once. More examples of this are found within the sample fidelity report toward the end of this manual.

Tracking fidelity scores for each IPS team on a spreadsheet to visually chart the changes to fidelity over time. The graphs created from the spreadsheet could be uploaded to future fidelity reports and/or shared with the IPS Supervisors who are then encouraged to present the visual aid to the executive team and at steering committees.

Each fidelity item should include the score and rationale with potential recommendations. Furthermore, when the criterion has components the fidelity report includes a list of those which were met and those which were not. Suggestions for methods to include the component in the future are listed within the fidelity report. For an example of how an item with components is written in a fidelity report, please see below.

## Organization

### 10) Agency Focus on Employment

Rating: 3

**Competitive employment is encouraged by various tactics throughout the entirety of the agency. For the purposes of this item, “the agency” refers to the organization making the most referrals to the IPS program. If the IPS program is a program within a mental health agency or psychiatric rehabilitation agency, then that agency is usually the primary referring agency. If most referrals to IPS are from outside organizations, then rate the agency making the most referrals, if this is feasible. For example, if the IPS team is collaborating with a coordinated specialty care program, then that team may be the primary referring agency.**

- Questions concerning employment interest are asked upon intake.
- Questions concerning employment interest are incorporated on every annual (or semi-annual) assessment or treatment plan review.
- Postings (e.g., brochures, bulletin boards, posters) concerning employment and IPS services are displayed in the agency lobby, additional waiting areas, and social media.
- At a minimum, there are practices biannually for IPS clients to share success stories and lessons learned 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 a minimum, quarterly outcomes and calculated rates of competitive employment are communicated with agency leadership and staff.

**Comments:** The agency had a bulletin board with employment and IPS postings in the lobby. To showcase IPS client successes, the agency distributed a monthly newsletter and hosted an annual event in the community.

Employment interest is asked upon intake, but reassessments simply ask if the client is working with no additional questions about interest in work. The agency measures the rate of people in employment programs, but not everyone at the agency with a mental illness and considers “any job with a paycheck” as competitive employment.

**Rationale:** 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 each person has opportunities to consider employment.

**Recommendations:** Questions concerning employment interest should be added to the annual (or semi-annual) assessment or treatment plan review.

The agency should learn the true definition of competitive employment: work that is performed on a full-time or part-time basis for which a person is directly compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience, receiving the same level of benefits provided to other employees without disabilities in similar positions, at a location where the employee interacts with other people who do not have disabilities, do not have time constraints based on a social service agency, and presented opportunities for advancement similar to employees without disabilities in similar positions.

The outcomes and calculated rates of *competitive* employment should be shared with agency leadership and staff on a quarterly basis.

# ASSISTANCE IN REPORT UTILIZATION FOR PROGRAM ENHANCEMENT

One to two weeks following the receipt of the fidelity report, reviewers schedule a meeting with the agency to discuss the ratings and suggestions. Oftentimes, the agency would like to clarify aspects of the report but need time to analyze the results and formulate questions. The reviewers focus on different portions of the report depending on the program’s preferences (e.g., items with low ratings, the whole report). At a minimum an hour is scheduled to both compliment program strengths and further clarify recommendations. Some examples of providing supplemental recommendations are shown below.

- “ We observed follow-along services have improved since the last review. The team is working together during the IPS unit meetings to think of strategies that are strengths-based and individualized. They are also asking the mental health team for ideas to provide good job supports.”**
- “ We noted five people are working for the same cleaning company. Although those are competitive jobs, they did not appear to be individualized. For example, one person interviewed said they do not like to clean. Some people were looking for several different types of jobs simultaneously and it was unclear to us how each person’s preferences matched the jobs sought. What do you think may be getting in the way of individualized job searches?”**
- “ When clients share their stories about work and career development, many practitioners and clients become enthusiastic about IPS, which is why item Agency Focus on Competitive Employment includes this component. At one agency, the stories were laminated and placed in waiting rooms. At another agency, working people spoke at treatment groups such as social skills groups or therapy groups.”**
- “ Many program leaders find they are more successful engaging young people when they make extra efforts. For example, they alter waiting rooms to have material that is developed just for young people or emphasize meeting people at their schools or where they like to spend time in the community.”**

The IPS team is emboldened to create an IPS fidelity action plan addressing any proposed suggestions from the fidelity report. A substantial element to IPS steering committees is to provide guidance, align resources and objectives, and expediate decision-making within the context of IPS implementation. When the agency recognizes higher fidelity scores are associated with better employment outcomes everybody wins. **[COMING SOON]** Sample fidelity action plans can be found in the **IPS Fidelity Toolbox**.

# Data Collection and Quality Improvement Processes for Good IPS Fidelity

Fidelity Item	Data Collection or Quality Improvement Process	Frequency
<p><b>Integration of IPS with Mental Health Treatment:</b> Employment services documentation is integrated into mental health treatment records.</p>	<p>Minimally, the career profile, progress notes, and employment plan are part of the mental health treatment record.</p>	<p>For each person served by the IPS program</p>
<p><b>Role of the IPS Supervisor:</b> Supervisor collects client outcomes, reviews outcomes with staff, and helps them develop goals for improvement.</p>	<p>Examples of data collected by supervisor include number of job starts for the program and for individual IPS Specialists, number/percent of people in educational programs, and number/percent of working people for the team and for individual IPS Specialists.</p>	<p>Quarterly</p>
<p><b>Agency Focus on Employment:</b> Rate of competitive employment for all persons with serious mental illness served by the agency. This includes those who are not served by the IPS program.</p>	<p>Mental health agency leaders collect employment data and share outcomes with mental health supervisors and practitioners. They count any person with serious mental illness (or the target group) who worked during the quarter, even if the person only worked one day.</p>	<p>Quarterly</p>
<p><b>Agency Focus on Employment:</b> Agency intake includes questions about employment.</p>	<p>When people begin receiving services at the agency they are asked about their interest in employment. Work history information is not sufficient. Sample questions What are your thoughts about working? Would you like to learn whether your disability benefits would be affected by a job? Would you like to learn about a program that helps people return to work? Answers are documented in agency intake or initial assessment.</p>	<p>For each person with serious mental illness (or other target group) who receives services at the mental health agency</p>
<p><b>Agency Focus on Employment:</b> People are asked about interest in work on an ongoing basis.</p>	<p>Questions about interest in employment (see above) are included on a client form that is administered annually.</p>	<p>Annually or more often</p>
<p><b>Executive Team Support for IPS Services:</b> Quality assurance review of IPS Fidelity.</p>	<p>The agency quality assurance process reviews the overall IPS Fidelity score or scores for specific fidelity items to improve fidelity.</p>	<p>Every six months until good fidelity is obtained, annually thereafter</p>

**Experience-Based Career Profile:** IPS Specialists spend a few weeks learning about each person’s work goals, education, and work experiences, etc. They document this in the career profile.

**Rapid Search for Competitive Job:** Number of days from first IPS appointment to first face-to-face employer contact by IPS Specialist and/or IPS client.

**Individualized Job Search:** IPS Specialists and clients co-develop individualized, written employment plans.

**Job Development – Frequent Employer Contact:** IPS Specialists have six in-person contacts with employers (related to job development) each week.

**Diversity of Jobs and Diversity of Employers:** Supervisors maintain a list of job starts that includes job titles.

<p>The career profile is updated with each job start, job end and educational experience. You can find a sample career profile in “IPS Documentation” in the <b>IPS Toolbox</b> found here: <b>IPS Toolbox link*</b>. People who contribute information to the profile include the job seeker or student, mental health practitioners, and (with permission) family members, past employers, and educators.</p>	<p>For each person served by the IPS program</p>
<p>Some supervisors collect data by asking for information during the weekly vocational unit meeting: “Who met with a new client for the first time this week?” “Who started a job search this week? What activities were included? (if no mention of employer/educator contact, ask clarifiers)?” “Did anyone who is engaged in education decide to begin a job search?”</p>	<p>For each person served by the IPS program</p>
<p>Job Search Plans are individualized (pertain to each person’s preferences and needs regarding a job) and specific (spell out the steps to find a job and who will complete each step). A Job Search Plan document is in the “IPS Documentation” topic area within the IPS Toolbox found here: <b>IPS Toolbox link*</b>.</p>	<p>For each person served by the IPS program</p>
<p>IPS Specialists document employer contacts on logs that are submitted to their supervisor weekly. The logs indicate whether the IPS Specialist met with someone who had hiring authority. Also, logs indicate the activity was related to helping someone find a job, rather than providing job supports or another purpose.</p>	<p>Weekly</p>
<p>Many IPS programs use Job Start Forms to update the Career Profile, a Job Start Form is in the “IPS Documentation” topic area in the IPS Toolbox found here: <b>IPS Toolbox link*</b>. IPS Specialists provide a copy to the supervisor when a person begins work. IPS Supervisors track the first date of employment, job title and name of employer. If the business is a franchise (such as a fast-food restaurant or grocery store chain) supervisors might also indicate when clients are working at separate stores.</p>	<p>For each job start</p>



**Individualized Follow-Along**

**Supports:** IPS Specialists and clients co-develop individualized, written employment plans.

Written Job Support Plans are individualized to each person’s preferences for supports and needs (i.e., based on work history, current issues, etc.). The plans indicate what services will be provided and how often. A Job Support Plan document is in the “IPS Documentation” topic area in the IPS Toolbox found here: **IPS Toolbox link\***.

For each person served by the IPS program

**Recommended but not required**

**Role of the IPS Supervisor:**

Mentoring (working side-by-side with IPS Specialists) for developing employer relationships.

Field Mentoring Checklists are in the “IPS Documentation” topic area in the IPS Toolbox found here: **IPS Toolbox link\***.

For each new IPS Specialist and for those who want to improve their job development skills

**Work Incentives Planning:**

Documentation provided by a benefits training regarding a person’s individualized situation is included in the employment record.

IPS Specialists request a copy of the report provided to the client, provided that it is individualized, and not a copy of entitlement rules.

For each person who receives work incentives planning (benefits planning)

**Disclosure:** IPS Specialists discuss each person’s preferences regarding disclosure of a disability to employers.

Forms to document these discussions include the career profile and plan to approach employers (disclosure worksheet). Disclosure Worksheets are in the “IPS Documentation” topic area in the IPS Toolbox found here: **IPS Toolbox link\***.

For each job search



# FIDELITY TOOLS

## Checklist

### Reviewer's Checklist for Fidelity Visits

- Review Schedule
- Paper and pens
- IPS Fidelity Scale
- Sample Interview Questions
- Iowa IPS Fidelity Manual
- Client record review forms
- Information the IPS Supervisor submitted prior to the fidelity review
- Calculator
- Fidelity Snapshot
- Case File Review Chart
- Agency's Last Fidelity Review and/or Action Plan

### Fidelity Review Information to Gather

- Each IPS Specialists' caseload sizes
- IPS Specialist job responsibilities
- Number of support stages each IPS Specialist provides
- Number of MH Treatment Teams assigned to each IPS Specialist
- Benefits Planning – what is offered and when
- Disclosure conversations – how and when
- Career Profile completion – how, when, and where
- Any assessments, tests, or non-competitive jobs
- Job development – how, when, and where
- Client preferences



- List of job types (at least 10 for 2 IPS Specialists) – with job starts and wages
- List of employers (at least 10 for 2 IPS Specialists)
- Job supports – how, when, and where
- Job Support Plan
- What happens after job ends
- IPS Specialist calendars
- Service termination – why and when
- Utilization of natural supports
- Frequency of IPS team meetings
- IPS team communication and coverage
- Frequency of IPS Supervisor check-ins on caseloads, job development, client outcomes, and IPS Specialist goals
- Frequency of MH Treatment Team meetings – when do IPS Specialist & IPS Supervisor attend
- IPS client documentation integration with MH Treatment Team
- Location of IPS Specialist offices
- IPS Specialist and MH Treatment team communication
- Frequency of IPS Specialist and VR counselors meetings
- Referral sources – how many and any criteria
- Mental Health Treatment Team employment interest questions
- Mental Health Treatment Team IPS postings
- Sharing success stories and lessons learned – how and when
- Frequency of competitive employment data communicated
- IPS agency CEO knowledge of IPS
- QA process
- Frequency of IPS Steering Committee meetings and the participants
- IPS agency goals for IPS – how this is shared and when
- IPS agency mission
- Barriers and Facilitators to IPS – how this is shared and when

## Shadowing IPS Specialists

The most beneficial method to reliably discovering the quality of employer rapport building is by observing IPS Specialists meeting employers at various cups of tea stages. Before shadowing IPS Specialists reviewers should:

- Discuss this portion of the fidelity review with the IPS Supervisor two to three weeks ahead of the visit. Reviewers must shadow an IPS Specialist during an initial meeting (i.e., first cup of tea) to schedule a follow-up appointment, and one or two follow-up meetings (i.e., second/third cups of tea) with employers.
- Reviewers advise IPS Specialists refer to them as a colleague/coworker.
- Reviewers simply observe the interaction between the IPS Specialist and employer and do not engage with the employer unless directly asked a question.
- Oftentimes the IPS Specialist has anxiety for this segment of the review, it is important to comment on a positive observation witnessed during the shadow.

Activities to note throughout the observation which signifies a positive interaction with employers are shared below.

**NOTE:** All these activities will likely not be able to be completed during the fidelity review.

- The IPS Specialist is wearing appropriate clothing for the business (e.g., no jeans or hoodies or gym shoes).
- The IPS Specialist summarizes their intent for meeting in an explicit manner.
- The IPS Specialist requests to schedule a follow-up meeting with a hiring manager with a clear day, time, and location and add this to their calendar during the first cup of tea.
- Unless an employer asks questions about the IPS program, the IPS Specialist keeps program details to a minimum.
- During the first or second cups of tea (unless it is the right timing) the IPS Specialist avoids inquiring about open positions or sharing information about an IPS client.
- The IPS Specialist comes prepared to the meeting with open-ended questions, something for taking notes, and possible conversation topics about the organization, jobs within the business, and hiring preferences.
- The IPS Specialist elicits more conversation from the employer and actively listens to them talk.
- When an employer asks about IPS clients, the IPS Specialist utilizes a strengths-based approach to respond (e.g., what a job seeker can offer to the business).
- The IPS Specialist explains supports they provide to both IPS clients as well as employer when appropriate.
- Upon departure, the IPS Specialist confirms next steps with the employer, including meeting face-to-face in the near future.
- IPS Specialists send thank you notes to the employers after their meeting.



# IPS Fidelity Scale

Last updated May 2024

Criterion	Anchor
<b>STAFFING</b>	
<p><b>1. Caseload Size:</b>            IPS Specialists have caseloads comprised of individuals with employment and/or educational goals. The maximum IPS caseload is 20, which applies to IPS Specialists who provide only education or only employment services. The maximum caseload size is prorated for part-time IPS Specialists.</p>	<p><b>Average IPS Specialist Caseload:</b></p> <p>1 = 41+</p> <p>2 = 31-40</p> <p>3 = 26-30</p> <p>4 = 21-25</p> <p>5 = 20 or fewer</p>
<p><b>2. Exclusive Focus on Employment:</b>            IPS Specialists only provide employment or education services.</p>	<p><b>IPS Specialists provide an average of employment services:</b></p> <p>1 = &lt;60% of the time</p> <p>2 = 60-74% of the time</p> <p>3 = 75-89% of the time</p> <p>4 = 90-95% of the time</p> <p>5 = 96+% of the time</p>
<p><b>3. IPS Generalists*:</b>            All stages of vocational supports are provided by the IPS Specialist. These include:</p> <ol style="list-style-type: none"> <li>1. Intake</li> <li>2. Engagement</li> <li>3. Career Profile</li> <li>4. Job Search</li> <li>5. Job Support and Workplace Accommodation</li> <li>6. Follow-Along Supports</li> </ol> <p><b>NOTE:</b> It is not expected each IPS Specialist will provide benefits counseling to IPS clients. Referrals to a highly trained benefits</p>	<p><b>IPS Specialists:</b></p> <p>1 = Refer all IPS clients to other vocational programs</p> <p>2 = Refer some IPS clients to other vocational programs or roles split up on team</p> <p>3 = Complete 1 - 4 components</p> <p>4 = Complete 5 components (e.g., one staff provides all intake, or one staff does job development only)</p> <p>5 = Complete all 6 components</p>

counselor are in keeping with high fidelity, see **Work Incentives Planning\***.

## ORGANIZATION

### 4. Integration of IPS with Mental Health Treatment through Team Assignment:

IPS Specialists are integrated with a maximum of two mental health treatment teams wherefrom at least 90% of the IPS Specialist's caseload is comprised.

- 1 = IPS Specialists operate separately from mental health treatment.
- 2 = IPS Specialists are integrated with three or more mental health treatment teams. **OR** IPS clients are served by individual mental health practitioners who are not organized into teams. **OR** IPS Specialists are integrated with one or two mental health treatment teams from which less than 50% of their caseload is comprised.
- 3 = IPS Specialists are integrated with one or two mental health treatment teams from which 50 – 74% of their caseload is comprised.
- 4 = IPS Specialists are integrated with one or two mental health treatment teams from which 75 – 89% of their caseload is comprised.
- 5 = IPS Specialists are integrated with one or two mental health treatment teams from which 90%+ of their caseload is comprised.

### 5. Integration of IPS with Mental Health Treatment through Frequent Team Member Contact:

Components:

- 1) Each full-time IPS Specialist attends treatment team meetings weekly. Attendance is in person unless treatment team meeting is virtual for all team members.
- 2) IPS Specialists and mental health team members collaboratively brainstorm strategies to support IPS clients' employment and education goals; IPS Specialists subsequently share possible strategies with the IPS client.
- 3) IPS service documentation is integrated within the IPS client's mental health treatment record.

#### Number of components present:

- 1 = One or fewer
- 2 = Two
- 3 = Three
- 4 = Four
- 5 = Five

<ul style="list-style-type: none"> <li>4) IPS Specialist’s offices are near (or shared with) mental health treatment providers.</li> <li>5) IPS Specialists discuss with mental health staff how employment and career-related education could be beneficial for clients who haven’t yet been referred to IPS services.</li> </ul>	
<p><b>6. Collaboration between IPS Specialists and Vocational Rehabilitation Counselors:</b></p> <p>To determine possible referrals and confer about mutual clients, IPS Specialists and Iowa VR counselors meet frequently.</p>	<p><b>IPS Specialists and Iowa VR counselors discuss mutual clients and referrals:</b></p> <ul style="list-style-type: none"> <li>1 = Less than quarterly <b>OR</b> IPS and VR do not communicate</li> <li>2 = At least quarterly</li> <li>3 = At least monthly (i.e., in person, by phone, or email)</li> <li>4 = At least quarterly scheduled, face-to-face meetings <b>OR</b> weekly contact</li> <li>5 = At least monthly scheduled, face to face meetings <b>AND</b> weekly contact</li> </ul>
<p><b>7. IPS Unit:</b></p> <p>Components:</p> <ul style="list-style-type: none"> <li>1) The IPS unit has at least two full-time IPS Specialists.</li> <li>2) The IPS unit has a supervisor with expertise in IPS.</li> <li>3) The IPS unit has weekly in-person unit meetings (<b>NOTE:</b> Videoconferencing is OK as an alternative to face-to-face when the distance involved make this impractical).</li> <li>4) The IPS unit has team members who share strategies for working with clients, families, employers, clinicians, and others, and share job leads and information about educational programs.</li> <li>5) The IPS unit has IPS Specialists who provide coverage for each other’s caseload when needed.</li> </ul>	<ul style="list-style-type: none"> <li>1 = IPS Specialists are not a part of an IPS unit.</li> <li>2 = IPS Specialists have the same supervisor but do not meet as a group and two other components are missing.</li> <li>3 = IPS unit has a supervisor with IPS expertise, but two other components are missing.</li> <li>4 = IPS unit has a supervisor with IPS expertise, but one other component is missing.</li> <li>5 = All components are present.</li> </ul>
<p><b>8. Role of IPS Supervisor:</b></p> <p>Components:</p> <ul style="list-style-type: none"> <li>1) There are no more than 10 IPS Specialists per one full-time equivalent (FTE) IPS Supervisor. There are no other supervisory duties other than IPS. (<b>NOTE:</b> IPS Supervisors who have less than 10 IPS Specialists are allowed to prorate their responsibilities accordingly).</li> </ul>	<p><b>Number of components present:</b></p> <ul style="list-style-type: none"> <li>1 = One or fewer</li> <li>2 = Two</li> <li>3 = Three</li> <li>4 = Four</li> </ul>

- 2) The IPS Supervisor provides weekly supervision to IPS Specialists to review updates to caseloads, discuss ongoing client-related situations, and assist IPS Specialists in developing alternative approaches to helping IPS clients with employment and career-related education goals.
- 3) On a quarterly basis, IPS Supervisors attend meetings for each mental health treatment team, and regularly communicates with mental health treatment team leaders, to advocate for service integration, troubleshoot organizational concerns, and promote employment as recovery.
- 4) Monthly community supervision is conducted for IPS Specialists new to the program or struggling, to refine competencies through observation, demonstration, and providing recommendations.
- 5) At least quarterly, the IPS Supervisor examines current client outcomes and determines goals for program performance improvement with the IPS Specialist.

5 = Five

**9. Zero Exclusion Criteria:**

There is no formal or informal vetting for participation in IPS services; if an individual expresses interest in employment, they are admitted into the program. Criteria such as job readiness, substance use, symptoms, record of violent behavior, cognitive impairments, adherence to treatment, and personal hygiene are not a determining factor for service utilization. A large array of sources are solicited for referrals. Regardless of how a job or educational program ends or the amount of job or program ends, the IPS Specialists support IPS clients in acquiring another job or educational program. The IPS program does not use IVRS or other external agency screening measures to omit anyone.

- 1 = IPS team, case managers, or other practitioners exclude clients due to lack of job readiness or there is a formal policy indicating exclusion.
- 2 = Most (34% or more) clients are unable to access IPS services due to perceived lack of job readiness or there is an indication of an informal policy of excluding referrals.
- 3 = Some (33% or 1/3) clients are unable to access IPS services due to perceived lack of job readiness by either internal or external team members and the IPS team accepts the decision to exclude.
- 4 = No evidence formal or informal vetting. A large array of sources are not solicited for referrals. Regardless of how a job or educational program ends or the amount of job or program ends, the IPS Specialist supports the individual in acquiring another job or educational program.

	<p>5 = No evidence of formal or informal vetting. A large array of sources are solicited for referrals. Other practitioners promote employment to their clients. Regardless of how a job or educational program ends or the amount of job or program ends, the IPS Specialist supports the individual in acquiring another job or educational program.</p>
<p><b>10. Agency Focus on Employment:</b>          Components:</p> <ol style="list-style-type: none"> <li>1) Questions concerning employment interest are asked upon intake.</li> <li>2) Questions concerning employment interest are incorporated on every annual (or semi-annual) assessment or treatment plan review.</li> <li>3) Postings concerning employment and IPS services are displayed in the agency lobby and additional waiting areas. Publicizing IPS through websites and social media are also options. (<b>NOTE:</b> Publicity must be present in two locations or modalities for this to be counted).</li> <li>4) At a minimum, there are opportunities bi-annually for IPS clients to share their success stories and lessons learned with other IPS clients and staff.</li> <li>5) At a minimum, quarterly outcomes and calculated rates of competitive employment are communicated with agency leadership and staff, and are shared with stakeholders, the steering committee, and/or clients as appropriate.</li> </ol>	<p><b>Number of components present:</b></p> <p>1 = One or fewer          2 = Two          3 = Three          4 = Four          5 = Five</p>
<p><b>11. Executive Team Support for IPS:</b>          Components:</p> <ol style="list-style-type: none"> <li>1) Chief Executive Officer (CEO) and/or agency equivalent demonstrate a general understanding of the principles of IPS and support its mission.</li> <li>2) Using the IPS fidelity scale and results from the latest fidelity review, the agency quality assurance (QA) process involves a comprehensive evaluation of the IPS team(s), or components of the team(s), no less than</li> </ol>	<p><b>Number of components present:</b></p> <p>1 = One or fewer          2 = Two          3 = Three          4 = Four          5 = Five</p>



every six months, or, after receiving a good fidelity score, no less than once a year.

- 3) At least one agency executive team member contributes to and participates in steering committee meetings (occur bi-annually for IPS programs that have achieved good fidelity, and quarterly for teams below good fidelity). Entrusted with examining fidelity, program functionality, and the provision of services, the steering committee (comprised of a diverse assembly of interested partners) creates action plans targeting the development or sustainability of providing services at good fidelity.
- 4) At least annually, the entire agency staff receive communication about the explicit goals for IPS and the ways in which IPS services strengthen the agency mission directly from the agency CEO or agency equivalent, not another administrator.
- 5) At least bi-annually, the IPS supervisor communicates about strengths and barriers of the IPS program to the executive team (including the CEO) and they collaborate to identify and apply suggestions for overcoming barriers.

## SERVICES

### 12. Work Incentives Planning:

Before a job start or at times of hour and pay changes, all IPS clients are provided opportunities to access work incentives planning. Work incentives planning (i.e., benefits planning) consists of resource sharing, and support with SSA benefits, medical benefits, medication subsidies, housing subsidies, SNAP benefits, spouse and dependent children benefits, past job retirement benefits, any other source of income, and how to report wages to various programs.

- 1 = Benefits planning is not offered promptly or made easily accessible to most IPS clients.
- 2 = IPS Specialists simply provide IPS clients with the contact information for a benefits planner.
- 3 = IPS Specialists discuss how benefits could change when working with each IPS client.
- 4 = Prior to a job start, IPS Specialists or other MH practitioners offer each IPS client support in procuring comprehensive, individualized benefits planning by a person trained in work incentives planning.

	<p>5 = Prior to a job start or at times of hour and pay changes, IPS Specialists or other MH practitioners offer each IPS client support in procuring comprehensive, individualized benefits planning by a specially trained work incentives planner. Based on their benefits, IPS clients are provided information and assistance on how to report wages to SSA, housing programs, and others.</p>
<p><b>13. Disclosure:</b> Components:</p> <ol style="list-style-type: none"> <li>1) IPS clients are not required to share all or parts of the psychiatric disability to their employer/educator to remain in the IPS program.</li> <li>2) Before sharing with the IPS client’s employer/educator, the IPS Specialist offers to clarify the advantages and disadvantages of disclosing all or parts of their psychiatric disability, including how accommodations could be requested and the role of the IPS Specialist in this communication with the employer/educator.</li> <li>3) There is an extensive documented conversation between the IPS Specialist and IPS client about what information to disclose and ideas on how to share this with employers/educators.</li> <li>4) The purpose of disclosure is brought up on multiple occasions.</li> </ol>	<p><b>Number of components present:</b></p> <p>1 = None 2 = One 3 = Two 4 = Three 5 = Four</p>
<p><b>14. Experience-Based Career Profile:</b> Components:</p> <ol style="list-style-type: none"> <li>1) The IPS Specialists meet in person to complete a career profile immediately after IPS enrollment, systematically reviewing interests, experiences, and strengths, and analyzing prior to job loss (or job problems) and job successes, using multiple sources (e.g., IPS client, family, treatment team, clinical records, previous employers, and case management).</li> <li>2) The IPS Specialist updates the career profile with information about career exploration experiences (i.e., education reports), each new job experience (i.e., job starts), and any job endings. Incorporates consideration</li> </ol>	<p><b>Number of components present:</b></p> <p>1 = None 2 = One 3 = Two 4 = Three 5 = Four</p>

<p>of job accommodations. Most, if not all, these meetings should be done in person.</p> <ol style="list-style-type: none"> <li>3) The IPS Specialist does not use office-based assessments, standardized tests, and intelligence tests.</li> <li>4) The IPS Specialist does not use prevocational work experiences, volunteer jobs, non-competitive internships, short-term work experiences, or set aside jobs.</li> </ol>	
<p><b>15. Rapid Job Search for Competitive Job:</b>          Within 30 days (one month) following the first career profile meeting, the first face-to-face employer contact regarding a competitive job is completed by the IPS client or IPS Specialist.</p>	<p><b>The first face-to-face contact with an employer by the IPS client or the IPS Specialist is on average:</b></p> <ol style="list-style-type: none"> <li>1 = Over nine months after program entry/declaration of program goal.</li> <li>2 = Between 151 and 270 days (5-9 months) after program entry/declaration of program goal.</li> <li>3 = Between 61 and 150 days (2-5 months) after program entry/declaration of program goal.</li> <li>4 = Between 31 and 60 days (1-2 months) after program entry/declaration of program goal.</li> <li>5 = Within 30 days (one month) after program entry.</li> </ol>
<p><b>16. Individualized Job Search:</b>          Components:</p> <ol style="list-style-type: none"> <li>1) IPS Specialists develop an individualized job search plan and update with information from the career profile and new job/educational experiences.</li> <li>2) IPS Specialists make employer contacts aimed at making a good job match based on the IPS client's preferences and needs.</li> <li>3) IPS Specialists extend searches beyond jobs that are readily available.</li> <li>4) IPS Specialists accept IPS client's decisions to change direction (i.e., revise goals) and work with them on revised plans, even if this means switching from employment to education as a next step.</li> </ol>	<p><b>Number of components present:</b></p> <ol style="list-style-type: none"> <li>1 = One</li> <li>2 = Two</li> <li>3 = Three</li> <li>4 = Four</li> <li>5 = Five</li> </ol>

5) When clients frequently find and leave jobs independently, IPS Specialists continue to job search (even when clients are employed) for positions related to preferences and lessons learned from job experiences.

**17. Job Development- Frequent Employer Contact:**  
 On behalf of IPS clients, the IPS Specialists individually contact hiring managers face-to-face at least six times every week. The same employers can be contacted multiple times within a week, the IPS client doesn't need to be present, and individualized or generic interactions are all counted as meetings with hiring managers. The IPS Specialists record their employer contacts on a weekly tracking form.  
**NOTE:** Every IPS Specialist is rated, and the average is calculated to determine the score for this item.

**IPS Specialist makes:**

- 1 = Less than two weekly face-to-face employer contacts specific to the IPS client.
- 2 = Two weekly face-to-face employer contacts specific to the IPS client **OR** does not have a process for tracking contacts.
- 3 = Four weekly face-to-face employer contacts specific to the IPS client **AND** uses a tracking form reviewed monthly by the IPS Supervisor.
- 4 = Five weekly face-to-face employer contacts specific to the IPS client **AND** uses a tracking form reviewed weekly by the IPS Supervisor.
- 5 = Six or more weekly face-to-face employer contacts specific to the IPS client, **OR** two employer contacts times the number of people looking for work when there are less than three people looking for work on their caseload (e.g., new program). In addition, uses a tracking form reviewed weekly by the IPS Supervisor.

**18. Job Development – Quality of Employer Contact:**  
 Through numerous scheduled face-to-face interactions with employers to identify the work demands, share ways IPS services are mutually beneficial, and advocate for an IPS client who meets the needs of the organization, a bond is formed with the IPS Specialist.  
**NOTE:** Every IPS Specialist is rated, and the average is calculated to determine the score for this item.

**The primary method of job development is best described by which level the IPS Specialist:**

- 1 = Meets employer when helping client to turn in job applications **OR** rarely makes employer contacts **OR** mostly does not meet face-to-face with employers (e.g., phone, email, zoom).
- 2 = Contacts employers to ask about job openings and then shares these

	<p>“leads” with IPS clients <b>OR</b> rarely speaks with someone with hiring authority.</p> <p>3 = Follows up on advertised job openings by introducing self, describing IPS services, and asking hiring manager to interview client <b>OR</b> rarely visits the same employers more than once to build and maintain relationships.</p> <p>4 = Builds relationships with employers through multiple face-to-face contacts with hiring managers that are planned to learn the needs of the employer, describe client strengths that are a good match for the employer and asks employers to interview clients.</p> <p>5 = Builds relationships with employers using “3 Cups of Tea” method, through multiple face-to-face contacts with hiring managers that are planned to learn the needs of the employer, convey what the IPS team offers, describe client strengths that are a good match for the employer, and returns to maintain relationships even when employers are not hiring.</p>
<p><b>19. Diversity of Job Types:</b> IPS Specialists support IPS clients in acquiring a diversity of job types.</p> <p><b>NOTE:</b> Must include at least 10 jobs (if two IPS Specialists) or at least five jobs (if one IPS Specialist), if there is less than this minimum the score is “1”.</p>	<p><b>IPS Specialists assist clients in obtaining different types of jobs:</b></p> <p>1 = Less than 50% of the time                  2 = 50 – 59% of the time                  3 = 60 – 69% of the time                  4 = 70 – 84% of the time                  5 = 85 – 100% of the time</p>
<p><b>20. Diversity of Employers:</b> IPS Specialists help IPS clients identify a range of possible employers and avoid steering all clients to the same employers.</p>	<p><b>IPS Specialists assist clients in obtaining jobs with different employers:</b></p> <p>1 = Less than 50% of the time                  2 = 50 – 59% of the time</p>

<p><b>NOTE:</b> Must include at least 10 jobs (if two IPS Specialists) or at least five jobs (if one IPS Specialist), if there is less than this minimum the score is “1”.</p>	<p>3 = 60 – 69% of the time          4 = 70 – 84% of the time          5 = 85 – 100% of the time</p>
<p><b>21. Competitive Jobs:</b>          IPS clients are offered multiple competitive job options to choose from. A job is considered competitive when it is work available to the public (not just for individuals with disabilities), compensates at or above minimum wage, and are permanent. Seasonal and temp jobs anyone can utilize, working as independent contractors or “gig” jobs, and internships are also regarded as competitive jobs as long as they report their income to the government.</p>	<p>1 = IPS Specialists help clients obtain competitive jobs less than 64% of the time <b>OR</b> there are fewer than 10 current jobs.          2 = 65 – 74% of jobs obtained are competitive.          3 = 75 – 84% of jobs obtained are competitive.          4 = 85 – 94% of jobs obtained are competitive.          5 = 95% or more of jobs are competitive.</p>
<p><b>22. Individualized Follow-Along Supports:</b>          Components:</p> <ol style="list-style-type: none"> <li>1) IPS Specialists offer in-person supports to at least 90% of all IPS clients who are working.</li> <li>2) IPS Specialists provide outreach on at least a monthly basis to IPS clients who decline supports.</li> <li>3) IPS Specialists create a Job Support Plan that includes the IPS client’s support system and offers individualized job retention supports that correspond to client preferences, work history, needs, etc., as identified in the Career Profile; also includes a plan to transition supports from IPS Specialist to the IPS client’s support system upon maintaining stable employment.</li> <li>4) IPS Specialists offer additional supports when IPS clients experience problems on the job.</li> <li>5) IPS Specialists provide employer support at the IPS client’s request.</li> <li>6) IPS Specialists offer to help with career development.</li> </ol>	<p><b>Number of components present:</b></p> <p>1 = Two or fewer          2 = Three          3 = Four          4 = Five, including support plan          5 = All six</p> <p><b>NOTE:</b> Score no higher than a “4” if half or more of individualized job support plans are missing from client records.</p>
<p><b>23. Intensity and Timing of Follow-Along Supports:</b>          Components:</p>	<p><b>Number of components present:</b></p> <p>1 = Less than three          2 = Three</p>

<ol style="list-style-type: none"> <li>1) IPS Specialists offer extra support during the week before and the week after an IPS client starts a new job or enrolls in an educational program.</li> <li>2) IPS Specialists increase support when IPS clients experience difficulties or in new situations.</li> <li>3) IPS Specialists contact the IPS client immediately after learning of a job loss or a dropped class or withdrawal from a program.</li> <li>4) IPS Specialists provide supports at convenient times and locations for the IPS client.</li> <li>5) Once an IPS client has begun working steadily or classes are well in session, the IPS Specialist encourages them to stay in contact with the IPS team. The IPS Specialist seeks to make at least monthly contact, or as frequently as the IPS client desires, for 12 months or more, using different strategies to re-engage the person, depending on their needs and preferences.</li> <li>6) IPS Specialists begin decreasing job/educational supports, and increase supports provided by other practitioners, natural supports, family members, etc., following steady employment or completion of educational plans in preparation of successful transition off the IPS caseload.</li> </ol>	<p>3 = Four            4 = Five            5 = All six</p>
<p><b>24. Community-Based Services:</b>            IPS Specialists suggest meeting in community settings for employment and educational services and meet outside the IPS/agency offices, depending on client preferences.</p>	<p><b>Average percentage of scheduled work hours for IPS Specialists in the community is:</b></p> <p>1 = Less than 30%            2 = 30 -39%            3 = 40 – 49%            4 = 50 – 64%            5 = 65% or more</p>
<p><b>25. Assertive Engagement and Outreach:</b>            Components:</p> <ol style="list-style-type: none"> <li>1) Service termination for IPS clients is not based on missed appointments or fixed time limits.</li> <li>2) The IPS team provides at least monthly documentation of outreach attempts.</li> <li>3) The IPS team discusses engagement issues during their IPS team meetings.</li> </ol>	<p><b>Number of components present:</b></p> <p>1 = Three or fewer            2 = Four            3 = Five            4 = Six</p>

- 4) The IPS team documents engagement and outreach attempts made by integrated team members.
- 5) The IPS team documents multiple home/community visits.
- 6) The IPS team documents coordinated visits by the IPS Specialist with an integrated team member.
- 7) The IPS team documents connections with the IPS client’s family or other non-professional support people, when applicable.

5 = All seven

## IPS Fidelity Scale Scoresheet

[COMING SOON] A link to a fillable IPS Fidelity Scale Scoresheet can be found in the IPS Fidelity Toolbox: (link will be here).

Staffing	
<p><b>1. Caseload Size</b></p> <p>Add the number of people assigned to each IPS Specialist and divide by the number of full-time equivalent IPS Specialists (full-time = 1, half-time = 0.5, etc.). Score using the 1 – 5 anchors as appropriate.</p>	Score:
<p><b>2. Exclusive Focus on Employment</b></p> <p>Determine the percentage of time each IPS Specialist provides employment services. Add the percentage and divide by the number of IPS Specialists. Score using the 1 – 5 anchors as appropriate.</p>	Score:
<p><b>3. IPS Generalists</b></p> <p>Determine the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	Score:
Organization	
<p><b>4. Integration of IPS with Mental Health Treatment through Team Assignment</b></p> <p>Determine the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	Score:





<p><b>5. Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>6. Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b></p> <p>Determine the frequency of communication between the IPS Specialist and IVRS counselors. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>7. IPS Unit</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>8. Role of IPS Supervisor</b></p> <p>Determine the total number of components present at the time of the review. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>9. Zero Exclusion Criteria</b></p> <p>Determine the level of exclusion for the agency. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>10. Agency Focus on Employment</b></p> <p>Determine the total number of components present at the time of review. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>11. Executive Team Support for IPS Services</b></p> <p>Determine the total number of components present at the time of review. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>Services</b></p>	
<p><b>12. Work Incentives Planning</b></p> <p>Determine the amount of assistance clients receive for comprehensive benefits planning. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>13. Disclosure</b></p>	<p>Score:</p>

<p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	
<p><b>14. Experience-Based Career Profile</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>15. Rapid Search for Competitive Job</b></p> <p>Determine the median number of days between entry to the IPS program and first face-to-face contact with an employer for each IPS Specialist. Add the median days for each IPS Specialist and divide by the number of IPS Specialists. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>16. Individualized Job Search</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>17. Job Development – Frequent Employer Contact</b></p> <p>Add the number of employer contacts for the previous two months (eight weeks) for the IPS Specialist and divide by the number of IPS Specialists. Divide this number by the total number of weeks. Score the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>18. Job Development – Quality of Employer Contact</b></p> <p>Add the scores of each individual IPS Specialist and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>19. Diversity of Job Types</b></p> <p>Determine the job types clients of the IPS program are working. Divide the diverse job types by the total number of job types. Remember, two or less of the same job type is counted in the number of diverse jobs. Score using the 1 – 5 anchors as appropriate.</p>	<p>Score:</p>
<p><b>20. Diversity of Employers</b></p> <p>Determine the total number of employers and diverse employers (two or less of the same employer) where IPS clients work. Divide the number of diverse</p>	<p>Score:</p>



employers by the total number of employers. Score using the 1 – 5 anchors as appropriate.	
<p><b>21. Competitive Jobs</b></p> <p>Determine the number of competitive jobs of IPS clients. Divide the number of competitive jobs by the number of IPS clients employed (whether currently or during the past six months). Score using the 1 – 5 anchors as appropriate.</p>	Score:
<p><b>22. Individualized Follow-Along Supports</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	Score:
<p><b>23. Intensity and Timing of Follow-Along Supports</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	Score:
<p><b>24. Community-Based Services</b></p> <p>Determine the percentage of scheduled work hours each ES spends in the community. Add the percentages for all ES and divide by the number of ES. Score using the 1 – 5 anchors as appropriate. Determine the average community hours for each IPS Specialist based on their total weekly scheduled hours. Add the percentages for all IPS Specialists and divide by the number of IPS Specialists. Score using the 1 – 5 anchors as appropriate.</p>	Score:
<p><b>25. Assertive Engagement and Outreach</b></p> <p>Determine the total number of components present at the time of review and the individual score for each IPS Specialist using the anchors 1 – 5. Add the scores and divide by the number of IPS Specialists. Round down (e.g., 3.6 = 3). Score using the 1 – 5 anchors as appropriate.</p>	Score:
<b>SCORE TOTAL:</b>	

<p><b><u>Score Classifications</u></b></p> <p><input type="checkbox"/> 115 – 125 = Exemplary Fidelity</p> <p><input type="checkbox"/> 100 – 114 = Good Fidelity</p> <p><input type="checkbox"/> 74 – 99 = Fair Fidelity</p> <p><input type="checkbox"/> 73 and Below = Not Supported Employment</p>
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# SAMPLE FIDELITY DOCUMENTS

The following are samples of completed documents as a means of demonstration of the application of the files. **[COMING SOON]** The link to find the blank and fillable files found in the IPS Fidelity Toolbox is here: (link will be here).

## Sample Fidelity Review Preparation Letter

February 28, 2030

Georgia Smith  
IPS Program Supervisor  
Agency XYZ  
123 ABC Street  
Madeupville, IA 12345

Dear Ms. Smith,

Thank you and your agency for delivering IPS services to your community and your interest in aligning your program with fidelity standards. Your baseline IPS Fidelity Review will be conducted on 4/29/30 & 4/30/30. New IPS programs will have a baseline review approximately 6 months after starting to serve clients, and every 6 months thereafter until “Good Fidelity” is achieved, at which time reviews are conducted annually. It is not uncommon for new programs to achieve “Fair Fidelity” during their baseline reviews. Following your review, you’ll receive a written report with an explanation of each item’s score and overall fidelity rating within a month following the conclusion of your review. A hardcopy will be mailed to the CEO or Executive Director, and to your MHDS Region CEO(s), and a copy will be emailed to the team. Once you’ve had a chance to look over the Fidelity Report, reviewers will meet virtually to review the report with you and your team to answer any questions you might have. We encourage you to utilize your IPS Steering Committee to assist in creating a Fidelity Action Plan to identify areas you will work on to improve fidelity. Some teams prefer to address scores 3 and under, while others will work on ways to change scores of 4’s to 5’s, or a combination of the two. Once you have created your Fidelity Action Plan, we will meet again virtually to go over the items you plan to work on.

Mandy Hatten, Center of Excellence for Behavioral Health Iowa IPS State Trainer and Fidelity Reviewer, and I will be conducting your review and are eager to spend time with you all. We will arrive at approximately 8:00 a.m. or 8:30 a.m. each day (depending on the schedule), spending all day on Wednesday, April 29<sup>th</sup>, and hope to complete our review around 2pm on Thursday, April 30<sup>th</sup>.

During the visit, we request to look at specific documents. Please let me know if you don’t have any of the documents listed below. It’s possible you may have this information in another form such as trackers, timesheets, planners etc. that would also be useful. It is most helpful to have these documents printed and available at the start of the review:

- A list of places clients are currently working, including job titles, job start dates, and names of businesses. If there are fewer than 10 people working, please compile a list of job starts for the past six months. Please include all types of positions including internships, volunteer jobs, etc.
- A list of each IPS Specialist caseload and the mental health treatment teams the referrals came from, or the client is associated with (**NOTE:** IVRS is not counted as a mental health team).
- IPS Specialist and IPS Supervisor staff vacancies for the last six months.

- Agency brochure or electronic/social media publications.
- Brochures (or program descriptions) for each vocational service available to agency clients.
- Copies of job development/employer contact logs for the past two months for each IPS Specialist.
- A copy of the previous IPS fidelity action plan (if applicable).
- Any available documentation including location of services provided by the IPS Specialist (e.g., agency, community); could be a day planner/electronic calendar, etc.
- Supervisor field mentoring logs (if applicable).
- A recent QA report.
- Minutes/notes from both your IPS Steering Committee (i.e., leadership committee meetings), and the IPS Unit Meeting.

During the fidelity review visit, we're responsible for conducting certain activities. Please arrange the activities below and send a schedule to reviewers at least two weeks before the visit. Please set aside time for the review team to have a working lunch, if possible. Thanks for your help with this. **NOTE:** Individual interviews can be conducted with IPS clients, families, and/or clinicians, and can be divided between reviewer 1 & 2 to save time. If interviewees can't attend in-office interviews, we can accommodate phone or virtual interviews as well.

Activity	Time	Reviewers
Orientation to the agency. (This is often provided by the IPS Supervisor and could include others from the agency).	30 minutes	All reviewers
Observation of IPS unit meeting (This is the IPS team – Supervisor & IPS Specialists).	One hour	All reviewers
Observation of mental health treatment team meeting.	One hour	All reviewers
Interview with a few members of executive leadership (e.g., CEO, QA Director, and Clinical Director). If mental health agency is separate, have this with both agencies.	30 – 45 minutes	All reviewers
Meeting with a psychiatrist, medication prescriber, or medical director, if applicable/available	15 minutes	All reviewers
Individual interviews with at least 3 case managers/therapists (different people than at last interview).	30 minutes each	All reviewers or split if necessary (reviewer 1/2)
Interview a VR counselor or supervisor working with the program.	30 minutes	All reviewers
Interview a benefits counselor who provides services to IPS clients.	30 minutes	All reviewers



Interview mental health team leader.	30 minutes	All reviewers
Interview the IPS Supervisor	30 minutes	All reviewers
Interview a small group of IPS clients (5 – 7 people) who have received IPS services.	45 minutes	All reviewers or split if necessary (reviewer 1/2)
Interview one or two families of people who have received IPS services.	30 minutes	All reviewers or split if necessary (reviewer 1/2)
Read a sample of charts. Please pull 10 charts for people who have received IPS services.	3 hours	All reviewers
Interview and shadow 2 IPS Specialists’ job development (meeting with prospective employers).	90 minutes each	We’ll split up to shadow the IPS Specialists

When reviewing charts, it would help if you could include charts for the people we will be interviewing, eight charts for people who are working, in the job search, or have had a job recently, and a couple of charts for people who stopped attending appointments. We may modify the number of reviewers per activity to allow additional time to other activities such as chart review. We may also ask someone be available to walk through records depending on difficulty navigating systems.

When observing Job Development, we would like to observe at least one 1<sup>st</sup> Cup of Tea, and one or two 2<sup>nd</sup>/3<sup>rd</sup> Cups of Tea appointments; if IPS Specialists can schedule to meet with employers for a 2<sup>nd</sup> Cup of Tea during the allotted time for observation, that would be most helpful.

We understand the cumbersome nature of preparing for a fidelity review visit, and are grateful for your efforts and assistance, Georgia. We hope the review will inform you of your program’s strengths and areas for improvement to the model. Please feel free to reach out to myself or Mandy if you have any needs. We look forward to seeing you all soon.

Sincerely,

*Darcey Sebolt*  
 Iowa IPS State Trainer/Fidelity Reviewer  
 Center of Excellence for Behavioral Health  
**darcey-sebolt@uiowa.edu**  
 C: (123) 867-5309

*Mandy Hatten*  
 Iowa IPS State Trainer/Fidelity Reviewer  
 Center of Excellence for Behavioral Health  
**amanda-hatten@uiowa.edu**  
 C: (123) 634-5789

## Sample Records Review Form

The following sample provides examples of three scoring levels of client records which indicate the highest ranking (i.e., Record #1), middle ranking (i.e., Record #2), and lowest ranking (i.e., Record #3) for the respective Fidelity Item. **[COMING SOON]** The sample client records along with a blank fillable Record Review Form can be found within the IPS Fidelity in Iowa on-demand course: (link will be here), and a blank fillable Record Review Form can be found in the IPS Fidelity Toolbox: (link will be here).

	Record #1	Record #2	Record #3
<p><b>Exclusive Focus on Employment</b></p> <p>Does the IPS Specialist provide vocational services only?</p> <p>How much time is devoted to other activities?</p> <p><u>Note examples of non-vocational services provided.</u></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>IPS Generalist</b></p> <p>Does the IPS Specialist carry out all phases of the employment process:</p> <ul style="list-style-type: none"> <li>• Intake</li> <li>• Engagement</li> <li>• Career Profile</li> <li>• Job placement</li> <li>• Job coaching</li> <li>• Follow-along</li> </ul>	<input checked="" type="checkbox"/> Intake <input checked="" type="checkbox"/> Engagement <input checked="" type="checkbox"/> Career Profile <input checked="" type="checkbox"/> Job Placement <input checked="" type="checkbox"/> Job Coaching <input checked="" type="checkbox"/> Follow-Along	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Engagement <input checked="" type="checkbox"/> Career Profile <input checked="" type="checkbox"/> Job Placement <input checked="" type="checkbox"/> Job Coaching <input type="checkbox"/> Follow-Along	<input type="checkbox"/> Intake <input type="checkbox"/> Engagement <input checked="" type="checkbox"/> Career Profile <input checked="" type="checkbox"/> Job Placement <input type="checkbox"/> Job Coaching <input type="checkbox"/> Follow-Along
<p><b>Zero Exclusion Criteria</b></p> <p>Are there any examples of asking an IPS client to put employment on hold (either by IPS Specialist or MH practitioner)?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MH Practitioner only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Both IPS Specialist and MH Practitioner
<p><b>Agency Focus on Employment</b></p>			

<p>Does the intake form include questions about interest in employment?</p> <p>Do the annual forms (e.g., mental health assessments, treatment plans) include questions about interest in employment?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Work Incentives Planning</b></p> <p>Is there an indication the IPS client was offered help with benefit planning or offered a meeting with a trained benefits planner?</p> <p>If the client missed the meeting, did the IPS Specialist offer more help?</p> <p>Are any IPS clients helped to report earnings?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Disclosure</b></p> <p>Is there an indication of a discussion about disclosure?</p> <p>More than once?</p> <p>Pros and cons?</p> <p>What information should be kept private? Examples of what the IPS Specialist could say to employers?</p> <p>Include notes about what was discussed.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Experience-Based Career Profile</b></p>			



<p>Is there a career profile in the chart?</p> <p>Is it comprehensive and complete?</p> <p>More than 2 or 3 jobs of the person's work history?</p> <p>Has it been updated with each new job experience?</p> <p>Is there evidence of vocational evaluations (paper and pencil test), situational assessment, or work trials?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Rapid Job Search for Competitive Job</b></p> <p>Number of days between first contact with IPS Specialist and in-person employer contact (by IPS Specialist and/or client).</p>	<p>Date of first meeting with IPS Specialist: <u>3/12/30</u></p> <p>Date of first in-person contact with employer by IPS Specialist or IPS client: <u>3/24/30</u></p> <p>Number of days between the two dates above: <u>12</u></p>	<p>Date of first meeting with IPS Specialist: <u>5/4/30</u></p> <p>Date of first in-person contact with employer by IPS Specialist or IPS client: <u>6/2/30</u></p> <p>Number of days between the two dates above: <u>29</u></p>	<p>Date of first meeting with IPS Specialist: <u>2/3/30</u></p> <p>Date of first in-person contact with employer by IPS Specialist or IPS client: <u>4/23/30</u></p> <p>Number of days between the two dates above: <u>80</u></p>
<p><b>Individualized Job Search</b></p> <p>Did the IPS Specialist help the person explore options if all previous work was the same/similar type of work?</p> <p>Is the job search related to the person's interests, strengths, personality needs, living situation, etc.? Explain.</p> <p>Were family members or mental health practitioners involved in thinking about job types?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>Is there a written job search plan? Is it specific to this person? Does the plan indicate the specific steps each person will take to work on the goals?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>Individualized Follow-Along Supports</b></p> <p>What types of follow-along supports were provided?</p> <p>Who provided the supports?</p> <p>Were these congruent with the IPS client's needs (e.g., how the job was going, changes in the job or with the worker)?</p> <p>Is there a written follow-along plan specific to the IPS client and their job?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>Intensity and Timing of Follow-Along Supports</b></p> <p>How often were in-person supports provided in the first week? First month? First three months?</p> <p>If the person lost a job, when did the IPS Specialist offer support?</p>						
<p><b>Community-Based Services</b></p> <p>Pick a recent month and count the number of hours in the community.</p> <p>Hours in the office?</p>	<p>Hours in Community:</p>	<p>Hours in office:</p>	<p>Hours in Community:</p>	<p>Hours in office:</p>	<p>Hours in Community:</p>	<p>Hours in office:</p>

<p><b>Assertive Engagement &amp; Outreach</b></p> <p>Did the person begin missing appointments?</p> <p>How did the IPS Specialist try to re-engage the person?</p> <p>Did the mental health team help?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Phone calls, texts, and emails.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A letter of notification for cancellation of services if no response within 2 weeks.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Other Notes:</b></p>			

## Sample Interview Questions

To facilitate a more efficient manner for interviews, the questions below have been arranged in alphabetical order by stakeholder (e.g., IPS Specialists, IPS Supervisors, family members, etc.) and the fidelity item addressed. So no vital information is missed, the use of these lists is recommended for both novice and experienced IPS fidelity reviewers.

During the fidelity review, the questions should be adapted utilizing terminology to which the agency staff is accustomed. For example, if the IPS clients are referred to as clients, use clients, or if the IPS program is integrated with a housing program rather than mental health treatment team, use “housing team”. Additionally, interviews with IPS Peer Specialists should be tailored depending on the roles they fill within the program as this position varies per agency. **[COMING SOON]** A document with just the questions to bring to the fidelity review can be found in the IPS Fidelity Toolbox, by clicking on this link: [link to come](#).

Questions designated for programs implementing IPS-Y only are marked with a (Y). Questions that are for both IPS and IPS-Y are marked with a (B). Questions without anything behind it are designated for IPS for adults only.

### Agency Leadership (CEO, Director, QA)

Questions:	Addresses Fidelity Item:
Is the IPS program able to serve most of the people who want to work at your agency?	<b>Zero Exclusion Criteria</b>
When you measure the rate of competitive employment and education for clients, which people are included?	<b>Agency Focus on Employment (B)</b>
How do you define competitive employment?	<b>Agency Focus on Employment</b>
How are outcomes for competitive employment and education collected? How often? How is information about competitive employment and education shared with staff, mental health practitioners, agency leaders, and clients of the IPS program?	<b>Agency Focus on Employment (B)</b>
Since the last fidelity review, have there been opportunities for people to share their back-to-work or school stories with other clients and staff? Please describe.	<b>Agency Focus on Employment (B)</b>
Do you collect information about other types of employment (e.g., sheltered jobs, jobs set aside for people with disabilities)? Are those types of jobs separated from competitive employment?	<b>Agency Focus on Employment (B)</b>
How many people with serious mental illness have competitive jobs? Are there goals to increase this number?	<b>Agency Focus on Employment</b>
How do clients know IPS provides help with education and training?	<b>Agency Focus on Employment (Y)</b>



<p>EXECUTIVE DIRECTOR AND CLINICAL DIRECTOR: Please describe the IPS program. How is IPS different than other employment/education programs? (If either of those people defers to the IPS Supervisor or another person to answer, reviewers should redirect their questions to the executive director and clinical director). Why did you decide to implement IPS instead of another type of employment/education program?</p>	<p><b>Executive Team Support for IPS Services (B)</b></p>
<p>What changes have you made to improve fidelity to IPS? What changes will you make in the future?</p>	<p><b>Executive Team Support for IPS Services</b></p>
<p>EXECUTIVE DIRECTOR: Have there been opportunities for you to talk to agency staff about IPS? How do you share your goals for IPS and careers with agency practitioners? When was the last time? (If others attempt to answer for the executive director about what they have done, address your question to the executive director again). What are your goals for IPS?</p>	<p><b>Executive Team Support for IPS Services</b></p>
<p>Do you talk meet with the IPS Supervisor to talk about how the program is going? What is a problem you have helped them solve? How often do you meet with them? Does the executive director present at those meetings?</p>	<p><b>Executive Team Support for IPS Services (Y)</b></p>
<p>Is fidelity part of the quality assurance process? For example, does the quality assurance process monitor fidelity scores? Does the quality assurance process include client outcomes for IPS? May we review a recent quality assurance report (or to see the section of the report related to IPS)?</p>	<p><b>Executive Team Support for IPS Services</b></p>
<p>Do you have an IPS steering committee or leadership committee? Who participates in the meetings? What has been the focus of the meetings? How often does the group meet? Does anyone from the executive team participate in the steering committee?</p>	<p><b>Executive Team Support for IPS Services (B)</b></p>
<p>How does the IPS Supervisor share information about the program with the executive team? How has the executive team helped with program implementation or sustainability?</p>	<p><b>Executive Team Support for IPS Services</b></p>
<p>Describe the relationship between state Vocational Rehabilitation counselors and IPS Specialists? Has the executive team been able to help build a stronger partnership?</p>	<p><b>Executive Team Support for IPS Services</b></p>
<p>What have executive managers done to help IPS Specialists collaborate with high school educators (if that is an ongoing problem)?</p>	<p><b>Executive Team Support for IPS Services (Y)</b></p>

**ARNPs/Psychiatrists/Medication Prescribers or Medical Directors**

<p><b>Questions:</b></p>	<p><b>Addresses Fidelity Item:</b></p>
<p>How do you decide who should be referred to IPS?</p>	<p><b>Zero Exclusion Criteria (B)</b></p>



When is the right time to talk to someone about work or school/training?	<b>Zero Exclusion Criteria (B)</b>
Under what circumstances would you hold off on encouraging someone to pursue work and/or school?	<b>Zero Exclusion Criteria (B)</b>
Are there times when a person needs to develop prevocational skills before engaging with the IPS program? Are there programs that help people develop those skills? How often have you referred to those programs in the past six months?	<b>Zero Exclusion Criteria</b>
Do you ever worry a job could worsen a person’s substance use problem by providing more income? How do you approach this issue?	<b>Zero Exclusion Criteria</b>
What do you do if you are working with a person who has poor hygiene but says they want a job?	<b>Zero Exclusion Criteria</b>
What is your strategy for working with someone who says they are interested in a job but does not take medicine on a regular basis?	<b>Zero Exclusion Criteria</b>
Do you ever suggest work for people who are in their fifties, sixties, or older?	<b>Zero Exclusion Criteria</b>
What leads you to have discussions about employment with people?	<b>Zero Exclusion Criteria</b>
Have you ever worked with someone who was homeless but wanted to get a job?	<b>Zero Exclusion Criteria</b>
Has there ever been a time when you suggested someone stop focusing on employment so they could work on treatment issues? Please describe.	<b>Zero Exclusion Criteria</b>
Has an IPS Specialist or Supervisor ever suggested someone was not ready for work or school?	<b>Zero Exclusion Criteria (B)</b>
How many people on your caseload are in the IPS program?	<b>Zero Exclusion Criteria</b>
If the program has a waiting list: Have you continued to make referrals?	<b>Zero Exclusion Criteria</b>
Who on your caseload is interested in work? Have you referred those people?	<b>Zero Exclusion Criteria</b>
How has a summary of IPS outcomes for employment and education been shared with you?	<b>Agency Focus on Employment (B)</b>
What opinions does the executive director have about IPS, competitive employment, and careers? Do they talk publicly about helping clients with education and job training? Do they have goals for employment and careers for clients?	<b>Executive Team Support for IPS Services (B)</b>
How do IPS Specialists help clients learn about different careers?	<b>Individualized Job Search (B)</b>
What supports do IPS Specialists provide to students in post-secondary education and job training programs? How do they help high school students?	<b>Individualized Follow-Along Supports (Y)</b>

**Benefits/Work Incentives Planner**

Questions:	Addresses Fidelity Item:
Do you provide information regarding benefits other than Social Security? For instance, if someone receives veteran’s benefits, can you help that person? If a person has a spouse or dependent who also receives benefits, can you provide good information about how their earnings would affect other people in the family? Can you provide information about housing subsidies? Food stamps?	<b>Work Incentives Planning</b>
Do students receive benefits planning about the Student Earned Income Exclusion work benefit? Do they get information about saving for school through PASS plans or IAble accounts?	<b>Work Incentives Planning (Y)</b>
How did you receive training in work incentives? Have you participated in training (or have you received updates) during the past year? Please describe.	<b>Work Incentives Planning</b>
Do you provide people with written information about their personal situations? Would it be possible to see a sample report?	<b>Work Incentives Planning</b>
Do you meet with people in person or by phone?	<b>Work Incentives Planning</b>
Are you able to tell people how their total income will be affected by part or full-time work? Can you provide individualized information, or do you provide information about work incentive rules?	<b>Work Incentives Planning</b>
When someone is referred to you, how long is it before the person meets with you?	<b>Work Incentives Planning</b>

**Case Managers, Counselors, Service Coordinators, Therapists**

Questions:	Addresses Fidelity Item:
Do IPS Specialists ever help you out by doing things like getting someone to a doctor’s appointment, helping someone with housing, or taking someone to the grocery store? When was the last time? Do they help on a regular basis?	<b>Exclusive Focus on Employment (B)</b>
Does your mental health team have regular, client-related team meetings? If so, what is the team you belong to, and how often do you meet? Do IPS Specialists (and IPS Peer Specialists if applicable) attend and stay for the whole meeting? Can you tell us what those meetings are like and who attends?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)</b>
What happens if an IPS Specialist and case manager/service coordinator disagree about whether a person should quit a job, stop looking for jobs, etc.?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b>



Can you remember a time when you (or another case manager/service coordinator) helped the IPS Specialist think of a good job/school/training match or good job support?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)</b>
Can you think of an example of a time when an IPS Specialist (or IPS Peer Specialist if applicable) suggested work for a person who had not yet been referred to the IPS program? Have they ever suggested IPS services for someone on your caseload?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)</b>
How do you connect with the IPS Specialist if you need to talk with them between treatment team meetings?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)</b>
Does the IPS Supervisor ever come to your mental health team meeting? How is that helpful? When was the last time?	<b>Role of IPS Supervisor (B)</b>
How do you decide who should be referred to IPS?	<b>Zero Exclusion Criteria (B)</b>
When is the right time to talk to someone about work?	<b>Zero Exclusion Criteria</b>
Who is not a good candidate for IPS? What about people who are actively using substances? Or who frequently change their preferences and career goals?	<b>Zero Exclusion Criteria (B)</b>
Do you ever worry that a job could increase a person’s substance use by providing more income? How do you approach this issue?	<b>Zero Exclusion Criteria (B)</b>
What do you do if you are working with a person who has poor hygiene but says they want a job?	<b>Zero Exclusion Criteria</b>
What is your strategy for working with someone who says they are interested in a job but does not take medicine on a regular basis?	<b>Zero Exclusion Criteria</b>
Do you ever suggest work for people who are in their fifties, sixties, or older?	<b>Zero Exclusion Criteria</b>
What leads you to have discussions about employment with people?	<b>Zero Exclusion Criteria</b>
Have you ever worked with someone who was experiencing houselessness but wanted to get a job?	<b>Zero Exclusion Criteria</b>
Are there times when a person needs to develop prevocational skills (e.g., volunteer work or work readiness groups) before engaging with the IPS program? Are there programs that help people develop those skills? How often have you referred to those programs in the past six months?	<b>Zero Exclusion Criteria (B)</b>
Has there ever been a time when you suggested someone stop focusing on employment so they could work on treatment issues? Please describe.	<b>Zero Exclusion Criteria</b>
How many people on your caseload are in the IPS program?	<b>Zero Exclusion Criteria</b>





If the program has a waiting list: Have you continued to make referrals?	<b>Zero Exclusion Criteria</b>
Who on your caseload is interested in work? Have you referred those people?	<b>Zero Exclusion Criteria</b>
Have any of your clients struggled to access IPS services? Can you explain?	<b>Zero Exclusion Criteria (B)</b>
Are clients able to refer themselves to IPS? How is that accomplished?	<b>Zero Exclusion Criteria (B)</b>
Does your agency have questions about interest in employment/education/training on any forms that need to be filled out? How often are these forms to be filled out?	<b>Agency Focus on Employment (B)</b>
How do you define competitive employment?	<b>Agency Focus on Employment</b>
Have you seen a report about the IPS program’s employment/educational outcomes? What is the current rate of competitive employment for persons with serious mental illness at your agency?	<b>Agency Focus on Employment (B)</b>
Have working people/students had opportunities to share their success stories (e.g., newsletters, speaking at events or treatment groups, etc.)? Who sees/hears these stories?	<b>Agency Focus on Competitive Employment (B)</b>
When you are working on the annual assessment (or treatment plan) what do you do if someone says they want to work? What do you do if they say they aren’t sure they want to work?	<b>Agency Focus on Employment</b>
How does your executive director feel about competitive employment, careers, education, and training for clients? What gives you that impression?	<b>Executive Team Support for IPS Services (B)</b>
What is the difference between “competitive employment” and other types of employment?	<b>Executive Team Support for IPS Services</b>
How do people learn how their benefits can be affected by employment? Who helps people report their earnings? Do IPS Specialists ever help clients with applications for disability benefits?	<b>Work Incentives Planning (B)</b>
When a working person transitions from the IPS program, what do you do when their income changes? Can you refer the person to benefits counseling? Have you ever done so?	<b>Work Incentives Planning</b>
Do most people in the IPS program get good information about how their benefits would be affected by earned income?	<b>Work Incentives Planning</b>
Does anyone on your caseload have an IABLE account?	<b>Work Incentives Planning (B)</b>
Do you feel the positions clients who have gotten jobs or started schooling are related to their interests, skills, and preferences?	<b>Individualized Job Search (B)</b>



Can you tell me about a time an IPS Specialist helped your clients learn about different types of jobs and careers?	Individualized Job Search (B)
Where do your clients usually meet with the IPS Specialist?	Community-Based Services (B)
If a person misses appointments with the IPS Specialist, what do you do?	Assertive Engagement and Outreach (B)
How do you help people connect to the IPS Specialist for the first time?	Assertive Engagement and Outreach (B)

## Clients Receiving IPS Services

Questions:	Addresses Fidelity Item:
What are your goals with the IPS program?	IPS Generalists (B)
Who was the first person you met from the IPS program? Who helped you find a job?	IPS Generalists
Who provided job supports? Who helped you select a career? Who helped with education and training?	IPS Generalists
Do you have a VR counselor? Do you ever meet with both the VR counselor and IPS Specialist together?	Collaboration Between IPS Specialists and Vocational Rehabilitation Counselors (B)
When did you first think about school or work? Who did you tell? What happened next?	Zero Exclusion Criteria (B)
Do you remember when someone at this agency asked if you were interested in employment? Was that the right time? Would you have been interested in hearing about work at an earlier time?	Zero Exclusion Criteria
How did you learn about the IPS program?	Zero Exclusion Criteria (B)
Did you go to a different employment program before meeting with [Name of IPS Specialist]? How did you learn about that program? How did you decide to start that program?	Zero Exclusion Criteria
Has anyone ever suggested you should hold off on work or school?	Zero Exclusion Criteria (B)
Did anyone ask if you would be interested in learning how your benefits would be affected by a return to work? What happened next?	Work Incentives Planning (B)
Did the person who gave information about benefits talk to you about all the sources of income you have? For example, Social Security, food stamps/SNAP benefits, or housing assistance? Did they ask about the amount of money you receive from each source?	Work Incentives Planning



Did the person who gave you information provide any examples? For instance, did they tell you what would happen if you worked part time or full time?	<b>Work Incentives Planning</b>
Did the information help you? Was it understandable?	<b>Work Incentives Planning</b>
After the appointment, did you receive a report to help you remember the details? Was the report specific to you and the benefits you receive, or was it a list of rules that apply to everyone who gets benefits?	<b>Work Incentives Planning</b>
Did anyone tell you how to report your earnings after you went back to work? Did they tell you how to do that for each source of income?	<b>Work Incentives Planning</b>
Did anyone help you report your earnings to Social Security Administration or other entitlement systems? Would you have wanted help?	<b>Work Incentives Planning</b>
Has anyone explained the Student Earned Income Exclusion work benefit? Have you heard about PASS plans? Did you know you can save money for school through an IABLE account?	<b>Work Incentives Planning (Y)</b>
Does your IPS Specialist talk to employers or educators on your behalf – to advocate for them to hire you? Were you asked if you wanted the IPS Specialist to do that? What do you remember about that conversation?	<b>Disclosure (B)</b>
Does your IPS Specialist have contact with your employer or school now? How did you decide you did (or didn't) want your IPS Specialist to talk to your employer or school?	<b>Disclosure (B)</b>
When you first met the IPS Specialist, what did you talk about? What happened after that first meeting?	<b>Experience-Based Career Profile</b>
Were you asked to do any vocational testing or participate in a job tryout?	<b>Experience-Based Career Profile</b>
After you first met with the IPS Specialist, about how long was it before you started contacting employers or schools about a job/education? If it was more than month, what slowed things down? Was that the right pace for you?	<b>Rapid Search for Competitive Jobs (B)</b>
When starting the IPS program did you know what you wanted to do for a job/career or schooling? If not, how did the IPS Specialist help you learn about different jobs/careers or educational programs?	<b>Individualized Job Search (B)</b>
What factors are most important to you in a job or education (e.g., schedule, type of work, pay, location, walkability, etc.)? And how do those preferences relate to your job, the jobs or schools you apply for?	<b>Individualized Job Search (B)</b>
Is your school or training program related to what you want to do as a career? What different types of jobs can you get with your certificate or degree?	<b>Individualized Job Search (Y)</b>
How did you decide to apply for your job?	<b>Individualized Job Search</b>



What types of jobs are you and your IPS Specialist looking for? Why do you think that type of job is right for you?	<b>Individualized Job Search</b>
What type of job would you enjoy?	<b>Individualized Job Search</b>
What are your strengths and skills? How do those pertain to the jobs you are seeking (or the job you have)?	<b>Individualized Job Search</b>
How does the IPS Specialist help with finding jobs?	<b>Job Development – Quality of Employer Contact</b>
Why did you choose a volunteer job? Would you have preferred to work at a paying job? Did anyone offer you help with a paying job?	<b>Competitive Jobs</b>
How do you like your job at the temporary agency? Is that the type of work you were hoping for?	<b>Competitive Jobs</b>
For those of you who have a job now, is it a time-limited position or can you keep it as long as your employer is satisfied with your work?	<b>Competitive Jobs</b>
Has anyone asked you about your long-term career goals?	<b>Competitive Jobs</b>
How does your IPS Specialist help you with your job? Is that the kind of help you need or want?	<b>Individualized Follow-Along Supports (B)</b>
How does your case manager/service coordinator or therapist help you with your job?	<b>Individualized Follow-Along Supports</b>
Has anyone offered to help you with your long-term career goals?	<b>Individualized Follow-Along Supports</b>
How did your IPS Specialist help you select your education/technical training program? What supports did they provide while you were in school or training?	<b>Individualized Follow-Along Supports</b>
Have you ever had a problem with your job? How did your Employment Specialist help?	<b>Individualized Follow-Along Supports</b>
How did your IPS Specialist help you with finding resources to pay for education/training? What help did your IPS Specialist provide after you began classes/training?	<b>Individualized Follow-Along Supports (Y)</b>
Did you need an accommodation or special arrangement to help you learn? Time off school? What did your IPS Specialist do to help?	<b>Individualized Follow-Along Supports (Y)</b>
When did you start your job?	<b>Intensity and Timing of Follow-Along Supports</b>
How often do you meet with the IPS Specialist?	<b>Intensity and Timing of Follow-Along Supports</b>



Can you tell me which methods you use to meet with IPS clients?	<b>Intensity and Timing of Follow-Along Supports</b>
Where do you usually meet with your IPS Specialist?	<b>Community-Based Services (B)</b>
Where do you prefer to meet with your IPS Specialist?	<b>Community-Based Services (B)</b>
Was there ever a time you missed appointments with your IPS Specialist? How did you get in touch with each other again?	<b>Assertive Engagement and Outreach (B)</b>
Has your IPS Specialist met anyone from your family or a good friend? Did your IPS Specialist ask to meet with someone who is close to you?	<b>Assertive Engagement and Outreach (B)</b>

**Family Members of IPS Clients**

<b>Questions:</b>	<b>Addresses Fidelity Item:</b>
What is your family member's goals with the IPS program?	<b>IPS Generalists (B)</b>
Did anyone ever advise your family member they should wait or were unable to work or go to school?	<b>Zero Exclusion Criteria (B)</b>
Does your family member receive housing subsidies, food stamps/SNAP benefits, or any type of Social Security benefit? If yes, have they gotten information about how their benefits would be affected by work? Has anyone described the Student Earned Income Exclusion work benefit, or how to save for school through a PASS plan or IABLE account? Were you invited to a meeting to learn about this?	<b>Work Incentives Planning (B)</b>
How quickly did the IPS Specialist help your family member connect with employers?	<b>Rapid Search for Competitive Jobs (B)</b>
Do you know what determined the timing for starting the job search?	<b>Rapid Search for Competitive Jobs</b>
Was your family member ever unsure what they wanted to do for work or a career? How did the IPS Specialist help them learn about different jobs and careers?	<b>Individualized Job Search (B)</b>
Please tell me about the job your family member has (or is seeking). Is that the right position for them? Why or why not? What position would be a better match?	<b>Individualized Job Search (B)</b>
How does the education program/training relate to your family member's interests, academic abilities, learning style, etc.?	<b>Individualized Job Search (Y)</b>
What kind of supports has the IPS Specialist provided to your family member? Are those the right supports? Why or why not?	<b>Individualized Follow-Along Supports (B)</b>
How did the IPS Specialist help your family member with financial resources for education/training? What about after your family member began classes/training?	<b>Individualized Follow-Along Supports (Y)</b>



Does the IPS Specialist attend meetings (e.g., IEP, 504, transition) at the school? What is their role in the meetings?	<b>Individualized Follow-Along Supports (Y)</b>
Where does the IPS Specialist usually meet with your family member?	<b>Community-Based Services (B)</b>
Was there ever a time your family member missed appointments with the IPS Specialist? What did the IPS Specialist do?	<b>Assertive Engagement and Outreach (B)</b>
Did you ever attend a meeting with your family member and the IPS Specialist to talk about jobs or school programs?	<b>Assertive Engagement and Outreach (B)</b>

**IPS Peer Support Specialists**

<b>Questions:</b>	<b>Addresses Fidelity Item:</b>
Please describe your duties. How are your duties different from the IPS Specialists?	<b>Exclusive Focus on Employment</b>
What IPS services do you provide? Does anyone else provide those services?	<b>IPS Generalists</b>
When would a person work with you alone and not with an IPS Specialist at the same time?	<b>IPS Generalists</b>
Do you attend mental health treatment team meetings? Which ones? How often? Do you stay for the entire meeting? (The score is not affected by peers attending mental health treatment team meetings, but reviewers may recommend they attend weekly for better integration of services).	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b>
Do mental health practitioners share ideas for what may help a person with their career goals?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b>
What is your role in the mental health treatment team meetings?	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b>
How do you help practitioners remember to talk about work with their clients? Do you ever suggest work for people who are unemployed? (If peers recommend work for people who are unemployed, reviewers give credit for that component).	<b>Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b>
Do you participate in meetings with Vocational Rehabilitation counselors?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b>
How do the Vocational Rehabilitation counselors help people on the IPS team?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b>



How does everyone work together with clients to develop the employment plan?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b>
Was the meeting we observed today a typical meeting?	<b>IPS Unit</b>
Do you provide coverage when an IPS Specialist is away or has a scheduling conflict? (This may improve the score, for example, if there is only one IPS Specialist but the peer specialist is able to provide backup).	<b>IPS Unit</b>
Are the meetings strengths-based? Why or why not? (This information may also pertain to items <b>Individualized Job Search, Individualized Follow-Along Supports, Zero Exclusion Criteria, or Ongoing, Work-Based Vocational Assessment</b> ).	<b>IPS Unit</b>
Do you ever receive information about outcomes for the IPS program? How do you receive that information? Does the program have goals to improve any outcomes?	<b>Role of IPS Supervisor</b>
What goals have you and your supervisor set for your own performance? (If the peer specialist does not have goals for performance improvement, reviewers may still give credit for that component, but they may also recommend the supervisor help the peer set and achieve goals, just like their team members).	<b>Role of IPS Supervisor</b>
Are there any restrictions for who can be referred to the IPS program?	<b>Zero Exclusion Criteria</b>
Who can refer a person to IPS? Can people refer themselves? Does any person who receives treatment for serious mental illness know how to refer themselves?	<b>Zero Exclusion Criteria</b>
Who should be referred to IPS? Who should not be referred to IPS?	<b>Zero Exclusion Criteria</b>
What could be done to improve adherence to zero exclusion criteria at this agency?	<b>Zero Exclusion Criteria</b>
What can be done to raise awareness about the importance of employment among practitioners? (The purpose of asking is that peers may have good suggestions to share in the report. Reviewers do not ask to alter the final score).	<b>Agency Focus on Employment</b>
How do clients learn about IPS services? What would be better strategies to advertise IPS?	<b>Agency Focus on Employment</b>
Do you ever accompany people to appointments with benefits planners? Is the information clear and comprehensive?	<b>Work Incentives Planning</b>
Do most people in the IPS program receive benefits planning?	<b>Work Incentives Planning</b>
What would improve benefits planning?	<b>Work Incentives Planning</b>
Does the benefits planner give people written information to refer to later? Is it helpful information?	<b>Work Incentives Planning</b>



Do you ever help people consider whether disclosing a disability is right for them? What do you say in those discussions? What would you say to someone who is unsure about disclosing to potential employers?	Disclosure
Do you ever suggest assessments to help people prepare for the right job, or to determine if someone is ready for work? Does anyone at the agency ever make those suggestions?	Experience-Based Vocational Assessment
Do you help people consider what jobs are good matches?	Individualized Job Search
Does anyone ever have unrealistic job preferences? What do you do in those situations?	Individualized Job Search
Do you ever help people explore new options for employment other than the types of jobs they have had in the past? Please tell me about that.	Individualized Job Search
What is a competitive job? What other types of jobs are people working? Do you ever suggest jobs that are not competitive?	Competitive Jobs
I noticed someone is cleaning at a company called Abilities. Is that a job that anyone can apply for?	Competitive Jobs
Do you provide job supports? What type of supports? Are you providing job supports for anyone now? What supports do you provide?	Individualized Follow-Along Supports
Do you provide educational supports? What type of supports?	Individualized Follow-Along Supports
Do you encourage people to consider career support plans?	Individualized Follow-Along Supports
Do mental health practitioners suggest job or educational supports for individuals?	Individualized Follow-Along Supports
Please tell me about someone who was offered a job within the past couple of months. What types of supports has that person received?	Intensity and Timing of Follow-Along Supports
Please tell me about a working person who has recently transferred off the IPS team. Why were they transferred? How long had they been working? Was it the right time for them to discontinue IPS services?	Intensity and Timing of Follow-Along Supports
What do you do when someone misses appointments with you?	Assertive Engagement and Outreach
When would someone's IPS case be closed due to missed appointments?	Assertive Engagement and Outreach

**IPS Specialists**

Questions:	Addresses Fidelity Item:
How many people are on your caseload?	Caseload Size (B)





Can you please share your caseload list with me?	<b>Caseload Size</b>
Are there some people on your caseload who are inactive? How do you define inactive? Are those people included in the total number on your caseload?	<b>Caseload Size (B)</b>
Are you responsible for writing employment plans for inactive clients?	<b>Caseload Size</b>
How do you decide when someone’s IPS case should be closed?	<b>Caseload Size (B)</b>
Are you responsible for any duties at the agency other than employment and education? Do you help with groups, day treatment services, or transportation for medical appointments? How often? Did you perform any of those activities last week?	<b>Exclusive Focus on Employment (B)</b>
Are you ever asked to carryout case management services? For example, have you been asked to drive someone to a food bank for donated food, help someone find housing, drive someone to doctor appointments, manage a mental health crisis, help someone apply for disability benefits? When was the last time? How often does this occur?	<b>Exclusive Focus on Employment</b>
Is there anyone on your caseload who does not have a case manager/service coordinator? What happens when this person needs case management services?	<b>Exclusive Focus on Employment (B)</b>
I am interested in learning more about your job and understanding what a typical day is like for you. Can you show me in your datebook what you did last Tuesday? What time did you start work that day? What did you do first? Where was that meeting? And what did you do next? What time was that?	<b>Exclusive Focus on Employment</b>
Do you ever find that case manager/service coordinator caseloads are so high you help them out? What is an example? When was the last time that happened?	<b>Exclusive Focus on Employment</b>
When a new client is referred to you, who from the IPS program meets with that person first?	<b>IPS Generalists (B)</b>
For the people on your caseload, who conducts the career profile? The job search activities? On-the-job training, if that is needed? Job or educational supports?	<b>IPS Generalists (B)</b>
For the people on your caseload, who conducts the career exploration? The high school support services? The assistance with selecting education/training programs? The education/training support services?	<b>IPS Generalists (Y)</b>
Do you ever refer people to other vocational programs? Which ones? How many people on your caseload receive support from another employment program? How many times in the past three months? How would you decide to make a referral to another program?	<b>IPS Generalists (B)</b>



Are people from the IPS program referred to other programs to receive educational supports? Could you tell me some examples? How many people on your caseload receive educational supports from another program?	IPS Generalists (Y)
Who refers people to you? Anyone else?	Integration of IPS with Mental Health Treatment through Team Assignment
Within the mental health agency, who makes referrals to your caseload? Are all the practitioners on one mental health treatment team? How many people on your caseload see practitioners from that team?	Integration of IPS with Mental Health Treatment through Team Assignment (B)
How many people on your caseload see practitioners from a different mental health treatment team? Are there any other people on your caseload? If so, who referred them?	Integration of IPS with Mental Health Treatment through Team Assignment (B)
How many people on your caseload do not have a mental health worker from the agency?	Integration of IPS with Mental Health Treatment through Team Assignment
Let's review your caseload. Which people do not receive mental health services from Teams A or B (your assigned teams)?	Integration of IPS with Mental Health Treatment through Team Assignment
Which treatment team meetings do you attend? How often? What would you say is your primary role within those meetings?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)
Do you usually stay for the entire meeting?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)
Do you represent any of your fellow IPS Specialists when you attend mental health team meetings?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact
What is the purpose of attending the meetings? Do you find the meetings to be meaningful, if so, could you share an example?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)
What are some examples of how mental health practitioners have helped people with education and employment goals?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)
How do you communicate with medication prescribers (psychiatrists, nurse practitioners)? Has that been effective?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact
Can you tell me about a time you suggested work for someone who was not in IPS services?	Integration of IPS with Mental Health Treatment through Frequent Team Member Contact (B)



What is the main method of communication with IVRS counselors? Under what circumstances do you find yourself communicating with VR counselors?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors (B)</b>
How many IVRS counselors work with people who are on your caseload? How often do you meet in person with each of these Vocational Rehabilitation counselors? Where do you meet?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors (B)</b>
How do the Vocational Rehabilitation counselors help people on your caseload?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b>
How does everyone work together with clients to develop the employment plan?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b>
To whom do you report?	<b>IPS Unit</b>
Can you share an example of a time you helped another IPS Specialist, or someone helped you?	<b>IPS Unit (B)</b>
How often do you meet with the other IPS Specialist? What do you do during these meetings? How are the meetings helpful?	<b>IPS Unit</b>
Please give an example of the last time you shared a job lead with someone else on the team.	<b>IPS Unit</b>
Was the meeting we observed today a typical meeting?	<b>IPS Unit (B)</b>
Who would cover your caseload if you were to go on vacation or need a day off?	<b>IPS Unit (B)</b>
Do you meet with your supervisor for individual supervision (or for group supervision)? How often? What happens during those meetings?	<b>Role of IPS Supervisor</b>
How did you learn how to build relationships with employers? When was the last time your supervisor accompanied you to contact employers? To meet with a client? Could please give me examples.	<b>Role of IPS Supervisor (B)</b>
Do you receive information about the outcomes for the IPS program? How do you receive that information? Does your team have goals to improve outcomes? What are the goals and how will you achieve them?	<b>Role of IPS Supervisor</b>
Does your supervisor help you set performance goals for yourself? For the IPS team? Could you share an example?	<b>Role of IPS Supervisor (B)</b>
Who should be referred to IPS? Who should not be referred to IPS? How about people with substance use problems? People with histories of violence? Someone who misses appointments with their counselor?	<b>Zero Exclusion Criteria (B)</b>
If someone leaves a job without notice because they do not like the job, what do you do?	<b>Zero Exclusion Criteria</b>



If someone lost a job because of symptoms, would you help that person find another job? What next steps would you recommend?	<b>Zero Exclusion Criteria</b>
Can you serve people who are not open with IVRS? (If the answer is no: "Are there any people whom Vocational Rehabilitation counselors cannot serve?").	<b>Zero Exclusion Criteria (B)</b>
Do some case managers or therapists refer people more frequently than others? Does your caseload list include the name of the practitioner who referred each person to you?	<b>Zero Exclusion Criteria</b>
Have any of your clients been advised to take a break from their employment/career goals?	<b>Zero Exclusion Criteria (B)</b>
Can you share examples for times clients have shared their back-to-work stories or education/training stories with other clients and/or staff? When was the last time?	<b>Agency Focus on Employment (B)</b>
When do you receive the report on IPS program outcomes? Who shares these reports? What goals have been created from this report?	<b>Agency Focus on Employment (B)</b>
Does the executive director think employment is a critical component of services at this agency? What gives you that impression?	<b>Executive Team Support for IPS Services</b>
When was a time your executive director/CEO shared information about IPS or career advancement through education or vocational training with practitioners at your agency? Can you tell me more about that?	<b>Executive Team Support for IPS Services (Y)</b>
What is the difference between "competitive employment" and other types of employment?	<b>Executive Team Support for IPS Services</b>
What type of benefits counseling is available for people in this program? Who provides benefits planning?	<b>Work Incentives Planning</b>
How do you keep track of which people receive benefits planning and which people do not meet with a benefits planner?	<b>Work Incentives Planning</b>
What do you do if someone does not attend a benefits appointment?	<b>Work Incentives Planning</b>
How many of the people on your caseload have participated in benefits planning?	<b>Work Incentives Planning</b>
Do you know if people receive examples of what would happen to their total income if they worked part or full time? Do they receive written examples to refer to later?	<b>Work Incentives Planning (B)</b>
Do you ever help clients report their earnings? Can you give an example?	<b>Work Incentives Planning (B)</b>
Have you ever helped someone receive benefits planning a second or third time because of a change in income?	<b>Work Incentives Planning (B)</b>



What do you know about the Student Earned Income Exclusion, the Social Security Administration’s PASS Plans, and/or IABLE accounts? Can you share a time you helped a client learn about these programs?	<b>Work Incentives Planning (Y)</b>
If you were going to help me with a job search, how would you explain disclosure? What if I said I wasn’t sure whether I should disclose? What if I said I didn’t want to share information about my mental illness? How would you change the conversation for disclosure in an academic setting (e.g., the Office of Accessibility, professors, high school teachers)?	<b>Disclosure (B)</b>
Do you ever bring up disclosure on more than one occasion? If so, when would you have another discussion about disclosure? Can you give me an example?	<b>Disclosure (B)</b>
I am guessing some people on your caseload are okay with disclosure, and some are not. About what percentage of people on your caseload choose to disclose?	<b>Disclosure</b>
Do clients need to disclose with instructors and/or professors at post-secondary schooling if they need an accommodation? Why or why not?	<b>Disclosure (Y)</b>
In what ways do you discover work or academic skills, experiences, interests, education history, work or educational goals, and strengths and struggles to schooling? How do you help clients learn about different jobs and careers?	<b>Experience-Based Career Profile (B)</b>
How long does it take to complete the career profile? What happens after you fill it out – do you refer to it again for ideas that will help a job search, job support? Do you add information to it?	<b>Experience-Based Career Profile</b>
Who are the sources of information for the career profile?	<b>Experience-Based Career Profile (B)</b>
Do you have clients who would benefit from a vocational evaluation or situational assessment? Please explain. In the past six months, how many people on your caseload have completed a vocational evaluation or situational assessment?	<b>Experience-Based Career Profile (B)</b>
Do you ever suggest volunteer work or temporary jobs to learn about a person’s work behaviors and work skills?	<b>Experience-Based Career Profile (B)</b>
Which clients on your caseload would need support with career exploration? In what ways do you assist clients in career exploration?	<b>Experience-Based Career Profile (Y)</b>
Can you share a time someone knew what they wanted to do, and you suggested career exploration?	<b>Experience-Based Career Profile (Y)</b>
Has there been a time you helped a client apply for education or training without doing some career exploration first? Can you tell me more about that?	<b>Experience-Based Career Profile (Y)</b>
What happens after you first meet someone? Please describe your first few meetings.	<b>Rapid Search for Competitive Job</b>



<p>About how long does it take to start the job search? Are there ever any exceptions? Why would those exceptions occur?</p>	<p><b>Rapid Search for Competitive Job</b></p>
<p>Has there ever been a time an application for education or training was completed prior to career exploration? Can you explain?</p>	<p><b>Rapid Search for Competitive Job</b></p>
<p>How did you decide which employers/educators to contact for your clients? How did you decide which type of jobs? Can you give me a specific example?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>Can you tell me about a client who is currently looking for work and what types of jobs you feel would be a good fit and why?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>What jobs do you recommend for people who have not worked in many years? What jobs do you recommend for people who have legal histories?</p>	<p><b>Individualized Job Search</b></p>
<p>Please tell me about someone who needed a very specific type of job. How did you help that person find the right job (regardless if the person got the job they originally desired)?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>Do you ever suggest jobs to IPS clients? How do you decide what type of jobs to suggest?</p>	<p><b>Individualized Job Search</b></p>
<p>Does the case manager/service coordinator or psychiatrist help you and the IPS clients think of good job matches? What is an example?</p>	<p><b>Individualized Job Search</b></p>
<p>If the IPS Specialist says they helped a person look for a certain type of work because that is the kind of work they had done in the past: Did you help them explore other options for employment? How did you do that?</p>	<p><b>Individualized Job Search</b></p>
<p>Why does the person want to do a _____ job?</p>	<p><b>Individualized Job Search</b></p>
<p>What is the process you use in determining employers to visit each week?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>Can you tell me of a time a client frequently changed their goals. How did you handle the recurrent adjustments?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>How do you match a client's preferences and academic abilities to provide a good match to an appropriate education or training program?</p>	<p><b>Individualized Job Search (Y)</b></p>
<p>Are any clients on your caseload attending a for-profit school? What was the process in determining the value of that setting versus a non-profit school?</p>	<p><b>Individualized Job Search (Y)</b></p>
<p>What type of contacts do you include on the job development or employer contact logs? If a client makes an employer contact without you, if you go with a client to check-in on an application status, or if you meet with an employee who is not a hiring manager are those contacts included in the logs?</p>	<p><b>Job Development – Frequent Employer Contact (B)</b></p>



What is the total number of clients on your caseload who are currently searching for employment?	<b>Job Development – Frequent Employer Contact</b>
How often does your supervisor review your logs with you?	<b>Job Development – Frequent Employer Contact</b>
If you meet with a person who has no hiring authority, but shares excellent information about how people are hired, and what positions are available, is that contact included in your employer contact logs?	<b>Job Development – Frequent Employer Contact</b>
Have you been away from work for a week or longer during the past two months?	<b>Job Development – Frequent Employer Contact</b>
How do you approach an employer for the first time? What do you say? What do you try to accomplish during that first contact? What would happen next?	<b>Job Development – Quality of Employer Contact (B)</b>
Tell me about an employer whom you contacted recently. What was your approach? What happened? Do you have plans to follow up with that employer?	<b>Job Development – Quality of Employer Contact (B)</b>
How frequently do you usually meet with the same hiring manager? What questions do you ask the hiring managers? When would you ask about job openings?	<b>Job Development – Quality of Employer Contact (B)</b>
Can you tell me about any clients who work at temporary agencies or are volunteering? Why did they choose that job?	<b>Competitive Jobs</b>
Are clients working at a job anyone can apply for or are there any clients employed at an organization that only staffs people with disabilities?	<b>Competitive Jobs (B)</b>
Can you tell me of any clients on your caseload who make less than minimum wage?	<b>Competitive Jobs (B)</b>
What is a competitive job?	<b>Competitive Jobs</b>
Can you tell me about clients on your caseload who attend education or training programs principally meant for people with disabilities?	<b>Competitive Jobs (Y)</b>
Can you tell me about clients on your caseload who have worked as an intern? Will this internship provide credits toward their degree? Was this an internship anyone can apply for, and does it pay minimum wage or higher?	<b>Competitive Jobs (B)</b>
Has anyone on your caseload started a job within the past month? How often do you meet them? What other types of supports have you offered? Did you talk to the mental health treatment team for their suggestions about job supports? What supports has the mental health treatment team provided?	<b>Individualized Follow-Along Supports (B)</b>



How do you connect with natural supports of clients on your caseload? How many clients have you met with their natural supports (e.g., family, friends, neighbors)?	<b>Individualized Follow-Along Supports (B)</b>
What percent of working people on your caseload uses job supports? What happens when someone turns down job supports? In what ways do you reach out and how often?	<b>Individualized Follow-Along Supports (B)</b>
What types of job supports do you provide? How do you decide what type of job supports to offer?	<b>Individualized Follow-Along Supports (B)</b>
What supports do you provide clients who have difficulties at work?	<b>Individualized Follow-Along Supports (B)</b>
Do you ask for help from the medication prescriber when someone is having problems with symptoms or side effects on the job?	<b>Individualized Follow-Along Supports</b>
Is anyone on your caseload going to school? How are you helping?	<b>Individualized Follow-Along Supports (B)</b>
Have you ever helped someone quit a job to find better employment? What is an example?	<b>Individualized Follow-Along Supports</b>
Have you ever helped someone ask for a promotion or transfer to a more desirable position within their company?	<b>Individualized Follow-Along Supports</b>
Are there any clients you have assisted with their annual FAFSA, scholarships, Pell grants, IABLE accounts, IVRS funding for school, loan defaults, understanding student loans, or purchasing school supplies? Can you explain?	<b>Individualized Follow-Along Supports (Y)</b>
Can you give me an example of supports you have provided to a client on your caseload who is currently in school or training?	<b>Individualized Follow-Along Supports (Y)</b>
Do you participate in IEP or transition or 504 plan meetings? Can you explain?	<b>Individualized Follow-Along Supports (Y)</b>
Can you provide examples of times you worked with a college Office of Accessibility Services (or similarly named department)?	<b>Individualized Follow-Along Supports (Y)</b>
Please tell me about the last couple of people who obtained jobs. When and where did you have face-to-face meetings? How did you support that person over the first month of work? Did anyone else provide supports?	<b>Intensity and Timing of Follow-Along Supports (B)</b>
Tell me about the last few working people who were transferred off the IPS team. How long had they been working? Why was it the right time for a transfer? Was each person included in the decision?	<b>Intensity and Timing of Follow-Along Supports (B)</b>
How do you know when it is the right time for someone to transfer off the IPS team?	<b>Intensity and Timing of Follow-Along Supports (B)</b>
Thanks for brining your appointment book. I was hoping to get a better understanding of your job. Please show me what you did last week. What time	<b>Community-Based Services (B)</b>





did you start work on Monday? Where did you meet clients? What did you do next? What did you do on Tuesday (and the rest of the week)?	
Do some people prefer to meet with you at the office? Is that common? How do you spend the time in the office? How do you bring up alternative places to meet?	<b>Community-Based Services (B)</b>
What do you do when someone begins missing appointments (or misses the first appointment)? Can you give me an example of someone who has not been consistent in keeping appointments with you?	<b>Assertive Engagement and Outreach (B)</b>
Do you have any clients on your caseload who have not been seen in three or more months?	<b>Assertive Engagement and Outreach (B)</b>
At what point do you close the person's case?	<b>Assertive Engagement and Outreach (B)</b>
How do you document your efforts to reach people who miss appointments?	<b>Assertive Engagement and Outreach (B)</b>
What type of contact do you have with family members/close friends for your clients? Looking over your caseload lists, how many families have you met?	<b>Assertive Engagement and Outreach (B)</b>
What are ways the mental health treatment team has collaborated to reconnect with a client? What are ways you have enlisted a family member to learn why someone was missing appointments or to ask how to re-connect with the person?	<b>Assertive Engagement and Outreach (B)</b>

**IPS Supervisor**

<b>Questions:</b>	<b>Addresses Fidelity Item:</b>
Could you share the caseload sizes for each IPS Specialist?	<b>Caseload Size (B)</b>
Is there a wait list for the IPS program?	<b>Caseload Size</b>
Can you tell me about the referral process and any barriers to receiving referrals?	<b>Caseload Size</b>
What types of work do the IPS Peer Specialists do? (Reviewers ask to understand how peers fit in the IPS unit, but they do not lower the score if the peers provide non-employment duties).	<b>Exclusive Focus on Employment</b>
When was the last time an IPS Specialist helped a client with something that was not directly related to school, getting a job, or keeping a job?	<b>Exclusive Focus on Employment</b>
Who provides the various IPS services (employment and/or education) to clients? Are there designated IPS Specialists who are responsible for a particular activity, such as job development?	<b>IPS Generalists (B)</b>
Does your team ever refer people to other employment programs? Would you share an example of when this happened?	<b>IPS Generalists</b>



Are the IPS Specialists assigned to mental health treatment teams? If so, which IPS Specialists work with which teams?	<b>Integration of IPS with Mental Health Treatment through Team Assignment</b>
Does the vocational unit receive referrals from other sources than the mental health treatment teams? How many?	<b>Integration of IPS with Mental Health Treatment through Team Assignment</b>
In what ways are IPS and mental health services integrated? How often do IPS Specialists attend mental health treatment team meetings?	<b>Integration of IPS with Mental Health Treatment through Frequent Contact (B)</b>
How many Vocational Rehabilitation counselors work with people who are on your caseload? How often do you meet with each of these Vocational Rehabilitation counselors? Where do you meet?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors (B)</b>
How do the Vocational Rehabilitation counselors coordinate services with staff members on the IPS team?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors (B)</b>
How does everyone work together with clients to develop the employment plan?	<b>Collaboration between IPS Specialists and Vocational Rehabilitation Counselors</b>
How do IPS Specialists work together? Can you share examples of IPS Specialists working together to help clients on their team member’s caseload?	<b>IPS Unit (B)</b>
How often do you schedule team meetings?	<b>IPS Unit (B)</b>
What is a typical agenda for a team meeting?	<b>IPS Unit (B)</b>
What are your responsibilities at the agency? What positions and how many people do you supervise? Are you on agency committees? Do you have any other jobs at the agency?	<b>Role of IPS Supervisor (B)</b>
Do you carry a caseload? Is it an employment caseload? How many people are on your caseload?	<b>Role of IPS Supervisor (B)</b>
What are your methods in meeting with clients served by the IPS program?	<b>Role of IPS Supervisor (B)</b>
How do you use your program outcome data? Are you currently trying to improve any specific outcome? Can you tell me how you are working on that? Do individual IPS Specialists have goals for improvement, and can you share some examples?	<b>Role of IPS Supervisor (B)</b>
How do new IPS Specialists learn about job development and rapport building with clients? (If the IPS Supervisor says they model meeting with employers, ask what happens when they go out together. Also ask if they are using field mentoring logs). What do you do when an IPS Specialist has a low number of job starts?	<b>Role of IPS Supervisor (B)</b>
How do you provide supervision? How often? If it varies by IPS Specialist, how do you decide how much supervision to provide to each IPS Specialist?	<b>Role of IPS Supervisor (B)</b>



What training do newly hired IPS Specialists obtain?	<b>Role of IPS Supervisor (B)</b>
How do you coordinate IPS with mental health treatment or housing programs? What is your relationship with the other supervisors at the agency? How do you get feedback about the IPS program or client situations from other supervisors and staff? How do you hear about changes in services at the agency?	<b>Role of IPS Supervisor (B)</b>
How are clients referred to the IPS program? Can anyone make a referral to the program? How long does it take?	<b>Zero Exclusion Criteria (B)</b>
When is the best time to refer young adults or potential clients to IPS?	<b>Zero Exclusion Criteria (B)</b>
How would any person served by the agency know they could refer themselves to IPS?	<b>Zero Exclusion Criteria</b>
Who should be referred to IPS? Who should not be referred to IPS?	<b>Zero Exclusion Criteria (B)</b>
What happens when IVRS requires job readiness to provide services? What happens when mental health providers do not refer clients based on job readiness?	<b>Zero Exclusion Criteria (B)</b>
Have you received any inappropriate referrals over the past few months? If so, please describe.	<b>Zero Exclusion Criteria</b>
Do agency forms include questions about interest in employment and/or education?	<b>Agency Focus on Employment (B)</b>
In what ways is IPS advertised to different populations (e.g., young adults)?	<b>Agency Focus on Employment (B)</b>
How and when do clients share success stories with staff or other clients?	<b>Agency Focus on Employment (B)</b>
Can you share a summary report of IPS outcomes? Who are the recipients of the report? When was the last time this was shared?	<b>Agency Focus on Employment (B)</b>
How do clients know IPS provides help people with education and training?	<b>Agency Focus on Employment (Y)</b>
Do you have access to the executive leadership at this agency (e.g., the executive director, quality assurance director, and medical director) to ask for help with the IPS program? How have they helped? Do they understand the challenges to implementation and sustainability, as well as recent successes?	<b>Executive Team Support for IPS Services (B)</b>
Do you have a steering committee or leadership meeting for IPS? Who participates in the meetings? What has been the focus of the meetings? Are they helpful? How often does the group meet?	<b>Executive Team Support for IPS Services (B)</b>
Is there a fidelity action plan? May we see a copy?	<b>Executive Team Support for IPS Services</b>



Does the executive director prioritize competitive employment for agency clients? How and when does the executive director advocate for employment, career advancement, educational advancement, and IPS?	<b>Executive Team Support for IPS Services (B)</b>
What have executive managers done to help IPS Specialists collaborate with high school educators (if that is an ongoing problem)?	<b>Executive Team Support for IPS Services (Y)</b>
What are the methods to determine if benefits planners are providing accurate information? What training do the benefits planners receive?	<b>Work Incentives Planning (B)</b>
Do post-secondary students who receive SSI learn about the Student Earned Income Exclusion, PASS plans, and IAble accounts?	<b>Work Incentives Planning (Y)</b>
How do you train new IPS Specialists to talk about disclosure?	<b>Disclosure</b>
What are some important guidelines for IPS Specialists to consider when they discuss disclosure with clients?	<b>Disclosure</b>
Do you track the number of people who participate in vocational evaluation or situational assessments? Are any of these required by IVRS or other sources of funding?	<b>Experience-Based Career Profile (B)</b>
Do you track the number of people who volunteer? Why do people volunteer?	<b>Experience-Based Career Profile (B)</b>
How do IPS Specialists gather information to determine ideas for job types and job supports?	<b>Experience-Based Career Profile</b>
Is anyone in the program working as an intern? What criteria do you use to distinguish internships from volunteer positions?	<b>Experience-Based Career Profile (B)</b>
What defines mainstream educational programs? Are all clients who are using education supports in a mainstream program?	<b>Experience-Based Career Profile (Y)</b>
What is your tracking system for job development? How are the IPS Specialists doing at making employer contacts within 30 days?	<b>Rapid Job Search (B)</b>
Please tell us about the last time you helped an IPS Specialist think about possible good job matches for a job seeker. What suggestions did you make? Why did you think your suggestions would be appealing to the job seeker?	<b>Individualized Job Search</b>
Have you met most of the people served by the IPS Specialists?	<b>Individualized Job Search</b>
Do you know about most of the educational and career training programs in this area? How did you learn about what is available?	<b>Individualized Job Search (B)</b>
What trainings are provided to IPS Specialists regarding financial aid sources and FAFSA applications?	<b>Individualized Job Search (Y)</b>



What trainings are provided to IPS Specialists about academic supports? Is an Education Support Plan filled out prior to enrollment? How are these reviewed?	<b>Individualized Job Search (Y)</b>
How often do you review the employer contact logs with each IPS Specialist? How do you know whether the contacts were with someone with hiring authority?	<b>Job Development – Frequent Employer Contact (B)</b>
What is your approach if someone is consistently having difficulty making employer contacts?	<b>Job Development – Frequent Employer Contact (B)</b>
What is the average number of employer contacts IPS Specialists make each week?	<b>Job Development – Frequent Employer Contact (B)</b>
Have any IPS Specialists been absent for a week or longer during the past two months?	<b>Job Development – Frequent Employer Contact</b>
How do you know if IPS Specialists follow up with employers on multiple occasions?	<b>Job Development – Quality of Employer Contact</b>
Do you help IPS Specialists plan which employers they will visit and the purpose of those visits? Please tell us about that.	<b>Job Development – Quality of Employer Contact</b>
Do IPS Specialists plan educational supports in advance? Do you review education plans? How are IPS Specialists trained about providing educational supports?	<b>Individualized Follow-Along Supports (Y)</b>
What strategies has the team used to increase time in the community?	<b>Community-Based Services</b>
What do you do to help IPS Specialists if there is a concern they are in the office too much?	<b>Community-Based Services</b>
Does the program have a policy about missed appointments?	<b>Assertive Engagement and Outreach</b>
What are the guidelines for when a person’s case should be closed from the IPS program? (At what point should IPS Specialists close a person’s case if they have been missing appointments?)	<b>Assertive Engagement and Outreach (B)</b>

**Mental Health Supervisor/Clinical Director**

<b>Questions:</b>	<b>Addresses Fidelity Item:</b>
Do the IPS Specialists ever help with case management needs? Can you share an example?	<b>Exclusive Focus on Employment (B)</b>
Are the mental health practitioners organized into teams? If so, please describe the teams. Do the teams meet? How often? Does the IPS Specialist ever attend? Full meetings?	<b>Integration of IPS and Mental Health Treatment through Team Assignment (B)</b>



What happens if an IPS Specialist and case manager disagree about whether a person should quit a job, stop looking for jobs, etc.?	<b>Integration of IPS and Mental Health Treatment through Frequent Team Member Contact</b>
Can you remember a time when you (or another case manager/service coordinator) helped the IPS Specialist think of a good job/school/training match or good job/school/training support?	<b>Integration of IPS and Mental Health Treatment through Frequent Team Member Contact (B)</b>
Can you think of an example of a time when an IPS Specialist (or IPS Peer Specialist if applicable) suggested work for a person who had not yet been referred to the IPS program?	<b>Integration of IPS and Mental Health Treatment through Frequent Team Member Contact (B)</b>
How do you coordinate services with the IPS Supervisor (e.g., program changes, referral systems, integration of services)?	<b>Role of the IPS Supervisor (B)</b>
Please describe the ideal candidate for IPS services. Who would not be a good fit for IPS services? What about people who are actively using substances? Or who people who frequently change their preferences and career goals?	<b>Zero Exclusion Criteria (B)</b>
Do you ever recommend volunteer work or work readiness groups to help people prepare for IPS?	<b>Zero Exclusion (B)</b>
How can clients refer themselves to IPS?	<b>Zero Exclusion (B)</b>
Do you know how many people are working on each practitioner’s caseload?	<b>Zero Exclusion Criteria</b>
How do you supervise mental health practitioners who do not have many clients who work?	<b>Zero Exclusion Criteria</b>
Are there forms completed at intake and annually thereafter which includes questions about interest in work or school?	<b>Agency Focus on Employment (B)</b>
Can you tell me a time when you heard employment or academic success stories? Who heard or saw the story?	<b>Agency Focus on Employment (B)</b>
Have you seen a report about employment or educational outcomes for people in the IPS program?	<b>Agency Focus on Employment (B)</b>
How does your executive director feel about employment and education for people with disabilities? When have you heard them speak about careers or schooling/training?	<b>Executive Team Support for IPS Services (B)</b>
How do clients learn how their benefits will be affected by employment? Who helps clients report their earnings? Do IPS Specialists help clients with applications for disability benefits?	<b>Work Incentives Planning (B)</b>
Do you feel the positions clients who have gotten jobs or started school through the IPS program are related their interests, skills, and preferences?	<b>Individualized Job Search (B)</b>



Can you tell me about a time an IPS Specialist helped a client learn about different types of jobs and careers?	Individualized Job Search (B)
Where do clients usually meet the IPS Specialist?	Community-Based Services (B)

**Vocational Rehabilitation Staff**

Questions:	Addresses Fidelity Item:
How many clients from the IPS team are open on your caseload?	Collaboration between IPS Specialists and Vocational Rehabilitation Counselors (B)
How often do you meet with the IPS Specialists? In what context? How do you communicate between meetings?	Collaboration between IPS Specialists and Vocational Rehabilitation Counselors (B)
How does everyone work together with clients to develop the employment plan?	Collaboration between IPS Specialists and Vocational Rehabilitation Counselors
How can collaboration be improved?	Collaboration between IPS Specialists and Vocational Rehabilitation Counselors
Under what circumstances would you be unable to authorize IPS services, job development services or education supports?	Zero Exclusion Criteria (B)
How do people receive information about working and benefits? Is this service available for all the people who need it? Do clients receive helpful information that is specific to their individual situations? Do families participate in benefits planning?	Work Incentives Planning
Do students receive benefits planning about the Student Earned Income Exclusion work benefit? Do they get information about saving for school through PASS plans or IAble accounts?	Work Incentives Planning (Y)
Do you ever suggest a vocational evaluation or situational assessment for someone? Under what circumstances would you do that? How often? Do WIOA rules require you to authorize work experiences/trials or prevocational programs?	Experienced-Based Career Profile (B)
How do IPS Specialists help clients identify job and career goals?	Experience-Based Career Profile (B)
Do the IPS Specialists help your clients search for positions that are related to their preferences, skills, and needs?	Individualized Job Search (B)



<p>Please tell me about someone who needed a very specific type of job. How did you and the IPS Specialist help the person find the right position?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>What have IPS Specialists done to help clients learn about different types of jobs and careers related to their interests?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>Do the IPS Specialists know about a wide range of job types available in this community? Do they know about most of the educational and career training programs in the area?</p>	<p><b>Individualized Job Search</b></p>
<p>Are you able to help with educational and career training goals?</p>	<p><b>Individualized Job Search (B)</b></p>
<p>Are any of the IPS clients working in jobs that pay less than minimum wage or jobs that are set aside for people who have disabilities?</p>	<p><b>Competitive Job (B)</b></p>
<p>Are any of the IPS clients attending school or education programs that are for people who have disabilities?</p>	<p><b>Competitive Job (Y)</b></p>
<p>What types of job supports do IPS Specialists provide to working people? Can you provide a recent example of supports provided to someone who is working? What types of job supports have you provided to working people?</p>	<p><b>Individualized Follow-Along Supports (B)</b></p>
<p>Do you believe the supports are individualized to each person’s preferences and needs?</p>	<p><b>Individualized Follow-Along Supports</b></p>
<p>Do you help develop job support plans?</p>	<p><b>Individualized Follow-Along Supports</b></p>
<p>What types of supports do IPS Specialists provide to high school students and their families? Do they attend meetings (e.g., IEP, 504 plan, transition) at the high school? Are you also present at those meetings?</p>	<p><b>Individualized Follow-Along Supports (Y)</b></p>
<p>What types of supports do IPS Specialists provide to students/trainees in post-secondary school?</p>	<p><b>Individualized Follow-Along Supports (Y)</b></p>
<p>Where do IPS Specialists meet with IPS clients?</p>	<p><b>Community-Based Services (B)</b></p>
<p>Do IPS Specialists meet family (or natural supports) for the people they serve? Is that typical? Do you ever join those meetings?</p>	<p><b>Assertive Engagement and Outreach (B)</b></p>
<p>What is a strength of this IPS program? What could the program improve?</p>	<p><b>General Question (B)</b></p>



# Sample IPS Fidelity Report

Date: October 30, 2050

To: John Doe, Executive Director – Agency XYZ  
Mae Weather, Clinical Director – Agency XYZ  
Georgia Smith, IPS Supervisor – Agency XYZ  
Frederick Richman, CEO – ABC MHDS Region

From: Darcey Sebolt, Iowa IPS State Trainer & Fidelity Reviewer – Center of Excellence for Behavioral Health  
Mandy Hatten, Iowa IPS State Trainer & Fidelity Reviewer – Center of Excellence for Behavioral Health

## **Purpose:**

The IPS Fidelity Review process and report is designed to measure the rate of adherence to the IPS Model. Higher fidelity review scores have been directly linked, through rigorous research, to increased successful outcomes of program participants. [Insert agency name] is dedicated to improving services and outcomes, therefore eagerly and actively participates in annual program reviews.

## **Program Description:**

Agency XYZ provides mental health treatment and case management services to 123 people with serious mental illnesses each year. Mental health practitioners are organized into five teams. The IPS program was developed in 2030. Three IPS Specialists and one IPS Supervisor provide assistance with employment.

## **Method:**

The fidelity review was conducted at the agency on October 1 and 2 by Darcey and Mandy. The review consisted of interviews with Agency XYZ's Executive Director, MH Services Director, IPS Supervisor, IPS Specialists, Integrated Health Home (IHH) Program Supervisor, IHH Care Coordinator, Case Managers from MH treatment team, Mental Health Prescriber, Benefits Planner, IPS clients, Family members, and IVRS Supervisor and Counselor. They also observed the IPS Unit meeting, mental health treatment meetings, and job development by IPS Specialists, and reviewed client charts and IPS data documentation.

## **Summary:**

The IPS Team's fidelity score increased by 3 points from the last review.

## **Strengths (additional comments will be found under each item in the report):**

1. **Zero Exclusion Criteria:** IPS Specialists demonstrate a passion and drive to work with all people who want to work or go to higher education. Through effective advocacy by the IPS team, mental health practitioners have conversations with all their clients about employment or career advancement, not just those who demonstrate job readiness through sobriety, controlled symptomology, amongst others. Additionally, Vocational Rehabilitation counselors have updated their policies to provide funding for those who have been placed in a job regardless of substance use treatment completion.
2. **Executive Team Support for IPS Services:** The executive team has discussed with all practitioners their commitment and excitement about IPS services and have implemented IPS within the agency's quality assurance process.
3. **Disclosure:** IPS Specialists ask in various ways and offer different options for client's information to be shared with employers.

4. Job Development – Frequent Employer Contact and Quality of Employer Contact: Since the IPS team has been completing job development in pairs, they now average eight employer contacts every week per IPS Specialist. This method seems to have provided a means to develop the IPS Specialists’ abilities and confidence in rapport building with employers.

**Areas for Improvement (further information will be provided in the respective sections below):**

1. Integration of IPS with Mental Health Treatment through Team Assignment and through Frequent Team Member Contact: The two IPS Specialists on a team are assigned to three treatment teams per person which causes their schedules to be overbooked and therefore have rotating attendance with the weekly treatment team meetings and a wait list for IPS services. It is recommended the agency hire another IPS Specialist.
2. Intensity and Timing of Follow-Along Supports: The IPS Specialists are unable to provide job supports for their employed clients beyond six months due to the wait list.
3. Individualized Job Search and Diversity of Employers: There were instances when clients felt obligated to begin work at locations where they were hiring and the IPS Specialist had built good rapport with the employer, rather than searching for employment that met preferences such as interests, future employment aspirations, appropriate settings, and so on.

Reviewers will call Georgia to arrange a meeting to discuss this report.

## Report

## *Staffing*

<p><b>1) Caseload Size</b></p>	<p style="text-align: right;">Rating: 5</p> <p><b>IPS Specialists have caseloads comprised of individuals with employment and/or educational goals. The maximum clients helped for a full-time IPS Specialist is 20, which applies for IPS Specialists who provide only education or only employment services. The maximum caseload size is prorated for part-time IPS Specialists.</b></p>
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**Sources of Information:** Interviews with IPS Specialists, Interviews with IPS Supervisor, Review of caseload lists from IPS Specialist, Interview with IPS Supervisor, Interviews with mental health practitioners,

**Comments:** The IPS Specialists had caseloads of 18, 19, and 19 with the average caseload size being 18.

**Rationale:** Research has demonstrated caseload size is directly related too good employment outcomes. For IPS Specialists to have regular contact with clients, visit employers each week, provide individualized job supports, and provide services in the community, they require caseloads of 20 or fewer people.

**Recommendations:** No recommendations, great job!

**2) Exclusive Focus on Employment**

Rating: 5
<b>IPS Specialists only provide employment or education services.</b>

**Sources of Information:** Interview(s) with a clinical supervisor, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Review of client records

**Comments:** All services, with the exception of one observation of an IPS Specialist assisting one IPS client with a medical appointment, otherwise the IPS Specialists were dedicated to employment/education.

**Rationale:** Practitioners who have dual roles often focus on mental health services and do not have time to build relationships with employers or focus on other IPS activities. In IPS, Specialists occasionally help the mental health treatment team, for example, by delivering medications while visiting a consumer. But a full-time IPS Specialist does not spend more than one or two hours per week on non-employment related activities.

**Recommendations:** Continue to rely on the case management team for needs beyond employment related tasks.

**3) IPS Generalists**

Rating: 5
<b>All stages of vocational supports are provided by the IPS Specialist. These include intake, engagement, career profile, job search, job support and workplace accommodation, and follow-along supports.</b>
<b>Note: It is not expected each IPS Specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity.</b>

**Sources of Information:** Interviews with clients, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with mental health practitioners, Observations of a mental health treatment team meeting(s), Observations of the vocational unit meeting, Review of client records

**Comments:** All employment supports are provided by the IPS Specialists which include intake, engagement, career profile, job search, job supports and workplace accommodations, and follow-along supports.

**Rationale:** During research trials, clients were most likely to drop out of services when asked to transfer from one IPS Specialist to another. Many people value the relationships they form with their IPS Specialist and do not wish to work with someone new. Many employers also prefer to work with only one IPS Specialist throughout the employment process.

**Recommendations:** Way to go! Keep up the fantastic work!

## Organization

### 4) Integration of IPS with Mental Health Treatment through Team Assignment

Rating: 2

**IPS Specialists are integrated with a maximum of two mental health treatment teams wherefrom at least 90% of the IPS Specialist's caseload is comprised.**

**Sources of Information:** Interview with the agency's clinical director/leaders, Interviews with IPS Specialists, Interviews with IPS Supervisors, Interviews with mental health treatment team supervisors/leaders, Review of caseload lists from IPS Specialists, Review of caseload lists from IPS Supervisors, Review of data from IPS Supervisors

**Comments:** The three IPS Specialists average 69% of their caseload from two mental health treatment teams. One IPS Specialist has a caseload of 19 people who were referred from one mental health treatment team (100%), the second IPS Specialist has a caseload of 18 people who were referred from all five mental health treatment teams (55%), and the third IPS Specialist has a caseload of 19 people who were referred from all five mental health treatment teams (52%).

**IPS Specialist #1:** 19 clients from mental health treatment team 1 (100%)  
**100% from 1 to 2 teams (score of 5)**

**IPS Specialist #2:** 5 clients from mental health treatment team 2 (27%)  
 5 clients from mental health treatment team 3 (27%)  
 3 clients from mental health treatment team 4 (16%)  
 2 clients from mental health treatment team 5 (11%)  
3 clients from mental health treatment team 1 (16%)  
**54% from 1 to 2 teams out of 5 treatment teams (score of 2)**

**IPS Specialist #3:** 6 clients from treatment team 4 (31%)  
 4 clients from treatment team 5 (21%)  
 2 clients from treatment team 1 (10%)  
 4 clients from treatment team 2 (21%)  
3 clients from treatment team 3 (15%)  
**52% from 1 to 2 teams out of 5 treatment teams (score of 2)**

$$5 + 2 + 2 = 9$$

$$9 \div 3 = 3$$

When IPS Specialists are overly encumbered by working with three or more mental health treatment teams, the coordination of services they are to provide (e.g., mental health practitioners, IVRS counselors, community hours) becomes nearly impossible, which makes this score a "2".

**Rationale:** There is a limit to the number of people with whom each IPS Specialist can coordinate services if they are to be successful in their other duties. IPS Specialists participate in weekly IPS unit meetings, weekly mental health treatment team meetings for each team to which they are assigned, and monthly IVRS meetings. In addition, they are asked to communicate with mental health practitioners and VR counselors between meetings. For IPS Specialists to manage all these priorities, services are organized so IPS Specialists relate to a small number of referral sources from which their caseload is comprised.

**Recommendations:** One or two mental health treatment teams’ referrals should be assigned to each IPS Specialist (e.g., keep IPS Specialist #1 on team 1, IPS Specialist #2 has teams 2, 3, and 1 (90% from 2 and 3), and IPS Specialist #3 has teams 4, 5, and 1 (90% from 4 and 5). Since team 1 is the largest referral source, all IPS Specialists receive the referrals, but only IPS Specialist #1 attends team 1’s treatment team meetings).

<p><b>5) Integration of IPS with Mental Health Treatment through Frequent Team Member Contact</b></p>	<p style="text-align: right;">Rating: 3</p> <p><b>Active participation by the IPS Specialist in mental health treatment team meetings with direct service staff (not replaced by administrative meetings) to discuss individual clients and their employment or education goals is conducted weekly. The IPS Specialist and mental health practitioners discuss situations together and brainstorm possible solutions. IPS Specialists’ offices are located within the mental health center amongst their mental health treatment partners. A single chart integrates the documentation of the IPS services with the mental health treatment record.</b></p>
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**Sources of Information:** Agency Tour, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with mental health practitioners, Interviews with mental health treatment team supervisors/leaders, Observations of a mental health treatment team meeting(s)

**Components:**

- Each full-time IPS Specialist attends treatment team meetings weekly. Attendance is in person unless treatment team meeting is virtual for all team members.
- IPS Specialists and mental health team members collaboratively brainstorm strategies to support their clients’ employment and education goals; IPS Specialists subsequently share possible strategies with their clients.
- Integrated within the IPS client’s mental health treatment record is the IPS service documentation (i.e., assessments, plans, progress notes).
- IPS Specialists’ offices are near (or shared with) mental health treatment providers.

- IPS Specialists suggest employment and career-related education with mental health staff for clients who these options have not yet been considered.

**Comments:** Due to a majority of the IPS Specialists receiving referrals from five treatment teams, they share the difficulty in attending multiple mental health treatment team meetings each week. The IPS Specialists further explained they have been rotating attendance to the meetings.

When observing the mental health treatment team meetings and from various interviews, it was clear the collaboration in brainstorming ideas was directly guided to assist clients with their employment/education goals from a strengths-based perspective. Additionally, IPS Specialists have advocated for people who were not currently receiving IPS services to receive employment services.

Although there is no office space designated for the IPS Specialists at four of the five mental health treatment teams, they do seem to have a cohesive relationship where the IPS service documentation is integrated within the IPS client’s mental health treatment record.

**Rationale:** Frequent contact between providers ensures all team members work together to help clients with their employment and education goals. When good integration of services exists, clients do not receive conflicting messages from different practitioners. Examples of good integration include case managers sharing information about a person’s coping strategies, mental health counselors sharing information about a business that is hiring, or IPS Specialists sharing information about a person’s new job. Mental health practitioners and IPS Specialists celebrate successes together.

**Recommendations:** One or two mental health treatment teams’ referrals should be assigned to each IPS Specialist where they attend their designated mental health treatment teams’ weekly meetings. IPS Specialists should spend their office time near their mental health treatment team providers.

**6) Collaboration between IPS Specialists and Vocational Rehabilitation Counselors**

Rating: 4

**To determine possible referrals and confer about mutual clients, IPS Specialists and IVRS counselors meet frequently.**

**Sources of Information:** Interviews with Iowa Vocational Rehabilitation counselors, Interviews with IPS Specialists, Interviews with IPS Supervisors, Review of meeting minutes

**Comments:** The IPS team meets with the IVRS counselors as a group quarterly to confer about mutual clients.

**Rationale:** Improved collaboration between Vocational Rehabilitation and IPS programs results in better outcomes. Clients benefit from the wider range of services and expertise available when they have access to both systems.

**Recommendations:** Collaborate with the local IVRS supervisor in scheduling monthly meetings to confer about short-term and long-term goals of mutual clients.

7) *IPS Unit*

Rating: 5

The IPS unit has these features:

- **At least two full-time IPS Specialists**
- **A supervisor with expertise in IPS**
- **Weekly in-person unit meetings (NOTE: Videoconferencing is OK as an alternative to face-to-face when the distance involved make this impractical (e.g., rural areas))**
- **Team members share strategies for working with clients, families, employers, clinicians, and others, and share job leads and information about educational programs**
- **IPS Specialists provide coverage for each other's caseload when needed**

**Sources of Information:** Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisors, Observations of the IPS unit meeting

**Components:**

- At least two full-time IPS Specialists
- A supervisor with expertise in IPS
- Weekly in-person unit meetings
- Team members share strategies for working with clients, families, employers, clinicians, and others, and share job leads and information about educational programs
- IPS Specialists provide coverage for each other's caseload when needed

**Comments:** Through observations and interviews, there are great discussions at the weekly IPS unit meetings. They celebrate one another's successes, share recent job developments, and collaborate to problem-solve newly encountered client concerns.

**Rationale:** A unit of people who perform the same work has the advantage of sharing ideas and resources with each other. In contrast, a single IPS Specialist has no one to help them learn skills such as job development. Further, an IPS Specialist who does not have access to peers for support and problem solving is more likely to revert to the provision of case management services.

**Recommendations:** None. Keep it up!

**8) Role of IPS Supervisor**

Rating: 3

**An IPS Supervisor with five key roles is the team lead of the IPS unit. By having outcome-based supervision, the IPS Specialist fosters and enhances their skills.**

**Sources of Information:** Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisors, Interviews with mental health practitioners, Interviews with mental health treatment team supervisors/leaders, Review of field mentoring notes

**Components:**

- There are no more than 10 IPS Specialists per one full-time equivalent (FTE) IPS Supervisor. There are no other supervisory duties other than IPS. (IPS Supervisors who have less than 10 IPS Specialists are allowed to prorate their responsibilities accordingly. As an example, if there are 2 IPS Specialists per IPS Supervisor, at least 25% of their time must be used for IPS, if there are 4 IPS Specialists per IPS Supervisor, the supervisor may prorate 50% of their time to functions outside of IPS).
- Weekly supervision is provided by the IPS Supervisor to assess updates for IPS Specialist caseloads and to develop alternative approaches and suggestions to assist with employment goals.
- On a quarterly basis, IPS Supervisors attend meetings for each mental health treatment team to advocate for service integration, to trouble-shoot organizational concerns (e.g., referral issues or transfer of follow-along to mental health workers), and to promote employment as recovery.
- Monthly community supervision is arranged for IPS Specialists new to the program or struggling with job development to refine competences through observation, demonstration, and providing recommendations (e.g., meeting employers for job development, by joining IPS Specialists in intake interviews, family meetings, or other appointments with young adults).
- At least quarterly, the IPS Supervisor examines current outcomes and determines goals for program performance improvement with the IPS Specialist.

**Comments:** The IPS team consists of three IPS Specialists to the one IPS Supervisor who also provides IPS services for four clients. The IPS Supervisor has no other duties outside of IPS. The IPS Supervisor has scheduled weekly IPS unit meetings. On a monthly basis, the IPS Supervisor provides field mentoring for each IPS Specialist which has proven successful as the team has learned how to build positive employer relationships.

The IPS Supervisor has yet to attend quarterly mental health treatment team meetings to assist in the integration of services, they also do not coordinate with the mental health supervisors to deliberate on the collaboration between practitioners and IPS Specialists. Additionally, there have been no goals for program performance improvement with the IPS Specialists, even though the IPS Supervisor does gather and share outcomes for each individual IPS Specialist as well as for the entire team.

**Rationale:** Effective supervisors are essential for successful programs. IPS Supervisors must have time to work alongside IPS Specialists to help them develop needed skills. Supervisors act as liaisons with mental health



treatment teams, VR counselors, and others. They attempt to know most people served by the IPS team. IPS Supervisors also set the tone for the team (e.g., hopeful, respectful) and provide ongoing quality improvement.

**Recommendations:** To support IPS Specialists in communicating their suggestions and thoughts, the IPS Supervisor needs to attend the mental health treatment team meetings at least quarterly. The IPS Supervisor can demonstrate effective strategies in engagement about employment and/or education services.

In addition to collecting outcomes, the IPS Supervisor should assist in creating goals for both the team and each individual IPS Specialist. These goals should be geared toward enhancing program outcomes and fidelity items. During IPS unit meetings, the progress and barriers to goal completion should be discussed along with assisting the IPS Specialists with strategies to successfully achieve these goals.

<p><b>9) Zero Exclusion Criteria</b></p>	<p style="text-align: center;">Rating: 4</p> <p style="text-align: center;"><b>There is no formal or informal vetting for participation in IPS services, if a person expresses interest in employment, they are admitted into the program. Criteria such as job readiness, substance use, symptoms, record of violent behavior, cognitive impairments, adherence to treatment, and personal hygiene are not a determining factor for service utilization. A large array of sources are solicited for referrals. Regardless of how a job ends or the amount of Vocational Rehabilitation (VR) screening measures to omit anyone.</b></p>
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**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interview with medical prescriber, Interviews with mental health practitioners, Review of client records, Viewing public areas

**Comments:** During the review, it was clear the IPS team has effectively shared who has access to the IPS program and who should receive IPS services. Reviewers hear the following statements related to zero exclusion:

- When asked who they refer, mental health practitioners stated “all clients are encouraged to consider employment.”
- Another interviewee shared “employment helps support recovery, even when someone is actively using substances, it helps them evaluate how they are impacting their livelihood.”
- “Even if someone is unstable in their symptom management, I am confident there is a job for all people.”
- “Other employment programs excluded [client] because they wouldn’t take their medication consistently, but IPS helped them find a job!”

Because of the wait list, this item cannot score higher than “4” due to the potential for missing out on people who were interested in employment but no longer are when they can receive services. It’s also common that referrals are inhibited when it is known clients would have to wait to obtain services.

**Rationale:** Practitioners cannot accurately predict who will be successful at work. Interest in work has been shown to be a predictor of success. Further, some people will change behaviors that cause them problems (such as substance use) as they begin to see how those behaviors interfere with their goals.

**Recommendations:** If the waitlist is due to lack of capacity by IPS Specialists, hiring another IPS Specialist is recommended. If the waitlist is due to funding, seek out alternative funding sources.

<b>10) Agency Focus on Employment</b>	Rating: 3
	<p><b>Competitive employment is encouraged by various tactics throughout the entirety of the agency. For the purposes of this item, “the agency” refers to the organization making the most referrals to the IPS program. If the IPS program is a program within a mental health agency or psychiatric rehabilitation agency, then that agency is usually the primary referring agency. If most referrals to IPS are from outside organizations, then rate the agency making the most referrals, if this is feasible. For example, if the IPS team is collaborating with a coordinated specialty care program, then that team may be the primary referring agency.</b></p>

**Sources of Information:** Agency Tour, Interview with the agency’s clinical director/leaders, Interviews with clients, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with mental health practitioners, Review of client records, Review of data

**Components:**

- Questions concerning employment interest are asked upon intake.
- Questions concerning employment interest are incorporated on every annual (or semi-annual) assessment or treatment plan review.
- Postings (e.g., brochures, bulletin boards, posters, social media) concerning employment and IPS services are displayed in the agency lobby and additional waiting areas.
- At a minimum, there are practices biannually for IPS clients to share success stories and lessons learned 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 a minimum, quarterly outcomes and calculated rates of competitive employment are communicated with agency leadership and staff.



**Comments:** The mental health agencies all formally review interest in employment during reassessment and also informally discussed regularly with clients. The mental health agencies also have designated areas for posters and brochures and had information for IPS set up at each of these locations.

The agency which provides IPS services creates a monthly newsletter where they highlight an IPS success story in every issue.

The mental health agencies have intake forms which simply ask about their employment history but nothing about their potential interest in working. Although the employment rate for adults with serious mental illness has begun to be tracked, this information has not been shared.

**Rationale:** 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 each person has opportunities to consider employment.

**Recommendations:** Work with mental health agencies to include questions regarding interest in work within their intake forms. Strategize with the mental health agencies how to share employment rates for all people with serious mental illnesses.

**11) Executive Team Support for IPS Services**

Rating: 4

**The parent organization for the IPS program shares IPS values and provides infrastructure support to the IPS program. Administrative team members of the parent organization (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resources Director) contribute to the application and flourishing of an IPS program. The agency leadership understands and supports the mission of IPS to address employment, including career advancement through education and vocational training.**

**Sources of Information:** Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisor, Interviews with mental health practitioners, Interviews with the executive team member(s), Review of fidelity action plan/strategic plan, Review of quality assurance reports or meeting minutes, Review of steering committee meeting minutes

**Components:**

- Chief Executive Officer (CEO) and/or agency equivalent demonstrate a general understanding of the principles of IPS and support its mission.

- Using the IPS fidelity scale and results from the latest fidelity review, the agency quality assurance (QA) process involves a comprehensive evaluation of the IPS team(s), or components of the team(s), no less than every six months, or, after receiving a good fidelity score, no less than once a year.
- For IPS programs that have met good fidelity, every six months at least one agency executive team member contributes at IPS leadership team meetings (steering committee meetings), teams that have not yet achieved good fidelity should meet at least quarterly. Entrusted with examining fidelity, program functionality, and the provision of services, the steering committee (comprised of a diverse assembly of interested clients) creates action plans targeting the development or sustainability of providing services at good fidelity.
- At least annually, the entire agency staff receive communication about the explicit goals for IPS and the ways in which IPS services strengthen the agency mission directly from the agency CEO or agency equivalent, not another administrator.
- At least biannually, the IPS Supervisor imparts the items that impede and facilitate IPS service implementation and delivery to the executive team (including the CEO) and they collaborate to ascertain and apply suggestions for overcoming those barriers.

**Comments:** Both the executive director and clinical director displayed knowledge and understanding of the IPS model and its principles, and what sets IPS apart from other models of supported employment. Additionally, at the IPS kickoff, the executive director voiced their opinion of the positive impact of employment and the practitioners and IPS Specialists all feel the director promotes employment as recovery.

The first fidelity report had been reviewed and an action plan was created by the agency quality assurance staff to enrich the IPS program. This plan had been monitored so that most of it had been achieved for this review.

The IPS steering committee meetings occur once a month and have a diverse group of members including the IPS Supervisor, one IPS Specialist, two clients, one family member, and two IVRS counselors. The clinical director also joins these meetings quarterly. The primary objective for the meetings is to brainstorm ideas to increase fidelity and improve job development.

Currently, the IPS Supervisor has not scheduled regular meetings with the executive team to share successes and barriers to IPS implementation. From interviews it was discovered the IPS Supervisor meets with administrators to report important data about the program.

**Rationale:** The National Evidence-Based Practice Project demonstrated agency executive leadership is necessary to successfully implement evidence-based practices. IPS programs that had strong support from upper management were more successful implementing IPS than other programs.

**Recommendations:** At least biannually, the executive team should invite the IPS Supervisor to their team meetings so the IPS Supervisor can share successes and barriers and potential assistance in these issues.

## Services

### 12) Work Incentives Planning

Rating: 4



Before a job start or at times of hour and pay changes, all IPS clients are provided opportunities to access work incentives planning. Work incentives planning (i.e., benefits planning) consists of resource sharing and support with SSA benefits, medical benefits, medication subsidies, SNAP benefits, spouse and dependent children benefits, past job retirement benefits, any other source of income, and how to report wages to various programs (e.g., SSA, housing programs, VA programs).

**Sources of Information:** Interviews with benefits planner, Interviews with clients, Interviews with Iowa Vocational Rehabilitation counselors, Interviews with IPS Specialists, Interviews with mental health practitioners, Review of benefit planning reports, Review of client records

**Comments:** Benefits counseling is offered to clients with an active VR case which includes nearly 75% of the IPS program clients, however the other 25% cannot access these services.

**Rationale:** Many clients report the risk of losing benefits (especially health benefits) is their primary reason for remaining unemployed. People need access to accurate information about work incentives so they can make informed decisions about work. Some people would like to relinquish benefits in favor of full-time employment and need information to develop a plan to go off benefits.

**Recommendations:** Alternative sources for benefits counseling should be provided to those who do not have an active VR case, these could be Disability Rights Iowa or an agency staff member becoming certified in work incentives planning.

13) Disclosure

Rating: 4

An extensive conversation (on multiple occasions) to explain the advantages and disadvantages to sharing all or parts of a person’s disability to their employer so the client can make the best choice for their circumstances.

**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with IPS Specialists, Interviews with IPS Supervisors, Interviews with mental health practitioners, Review of client records

**Components:**

- All clients are not required to share all or parts of their psychiatric disability to their employer/educator to remain in the IPS program.
- Before sharing with the client’s employer/educator, the IPS Specialist offers to clarify the advantages and disadvantages of disclosing all or parts of their psychiatric disability with their employer/educator, including how accommodations could be requested and the role of the IPS Specialist in this communication with the employer/educator.

- ☒ There is an extensive conversation between the IPS Specialist and client about what to disclose (e.g., receiving mental health treatment, presence of a psychiatric disability, difficulty with anxiety, unemployment, etc.) and ideas on how to share this with employers/educators.
- ☒ The purpose of disclosure is brought up on multiple occasions (e.g., no job start after two months, challenges at the work site are reported).

**Comments:** Through various interviews, it is clear client preferences about disclosure were discussed at various intervals and those preferences were respected. There were opportunities for clients to make changes to their preferences and were encouraged to do so as it would benefit job seekers in having better success at receiving job offers.

IPS Specialists do not talk through the advantages and disadvantages for disclosure from the client’s perspective.

**Rationale:** One principle of IPS is client preferences should be honored. Preferences relate not just to type, but also to the way services are delivered. Programs that honor client preferences help people think about the possible benefits or risks of disclosing their disability to employers. IPS Specialists do not encourage clients in one direction or the other.

**Recommendations:** Instead of telling clients the advantages and disadvantages to disclosure, allow them to have the opportunity to discuss their opinions about what they find beneficial or unfavorable to disclosing.

A useful tool for this is the Disclosure Worksheet which assists IPS Specialists in conversing with clients about disclosure. **[COMING SOON]** The Disclosure Worksheet can be found at <link>.

<p><b>14) Experience-Based Career Profile</b></p>	<p style="text-align: right;">Rating: 4</p> <p><b>The IPS Specialist and client meet in person to complete a career profile immediately after IPS enrollment. Entries in the profile are guided by actual work experiences and/or visits to workplaces to learn about different jobs, not vocational tests. Volunteer positions and short-term job tryouts are rarely used. The profile is updated with information from career exploration activities and new competitive job experiences. The career profile form includes information about preferences, experiences, skills, current adjustment, strengths, and personal contacts.</b></p>
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**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with mental health practitioners, Review of client records, Review of data from IPS Supervisors

**Components:**

- The IPS Specialists meet a client in person to complete a career profile immediately after IPS enrollment, systematically reviewing interests, experiences, and strengths, and analyzing prior job loss (or job problems) and job successes, using multiple sources (e.g., IPS client, family, treatment team, clinical records, and previous employers).
- The IPS Specialist updates the career profile with information about career exploration experiences (i.e., education reports), each new job experiences (i.e., job starts), and any job endings. Incorporates consideration of job accommodations. Most, if not all, these meetings should be done in person.
- The IPS Specialist does not use office-based assessments, standardized tests, and/or intelligence tests.
- The IPS Specialist does not use prevocational work experiences (e.g., work units in a day program), volunteer jobs, non-competitive internships, or set aside jobs (e.g., agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves). They also avoid short-term work experiences, even when VR counselors recommend those services.

**Comments:** IPS Specialists meet with clients in person for a minimum of two encounters within 30 days of IPS enrollment to gather information for a comprehensive career profile. The career profile includes client interests, experiences, strengths, while analyzing job successes and possible causes for prior job losses. The IPS Specialists also utilize multiple sources to complete the career profile such as family members and mental health practitioners (with client permission). Additionally, IPS Specialists do not use any prevocational assessments or work experience and instead focus on interests and job goals.

After the initial completion of the career profile, there was nothing about updating the career profile for such things as job starts, career exploration, or job ends.

**Rationale:** 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, 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 is successful. IPS Specialists review each person’s work history to understand what has worked, and what hasn’t worked for the person in previous jobs. Additional information from family and treatment providers can help to further individualize the plan with information about the person’s illness, substance use disorder, best time of day, situations in which the person excels, and interests.

**Recommendations:** The Career Profile should be updated for every job start, career exploration, job ends, or any other such updates from the client. **[COMING SOON]** A sample Career Profile with updates can be found in **Sample Program Forms** in the IPS Toolbox found here: **link to come**.

**15) Rapid Search for Competitive Job**

Rating: 4

**Within 30 days (one month) following IPS enrollment, the career profile and first face-to-face employer contact**

regarding a competitive job is completed by the IPS client or IPS Specialist.

**Sources of Information:** Interviews with clients, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Review of client records, Review of data from IPS Supervisors

**Comments:** Ten client records were reviewed, and IPS Specialists’ job development forms were also reviewed. Nine rapid job search dates were able to be identified; one client’s record of first employer contact date was absent. For cases where the date is absent, reviewers count how many days between the consumer’s intake date to the time of the review; the missing rapid job search date was identified using this calculation to be 72. This information was not tracked by the IPS Supervisor.

Of the ten client records reviewed, the number of days from the IPS client intake to the first in-person employer contact were: 7, 9, 13, 14, 18, 19, 25, 31, 37, 72, with the median number of days being 21.5.

**Rationale:** Some people have tried other vocational programs that required them to participate in work readiness groups or work adjustment programs before beginning a job search. Many people report this process was frustrating or demeaning and they never engaged in the job search. In contrast, a rapid job search focuses on what clients say they want to do – become employed at a regular job.

**Recommendations:** To ensure the search for competitive jobs are being done rapidly, the IPS Supervisor should track the days between IPS client enrollment to the first in-person employer contact. This can be done by either the IPS Specialist or the IPS client. Then the IPS Supervisor would be able to follow up with IPS Specialists when the rapid search is not happening.

**16) Individualized Job Search**

Rating: 3

**An individualized job search is created by following the preferences and needs of the IPS client and not readily available jobs.**

**Sources of Information:** Interviews with family members, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisors, Observations of a mental health treatment team meeting(s), Observations of the IPS unit meeting

**Components:**

- For clients with employment goals, IPS Specialists develop an individualized job search plan and update with information from the career profile and new job/educational experiences.
- For clients with employment goals, IPS Specialists make employer contacts aimed at making a good job match based on the client’s preferences and needs (e.g., experience, ability, symptomatology, health).
- For clients with employment goals, IPS Specialists extend searches beyond jobs that are readily available.



- ☒ For clients with employment goals, IPS Specialists accept client’s decisions to change direction (i.e., revise goals) and work with them on revised plans, even if this means switching from employment to education as a next step.
- ☒ When clients rapidly find and leave jobs independently, IPS Specialists continue to job search (even when clients are employed) for positions related to preferences and lessons learned from job experiences.

**Comments:** There were some great instances of individualized job searches such as having a job within walking distance of their home and working less than part time hours – at most 15 hours per week.

There were some examples where clients felt urged to take jobs that were available rather than based on what they would prefer. Because one client had a felony, the IPS Specialist shared a job at a factory where other clients had been hired in the past. Another client was told “jobs are hard to find,” and then felt they had to take the job at a department store that has a great relationship with the IPS program.

**Rationale:** Every person is more likely to succeed at work (regardless of disability status) if they find a job they enjoy and is a good fit for their skills. IPS Specialists attempt to help people find jobs that maximize their strengths and minimize potential problems. For example, if a person enjoys talking with people, the IPS Specialist will help them explore jobs working with the public. If a person has trouble with disorganized thoughts, the IPS Specialist will avoid jobs that require multi-tasking. IPS Specialists help people consider positions based on what they most enjoy doing, what time of day is best, what has contributed to success in the past, and so on.

**Recommendations:** Provide disclosure supports for people who have experience in the criminal justice system by explaining the situation and how they are moving forward, practicing disclosure, and assisting in acquiring reference letters. **[COMING SOON]** For more resources in helping people with justice involvement, visit the Iowa CEBH IPS Toolbox at <link>.

Always search for employment related to client preferences and work to prioritize these preferences rather than urging clients to take readily available jobs.

**17) Job Development – Frequent Employer Contact**

Rating: 5

**On behalf of clients, the IPS Specialists individually contact hiring managers face-to-face at least six times every week. The same employers can be contacted multiple times within a week, the client doesn’t need to be present, and individualized or generic interactions are all counted as meetings with hiring managers. The IPS Specialists record their employer contacts on a weekly tracking form. Every IPS Specialist is rated, and the average is calculated to determine the score for this item.**



**Sources of Information:** Interviews with IPS Specialists, Review of data from IPS Supervisors, Review of employer contact logs

**Comments:** After reviewing eight weeks of employer contact logs (146 logs) for each IPS Specialist, it was found the average number of weekly employer contacts was six for each individual IPS Specialist.

**Rationale:** Developing employer relationships is an essential step for helping many people obtain jobs. This item ensures IPS Specialists allocate time each week to connect with employers.

**Recommendations:** Although the average was six employer contacts each week, two of the IPS Specialists were making less than that. Every individual IPS Specialist needs to make six employer contacts weekly.

**18) Job Development – Quality of Employer Contact**

Rating: 4

**Through numerous scheduled face-to-face interactions with employers to identify the work demands, share ways IPS services are mutually beneficial, and advocate for a client who meets the needs of the organization, a bond is formed with the IPS Specialist. Every IPS Specialist is rated, and the average is calculated to determine the score for this item.**

**Sources of Information:** Interviews with Iowa Vocational Rehabilitation counselors, Interviews with IPS Specialists, Interviews with IPS Supervisors, Observation of IPS Specialists meeting with employers, Review of employer contact logs, Review of employer lists

**Comments:** Two IPS Specialists were observed during job development, with a total observation of five contacts with employers. IPS Specialists do a great job at the first and second cup of tea through requesting a 20-minute appointment with a hiring manager, returning to employers to ask about the organization and their preferences in employees and their business needs. The IPS Specialists will follow up with a third cup of tea within a week to thank the hiring manager for their time, ask more open-ended questions about the business, and if applicable, discuss an IPS client.

The long-term employer rapport building has not been as consistent. If a hiring manager does not have an available job within two to three appointments, the IPS Specialists typically cease future visits.

**Rationale:** IPS Specialist are more likely to help clients find employment if they first take time to understand the needs of each business and the preferences of each business manager or owner. They do that by scheduling time to talk to employers about their businesses. By using this approach, IPS Specialists view employers as consumers and try to introduce only those candidates they believe will be a good fit for the business.

**Recommendations:** Tracking job development can help in sustaining employer relationships. A useful practice is listing 20 employers to rotate visits every month as to maintain rapport and potentially learn of future job openings that could be for another IPS client. Additionally, assessing these lists with the IPS Supervisor can hold the IPS Specialists accountable while also strategizing methods of communication with employers.

**19) Diversity of Job Types**

Rating: 4

**IPS Specialists support clients in acquiring a diversity of job types.**

**NOTE: Must include at least 10 jobs (if two IPS Specialists) or at least 5 jobs (if one IPS Specialist), if there is less than this minimum the score is "1".**

**Sources of Information:** Interviews with IPS Specialists, Review of client records, Review of data from IPS Supervisors

**Comments:** Jobs included: Peer Specialist (1), Cashier (3), Maintenance (3), Dog Groomer (1), Front Desk Worker (1), Bank Teller (1), and Furniture Maker (1). Nine job types out of eleven were diverse.

**9 ÷ 11 = 0.818 = 81%** of jobs are diverse.

**Rationale:** To help clients find jobs related to their interests, strengths, needs, and experiences, the IPS team must be able to help clients obtain employment in a wide range of job types.

**Recommendations:** Search for organizations and businesses locally, meet with the local chamber of commerce, and discuss jobs with the IVRS counselors to aid in finding employment related to client preferences.

**20) Diversity of Employers**

Rating: 5

**IPS Specialists help clients identify a range of possible employers and avoid steering all clients to the same employers.**

**NOTE: Must include at least 10 jobs (if two IPS Specialists) or at least 5 jobs (if one IPS Specialist), if there is less than this minimum the score is "1".**

**Sources of Information:** Interviews with IPS Specialists, Review of client records, Review of data from IPS Supervisors

**Comments:** Employers included: Foundation 2 (1), HyVee (1), Target (1), Walmart (1), Clean Maids (3), Clean Pawz (1), Comfort Inn & Suites (1), MidWest One Bank (1), and Self-Employed (1). Ten of the eleven employers are diverse.

**10 ÷ 11 = 0.909 = 90%** of employers are diverse.

**Rationale:** IPS Specialists work with a range of employers so they can help clients find jobs related to their interests. They avoid placing many clients in one business because they want to help clients assimilate into their work environment like any other worker, and because they want to honor client preferences. In some cases, an IPS

Specialist might decline an employer’s request to refer more clients to their business. On the other hand, IPS Specialists may sometimes encourage an employer to hire more than one client to honor client preferences (this is especially true in rural areas).

**Recommendations:** Search for organizations and businesses locally, meet with the local chamber of commerce, and discuss jobs with the IVRS counselors to aid in finding employment related to client preferences. Look outside of employers who have been known to work well with the IPS program.

<p><b>21) Competitive Jobs</b></p>	<p>Rating: 5</p> <p><b>Clients are offered multiple competitive jobs to choose from.</b></p>
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**Sources of Information:** Interviews with clients, Interviews with Iowa Vocational Rehabilitation counselors, Interviews with IPS Specialists, Interviews with IPS Supervisors, Observation of IPS Specialists meeting with employers, Observations of the IPS unit meeting, Review of client records, Review of data from IPS Supervisors

**Comments:** Every job obtained by IPS clients were competitive, integrated in the community, paying at least minimum wage, and working with people without disabilities. They have the same opportunities for advancement as their peers.

**Rationale:** Most clients say they are interested in competitive jobs, rather than sheltered work, set-aside jobs, or volunteer jobs. Therefore, IPS programs focus on competitive employment.

**Recommendations:** Great work!

<p><b>22) Individualized Follow-Along Supports</b></p>	<p>Rating: 5</p> <p><b>As identified in the Career Profile, individualized, in-person job retention supports are provided to clients that correspond with their preferences, work history, needs, the type of job, and so on. The Job/Educational Support Plan is created that includes the client’s support system and the transition of supports from the IPS Specialist to the client’s support system upon maintaining stable employment. Additional supports are offered when working people experience problems on the job. Career development as well as employer support are provided upon the client’s request. Outreach is scheduled at least monthly for those who decline supports.</b></p>
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**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with Iowa Vocational Rehabilitation counselors, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisors, Observations of a mental health treatment team meeting(s), Observations of the IPS unit meeting

**Components:**

- IPS Specialists offer in-person supports to at least 90% of all clients who are working.
- IPS Specialists provide outreach on at least a monthly basis to clients who decline supports.
- IPS Specialists create a Job/Educational Support Plan that includes the IPS client's support system (i.e., other practitioner(s), natural supports such as family, co-workers, supervisor, etc.) and offers individualized job retention supports that correspond to client preferences, work history, needs, etc., as identified in the Career Profile; include plan to transition supports from IPS Specialist to the IPS client's support system upon maintaining stable employment.
- IPS Specialists offer additional supports when IPS clients experience problems on the job.
- IPS Specialists provide employer support (e.g., educational information, job accommodations) at the IPS client's request.
- IPS Specialists offer to help with career development (i.e., assistance with education, a more desirable job, or more preferred job duties).

**Comments:** Through chart reviews and interviews, most clients are receiving in-person supports, those who are not have declined job supports and IPS Specialists provide outreach every three to four weeks. The Job/Educational Support Plans included individualized job retention supports corresponding to the client preferences, work history, needs, and so on which incorporated the client's natural supports. These supports were highly appreciated and useful. One comment from an interviewee "I was having trouble communicating with my employer, and my IPS Specialist talked with them about accommodations and now I look forward to going in to work and my employer at least says they enjoy having me around."

The extent of the job supports noted in progress notes and through interviews were job accommodations, transportation, obtaining work appropriate outfits and required equipment, job coaching, assistance in how to report wages to benefits, phone calls/texts, practice in asking for a promotion, and communicating with family members about providing supports.

**Rationale:** 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. IPS Specialists think about the way the person's strengths will help them success on the job, but also try to anticipate possible problems.

**Recommendations:** No recommendations. Superb work!

**23) Intensity and Timing of Follow-Along Supports**

Rating: 3

**IPS Specialists provide a time-unlimited amount of follow-along supports, face-to-face whenever possible, commensurate to the level of need and as desired by the client.**

**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with Iowa Vocational Rehabilitation counselors, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisors, Observations of the IPS unit meeting, Review of client records

**Components:**

- IPS Specialists offer extra support during the week before and the week after an IPS client starts a new job.
- IPS Specialists increase support when clients experience difficulties or in new situations.
- IPS Specialists contact the IPS client immediately after learning of a job loss (e.g., texting and following up in person within three days).
- IPS Specialists provide supports at convenient times and locations for the IPS client.
- Once an IPS client has begun working steadily, the IPS Specialist encourages them to stay in contact with the IPS team. The IPS Specialist seeks to make at least monthly contact, or as frequently as the IPS client desires, for 12 months or more, using different strategies to re-engage the person, depending on their needs and preferences.
- IPS Specialists begin decreasing job supports, and increase supports provided by other practitioners, natural supports, family members, etc., following steady employment (approximately one year employed or as desired by the IPS client) in preparation of successful transition off the IPS caseload.

**Comments:** It was documented and shared that IPS Specialists consistently meet with clients when they accept a job, for the week leading up to the job start, and the week after starting the job, and for the first 90 days of employment. The IPS Specialists would meet clients at convenient times and locations, for instance one family member imparted they would frequently see the IPS Specialist drop by their home for the first few weeks of the client’s job and felt this was the reason they were able to sustain their employment. When clients are struggling at work or when a job end is learned, the IPS Specialist communicates within 24 hours to provide extra supports.

The agency has created an unofficial policy that IPS cases are closed after six months of successful employment to be able to assist those on the waiting list for the program.

**Rationale:** There is some evidence that job loss is most likely to occur soon after a job start. Also, many people report jobs are more stressful in the beginning. Therefore, IPS Specialists are encouraged to offer more face-to-face supports to clients who have recently become employed. Over time, as clients have been working steadily and report job satisfaction, it may be possible for the mental health practitioners to provide job supports.



**Recommendations:** Job supports should be provided for a year or more on average and only begin decreasing job supports when there is a smooth transition to natural supports being able to increase their assistance.

<b>24) Community Based Services</b>	<p style="text-align: center;">Rating: 5</p> <p><b>IPS Specialists suggest meeting in community settings for employment and educational services (e.g., engagement, job finding, school selection, meetings in educational settings, and follow-along supports) and meet outside the IPS/agency offices, depending on client preferences.</b></p>
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**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with IPS Specialists, Interviews with mental health practitioners, Review of client records, Review of IPS Specialist’s appointment book

**Comments:** The month of September was reviewed in each IPS Specialist’s daily planner to figure community time.

IPS Specialist #1 worked a total of 172 hours, and had 124 hours of activity in the community, outside their office. That equals an average of 72% of their time spent in the community.

IPS Specialist #2 worked a total of 164 hours, and had 113 hours of activity in the community, outside their office. That equals an average of 68% of their time spent in the community.

IPS Specialist #3 worked a total of 177 hours, and had 123 hours of activity in the community, outside their office. That equals an average of 69% of their time spent in the community.

**72 + 68 + 69 = 209 ÷ 3 = 69%** team average time spent in the community for the month of September.

**Rationale:** Research has demonstrated 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 IPS Specialists and clients. Further, many clients prefer to meet in the community because that is convenient. IPS Specialists learn about their clients by seeing them at home and in the community.

**Recommendations:** Fantastic job!

<b>25) Assertive Engagement and Outreach</b>	<p style="text-align: center;">Rating: 4</p> <p><b>Termination from an IPS team is not caused by missed appointments or time constraints. IPS Specialists document outreach attempts, including multiple home/community visits, phone calls, texts, coordinated visits with the IPS Specialist and integrated team members, and contacts to support network such as family</b></p>
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or other nonprofessional support people (with permission from the IPS client). Engagement issues are promptly discussed in IPS team meetings. Outreach attempts are made by integrated team members. Outreach only stops when the IPS client makes it clear they no longer want IPS services.

**Sources of Information:** Interviews with clients, Interviews with family members, Interviews with IPS Peer Specialists, Interviews with IPS Specialists, Interviews with IPS Supervisors

**Components:**

- The IPS team documents service termination is not based on missed appointments or fixed time limits.
- The IPS team provides at least monthly documentation of outreach attempts.
- The IPS team discusses engagement issues during their team meetings.
- The IPS team provides examples of engagement and outreach attempts made by integrated team members.
- The IPS team documents multiple home/community visits.
- The IPS team documents coordinated visits by the IPS Specialist with an integrated team member.
- The IPS team documents connections with the family or other nonprofessional support people, when applicable.

**Comments:** Reviewers learned that IPS Specialists attempt to engage clients through a variety of methods and do not terminate services until three months have lapsed without contact including multiple visits to client’s homes, places of employment, places in the community where clients spend time, by speaking to friends and family, and through calling and texting the client.

It was reported the IPS Specialists do not coordinate efforts with integrated team members as it would not be a billable service.

**Rationale:** Failure to attend appointments with an IPS Specialist does not necessarily indicate 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 a job will be found, and so on. IPS Specialists should work with the integrated team and family members (with permission) to try to determine what is getting in the way of appointments, and to help the person manage problems that are interfering with the employment plan.

**Recommendations:** Coordination with integrated team members such as mental health practitioners is a useful tool in determining what may be impeding the person from making appointments. By joining the first or last 15 minutes of a mental health appointment could be a possible means to avoid the billing issue.

Staffing	
1. Caseload Size	Score: 5





2. Exclusive Focus on Employment	Score: 5
3. IPS Generalists	Score: 5
<b>Organization</b>	
4. Integration of IPS with Mental Health Treatment through Team Assignment	Score: 2
5. Integration of IPS with Mental Health Treatment through Frequent Team Member Contact	Score: 3
6. Collaboration between IPS Specialists and Vocational Rehabilitation Counselors	Score: 4
7. IPS Unit	Score: 5
8. Role of IPS Supervisor	Score: 3
9. Zero Exclusion Criteria	Score: 4
10. Agency Focus on Employment	Score: 3
11. Executive Team Support for IPS Services	Score: 4
<b>Services</b>	
12. Work Incentives Planning	Score: 4
13. Disclosure	Score: 4
14. Experience-Based Career Profile	Score: 4
15. Rapid Search for Competitive Job	Score: 4
16. Individualized Job Search	Score: 3
17. Job Development – Frequent Employer Contact	Score: 5
18. Job Development – Quality of Employer Contact	Score: 4
19. Diversity of Job Types	Score: 4
20. Diversity of Employers	Score: 5
21. Competitive Jobs	Score: 5



22. Individualized Follow-Along Supports	Score: 5
23. Intensity and Timing of Follow-Along Supports	Score: 3
24. Community-Based Services	Score: 5
25. Assertive Engagement and Outreach	Score: 4
<b>SCORE TOTAL:</b>	102

<b>Score Classifications</b>
<input type="checkbox"/> 115 – 125 = Exemplary Fidelity
<input checked="" type="checkbox"/> 100 – 114 = Good Fidelity
<input type="checkbox"/> 74 – 99 = Fair Fidelity
<input type="checkbox"/> 73 and Below = Not IPS

# GLOSSARY

**504 Plan:** A school plan for students with disabilities that gives them equal access to learning and removes barriers.

**Agency intake:** A form (sometimes called an assessment) to log background information for a client when first enrolled in a program, this is typically updated annually.

**Assertive Community Treatment (ACT):** An evidence-based treatment that helps people with serious mental illness meet their goals of independent living and reduce their need for hospitalization. ACT is among the most well-established practices in behavioral healthcare for people with serious mental illness. This practice uses a team approach providing services such as case management, assessments, psychiatric services, employment and housing assistance, family support and education, substance use services, amongst others.

**Average Score:** The sum of all the values (i.e., scores) divided by the total number of values (i.e., scores).

**Benefits planning (i.e., work incentives planning):** A process involving the design, implementation, management, and impact of work on benefits (e.g., SSI/SSDI benefits, cash, medical, housing subsidies, SNAP benefits, VA benefits, etc.). Also called “work incentives planning”.

**Case manager (or care manager):** A person who is involved in a process where they assess, plan, implement, coordinate, monitor, and evaluate services across health and human services settings. They help to determine which services are needed and refer them to that resource. This may include services such as housing, family intervention, amongst others.

**Career profile:** A document with a client’s goals, education and work history, disclosure preference, strengths, and any other important information in regard to work and/or education. Also called a vocational profile or assessment.

**Co-occurring disorders:** The condition in which a person has a co-existing mental illness and substance use disorder. Also called “dual diagnosis”.

**Community Rehabilitation Partner/Provider (CRP):** An agency or center where vocational services and at times other social services (e.g., activities or housing) are offered.

**Competitive employment:** Work that is performed on a full-time or part-time basis for which a person is directly compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience, receiving the same level of benefits provided to other employees without disabilities in similar positions, at a location where the employee interacts with other people who do not have disabilities, do not have time constraints based on a social service agency, and presented opportunities for advancement similar to other employees without disabilities in similar positions.

**Disclosure:** Sharing personal information (e.g., diagnosis, justice-involvement, etc.) in the work setting. There are multiple reasons people choose to disclose (e.g., to ask for accommodations, proud of overcoming barriers) or to keep their personal information private (e.g., concern for stigma, it is not relevant to their job), it is a preference documented within the career profile.

**Enclaves:** A small group of supported employment solely for people with disabilities. These jobs are not considered competitive and not inline with good fidelity, even when the job is integrated with community settings or when pay is at or above minimum wage.

**Evidence-based practice:** The thoughtful integration of the best scientific research with clinical expertise and client needs and values to curate guidelines aimed at improving outcomes for clients. These practices are found to have the best cost-to-benefit ratio and the safest means of providing valuable services.

**Fidelity scale:** Tools to assess the quality of implementation in a program to the evidence-based practices model. The Iowa IPS Fidelity Scale is a translation of the eight practice principles into 25 items to provide useful feedback in how to follow the critical components of IPS for the best outcomes for clients.

**Fidelity action plan:** A written plan created by the organization's steering committee in consultation with technical assistance providers which outlines next steps to reach and sustain high fidelity and improved outcomes. A plan is comprised of detailed steps, the people involved, and a timeframe for completion.

**Field mentoring:** A technique where a mentor (i.e., IPS Supervisor) is assigned explicitly to a mentee (i.e., IPS Specialist) to assist them in developing the necessary competencies, skills, and knowledge in a specific field. In IPS, supervisors may demonstrate listening skills during a career profile, job development skills, and providing feedback.

**First episode psychosis programs:** A program designed for individuals aged 12 to 35 who are experiencing psychosis for the first time which provides intensive interdisciplinary follow-up care, combining medical treatment for psychosis with therapeutic services (including education and employment).

**IEP:** An Individual Education Plan is a personalized written document developed for each public-school child/young adult who is eligible for special education. The purpose of an IEP is to lay out the program of special education instruction, supports, and services kids and young adults need in school.

**IPS Specialist:** A professional who assists people find suitable jobs or education based on their goals. Also called job specialist, employment specialist, education specialist.

**IPS unit:** The IPS Specialists and their IPS Supervisor who participate in team meetings, field mentoring, and provide coverage for one another. Also called IPS team or vocational unit.

**Job readiness groups:** Groups providing job/career readiness activities such as mock interviews, career fairs, internships, volunteer opportunities, and resume-writing workshops, trainings on proper grooming, and other content related to teaching about basic work etiquette. When these groups precede the job search do not meet good fidelity standards and are not correlated with positive employment/education outcomes.

**Mean:** Also known as the arithmetic mean or average, a calculated “central” value of a set of numbers by adding the sum of all the values and dividing by the total number of values (e.g., if the sum of all the values was 20 and there were 5 numbers, the mean would be 4).

**Median:** The “middle” of a sorted list of numbers, if there are an even number of values, the median is the arithmetic mean of the two middle numbers (e.g., if the list of numbers was 2, 5, 12, 20, 21, the median would be 12; if the list of numbers was 2, 5, 12, 20, the median would be 8.5).

**Mental health treatment team:** A multidisciplinary group of mental health practitioners typically involving counselors, case managers, service coordinators, nurses, substance use counselors, medication prescribers, peer specialists, and occasionally IPS Specialists, IVRS counselors, housing specialists, amongst others who meet on a regular basis for the purpose of treatment of those with mental health diagnoses and continuity of care.

**Minimum wage:** The lowest wage permitted by law or by a special agreement (such as one with a labor union) employers can pay their employees.

**Piece-rate wage:** Employment method where employers pay employees per item of work they complete rather than a specific yearly salary or hourly wage.

**Primary mental health worker:** Professionals who makes referrals, and coordinates housing services, mental health treatment, and other community services, this role is similar to case managers, care coordinators, and service coordinators.

**Service coordinator:** A position whose responsibility is to assist people with accessing the necessary resources needed to achieve their goals and act as a liaison between clients and service providers to ensure clients receive the care and support they need (e.g., housing, family intervention). Similar to care coordinator or case manager.

**Sheltered employment:** A type of employment for people with disabilities in a non-competitive and supportive environment which can take place in a workshop, at home, or in a regular work site. The purpose of this is to provide services and training to help people with disabilities develop work-related skills and behaviors. Also called sheltered workshops. These are not consistent with good fidelity in IPS.

**Situational assessments:** A process to gather, analyze, synthesize, and communicate the client's ability to perform and adapt work responsibilities (e.g., attendance, social skills, perseverance through a task, and so forth). These are not consistent with good fidelity in IPS.

**Steering committees:** A committee that decides on the priorities or order of business of an organization and manages the general course of its operations. In IPS, this group meets to discuss fidelity and outcomes, and brainstorm ideas for improving implementation and methods to sustain the program. The IPS steering committees are generally comprised of the IPS Supervisor, clients, family members, IVRS counselors and supervisors, agency executive director, quality assurance director, clinical director or other administrators, area chamber of commerce representatives, local college and high school equivalency program staff, amongst others.

**Strengths-based approach:** The focus on a person's strengths such as their talents, capacity, interests, preferences, experiences, and potential rather than their deficits, and method of treating people respectfully through emphasizing their self-determination.

**Supported Education:** A promising practice that provides supports for individuals with mental health disabilities to take advantage of skill, career, education, and interpersonal development opportunities within a normalizing academic environment. This practice helps people participate

in education programs so they may receive the education and training they need to achieve their learning and recovery goals and become gainfully employed in the job or career of their choice.

**Temporary staffing agency:** An agency that helps match qualified people to open jobs by contracting with employers who need employees on a temporary, seasonal, part-time, or temp-to-hire basis.

**Transition-age youth:** Young adults between the ages of 16 and 24 with lived experience in receiving services within youth serving systems. New tasks often include moving away from family, attending further schooling, working independently, developing one's identity, and learning to handle more complex relationships.

**Vocational evaluation:** A process used to assess the current and future employability and wage-earning capacity of an individual (e.g., academic levels, manual dexterity, short- and long-term recall, range of motion, vocational interests, ability to sort items). This is not consistent with good fidelity in IPS.

**Vocational Rehabilitation (VR):** Each state and US territory provides a state-run, federally funded division with multiple offices that provide training and job services to people with disabilities. The ultimate goal for these programs is to help those with disabilities return to work and become economically independent. In IPS, VR counselors work collaboratively with IPS teams offering their expertise in ways to help overcome barriers when working with clients (e.g., help with costs related to work like clothing, transportation, or education).

**Work incentives:** Benefits provided for people with disabilities to make it more simplistic to work and still receive the medical benefits they require, and for some their Social Security payments. For more information, go to <https://www.ssa.gov/redbook/eng/main.htm>.



# REFERENCES

Becker, D. R., & Swanson, S. J. (2022). *IPS Supported Employment*. IPS Employment Center at Research Foundation for Mental Hygiene, Inc.