

Supported Employment and IPS

This call is being recorded.

David Lynde:

My name's David Lynde. Sorry, I've got to make sure I consent to recording. Really glad to be here. As Lyn said, my name is David Lynde and I've had the pleasure of working with Lyn and Darius over several years. I've done a lot of work with evidence-based practices, especially supported employment and I've probably been working on sort of helping places put supported employment in place, do training, evaluation- is it what it should be, ways to improve it, etc since about 2001, if that's possible. And so I'm happy to be here and, and I'm looking forward to conversation with folks today.

Darius McKinney:

Thanks Dave. This is Darius McKinney. I work for the State of Illinois Division of Mental Health. I'm actually the Statewide IPS Program Manager. I've been doing IPS since I was an employment specialist for 17 years. Now, when Illinois started in 2005 and David came to do some of our fidelity reviews on it. So I've had the pleasure of knowing him for a long time and, and Lyn for a long time, it's a true pleasure to be here. You know, people should be working. I mean, work helps people with their lives, recovery, helps me with my life and my recovery and, and everything around me. So, I'm just honored to be here and just thank you so much, Lyn, for, for having us.

Lyn Legere:

It's wonderful to have you and David, I wonder if you could maybe just give us a very brief sort history of, of where did this thing that we call supported employment come from and why?

David Lynde:

Yeah. You know, it's funny because people seem to think work is a new idea for people with mental illness and I always find that entertaining because I think, if you kind of go back and look at history, even to the large institutions back in the mid-1800's, most large institutions had several vocational programs and, and they included things like farming. They include things like woodworking or candle making. One of the interesting things that was in a lot of them was broom making, which was a very big industry. So there's a lot of things that people have known for a long time, the folks with mental illness. And I don't mean to be pejorative about this, but they want to work, they can work and they often make good employees. In fact, into the 1850s and 1860s, Dorothea Lynde Dix spent a lot of time campaigning against, there was actually auctioning of people with mental

illness, because there were such good laborers that in some communities and states you could actually purchase them as indentured servants because they were so good at being good employees. And you know, over the years there's been different fits and starts with that. We have our vocational rehab model in this country, which is really formed around non-cyclical illnesses, more sort of static illnesses and that's why you get things like 90 days and 180 days and different employment cutoffs because most of our VR in this country where people with disability focused around people getting the job and then kind of sort of dissipated that way. So the roots of VR, being involved with people with mental illness, go back several decades and they've done various things and various attempts at things and what really changed a lot to think about supportive employment is actually the work of Paul Wehman at Virginia Commonwealth University where he started using the term supported employment around folks with intellectual developmental disabilities. And really since then, my view is that employment, supported employment, whatever you want to call it, IPS has really tried to catch up with recovery and resiliency and all of the things that we're learning. And so we do have a special service because a lot of times in services, people forget about asking people about work, about careers, about education, about employment. So I guess I'll just pass that over to my friend, Darius, who was saying this one thing: we should really be aligning our services to expect that everybody we talk to or provide services to has some kind of interest in careers, education, employment. It shouldn't be the exception. It really should be the expectation. I'm gonna throw it over to my buddy Darius, to say a few more words here.

Lyn Legere:

Can I interrupt for one second? I just let him say welcome to you all, all of a sudden you showed up in the window. I was waiting and looking and finally I said let's start. There's no one there. So you missed just really briefly about the background and importance of supported employment so welcome all.

Darius McKinney:

Oh no problem. Just an echo with what David said, you know, employment should be a standard of care like everything else. You know, housing is a standard of care. Of course, you know, monitoring medication is a standard of care, you know, staying outta hospitals standard of care. So work should be a standard of care as well. You know what I mean? The thing that's great about IPS and support employment, (individualized placement and support) is that it's evidence based practice; it's been researched and researched and it's the second longest practice that has been researched after ACT you know, sort of community treatment. And so there's a ton of studies that show that this model is the best way to get people with serious mental illness to gain and maintain work. Three things that make it: all the research behind it, it has a manual component, so you can look at your manual which is your roadmap of how to get it right, and how to be at fidelity, and third,

you know, it has measured outcomes and your outcomes is what is going to show that people can work. People want to work, people are wanting to work. So when you put those things together, it's like the greatest thing ever. I mean, I happened to be in employment services before our state did IPS and now doing IPS, it's night and day. People are working longer. People are enjoying the jobs that they have, their careers, I should say that they're receiving, and they really feel that they're in their recovery as far as helping them with all their things they want to do and how life should be. They're buying clothes that they want. They're, they're eating at fancy restaurants like they want, they're living in great places that they want, all the things that we want as people, that's what people with serious mental illness want as well. And so this is a perfect way for them to get that idea of recovery is through IPS support employment.

Lyn Legere:

Right here. Thank you guys. We're just sort of orienting us. This is the Ask Me Anything event, so please feel free to put any questions you may have in the chat. And I'm gonna start with a question that actually came in advance. A man was writing about his son. He said, "my son, age 35 has been ill with schizophrenia since the age 20. He is stable on meds, but cannot land any job due to his cognitive deficits, i.e. negative symptoms. However, his best prospect for a job is in sports. What government entity can help him get a job in sports? Vocational rehab does not have any experience in sports to help out our mentally ill persons." And I'll turn that to either David or Darius, whoever would like to try to answer that for this.

Darius McKinney:

You can start Dave.

David Lynde:

You know. All right. Thanks, Darius. So, great question. And, and I think this comes down to a question that a lot of folks have, like I'm interested in work, but is the type of work that I'm interested in something I can get. And one of the key fundamental points of supported employment is that it should be person-centered, that it really should start with what people are interested in, skills, strengths, things that they might want to pursue. And so I think the question is well intended. I would, however, say I wouldn't worry about what government agencies know or what VR knows. If I'm pursuing IPS, then I have an opportunity either as a provider or someone in services, or a family member, to pursue what somebody's interested in. I've seen people get jobs in sports situations in IPS services. I'll just tell you one really quickly that was a perfect fit where nobody thought it would work. That happened to be a disabled veteran who had unfortunately lost his ability to walk. He got around by using a wheelchair. He wanted a job in sports. His IPS person got him a job working at a golf course as an attendant. And, you know, and most

people wouldn't think about, oh, there's somebody with some challenges. So really supported employment should be about what you want to pursue, what's your interest, what's your strengths. And then I would encourage anybody as an individual, a provider, or a family member to go out there and find information about it, bring it back, pursue that, just like the rest of us do. A lot of people don't realize you can get jobs doing what you're interested in or what intrigues you. It doesn't have to be just what's available or what VR or another entity knows.

Lyn Legere:

Thank you, David. Darius. Yeah, go ahead.

Darius McKinney:

No, I was just gonna say, just to echo with David is, you know, there are a ton of jobs out here that we have absolutely no clue about, cause we didn't go looking for them. And so, you know, I encourage people, you know, whatever their preferences are, that's what this model is all about, you know, have your employment specialist, which he, or she, or they will do, they will assist you in trying to find a job that you want to do. What we know is that if I like my job, I'm going to stay. If I don't like my job, I'm not gonna stay. We know that, right? So you wanna make sure that whatever that job search entails, it's gonna be something that person wants to do. And it sounds like this person wants to be in the sports industry and things like that so that employment specialist will go out there and find any type of jobs in this sport industry that the person wants to be a part of and it should be a good match.

Lyn Legere:

Excellent. Thank you. David or Darius, where do people find IPS or supported employment programs?

David Lynde:

Darius, I'll give you first.

Darius McKinney:

So, it's really, depending on your state. I say it that way because different states have IPS all over, you know, their place. I know here in Illinois, we have like 37 community mental health centers who provide IPS and they're scattered all around Illinois. So depending on what states you're in, I think there's like 28 or 29 states who are defined as IPS or part of the IPS learning community, you'll be able to find some type of information or some kind of documentation on where it's available in your areas. What we also know is that, and it doesn't depend on what kind of area, there's big cities, villages, real rural

areas. IPS works everywhere in any environment. So, hopefully whether your state has that, you'll be able to find it. It's just a state by state thing.

Lyn Legere:

Excellent. Thank you. I'm gonna actually put the questions in the chat while I read them just so everybody can better see what the questions are and not just listen to me chat about them. So this next question is about self-employment and how IPS programs handle self-employment. Is self-employment an option within the IPS model and if so, how do you handle that?

David Lynde:

Darius, or do you care?

Darius McKinney:

You can go first.

David Lynde:

All right, I'll flip you for it. All right. I got heads. I'll take it first. All right. So, you know, I think any type of integrated competitive employment should be part of what IPS is thinking about. And so self-employment should be a type that people can help folks with. I guess I would just say two things about self-employment. I think a lot of people think people have a lot of challenges, so let's get 'em into self-employment. I'm self-employed, I'm a consultant. I work for myself. It takes a lot of things to be self-employed. It takes structure, it takes discipline. It takes being able to separate yourself in another environment. It sometimes takes being able to work without colleagues that are present and so while it is a great option and should be pursued by folks with mental illness, as much as they want to, they shouldn't be directed to it as a need because we can support people, not only in getting employment, but in the connections and other things they might want to overcome or struggle through with colleagues in a workplace. So I think it should be as much of an option as getting a job where working at a supermarket is getting a job as an accountant is getting a job as a social worker.

Lyn Legere:

Anything to add Darius?

Darius McKinney:

I mean, I agree. I mean, normally, well, you know, in my experience self-employment of course is a part of the model, but you know, there are certain steps a person has to take. So, you know, I don't all of a sudden become a barber and okay, I got to open up my own

shop. There's a step process for that. And probably during that step process, I'm gonna have to work for somebody else to learn the ins and outs of that business, what I do and what the job tasks are and things like that. And so while self-employment may be the absolute final step up for that person, I pretty much guarantee you there are steps in between that they're probably gonna have to end up working for somebody else or training with somebody else. And of course, support employment can help with that.

Lyn Legere:

Excellent. Thank you. Both. We're getting into a couple questions that are sort of on fidelity. And so just to orient folks at sort of the rules of how the models are put together, I'm putting up one, that's sort of, there's other questions, very similar. So I think this one kind of encapsulates them all, and that is how do you manage people when you're going over the amount of people that you're supposed to have per fidelity. Like if you have a caseload of 20 people, but you've got 30 people knocking on your door. Any creative tips that you guys have come up with to sort of manage more need than capacity at the moment.

Darius McKinney:

So I think, okay, thanks Dave. So one thing happens, and just thinking of what a lot of the providers do in Illinois and what we did, you know, a lot of it is the referral piece from the clinical team. And, you know, does the clinical team, you know, have a conversation with that person and see if that person, whatever their goals are, and to get referred to the IPS program. A lot of times what ends up happening, you know, it's not the individual who wants to work, unfortunately, they've been told by somebody else that they need to work. And so, what you really want to do is have a conversation with that person first and foremost, to make sure that is truly what their goal is, and they want to work, okay. Now if that's happening, cause its steps all in this. So if that's happening and the clinical team has definitely referred people who wanna work, you know, there are things that say fidelity is a range. You know, I know people think it's a point in time and this and that, well it's a scale for a reason. Because there are different circumstances that happen throughout the course of an IPS program in life, on your caseload that you may have, of course the idea is 20, but there's situations that you may have under 20 and there's situations that you may have over 20. You know what I mean? And of course, 20 is the idea 20 is number one fidelity, but it's a range. So if you have to have a few over 22, 23, that might not be a five perfect fidelity, but it might be a four, which is still in fidelity. You know, what's great about the scale is that it's a range of 25 items. So while you may be doing one item perfectly and you're right there, there's other items that, because of the situation you might not be doing so perfectly and there might be great reasons why you're not doing it perfectly. I know this is one of the things that what tends to happen is that you have so many people who want to work, that some people may go over their caseload

of 20. Well, there's a lot of things that could happen, you know, if your IPS program is rolling that well, maybe it's time for you to talk to the leadership of your agency to, to get a bigger staff and, and have more employment specialists get hired because the demand is there. What's great about IPS also is the data collection, you know, data doesn't lie and so if I see my programs doing well, I see this tremendous amount of people who want to get the services, and you know, my caseload is 20-25 and quite positively, it could be up to 30, then I need to have that discussion and show the data that my program's going so well that I have all these referrals going on and I need to have that discussion with the CEO and everybody else that we need an employment specialist. We need more staff. You know, I think with managing caseloads, I think a lot of times what also happens is that a lot of people routinely are just accustomed to having an employment specialist, even though they may not need them anymore because they've been working for a year over a year and a half. You might want to have those discussions with people who, you know, have been successful, who don't need that intense employment services again, and may just need some step down services with a case management unit. And so you can have those conversations as well. And so as people come off your caseload, people should come on your caseload. So, you know, those are a few tips. David please add.

David Lynde:

Darius, you covered it really well. I guess the only thing is, I'll just get in trouble here. I think we're recording this. So I'm, I'm gonna go ahead and get in trouble. So, having spent, I don't know, I've probably done or been part of hundreds, literally of IPS, which by the way, individual placement and support, supported employment, same terms, fidelity reviews. I'm just gonna say, I think fidelity's important, but it's not the destination. Fidelity's a navigational guide. It might show you, are you headed in the right way? The destination is people getting jobs, people getting on with their financial lives, getting careers, getting on with their education. So fidelity's important, but it's a guide. And as Darius said, there's things you should do with a guide. There's things you should use feedback with. I'm a big fan of waiting lists in IPS. Sometimes I go places they're like, no, no, we don't have a waiting list. And then later they'll say, oh yeah, we do. But we didn't want to tell anybody. And I'm a big fan, just like Darius said, what a great advocate. I'll ask places when's the last time you had a waiting list for case management or psychiatrist, and they'll be like, no, we never or do. So I think we should be selling this service, that it is darned important. And we should collect all the folks who are interested and say, this is how many people want this. And lastly, I could not agree with Darius more and I'll get in trouble again. Not everybody who wants a job and gets to work needs IPS; some people might get some information, some people might get benefits support, some people might get a consult, people might get, Hey, some people with symptoms work, thank God they do otherwise I wouldn't be here today. So all of those things are important things to think about, but fidelity should always be folded in with outcomes

and it should also be folded in with the people in services, experiences of the services, what's their feedback, what's the tenure, what's the tone, what's the respect like? So it really should be a combination of three things when we're looking at good services: fidelity, outcome, and feedback of people and services.

Lyn Legere:

Great. Thank you guys. The next one someone put up here is back to self-employment so let's just loop back to that for one second. It would be about data because of the inconsistent wages that you don't have regular wages on this. How would you record that?

David Lynde:

Well, that's a great question. So, the first thing I would start with is, it's always interesting and a little confusing in our language. We're looking for integrated competitive employment. The competitive nature is actually not competitive on the wage, which is often confusing to people, it's actually competitive on getting to the job. Is it a competitive job? Do people compete for the job? Meaning therefore is an open, not set aside job. So when we're looking for integrated competitive employment, we're looking for that way. I think tracking wages is important. And I, I would say you'd have to probably track it by vary. Again, as somebody who's self-employed my wage flow varies. Again, I would be looking at, is this working for the person? Does it fit with a person? You know, how do we sort of make sure that person is getting what they want out of this employment situation, but I would not be overly concerned with, do I have the precise, accurate wage number, to be honest with you. Darius?

Darius McKinney:

Yeah, I agree. I agree. The most important factor is does that person love or like his job and if he loves and likes his job, that's the data that I want. I want the data that shows that this is a job that I wanted, that we searched for that was in my career profile, you know? And how many days have I stayed here? Those are the most important to me. The more important data elements are, you know, work gratification, those types of data elements because that's what will let you know, Hey, are we placing people in places that they wanna work, that they choose they're working, or even though they say they wanna work these places, it's not working out. All those are great data facts right there that people should be looking at.

Lyn Legere:

Yep. Excellent. Let's shift a little bit. Cause there's a number of questions that came in before about how we work when folks also have prison histories in terms of job search in

terms of disclosure, all of that. What's sort of the role that having a bad quarry can play in the process? So how do you navigate sort of the barriers with that? How do you build resumes when people have been in prison for a while?

Darius McKinney:

Yeah, I think the most important thing with working with people with criminal background is that they wanna work and so they should be on my caseload like everybody else. That's first and foremost. I think there's a combination of things that should happen. I think first and foremost, you should be able to have that person A. know exactly what they did and, and exactly what that, you know, crime or whatever you wanna call it, you know, what they did and what their criminal history looks like, and then B. was there a reason for it? Cause there's three things that employers hire people for, right? They are going to hire a person. You know, there's this study from a long time ago. They asked a hundred people, a hundred employers who hired people with criminal backgrounds: why did you hire them, all that kind of stuff. They had three questions, A. the person could do the job first and foremost. The job that I'm looking at needs to be filled, and this person can do the job. Number two- that person was in a better place now than they were before and they have a desire to do this job. You know that they feel remorse for what they did, you know, been there, done that, they know it was a bad time, not at a good time of their life. Now they want to be productive and want to do work. And then the third reason why is because the employment specialist had a great relationship with that employer. And so once that employment specialist recommended that person for a job that needed to be filled, that was the person that filled the job. With those three factors, you know, it may be a little bit harder to, of course, you know, get a person with a criminal background working like that. But the thing is, it's never impossible. You know, I think you have that person write a letter saying I'm sorry for what I did. You know, this is what I did, blah, blah, blah, time and place, but now I have natural support, I'm doing better, I'm in society, I wanna be productive, you know, in all those kinds of things in a good letter. Put that with their resume, look for a job that they're capable of and they know they can do, then it's just like anyone else. What's going to happen is either they're able to get the job, or they're not just like normal in everyday society, either they're able to get the job or they're not.

Lyn Legere:

David, just before you go, I just want to alert people that David, my Mr. Resources man himself is putting all sorts of great things in the chat box for folks. So be sure to go in and there are documents you can download that are pertinent to what we've been discussing. David, did you want to add anything else to that?

David Lynde:

I guess I would just add quickly, Lyn, thank you for that kind comment about Mr. Resources, too kind, but, I would just add quickly that I think when you're doing justice work, you have to integrate another level. The integration shouldn't just be with mental health services, it should be justice services. So you gotta think about how do I integrate with parole, how do I integrate with probation? How do I integrate? And there's, by the way, scores of federal jobs programs like federal bonding that most people don't think about, which is a personal bond, which can predict up to \$5,000 of loss for people and sort of ,excuse the language, target groups. So there's a whole bunch of stuff that's out there that it's really important to take the integration beyond just within a mental health center or a mental health team and build it out the whole way and then use those skills that Darius just mentioned. I threw in a PDF of some slides that I just did recently for training in Missouri on just justice involved individuals. So that's what I just put in the chat there for folks.

Lyn Legere:

Great. And I'm getting a message from at least one person that she's not seeing in the resources in the chat box. If for some reason it doesn't come up, just send me an email after the webinar and I'll get those out to you. All right. I wanted to sort of change gears again, because it's so much good stuff and we just never have enough time. But another question, is there any specific thing a mental health employment program needs to do beyond meeting fidelity and core principles to be officially endorsed as an IPS program?

David Lynde:

So Darius, mind if I jump in first?

Darius McKinney:

Yeah, go ahead. Go ahead.

David Lynde:

So I think this sort of official endorsement is a really interesting thing to me. I think people look at fidelity, but then you can even look at different states and some states will say, we'll take that as an IPS number. And other states will say, oh no, you need to be at this number for fidelity. So as Darius has put it, fidelity is a whole range of things, I don't know anything that actually gets endorsement beyond that. I always look for- is endorsement what the state is comfortable with? What does the state put in their quality plan? What is the state using Medicaid dollars for? What is the state using general fund dollars for and what are their requirements around that? But there is not a national certification, let's say, that I know of. There is the IPS learning community that really

started out at Dartmouth and moved to a few different places. And I think they're at Columbia now, Darius, I don't remember exactly, Columbia University that is a community, but it's not, it's not a credentialing agency, I guess I'd say it that way.

Darius McKinney:

Yeah. Endorsement might be the wrong term and I know each state does their own things. So if we got 50 states, then all 50's doing IPS the same, but what they call credential and all that kind of stuff, IPS, they're all different. Now, what I will say is that, you know, fidelity scale will let you know if you are an exemplary program, a good program, or a fair fidelity program, but the bottom line is anything as far as the fidelity scale, if you're 74 or over, you are an IPS program. Of course there's room for improvement. You know, the more points you get, the better your program will be. And the more your outcomes will show, of course, but I don't think it's an endorsement thing. You just want to make sure if you have a fidelity review and hopefully you get over 74, then you have an IPS program.

Lyn Legere:

Great. Thank you. This is shifting gears again, a little bit. My program is a Ticket to Work program and seeks to move individuals off benefits eventually. While I know this is not the criteria of IPS, can Ticket to Work be compatible with an IPS model?

Darius McKinney:

One of the major things about IPS and one of its principles in IPS is benefit planning, because we know benefits being cut is the number one reason why people don't want to work. People are afraid to get their benefits cut, right? So Ticket to Work in a way kind of fits into that realm. It might not be exactly the same, but it fits into that realm for the simple reason that you know, that person probably has some type of benefits, SSI, SSDI or something like that. And so what you definitely want to do is you want to make sure, unless somebody's on this call is an actual benefit planner who got the certification from Virginia Commonwealth. No one is a benefit planner, right? None of us are experts in benefit planning. So the place you have to go to is your local, you know, WIPA approved benefit planner, to give that person some wise information. So when I look at Ticket to Work, I look at it the same thing, you know, if that person wants to use their ticket, they should be able to use their ticket and give it to, you know, whether it's a VR or whether it's an agency who's going to have IPS. That's, you know, from my understanding, because it's been a long time since Illinois has used tickets. That's how the Ticket to Work works. You know, Illinois works as if, Hey, I've given it to VR. I want to work. So VR says, okay, let me refer you to an IPS program in your area. They refer them okay, you're done. It might be different in other states, but that's how I see Ticket to Work. It fits right along with it because it's going to bring out that benefit plan discussion that needs to

happen with all IPS clients so they can make a wise choice of how I want to work, how much I want to work and all that kind of stuff. Dave, please add.

David Lynde:

I think the answer is yes. It can be. The answer to your question is yes, it can be very compatible in an IPS program. One of the things that I love is when IPS programs are aiming for financial sufficiency, financial independence. There's a bunch of those programs now coming out, which I think are wonderful. Temple University has some of them and I think that's the next level of this. And I think Ticket to Work is a good step to that financial independence. And I have seen states I'm sure Darius has states or communities or counties where they've actually set up ticket processing arrangements. And then the funding that comes back, because it takes forever to do this, but there are three different ways to process Tickets, to work. There's the, you know, actual cost, actual cost plus, and I forgot the third one, but I have seen sort of lucrative arrangements worked out between VR, who's a great partner for IPS, and Ticket to Work processing for funding and support.

Lyn Legere:

I'm just going to stick my nose in. I know I'm not supposed to, I've been really good, but I'm going to stick it in for one second because this is my area. No matter whether you call it Ticket to Work, whether you're working under getting your milestones of that, whether you're working in IPS, what matters is that people get easy access throughout the process, not a one time printout of how work's going to affect every benefit that they're involved in, but a constant access to people that can guide every step of the process, not just in terms of the negative sides of work and benefits, but how you can work and maintain your benefits using the amazing work incentives that have been there for 400 years and that most people, unethically in my opinion, do not understand. There are ways for people to work and to have long times of working so they can build their confidence, their belief in themselves without the threat that we're here to help you get off benefits. No, we're here to help you work and keep your benefits because there are work incentives throughout that. A good benefits counselor can support you throughout the process, lacking that we missed the whole point of all of the other stuff. We really have to have that conversation. Okay, that's my short blip, you want more in on that? You can see me or we'll do another AMA on that. Okay. Moving along. There's a long one here. I'm going to try to summarize it without going through it all. Basically someone is struggling with some of their own experiences in a work site. Well, can I summarize this easily? I'm just going to read, let's make it easy. I work closely with client clinical teams, however, we're stuck on a particular case. I have a client who struggles with delusions and unusual experiences involving a person on the job site. These are not experiences shared by others. Otherwise they love their job and are a valued employee. I'm struggling with

understanding how to better support them to get through these experiences. I'm not sure the therapist understands how to move forward through this in an employment capacity, either. Any thoughts on this or thoughts on who I might reach out to for more support directly relating to maintaining employment despite these experiences.

David Lynde:

Thanks, Lyn. If it's okay, Darius, I'll just start out and turn it over to you. So, this does a couple things for me. One, I really appreciate that when I read this question, it makes me think about people who have lived experience. And I apologize that it took me this long to say that Lyn, you can kick me later. One of the things we should be thinking about with employment services, what is the role of people with lived experiences? And that can be a whole gamut of I went to work. I dealt with some of the financial questions that Lyn was talking about around benefits, I figured out ways to manage my medications, I figured out ways to manage crap at work that I find unpleasant, whatever there's a whole bunch of things. So part of that might include somebody who actually has worked with WRAP (wellness recovery action planning), there's also a WRAP for work, which is a spinoff of the WRAP. So those kinds of strategies for dealing with sort of confusing unpleasant, distracting things can be really useful in this kind of a format. The other form, the thing that I would mention is something called illness management and recovery, IMR, which is another EBP, because it's a TLA (three letter acronym), but illness manage or recovery also has a component in it, one of the modules is about dealing with persistent symptoms. Those of you who know mental illness well know that delusions are often by definition persistent, but it also has some advanced ways for, it's sort of CBT for psychosis, looking at checking things, et cetera. And, the last part I just try to stress with this really quickly is I think one of the things that we don't do a good enough job in is daring to let down some of the veil around our own, Darius mentioned work plays a role for all of us. It plays a role in keeping all of us healthy. I think one of the things we do, we get caught up in this little technical box called coping skills. When I go to work or other stuff, I love to call it dealing with unpleasant stuff, I usually say something else usually that I don't like. And that way it doesn't have to be, what is this formal coping skill that you use? It could be, you know, I stopped thinking about this when I pop in my headphones at work. I stop thinking about this when I chew gum. I stop thinking about this when I get to go outdoors and get five minutes. And so a lot of times I think one of the things, and I don't mean to oversell this or simplify it, we don't and have to look for curing it, we have to work with people on how do you manage this in the workplace? Part of recovery is moving on in the presence of symptoms. We all want to see them eradicated, but lots of us manage craps so that we can go to work every day. And the more that we made that in universal conversation, I think the easier it is to get to some of this stuff, but some of these technical things you might find in IMR and coping with persistent and symptoms.

Darius McKinney:

I think you hit it right on the head. One thing I would also just add to it is that, you know, some of the best people in the world, and this was told to me by a person with lived experience, some of the best people in the world that somehow got not included in my discussion is my mother. Okay. And what I'm just adding is that, you know, we need to make sure we use all avenues and all people experience as far as a care team of people, of how a person deals with and copes with, with their illnesses and things like that. And some very good people who have probably dealt with this personal illness their whole life and have some great coping skills and information you can use are probably mom, pop, sister, brother, and other family members and other people who've been around this person for a long time. So, I think we should always expand our area of where we get information from and with ideas about how we can help a person cope with some of their illnesses.

Lyn Legere:

Thank you. And thank you, David, for bringing up lived experience. Just to add, some states do have peer supporters on the IPS team, North Carolina specifically has a role now put into their IPS team of an employment peer mentor so all teams have that person with lived experience right on the team. All right. I wanted to scroll back to a question that I missed before I just found, I knew I missed something. She helps recent college grads and she wants to know if you guys have any tips on salary negotiations. Not sure if that's a thing I have run into, but any ideas you have?

Darius McKinney:

Ooh, well, salaries in Illinois. I better let David start first.

David Lynde:

You know, I think this is always a tough one. I think to be honest with you, sometimes there's some things we should look at IPS as a specialized model and sometimes we shouldn't. I think in salary negotiations, we shouldn't. I think if we're supporting people in salary negotiations, we wanna do what the rest of us would do. We benchmark as much as we can. So if I'm going in and negotiating a salary, what can I find out? Can I use, while I don't like job searching with indeed, it will tell me a whole bunch of salary ranges in a place and, and, and where I can find it. And other things like Monster have that, so if it's in a salary negotiation, I'm helping somebody, that technical part, I would help them by doing what most of us do, which is benchmarking around salary. I wouldn't move anything out of it for having a mental illness, but I would make sure I was focused on skills, experience, traits, abilities, and what I or that person brings to the job in the

negotiation process. But I don't think there's any way or need to change that in any other way.

Lyn Legere:

Great.

Darius McKinney:

No, I've been always told and I kind of follow this model too, that if a person gets the job that they want and that's the job that they like and they find that it's their calling, then the salary is going to come, you know, it might not start off that way, but eventually it's going to come and eventually people are going to realize that you're the "expert" at that field of that job, you know, especially, college graduate, whatever, and it'll come. And so, like they said, I would focus just like on everything else. Maybe not focus so much on the salary, but just focus on the job satisfaction piece itself. And then everything else will show

Lyn Legere:

Great. I just want to give people a 15 minute notice, I'm trying to make sure we get to all the questions. So how do I support participants who have a strong desire to work, but find it challenging to either find a job placement or keep employment due to their disability?

David Lynde:

Wow. There, there's a whole bunch of things you can do with that. I think the first thing I would do and I might get in trouble here. The first thing I would do, and I've seen some states struggle with this, I would first disconnect people's motivation from work, from how regularly people attend treatment or seek treatment. A lot of people see that as a good indication for work. Just as a reminder, most people don't get paid to go to treatment. Lot of people get paid to go to work. There's huge, different extrinsic motivation factors there. So I think the other thing I would say is, think about people with lived experience. Again, if you have people who can tell their story about it, 'I didn't think I could do this' etc. The other thing, even if you don't have formal with people with lived experience, create those stories, get people telling your story, circulate stories in your agency, your team, wherever people are referred, wherever people naturally gather, have five or six people talk about their experiences of getting back to work. Some places actually record things now and put little blurbs on video where you can see it on an intra agency, closed in internet with, with permission. But there's so many things you can do about those positive stories about people overcoming similar challenges, really help people. And then the other thing I would just suggest is we can just change and excuse the horrible technical term for this treatment targets and services to fit with work. So a lot

of times I've tried to work with other providers saying, how can you help people who go to work? And they tell me, I don't know how and I get so frustrated. Then I realized what I need to do is ask them, what do you do? And then let me help you connect this with how it could help somebody with work. So I help people feel less depressed so they can concentrate better. Ah, there's something we could work with. So I think if you can identify those things and the other piece I would just say, and we could talk about this for probably 20 minutes, start thinking about those challenges when you start to get to know people, not the day after they get the job or the night before they get hired and start thinking about how can we bring in, like Darius said, how can we bring in the village, the team, the family, the community, the tribe, the new England Patriots. How can we bring in people to sort of help out with this effort and what are all those resources that we might enlist with that.

Lyn Legere:

That's great. Love it. There is a little switch of topic again, tips on how to approach job development when many businesses are still getting back on their feet from COVID and limited contact.

Darius McKinney:

Oh, I got this one. So, first of all, I think job development is in two different realms. You have the job development that you already have a relationship with the business, and you probably already helped place somebody in that business. So you've already been talking to that business a long time, and then you have brand new and I've never made contact before in my life with them. So with the people that you've already made contacts, you've already talked to, you've already job developed, you might even have people already there, from Illinois's point of view, you've already made contacts with people. So, depending on what's your agency and what your COVID standards and health things are, you can probably already still make connections with them face to face, because you already have a relationship with them. Maybe not as much, but you are still face to face, you can do stuff virtually- phone calls, stuff like that. I think the issues are when you're trying to approach people brand new and you're talking to businesses and job development places that you've never been to before in your life. Right. Well, you know, the first thing you probably wanna do, what I've seen agencies in Illinois do is first they make phone calls now. And again, I know it goes a little bit against, but you want to have a connection point and let people know what would be the reason why we'll come in and want to see you personally in the first place. So whether that's making a phone call, whether that's, you know, some people using telehealth now and they're using telehealth to actually connect with businesses or, you know, virtual platforms like that to talk to businesses and try to get in. I think you A. with new businesses, put your foot in the door. Once you're putting your foot in your door, then again, depending on what the protocol

your own agency and your state standards are, you can try to make a face to face visit again. You want to make sure, you know, all the protocols that businesses take care of and you take care of so when you make that face to face visit, they can see that you're being productive and they can see that you're about business and that you are very professional with what you do. That is going to go a long way, with how you develop this relationship with that business, showing that you're professional and that you're really trying to dig for their needs and their wants as far as what they need for a star employee. So it has been a little bit challenging during COVID and a lot of the face to face has not been as much, but again, there still have been face to face. And I guess more importantly with new employers, you want to get your foot in the door, so whatever you can do to get your foot in the door and then try to maybe get some face to face, whether it's virtually, you know, or phone calls or, you know, face to face visit, I think you can do that.

David Lynde:

And I completely agree with Darius. I would just add into the sort of struggling COVID economy, whatever funky world we're in today, that there's great opportunity. And I hate to sound bad about that. But one of the documents that I attached was employment for PWD, which is people with disabilities. And it actually indicates that the employment rate, differential rate, for people with disabilities, the unemployment rate actually went down last year during COVID and the two things that I think if you're doing this good work, you're paying attention to one thing. There's a big migration from the labor force. And then there's a big migration from specific jobs. And I'm not saying we should put anybody in harm's way, but there's, there's new opportunities in a struggling economy. I worked with some agencies shortly after 9/11 in New York city who actually were getting people jobs because there was opportunity in it. I worked with some agencies in Detroit when the unemployment rate around Wayne County, Detroit was 26%, and they were getting people jobs because they knew how to approach it. So struggling employers, and I don't mean this in a bad way, are sometimes an opportunity for the folks we work with, because their struggle is often finding an employment match. And so we often have resources with people who might be willing to do things, able to do things that are different or not getting matched. So I would not shy away because things are struggling and as that document points out, there's opportunity in all of this for the folks we work with.

Lyn Legere:

Indeed. Great. I want to welcome Dr. Timothy and sorry, Dr. Tim, I will probably mess up your last name, but Adebawale, as I say, sorry if I butcher it, but he has joined us from Nigeria this morning, which is really impressive to me. And I'll just read you his quick bio here. He practices in Nigeria, he doesn't have a formal mental health employment program. Their new nonprofit is experimenting with a residential program for sustainable

livelihood skill empowerment for individuals recovering some from severe mental illness. Nice to have you Dr. Tim, and feel free to email me afterwards. I know you came in later, so email me if you missed anything nice to have you. Another question that's been pending here for a bit on mental health treatment plans, examples of some vocational goals that can be utilized to enlist mental health staff involvement with work as key part of their support to individual's recovery, especially when the individual has expressed an interest in work, but not able to an active case on the IPS staff's caseload yet due to no opening.

David Lynde:

Well I guess I would just say a few things. One, I think one of the things we do is a disservice and this actually goes back to where we started, which is one of the reasons we, that IPS was created, that sometimes just don't take a holistic approach to employment. One of the things that I've noticed that is sometimes bothersome to me and is complicated is folks have employment goals that are put somewhere else and then they have their recovery plan or their treatment plan or their individual service plan or whatever you call it. And it doesn't have those employment goals in it. And that always kind of flips me out because I'm thinking these are probably the most developed. I'm always thinking employment is a recovery-oriented goal, education, housing, these are recovery-oriented goals, not reduction in my brief psychotic rating scale. That's not a recovery-oriented goal. So I think one, we want to put those things into whatever overall plan and two, we want to be really specific about them. It's not 'Darius wants a job'. It is 'Darius is looking for a job where he might be able to put his incredible basketball skills to use, to play for a basketball team in Chicago that has a bull for a mascot. So it gets very specific and that helps. And then three, the part I'd add to that, I think we just need to make sure those employment conversations are with the whole team. It shouldn't be, I walk over there and have a conversation with my employment person. They write it in a plan. Then everybody else takes a shot at what am I doing with this? It should be, or my favorite. And I've seen this before. I was opposed to it because nobody asked me. So I told 'em, I thought it was a bad idea to get a job. So they should all be in from the beginning. And we should all be talking about how do we all have a piece to support this? One of my favorite quotes was when we worked with Connecticut, they had a wonderful quote which I thought was great, which was employment is everyone's business and they were talking about everybody's business and the providers across that way. So I think that's a good approach to take. My friend, Darius-

Darius McKinney:

Everybody in the building for the moment that person walks in the building should be talking about work. And that's how, you know, the integration between the vocational and clinical team. Everybody should be talking about work. You know, unfortunately, you

know, we have people who have not worked in 5, 10, 15 years, and everybody in their life has told them what they cannot do. Right? And so once they walk into your community mental health center, all that kind of stuff, and they're talking about wanting to work, we now can't have other people also telling them work is too stressful or work is this and worse than that? Or we can't just have only one person in the building, talking about working and the other twenty not. From the time that person writes their care plan and intake and all that kind of stuff, everybody should be talking about work. Everybody should be giving hope to that person because I think one thing that we need to do is give people hope that they can work. That's the main job of employment specialists to instill in this person that I believe in you, that you can work. I know and I'm hopeful and I know you can do this with the right environment, the right job, and the right support, you can be successful. And that message has to come from everybody in the building, all clinical workers who're working with this person, employment specialist, family, whoever is involved in that team. Like you said, a probation officer, like you said before, a judge everybody should be talking about work. Once you do that, and that person starts to have hope, you will be amazed at what that person can do. And those issues that we think are issues, they suddenly disappear because now that person believes that he can work or she can work or they can work.

Lyn Legere:

It's all about hope. We have four minutes left and one question. Isn't that perfect. So if you guys want to give any last minute thoughts on tips to engage clients more in peer support.

David Lynde:

I'll jump in really quickly and give my friend Darius 60 seconds to think. And I'm gonna just grab one other question that was on there, Lyn, which is a question about being culturally competent.

Lyn Legere:

Oh, thank you. I didn't mean to miss one. Thank you.

David Lynde:

And, I really like that question. I really think that when we're doing good work in supported employment and a lot of things, our cultural competence comes from working with one person. So what really helps in IPS is getting to know more than just, what's this diagnosis and what are their symptoms like Darius said, what's their family, where do they live? What do they go home to? What do they do when they have free time? What does the family's culture say about work? What does the family's culture say about

disability? Those of us who've worked in any kind of diverse setting know that, in some cultures, mental illness is such a shame that they don't want anybody working and in others, it is like, just go to work, you know? So there's a huge variety of that. So I think you always want to be sensitive, not only to the person, but culturally sensitive about what work and employment and income and all those other things might mean to a family. I think that's an important part to add to that. So, Lyn, I was so excited about grabbing that question, I totally forgot the other question.

Lyn Legere:

I'm so glad you caught that one, because I think we've talked a little bit about connecting people to peer support earlier. So Darius I'm going to give you one and a half minutes to also chime in, on providing culturally sensitive IPS services.

Darius McKinney:

I mean, all aspects of that is just so important. You know, you wanna make sure that you have that relationship with that person, that they feel comfortable with you. You have to do that culturally, you know, the first thing you should say, you might not understand other people's culture, you know, and you might be asking please teach me about some things in your culture that's good for me to know, for me to understand and for us to do this journey together and try to help you find employment. That's how you get people comfortable and to open up, you know, when people start to trust you, then that's when the engagement piece works best. And you know, being culturally competent and trying to understand where that person has been, where is he from? Where is she from? You know, what are things in their environment every day that might not be in your environment every day. You gotta get to know all that to be successful. So yes, that's very important, very important.

Lyn Legere:

Indeed, probably one the most important. I want to say thank you both so much. It was just never enough time and I feel like we've just scratched the surface and there's so much more we can do. So maybe we'll do another one, but I want to thank you for bringing all your great knowledge and experience to the table, getting through so many great questions. I want to thank everybody who joined and was part of this today. After we're done, I'm going to send you all out a link for just a survey. If you'd be kind enough to do that. I will send you the link to this recording, so if you want to listen again or pass it on to your colleagues who couldn't make it please feel free to do that as well. I hope you all have a lovely and pleasant Monday and a pleasant week. Take care. Bye.