

**Making Sense of Employment Research: IPS Supported Employment in the 2020's: NY State Experience with Paul J. Margolies, Ph.D., and I-Chin Chiang, M.S.**

**This call is being recorded.**

Alexa Trolley-Hanson:

Hello everyone. My name is Alexa Trolley Hanssen, and I am a doctoral student at the Center for Psychiatric Rehabilitation at Boston University. And the moderator for today's making Sense of Employment Research webinar. I know there are still people signing in, so I'm just going to, um, do a little bit of housekeeping to get us started, and then I will introduce our presenters for today. This webinar is funded by the National Institute on Disability Independent Living and Rehabilitation Research. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the federal government, the territory on which BU stands as one of the wane and Massachusetts people. And we honor and respect the history and current efforts of native indigenous communities. This webinar is being recorded so that you can access it later. Also, close captioning has been turned on, and you can access this by clicking the button at the bottom of your screen. In case this is your first webinar with us, I'm going to introduce our speakers. They're going to share their research with you, and then we will have a question-and-answer session at the end. If you have a question during the presentation, you can post your questions in the q and a box, and I will pose them in order at the end. If you have a technical question, please send a chat message to me directly using the chat feature at the bottom of your screen. Also, we would really appreciate your feedback about this webinar, so I'll be posting a survey in the chat at the end of the session. Now, I'd like to welcome Dr. Paul Margolies and Ms I-Chin Chung, who are going to present their work on IPS supported employment in the 2020s in its New York State's experience. Dr. Margolies is an associate Director for practice innovation and implementation at the Center for Practice Innovations at Columbia Psychiatry. Located at New York State Psychiatric Institution, an associate professor of clinical medical Psychology in psychiatry at Columbia University, OSes College of Physicians and Surgeons at CPI. Dr. Margolis oversees implementation and training efforts for several initiatives that bring the best treatment practices for those diagnosed with serious mental illness to the field, including IPS supported employment. Dr. Margolis is a licensed psychologist who received his doctoral degree in clinical psychology from the State University of New York at Stony Brook. Over the course of the past 45 years, he has worked in the community and inpatient settings in a variety of clinical supervisory and administrative roles. His recent publications focus on implementation and dissemination of evidence-based practices, the individual placement and support approach to supported employment and wellness, self-management. He has presented papers and workshops at regional national international conferences on topics including evidence-based practices, transformational leadership, organizational change, cognitive behavioral therapy, and psychiatric rehabilitation. Ms. Chen Chung is a director of data analytics at the Center for Practice Innovations at Columbia Psychiatry, located in New York State Psychiatric Institute. Ms. Chung has been part of the CPI since 2012 and has collaborated with various initiatives including individual placement and support and assertive community treatment. Ms. Young received her training in community in computer science from the California State University Fullerton and the University of California Irvine and considers herself a generous generalist with experience databased development, data analysis and reporting and quality assurance testing. In her spare time, she enjoys an active lifestyle and holds the rank of Shodan and non-competitive style of martial arts that emphasizes

mindfulness, Buddhist philosophy. I'd like to say welcome to both of you, and we are very excited to hear from you. Thank you.

Paul Margolies:

So, thank you very much. And hello everybody. Now that you know a little bit about us, we'd like to know a little bit about you. So, we have a couple of polling questions that we'd ask if you can please complete so we get a little feel for, you know, who you are and, and the kinds of roles you're in.

Alexa Trolley-Hanson:

Can you see the poll?

Paul Margolies:

I can see the poll, yeah.

Alexa Trolley-Hanson:

All right. So, I'm going to share the results now for the first one.

Paul Margolies:

Okay. So, the, the winner is employment practitioners. Uh, about half of the folks who are, uh, are practitioners, and we have quite a bit of managers and supervisors, some other practitioners, uh, a small number of researchers, one. Okay. Thank you. And I know we have a second poll. Mm-Hmm, <affirmative>.

Alexa Trolley-Hanson:

Um, hold on. There it is.

Paul Margolies:

Lots of folks have been involved in providing IPS services, which is very good for each internet to know. So, thanks so much, folks. So, we're going to move along. Here's the agenda. First, we're going to give you some context for our work. So, we're going to speak very quickly about our center, which is known as the Center for Practice Innovations, just to give you a feel for what we do and about our IPS initiative. And then out of this IPS initiative, we're going to talk about, uh, two papers that we've published in recent years, and then hopefully leave a fair amount of time at the end for questions, comments, answers, all that sort of thing. We have three learning objectives. I won't read them for you, but I'll leave them up for a minute. Okay. So, our center, as Alexa mentioned, is based at New York State Psychiatric Institute and within, uh, Columbia Psychiatry. And we're what's known nowadays as an intermediary organization. And what that means is we do training, of course, and in part of our training center, but we do a whole lot more than training. We also work with sites so that they can implement what it is they're learning. And that's a real departure, certainly from the kind of work I was doing 25, 30 years ago, where we did a fair amount of training and then hoped somehow it would find its way into practice. Uh, at CPI, we spent a lot of time working with managers and, and, and, and supervisors around the implementation aspect of whatever the, the practice is. Uh, we helped to disseminate several evidence-based practices and research informed approaches. You can see the list there. It's close to a dozen and it's growing, but what we've learned over the years is that's not enough, because many of the, uh, practitioners in the field, at least in New York state, and I'd be shocked if this

weren't true elsewhere, can also benefit from a focus on learning core competencies. It's very difficult to learn and implement an evidence-based practice if the foundation isn't there. So, increasingly, we spend time helping practitioners around these various, uh, core competencies. Who do we train? Mainly behavioral health providers, but that includes supervisors and managers as well, some primary care providers. We've trained health, health home care managers, we've trained, uh, managed care organizations, staff. We get a, we get information out to the community, and increasingly we're placing emphasis on training the emerging workforce, which really means students of various sorts. How do we do it? We have a, an online learning management system with close to 200 online training modules, each of which is a course. Many of them are interactive, many of received awards over the years. We also do lots of webinars like so many others do. Uh, we try to archive them as well, and make our webinars as well as all sorts of, uh, other information available in an online library. We also do face-to-face training and support the old-fashioned way. Uh, we put that on hold during covid. We're going to talk quite a bit about that in a little while. Uh, but we're back to doing a fair amount of it now. And we do a fair amount of onsite technical assistance. We spend our, we send out, we call them implementation specialists. These are the folks who do the training, but also help with implementation. Uh, for many of our initiatives, they'll go to the sites and work directly with the people at each site. And that's certainly true on IPS, and we'll talk about that. We also create tools and resources. We have workbooks, we have implementation guides, decision aids, and oftentimes within our initiatives, we pull it all together within the context of learning collaboratives. And we're going to talk more about that as it relates to IPS, you know, and these are opportunities where agencies or programs come together, all of whom are working towards the same outcomes. And the good thing about this is not only do they learn from quote unquote experts, but they learn from one another. And over time, they become the experts around their own implementation. And it's all driven by data that, that they provide. And we collect within a context, usually of a continuous quality improvement process. Okay, so that's a quick overview of the Center for Practice Innovations. So that's just so you get a feel for what we do. Now, let's talk about our IPS initiative. I am not going to, uh, go through this nor this, uh, slide. This is about how we plan and make it happen. But here's what I'm going to say. This is here to illustrate the fact that we use implementation science to drive what we do. And there are a number of different models that we use. Uh, so these two, uh, slides use a couple of them. One is something known as DAM Schroeder's, uh, consolidated framework, the CER that emphasizes the inner and outate settings, you know, what's going on within the organization, but also what's going on around it with funders and, and mental health authorities and such. We also use Kilburn's Replicating Effectiveness or REP framework that emphasizes the phases of implementation, that you do different things at different points in time. For IPS specifically, we use Dean Fixing's, uh, active Implementation Research networks, uh, implementation drivers, and we have a paper published around that, and another one coming out soon. Uh, that really gives you hands-on very concrete guidance around the kinds of things you want to be able to do to help a site to implement a practice. And finally, uh, we use David Chamber's Dynamic Sustainability Framework, which emphasizes adaptation, which could be a topic for a whole other webinar around, you know, what is adaptation and how does that differ from a deviation in a practice, perhaps a discussion for another time. So basically, to summarize these two slides, we use implementation science to really guide where we're going. Our current initiative this year, we work with 79, what are known as pros programs in New York State. These are community, uh, psychiatric rehabilitation programs. We also work with clinics that are attached to our state hospital system. 36 of those. We also have a New York, uh, a model, uh, called OnTrack New York, which is, uh, known in other parts of the country. It's called Coordinated Specialty Care for first episode Psychosis. Uh, so the, these are programs designed for folks who are experiencing first episodes. Uh, and we work with 28 of the 28 sites there. You add that up, and we're talking about probably, if my math is halfway accurate, about 140 something sites. It's a

big footprint we have with IPS in New York State, and it will be growing significantly in the next couple of years. We also did a, uh, recent pilot. We completed, uh, trying to do IPS with act and learned a lot from that. Uh, as you may be, not be aware, uh, implementing IPS within the context of ACT is not easy. There were all sorts of reasons for that. We learned a lot. And part of our expansion coming down the road in New York State will be doing much more of this work with ACT teams. So, once again, in summary, a big footprint, we do a lot of this. So, here's what we offer, believe it or not, within the context of those 140 or so settings, we try to tailor what we do to each site's needs. It's not one size fits all. And we do that by data that we collect from each site that tells us what their needs are. So, as I mentioned, we do learn collaborative meetings of all sorts. We have three online training modules in our learning management system. Uh, we do webinars, interactive online meetings. We have a workbook, an online library, regional in-person meetings. We're back to doing those again. And site-specific visits and Zoom calls. All of that's what we offer. It's a lot. So, how's it going? You might ask, here's data from, uh, July 2023. It's the, some of the most recent data we've analyzed. Uh, we had 97. Our sites provide data that month, which, which is, you know, it's not bad. On average, the sites average about one full-time equivalent staff member in employment. That limits the caseload, which limits how much we can get done at each site. But still a fair amount gets done. Uh, the mean employment rate the previous month of those receiving IPS 53.8%. And if we look at the three-month period, 56.3%, and then we took a quick look at January through July of this year and average it across the month. The one-month employment rate was 54.7%, and a three month 55.1%. This compares very nicely with national norms, national benchmarks. And when you compare that against the roughly 15% of people generally who've been diagnosed with a serious mental illness who are working, this is just quite simply amazing. You know, we can't take credit for it. Our center, we just do the training. It's the sites that are doing the work. But this is what we're finding, uh, fidelity. I don't know if you can see all these lines here. Uh, the bottom line, a couple of things I want to say. One is what's interesting. We use the IPS Fidelity scale, which is 25 items, which is used internationally. Fidelity tends to come in in the fair range, which is interesting, uh, on average, although we have plenty of sites who do quite well with fidelity. Having said that, though, as you saw, the outcomes are quite good, which raises another conversation perhaps for another hour about the connection between fidelity and, and, uh, and outcomes. We also, and I'll talk a bit more about this in a little while, uh, during Covid, we developed seven items of alternative versions that give sites credit for remote work, which they were doing, as well as face-to-face. And you can see those numbers are slightly, you know, slightly better than the standard fidelity as you would expect. So, here's the first paper called Staff Time in the Community, an enduring critical component of Individual Placement and Support in the Digital Age. This is published in psych services. Here's the key takeaway. Now, keep in mind there's a caveat here. This is prior to Covid Pandemic. This data is from 2018 to 2019, and we found that employment specialist time spent in the community was clearly associated with approved employment outcomes. And you might say, well, yeah, it's designed that way. We would hope to find that. But the question in our mind was, life has changed considerably, you know, in the 30 years since IPS was developed with so much going on online now, and applications and interviews and all of that. So, we wanted in all seriousness, whether it's still made a difference, and we found that it did. And Chen will give you some details around that in a moment. Quick highlights. This is taken straight out of the paper. You know, we wanted to know, is this still important? We looked at the data prior to Covid a couple of years prior to Covid, and bottom line is, yeah, still made a difference. Chen, I'm going to, no, I'll give you some details and I, I'll turn it over to Chen. 78 sites in 2018, 84 sites in 2019 sites submitted performance indicated data each month. And we did this through an online survey. Uh, and the data that was submitted included employment specialist time in the community, as well as the outcomes of those <inaudible>. Now, Aachen, I'm going to turn things over to you.

I-Chin Chiang:

Thanks, Paul. So, as Paul mentioned, uh, we collect monthly employment rate for each site and for each year. And we aggregate that mean every, every month, and we look at it through, through all those sites. Um, for this paper, what we also did was, um, we wanted to, to make a vary variable to indicate that whether a site had met an employment rate of at least 41% for, you know, half of the reported data during a year. And as you can read that 41% is the benchmark. Next slide, please. So, when we ask programs to provide their monthly Indi, uh, performance indicator data, we ask them to categorize the relatively, you know, approximately how much staff time is spent in the community. And they're broken down into four categories. Um, 20%, 21 to 40%, 41 to 64%, and then more than 65% or equal to or more than. And when we did review the data, we realized that, uh, very few programs reported more than 65% time spent in the community. So, we collapsed the highest two categories together, basically. Now, as you look in this table, we now collapsed and recoded, um, where our programs spending majority of their staff time in the community and came low, which is equal to or less than 20%, and then medium, which is 21 to 40%, and then high is greater than equal to 41%. Now, you'll also see another category where we, we aren't able to, so distinctively categorize, um, programs, majority of time in the community. So, there are a few, a, a small number of programs that kind of resolve in the various mixed category. Next slide, please. So, we did find was that there was a significant relationship between the staff time spend in the community and better employment outcomes, which is the percentage that we had mentioned earlier. Um, and so between the low, as you might recall, the first category, low time spent in the majority, um, in this community versus the medium and the high. And for 20 18, 70 4% of the sites in the median and in the 71% of sites in the high categories had met benchmark for good employment rate for more than like half of the time they reported during year. So, if they reported all 12 months, that means more than six months of the time they were achieving good employment outcomes, whether they spent, you know, medium or high amount of time in the community versus, um, where sites with, where their staff spent small, less time in the community, they only achieved good employment outcome at 30, 39% of the sites. As for 2019, you'll see the details are very similar. Again, um, you know, better, more and better employment outcomes for the medium and the high categories versus, um, low sites that spend, you know, lower amount of time in the community. Next slide, please. So, additionally, now looking, so previously we looked at individual gears. Additionally, we created a mixed model analysis. We repeated measures, and we looked at across both years, 20 18, 20 19. And again, like the results were, were quiet, um, consistent. So, sites that spent were in the low community time category had worse employment outcomes than sites in the medium and high community time categories. Worries. I'll turn it back to Paul, please.

Paul Margolies:

<inaudible>. I, I, I see a question in the chat box. Alexis, is it okay if I respond to it now? Yes, go ahead. Okay. This, this is from Leon. What do you mean by community? Do you mean with employers? What type of activities don't, don't well, in the community? So, yeah, I mean, basically it's out of the office. It is generally, uh, at a work site or with employers, but it might be in some other offices. It might be in a social security office. It might be, you know, uh, in another place within the community. But it's out there in the community, not in the office. What did they do when not in the community? That is a great question. And, and once again, if we have time, we can go into a lot of this. But for now, here's what I'll say. Uh, there are certainly meetings that can be done, you know, on site with, uh, recipients with team members. They'll be attending team meetings; they'll be doing charting and notes. They may be pulled in other directions, which is a whole conversation because it's not unusual, you know, for employment staff, uh, to be asked to do some generalist, you know, uh, kinds of things as well. Uh, yeah, so, so yeah, uh, there's a lot to

keep them busy. The other thing increasingly is that, uh, there are online applications, there are interviews that, that are done, you know, oftentimes through, uh, the internet. And so there's work that can be done that's related to employment while still in the office. And, and that's a whole area that we're growing more and more interested in and hope in the next few years to track and learn more about Leon. I hope I answered your question. If not, feel free to type up and, and, and we'll certainly respond more. And then, uh, Alexa, I see a question. Will this be recorded and sent out?

Alexa Trolley-Hanson:

Yes. This will be recorded, and people can access it through the Boston University Center for Psychiatric Rehabilitation website.

Paul Margolies:

Great. I'm going to move along. So, here's where things get interesting. First, very as each mentioned, very few sites reported that staff spend, uh, 65% or more of their time in the community, which on the fidelity scale is a five. Yet, employment outcomes were good for so many sites. As a matter of fact, some of the sites reporting low staff time in the community, which we defined as lower than 20%, about a third of those sites still were getting good employment outcomes. So, this becomes interesting, and it's, these are things we want to learn more about in the coming years. And of course, one of the hypotheses is that the shift in the past generation towards its online applications and online interviews, and, you know, online databases may be playing a role here. That's something we'd like to learn more about. We don't know that's the case, but it generates ideas and hypotheses that we just really want to learn more about. And so, although there is no question that, uh, time in the community is related here to better outcomes, the bar is kind of low, isn't it? I mean, it is generally, you know, uh, the medium and high levels, uh, that it should reviewed with you are getting fine outcomes. And so, it's something we want to learn a whole lot more about here. Okay, second paper, the impact of the pandemic on what we did and what we found. And things get very interesting here. Here's the key, your key takeaway for this paper. Lots of changes happened due to the pandemic in what we did at our center with our training and implementation support. And the number of sites that were still providing these services and the ways in which they provided these services all changed. We found fidelity decreased modestly. We'll show you some of that data. And when we say fidelity, we have our sites do a self-assessed fidelity, which is also a topic we could do separately. Uh, we did publish a paper that showed that, uh uh, the self-assessed, uh, fidelity for IPS, uh, in our sites. And we looked at 11 sites. We also sent in, uh, experts to do thoroughly independent separate fidelity ratings. The mean total scores were into were, were, there was not a statistically significant difference there at all. There was some difference on some items, but generally what we found was a self-assessed fidelity was a good enough proxy. And we hypothesized all sorts of reasons for that. cause we, we didn't expect that finding. Uh, and there were all sorts of possible reasons. Uh, most importantly, people felt safe enough to tell the truth. Uh, and, and so having said that, uh, during, uh, the pandemic, uh, fidelity decreased a bit. Employment outcomes dipped very early. And we'll show you this, but then rebounded quickly, and this is very similar to what the IPS International Learning Community, you know, found in their data. Very similar highlights, taken from straight from the paper. We already mentioned things changed in a lot of different ways, and we already actually reviewed all of this. So, we found changes, or at least we looked at four different things, changes in our training and implementation support, changes in what the sites were doing, fidelity and employment outcomes. Now we're going to go through them. Okay. First, what did CPI, what did our center do differently? Everything shifted remote, everything. And we had been doing a hybrid model, you know, for a decade with some things like webinars and online

training modules where were remote. But we did a fair amount of regional learning, collaborative meetings and site-specific visits. New topics needed to be covered, dealing with finances and benefits, including what happened with stimulus payments and unemployment. Staff needed to learn how to deal with this, with, with the recipients, people's ambivalence about working, you know, doing to the due to the health risks. And so, we introduced a shared decision-making framework, and there were all sorts of new kind of jobs available. So, we talked about that. Our learning collaborative meetings. Now, they were all online now focused on helping the sites to find solutions for these emerging challenges and highlighting, you know, the new opportunities for employment. And they did a tremendous amount of sharing with one another and learning from one another. Tremendous amount. So, what were the sites doing differently? We did a survey early in the pandemic, uh, may, June of 2020. Of the 89 sites that were involved at the time, we heard from 88 of them, 73% were continuing to provide IPS. And this was, what are we talking about? This was, uh, just several months into the pandemic, really, of the sites not providing IPS. It was largely because staff were redeployed to other assignments, like working in a hospital or residential cause of staffing shortages, not a lack of interest in continuing with IPS. They just had to set priorities with, with sent. So, what did the sites report? They were themselves providing remote IPS services. Those weren't the only services they were providing remotely. There was a tremendous increased need for benefits counseling because of the changes that were happening and, and, and money coming to recipients, as you would expect. There were technology challenges, and then a lot of time addressing the fears related to covid exposure and giving people the opportunity through shared decision making to make decisions for themselves without putting their fingers on the scale one way or the other, but really giving people, you know, an opportunity to think it through. Oh, sorry about that. Okay. Self-assessed Fidelity was completed in the fall of 2020. We tend to do it in the fall of every year. Literally right now, our sites are doing the self-assessments for this year, literally as we speak. Uh, as I mentioned briefly before, we added seven items. And what we did is we looked at the, at the, uh, IPS Fidelity Scale, which we just think is terrific and, and for many reasons, and found seven items that rested upon face-to-face interactions. And so, we just altered them slightly to give people credit sites credit for face-to-face and or remote interactions. And so, it became a 32-item scale because we kept the original seven items but added. But that allowed us then to, to get a feel for how things changed, uh, and what people were doing. We got data from 70 of the sites, and then a peer t test of fidelity, uh, of all sites in, in 2020 showed a significant mean difference between the regular, the, the traditional, if you will, version of the fidelity scale and the adjusted with the adjusted being, uh, five four points on average higher. Uh, and that was statistically significant, and we expected to find that, but we did find that as well. Okay, Chen, I'm going to turn things back over to you.

I-Chin Chiang:

Yep, sure. Thanks, Paul. So, so, you know, we're stepping further into Fidelity. Um, we also looked across years, we asked, you know, over 70, 80 sites to complete fidelity, and we looked at, well, who has submitted from 2018 to 2020, and we found that 52 sites have completed the standard fidelity through these three years. So, with that, we were able to complete and run a repeated measure, uh, an ovum, which indicated a significant decrease from 2018 to 2020 in their standard fidelity scale with a mean difference of eight points. Now, similarly, we did another comparison 2019 through 2020, and the Fidelity score decreased by six points, and there were no significant did difference in the scores between all sites. So, this is not considering that they were, um, paired, you know, paired by the site. So, this is the bigger group. There was no significant difference in the infidelity scores. Next slide, please. Um, going into looking at the employment outcomes, which you might recall as a percentage, you know, we looked at that, there was obviously with the pandemic, it was, you know, we know, we all knew we went through that, what

was happening. But looking at the actual data, um, 2020 showed a clear April 2020 showed a clear drop in employment outcomes. Um, so we, we looked at it again, well in a, in a more, uh, micro view, like a little bit more detail. And we looked at between March through May 2020, we had 37 sites that reported all three months of performance indicator data, and doing another repeated measures show that from March to April, right, there was a significant decrease, 10 percentage points, 49.9 2, 38 0.9 in employment outcome. And as Paul previous mentioned, again, we looked at from April to May, that jumped back up by four percentage points. So that really, really kind of illustrates with data, you know, what was happening, um, during covid, those intense early months of covid. I turn it back to you, Paul.

Paul Margolies:

Thanks, Chen. And we think there, there are a couple of points to be made here. You know, one is that the power and the strength of IPS, you know, really, you know, showed itself here, that during this pandemic, you know, uh, the outcomes really began to look better and get back to what had been the norm amazingly quickly. The other piece of it though is that this is all about adaptation, isn't it? We, we showed you several slides, how we adapted what we're doing, how the sites adapted, what they're doing, uh, and how quickly that occurred, uh, because we were forced to adapt in the context of, of, of covid. See a chat box question. Okay. Slide. Okay. So, to summarize this study, the pandemic has had a clear and significant impact on the self-assessed of limitation fidelity, but it wasn't seen with the adjusted scale. So, people were still doing the IPS related tasks, but doing them differently, doing them remotely, and they were paying off, and the outcomes were clearly affected quickly, but they bounced back quickly. So, these adjustments, these adaptations really made a difference pretty quickly. You know, of course the, the, the question going forward, and it's what we're really so interested in over the next several years is as the landscape has changed, and as we are now moving from pandemic to endemic questions around what will the job market look like and what will job development look like, and, and, you know, will IPS you know, uh, be adapted in some way, will there be a need to adapt it? What will be the importance of online job searching? I mean, we have so many questions that we're going to want to find out answers to during the next several years. Unfortunately, we have like, have, like, you know, this a hundred something sites who are going to help us figure this out, you know, and, and you know, not that these are, just to be clear, these are reporting on what's going on naturally. You know, we're not, we're not structuring any kind of, you know, experiment here, so to speak. We're just watching it unfold and, and, and reporting what we're seeing. So, we're going to be very curious about this as time goes on. So, okay, we've left, yeah, we had hope to leave about 20 minutes, and that's what we have. Uh, so let's talk, hopefully each and I can answer your questions, at least we'll give it our best shot. Feel free to take this in any direction you want to go with it, you know, around these papers, around what we do as a center around our, our, our, uh, initiative, wherever you want to take it, we're happy to talk.

Alexa Trolley-Hanson:

So, you can type questions into the question and an answer box, or you can raise your hand by using the raise hand button at the bottom of your screen. And, um, we will be happy to answer your questions. You can also post them in the chat. One of the questions that I have, if I may, just to get us started with questions, is, are you continuing to use the adjusted self-report scale,

Paul Margolies:

At least for this year? We are. And perhaps into the future, because from our perspective, it doesn't cost anything. We are still always using the traditional 25 items. Mm-Hmm, <affirmative>,



so just added information. So, this year, yes, we're using it. Will we enter the future? Quite possibly.

Alexa Trolley-Hanson:

Looks like there's a question in, we.

Paul Margolies:

Do a copy of address for that. We can, uh, the, the only question is how to distribute it. Alexa, I can get that to you and if you want to distribute it through your network or something, I don't know if you're able to do that.

Alexa Trolley-Hanson:

Yeah, we can, if you're comfortable, we can post it on our website. No. Or people can email you directly, whatever you're most comfortable.

Paul Margolies:

Yeah, either way. Fine. Now the caveat here is we have not tested these items, so I can't for a minute pretend that there're psychometric qualities we can report on these. This is just our shot at trying to get our hands on a little bit more information. So, I want too just be very clear about that. I'm very humble about that. Uh, it's not like we took a new scale and did psychometrics on it. We did not.

Alexa Trolley-Hanson:

For those of you who, um, have questions, we're happy to continue to answer questions, but for those of you who might be starting to have to head out or think about heading out, please uh, take our survey and tell us how we're doing. Thank you. Other questions? There seems to be another one. Um, which academic disciplines tend to have researchers exploring psychiatric conditions and work? Is there cross discipline collaboration happening?

Paul Margolies:

Hmm. I could only speak to our group and our center. Uh, and so in our group, we have folks from, excuse me, psychology, rehab, counseling. Uh, we collaborate with other folks who have social work backgrounds. Uh, so there, there's a range there. Uh, Alexa, I don't know if you're able to know from

Alexa Trolley-Hanson:

Yes. So, at the Center for Psychiatric Rehabilitation, um, our researchers who are exploring psychiatric conditions and work come from a variety of backgrounds as well. Um, typically psychology, um, social work. My background is occupational therapy. Um, rehab counseling. Um, so it tends to be, um, yeah, that's, that tends to cover it.

Paul Margolies:

Yeah. I see another question here from Kimberly. As an IPS trainer, I'm frequently told that clients still prefer to virtually and that is more difficult to do, to do job development in person as well. Are you seeing a difference in community time? Certainly, during the pandemic, there was a dramatic difference in the amount of time people are out there. We're finding it's now evolving back in the direction that it began, that it was in, let's say in 2017 and 18 and 19. Uh, one of the things we

heard from the, uh, employment specialists who were doing the work in our learning collaborative meetings was that although there were some folks who struggled, some recipients who were struggling with technology, there are others who seemed to prefer it. And so, they were connecting with some folks that in the past, they think they may not have connected with, which is kind of interesting. Uh, in terms of, uh, the difficulty doing job development in person. This is part of what we want to learn more about in the next few years, uh, because even prior to the pandemic, already for many sites, people were instructed, go online. You know, there are, there's an online process. I don't do this now here. Uh, of course that wasn't true for mom and pop, you know, kind of places wasn't true for, for small stores and that sort of thing. But increasingly we were hearing that long before Covid. So how, we're very curious to find the next couple of years how things settle down, where things settled with all of us. Any data regarding types of jobs people worked at pre covid during pandemic and post pandemic? It varies tremendously. I, I wish I had at my fingertips, I don't have it many folks. It's entry level, but not all at all. Uh, during covid, uh, there were jobs that didn't exist before, weren't available quite as often. So, a lot of folks we were hearing, uh, were doing things like delivering, uh, uh, groceries, you know, home. A lot of people doing that generally, let alone whether they were, you know, uh, had a diagnosis or not. There were also folks who were doing remote covid tracking, and I don't even understand how that worked. But that was a, a position that was a job that several of our folks WW had taken, uh, post pandemic. I don't think we know yet. It's just really settling in. But this is exactly the kind of thing we want to learn more about. Now I see some more here. Uh, do we see business faculty working on it as well? If not, can you conjecture why not business faculty? I'm not quite sure.

Alexa Trolley-Hanson:

I think this is follow up to the question before about the types of people who are researching psychiatric conditions. Oh, okay. And, um, and work. And, you know, I, I don't have a good answer to this question.

Paul Margolies:

Yeah. Uh, you know, there are also the, I don't know if this is the timeframe, but I'm going to make a, a distinction here. Uh, there's the formal efficacy research, you know, random control trials. And for IPS, the last I checked, I think 28 studies are there. Then there is, you know, the kind of work we're doing here, which is really scaling up and learning as we go. And it's not formal methodologically rigorous in that way. It's more taking snapshots and learning from the experience. Some people call this practice-based evidence, which is a term we're hearing more and more in implementation science. And I think different people do different aspects of this whole thing. Uh, can you talk a little more about core competencies? Sure. Uh, one of the things we've learned is that engagement is tremendously important. And so many of the practitioners in the field were never taught how to engage around much of anything, much less around employment. So, there's this thing called the career profile that, that many of you may be familiar with that came out from, uh, Bob Drake's group. Uh, and we teach the, uh, employment specialist how to use the career profile, not only as an assessment, but as an engagement tool. We also give, you know, have done some training around shared decision making. You know, right now a major emphasis for us is cultural humility as a core competency. Folks are probably aware, if you put aside IPS and employment for folks who have a diagnosis. And if you just simply looked at employment patterns in the United States, minoritized populations don't do nearly as well as others. And so, we are now extremely concerned and should have been for a long time, making sure that people from minoritized, you know, populations have access to IPS have similar kinds of outcomes as others. And, you know, part of what we've begun, you know, in recent years is the whole emphasis on training sensitivity and cultural humility for the employment specialists. We

train them in, we have scenarios. We talk about how people might handle certain things. We make them more; we make them more aware and hopefully become more sensitive around these issues. So that's a very big one. Uh, we see this embedded within the context of, of a recovery orientation. So, we certainly see, you know, establishing a kind of person-centered recovery-oriented relationship as a very important core competency. I hope that answers the question. See, Howard is saying, we were able to have success with onsite job search during the pandemic, continue to use online job search as a great way of helping clients. Some of the employment specialists have made statements about the validity of having to spend so much time in the community when online job search has worked well, <laugh>, we hear that. I think that the mix of online job search and community engagement with the players worked well together. Howard, we could not agree with you more. One of the things that we want to find out about in the coming years is just as we've studied, you know, and today we talked about the role of, of being in the community and it's how it loads onto outcomes. We want to revisit that again. We're also going to want to look at online job development and job support activities is how; see how they load onto outcomes. cause this isn't either or, uh, the OnTrack programs using the IPS. Hi Kimberly. Uh, why scale to assess support education services? I don't know if they are yet. I'm sure it's coming though, because obviously for, you know, this population and, uh, education is, is key. I just don't know if they're using them yet. Honestly, we are tracking education outcomes for OnTrack New York. Uh, and what we're finding generally, I think this is still accurate, is within about six months or so of people joining these programs for people having first episodes, uh, roughly I think 60 or 70% of the folks are back in worker school, which is just amazing. I believe that's still accurate. Are your online training modules available to provide us and trade us outside of the York? And the answer is yes for a fee. Uh, we do charge for it. If you have any interest, I will tell you there is one module that focused on an introduction, principles and practices of IPS. The second is very concrete about how to do job development using the three cups of T model, if you're familiar with that. And the third is about our employment resource book and how to use that. Our employment resource book was designed to reflect a lot of the principles of IPS. It's not a curriculum at all. It's not a hoop people have to jump through to be viewed as ready for work, but it's a great resource. You can download that for free off our website. So that's there. I think we've covered all the questions that have come in so far.

Alexa Trolley-Hanson:

Yes. Thank you so much. Um, are there any other questions? I just want to give people one last chance to get their questions in. Um, it looks like there is, oh, um, it looks like just some feedback about please, including the question-and-answer responses. I will do my best to do that. And it looks like you have some positive feedback on the resource guide. So, thank you,

Paul Margolies:

Kimberly. Thank you so much,

Alexa Trolley-Hanson:

<laugh>. Um, I want to thank everybody for, um, joining us today. Uh, I did post a survey about this webinar in the chat. Please take that if you, it'll just take just 35 seconds out of your time. So please, if you have a minute or so to do that, I would really appreciate it. Um, I want to thank you both, um, for joining us and talking about your work at the center and, um, your continuing work. Really understanding how IPS is changing, how the world is changing. I think, um, it's, it's something that I'm really interested in. This idea that we research, I feel like tends to be very time constrained. Um, and not always as responsible, right, or responsive to things changing in the world. We're always trying to catch up to things that are changing in the world. So, I really

appreciate, um, your work in this area. Um, I please, um, stay tuned to your email. We are scheduling another webinar at the end of January, and I hope that you all have a, um, wonderful rest of your week and a good holiday season. Um, Paul or Ying, would either of you like to, uh, thank you so much for, for coming. Uh, do you have any last words?

Paul Margolies:

Just thank you for the opportunity and thanks for the active discussion with everybody. And, and, and you see our contact information, please, uh, don't be bashful. Feel free to reach out to us.

I-Chin Chiang:

Thank you, Alyssa, and thanks for having us.

Alexa Trolley-Hanson:

Thank you. Take care everyone.

I-Chin Chiang:

Bye

Alexa Trolley-Hanson:

Bye.