

Adapting IPS for Young Adults

8/20/2015

M=Marsha G=Gary

V= Vanessa T= Tania, question moderator

Q= Question

M: Our presentation today is on Adapting Individual Placement and Support (IPS) for Young Adults: The Thresholds Study. So I'm Marsha Ellison, and I was the PI (Principal Investigator) of this study, working very closely with Vanessa Voorhies Klodnick from Thresholds in Chicago. There's Vanessa. She will be presenting today as well along with Gary Bond from Dartmouth Psychiatric Research Center, and he will be describing fidelity when we get to that in this presentation.

Our acknowledgements—This was a project out of our former research and training center grant, which is funding by now known as NIDILRR, National Institute on Disability, Independent Living, Rehabilitation Research, and also the Substance Abuse and Mental Health Services Administration co-funds our Research and Training Center.

Okay, a brief overview about what we will do this hour. I will introduce the project. Vanessa's going to describe the population and the setting in which the study was held, and in particular the adaptations that we made to IPS in order to best serve this population. Gary's going to describe then the IPS Supported Education Fidelity Scale that was developed for this project, and the results from two fidelity reviews that were conducted.

We'll turn it back to Vanessa again to describe the challenges and lessons learned, and I will close our presentation with a description of our outcome study, the sample and the findings, and our next steps. After that we will have some time for questions and a discussion period. So we look forward to that.

So quickly, to introduce the mission of the Transitions RTC and why we did this study. To begin with, our aim is to improve supports for youth and young adults, ages 14 to 30, with serious mental health conditions, who are trying to successfully complete their schooling and training and move into rewarding work lives. So our mission is around successful role functioning as adults. And we know that education and employment are the key pathways for young people to successful functioning as adults. And so that is our mission. We also know that for young people in particular, they are often doing both work and school. Young people with serious mental health conditions are typically working and going to school, and so we knew that we needed to test a model that incorporated both things going on at the same time.

So that was our driving idea and we came to Thresholds. And of course, Vanessa's going to describe Thresholds to us, but it has a very robust supported employment program, as well as a robust program for transition-aged youth. So it was a natural place to begin this work. We added on peer support, knowing that peer support is a critical element for adults with serious mental health conditions. And we know from peer mentoring studies that that applies to young people as well, and we wanted to test that adaptation at the same time. So we did conduct a one year intervention, with pre/post evaluations at Thresholds Inc. in Chicago. And I will turn it over to Vanessa at this point to describe more about our study.

V: Thank you. Okay. So this project was conducted with a unique population and in a unique setting with a very specific service design that I want to describe quickly. Well so the Thresholds Young Adult Program has been around since the 70's. And it serves

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V: primarily at this point 16 to 22 year olds with very serious mental health conditions. Primary diagnoses are major depressive disorder, bipolar disorder, schizophrenia, and many of the young people have a co-morbid diagnosis typically of PTSD, ADHD, and a substance abuse disorder as well. What's specifically unique about this population is the high rates of trauma exposure and the youth onset of these serious mental health conditions. So many of the young people who ask for services of the Thresholds Young Adult Program have been receiving really intensive services in the child mental health system for a very long time.

So also many of the young people that access the young adult program have long histories of involvement with the child welfare system and special education system, and also the juvenile justice and criminal justice system as well. And just to give you a sense of what the young people are facing in regards to vocational development, is when these young people are you know moving from placement to residential treatment center, from foster home to group home, their vocational trajectories are disrupted early on in their development. And so by the time they make it to the Thresholds Young Adult Program, when they're between 16 and 22, they've already have long histories of having disruption in both school and then not strictly having any work experience.

Next bullet please. So the way the young adult program is set up is particularly interesting. So the young people live in what I call semi-institutional community-based settings. And what those are in reality is a scattered sight housing model with group homes and supported apartments that are located at a separate location from what would be called the clinical hub of services, where the young people receive psychiatry, therapy, individual and group therapy, case management, and also vocational support.

Next bullet please. This model or this program is also informed by the Transition to Independence Process model, which is Rusty Clark's model. Young people's voice is very important in treatment planning at the young adult program.

Next bullet. So one issue with providing continuity of care for this population is that so many of these young people are associated with child systems, which when they reach age a certain age or they graduate from high school, suddenly their eligibility for these services ends abruptly. And so we run into issues with helping young people transferring into our adult mental health systems. And that's one of the goals at Thresholds is to figure out how to do that better.

Next bullet point. I just wanted to mention, IPS was already up and running at the young adult program for roughly two to three years. And so it seemed like a great fit to do this adaptation at a place that already was you know doing IPS to fidelity. So there were employment workers that were already in the clinic space, attending meetings, you know the leadership, they're talking about work a lot. So it definitely there was a value of employment that was already part of the Thresholds Young Adult Program when we launched this project.

V: Next slide. Okay, so our adaptations to the IPS model. Essentially we added three core components, supported education as one component, vocational peer mentoring as another

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component, and then this idea of career development being a very important piece. There should be some kind of marriage between supported employment and supported education, specifically for transition-aged youth with serious mental health challenges. And that we shouldn't just be thinking about helping young people you know get a job quickly or get enrolled in school very quickly, but that there should be some real thought about experimenting in these different worlds and then helping the young person develop their vocational identity.

The vocational peer mentoring piece really grew out of--for this specific population I just need to mention this. We did some focus groups, and we learned that those young people that struggle most, most with employment tended to lack role models that had competitive jobs or also that you know could inspire young people to work. And we thought *Wow, wouldn't it be great if we had some near-aged young people to help support – sorry to help inspire, instill hope, and be supportive around vocational development.*

Next slide please. So the key component is that supported education/supported employment person. And in this particular project, something interesting happened. We realized early on, you know we'd been doing a great job with IPS and employment. When we trained our employment specialist to do education supports, they were really excited about it, but it just wasn't the top priority. So we ended up over time—so this project took two and a half years. That we ended up splitting that position. And we had an education specialist. And I'll explain what that person does in just a moment. We also had a vocational team leader, who I think would be a best practices, very much interested in education and employment. And then the vocational peer mentor was a key component of this model.

Next slide. So the supported employment specialist, this role looked very similar to the adult side of things. You know I'll talk a little bit later about some of the challenges of working with transition-aged youth in that role. But what I want to draw your attention to is the supported education specialist role. And so what this role is is just simply adapted from the supported employment role. And this person would be supporting school enrollment, acclimation to the school environment, being helpful with course work. So there's lots of coaching that was part of this role, but especially this role went out and did essentially what employment specialists do. They do hardcore job development. But this person's doing it with different community colleges, different training programs, talking to nonprofits all across the Chicago area to try to figure out where we can we help young people get connected to different schooling opportunities for postsecondary education? And specifically becoming really, really familiar with ADA policies and helping young people navigate or be advocates for accommodations in their course work.

I also just want to just quickly say that both of these two people that were key on the team, were always thinking about

V: vocational assessment. And we talked a lot about assessment and this idea that young people change their mind all the time about what they want to be and what they want to do. And so

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assessment with transition-aged youth needs to be constantly happening. And the team needs to be communicating about a young person's goals and desires around work and school. Both of these folks are going to meet with young people individually in the community. However, I did want to highlight that there was a lot of group and socializing activities that were part of this adapted IPS team. There were kickoffs, vocational activities, where college visits, job fair visits, shadowing a board member who might be an attorney, and learning about the worlds of work and school.

And finally there were weekly groups that everyone participated in when they were available to share their success stories with employment, some of their struggles with school, and really being a place where people could practice skills and activities which is a slight departure from the IPS model of groups.

Next slide. Okay. So this is the part I get super passionate about is the peer mentoring piece. And this took an entire two and a half years to think through. What are the exact duties of the young adult near age peer mentor? Of course, working very closely with the supported employment and supported education specialists. Providing emotional support and validation of the struggles of engaging in work and school while also managing a serious mental health condition. Also a key piece here is we thought a lot about how transition aged youth tend not to engage in adult service models. And so we thought that peer mentors could add that extra Oomph or support to help young people engage with their supported education and supported employment specialist. Also that they were present, you know these peer mentors were meeting with young people in the community always exploring vocational opportunities, talking about what someone at the Subway was working and what that job might be like for this young person while you know meeting over a sandwich.

Also the peer mentors, and this was part of my job as a clinical supervisor for the peer mentors is I would teach and role model and coach professionalism a lot, and then the peer mentors in turn were teaching role modeling, coaching professional, maintaining hygiene, and also helping young people to have appropriate boundaries with their co-workers, their peers in the classroom, their professors. You know for a lot of these young people this is the first time they're entering into college environments and also work environments. A lot of coaching on how you interact with your boss.

I want to draw your attention to this blue slide. And there's going to be a series of things. You guys are probably all wondering, so what did this peer mentor position look like? And you can do this a zillion different ways, but essentially we had thought it would be a part-time position between five to ten hours a week. There would be one to four mentors at any given time employed. And they would be employees of the organization. One to six young people would be assigned each peer mentor through kind of a loose matching process, where we thought about who would be a good fit for a peer mentor to work with a young person based on—and

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V: this we didn't formally flush out—just based on what we knew about both of these two people. You know the peer mentor would meet with the young people once a week for thirty minutes in the community. The peer mentor would attend these weekly vocational groups. The peer mentor would do some documentation so we know we were able to then go back and see what the peer mentor did, how often they met with young people. They attended bimonthly vocational team meetings with the rest of the team, and they also attended a weekly clinical supervision group with me.

Next slide. So quickly when we designed the project, the original characteristics we had in mind that the peer mentors would be very near age between 20 and 24, that they would have a serious mental health condition, especially that was valued by the organization by Thresholds, was that we recruited YAP graduates, Young Adult Program graduates, or those who had a history of child mental health residential care experience, because that appeared to feel like or was a peer characteristic of these young people.

And we wanted these young people who were in the peer role to be a high school graduate and at least have some exposure to the worlds of work and postsecondary ed. But of course after implementing this, and I described how unique the population is that we ended up expanding our characteristics and really recruiting 24- to 30-year-olds. So people a little bit longer and further along in their own recovery with mental health and their own engagement in work and school. We also expanded not only to folks with serious, serious conditions, but thinking more about those with mild to moderate experiences with mental health conditions, but perhaps paired with knowing a family member or having a family member, who had interactions with the child mental health, child welfare, or juvenile justice system.

We also recruited as an experiment a young man who had a lot of experience with IPS through the adult community health system to see if that would be a good match as a peer mentor. But essentially what we found is that having for this particular population, having the shared lived experiences of child welfare, criminal justice, and juvenile justice and urban poverty were valuable peer experiences. And of course we conceptualized this as a part-time position, 5 to 10 hours. And it became clear that we really needed young people who are in the peer mentor role to be concurrently either working in another job or attending school, and that that must be valuable because the peers could just describe their current challenges and be very real in the moment and give up-to-date examples.

Next slide. Okay I'm going to pass it off to Gary in just a moment. So you know as part of IPS, the principles are incredibly important for everyone to understand, and Gary will describe how we didn't change the fidelity scale much, but I do want to highlight these modified and added principles. And so you'll see that Zero Exclusion Exception, that's in the second box, where it says modified. And part of the thing is in Illinois is that young people as they are coming close to age 21, that the goal in DCFS is to help these young people launch out of — I'm sorry go back— launch out and live on their own. So these young people are already starting to connect the adult mental health system where they're

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V: probably starting to work—they're usually starting to work with an adult IPS worker. And so we did not attempt to include those young people in this particular project. Also that we expanded competitive employment as a goal to also include paid internships. And I can tell you now that we include all volunteer positions as well. And also that there be a very, very strong emphasis on education.

Now the two principles that were added were come from this idea of career development, in that these young people had so little exposure to the worlds of work and career and education that there needed to be a principle that moved it and was thoughtful around really exposing young people to these things. To help them develop their vocational identities. And finally because of Rusty Clark and the TIP model, everything that's done at the Young Adult Program at Thresholds, youth voice and advocacy, and having the youth be the center in planning all of their treatment planning. It was believed, and it was said from the beginning that youth really need to be the driver of also their vocational services as well.

So with that I'm going to pass it over to Gary Bond, who is going to talk about the adaptations to the fidelity scale. Thank you.

G: Well thank you Vanessa. And before I talk too much I want to make sure you can hear me. You can hear me. Okay, well that's a good start. As Vanessa indicated, I'm going to be talking about the development of an adapted IPS Fidelity Scale. We call it the IPS Supported Education Fidelity Scale for transition-aged youth, and it was applied to this specific program with the population that Vanessa indicated. So just a little bit of background on why a fidelity scale?

First off, a fidelity scale is a scale that measures how well a program actually follows the principles of the program model or the model that you're trying to implement. And fidelity scales are terribly important in evaluation research, and in quality improvement research because without some kind of guide for what it is you're trying to implement, and without some kind of measure of what you've implemented, the results are very hard to interpret. This has been a problem in the mental health field and other fields as well for many, many years. And in recent years there has been a greater incidence of fidelity scale measurement.

So I want to briefly talk about five pieces to this effort. First of all, we'll talk a little bit about the general principles of fidelity measurement that have been used and now a dozen or so Fidelity scales over the years. Secondly, talk a little bit about the validated IPS Fidelity Scale that my Dartmouth colleagues and I and our learning community of 19 states throughout the US and three European countries have used. We call this fidelity scale the IPS-25. It's known by other names as well. Thirdly, as Vanessa has already indicated, we did not alter the employment aspect of the IPS Fidelity model materially, with just a couple of minor exceptions, which I will review with you. We did, in fact, though expand the IPS Fidelity Scale to include in particular the supported education component, which as Vanessa and Marsha both indicated, are key pieces to the experiences of transition-aged youths. And you know to have an intervention like this that did not you know (give) serious attention to the educational goals of the participants would

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G: be an oversight. And finally to describe and mention the five new items we added for the young adult population.

I want to make this point very strongly. I got a call from a colleague that we worked with in our learning community. When he saw the announcement for this webinar, he said "Gary! Tell me that you're not changing the IPS Fidelity Scale!" He was in great distress that somehow we were going to throw that out the window. So I want to reassure those of you on the call that may be using the IPS Fidelity Scale that it is used almost without alteration on the employment side and we've been using over the last few years.

Let me then mention very briefly the principles of fidelity scale construction and administration that we used in this study and explain that this is something that has been used now for assertive community treatment, family education, as well as for supported employment, (unintelligible) to recovery. A whole raft of fidelity scales followed this same approach to fidelity measurement. And we wrote a manual a few years back that I'd be glad to send to anybody if they're interested that outlines some of these principles.

But basically three key elements in this approach are as follows: First of all, to develop item content that follow from the model principle. So you need to be able to articulate what are the principles of the intervention you're using? And then operation-wise the items that would measure those principles. Secondly in our approach we use a five point behaviorally anchored scale, where we observe behaviors. We don't talk so much about opinions or attitudes. We're interested in what the program actually does. And third we use multiple sources of observation, including talking to the staff, looking at how they interact in their team meetings, as well as with consumers. Interviewing consumers, family members, looking at charts.

So we use a multi-method assessment strategy, and we firmly believe in the importance of site visits as opposed to telephone interviews or checklists, or other questionnaires or other approaches that are sometimes used. So an example of the translation of a model principle into a fidelity item would be the principle of rapid job search, which is one of the fundamental tenets of the IPS approach. And so the way that we define it is to say that the search for competitive jobs occurs rapidly after intake instead of spending a period of time of preparation and assessment and pre-vocational work activities. And so the acid test is whether on average you make contact with an employer within one month after entering the program.

I mentioned the five point behaviorally anchored continuum. So in this example to fully implement rapid job search you would meet that criteria and like I said if it takes about two months on average, then they maybe get a 4 and so forth and so on. And so the criterion we used in all of these scales is that a score of 4 or more is considered good implementation. And then as I mentioned the data collection for these fidelity assessments is done in person, where this scale takes about a day and a half. And after the site visit, the assessors prepare a fidelity report that's given to site leadership that can be used for quality improvement purposes and in fact is widely used for that purpose.

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G: So in terms of fidelity scales, we look for those that are practical, that are face valid, make sense to clinicians that of course have good psychometric properties and are sensitive to the change over time of when you start up a program. We certainly want to know if the fidelity scale is associated with good outcomes. And we've done a series of studies on the validity of our fidelity scales, and here's one example that shows that programs that score exemplary fidelity have higher competitive employment rates than those that are at fair fidelity or not growing supported employment at all.

So, now moving to the scale in question as already explained, Vanessa touched on it. And as I indicated early, the employment items were hardly altered at all with the exception that we added paid internship as one of the options under the competitive employment item. We had – we struggled in the Thresholds System, and I think more generally for transition-aged youth who are in school systems with the whole concept of *what is a treatment team?* So we eliminated that one item that asked about how many different teams you interact with? It was too difficult to rate. And for each of the employment items, we developed an education item that corresponded to what it would be in the educational realm. So we substituted for competitive employment, mainstream education, and then we added five new items, two of them on peer support, one on confidence-building, and a couple of others.

And so along with IPS fidelity assessors in Illinois, I did two of these fidelity reviews. And among the things that we struggled with were deciding on how to define caseloads with this whole issue of a separate employment specialist and education specialist. That's still very much in debate whether it should be one role or it should be two separate roles. At Thresholds it seems to me that it made sense to have separate roles because of the complications of trying to deal with both simultaneously. The integration with the treatment team was a huge problem because of what I just said about the different systems that transition-aged youth are working with and then benefits counseling comes out – is different for young adults, some of whom are not on SSI at the outset. How does that look for young adults?

So we did the fidelity reviews at two points during the study, and the standard is 4.0 means good fidelity, averaging across all the items, high fidelity. And you can see that on the IPS employment items the program did well in the beginning and did very well on the second assessment. For supported education in the beginning, we're not really in the community so much, and by the second review they had improved for combined fidelity score that was in the very good range. And with that, I'll turn it back over to Vanessa.

V: Great. So the lessons that we learned during implementation were many. And I probably could write a book, and I've toyed with the idea of writing up some of the peer mentoring clinical supervision lessons learned specifically. But I'm going to highlight the big takeaways about if you guys want to implement something like this, what you would need to know.

So the first bullet. The team leader of the vocational team of the adapted IPS team must ensure that there's clinical

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V: and vocational service integration. And this is a component that is key with regular IPS, but that there needs to be someone who is championing this specifically. And to make sure that on all ends of the clinical end as well, that they're informed – the clinical folks, that employment and education is completely a feasible option for a young person that might've just gotten out of the hospital. I think there's a lot of education around that. And even though the young adult program had a long history with IPS, still struggles with making sure that these are very much integrated.

Next bullet point. Okay. And also this was something that became very clear through implementation was the importance of the team leader as a person who would support the integration of the peer mentor into the vocational team and also into the clinical setting. And this goes into defining that peer mentor role, telling and explaining to folks across the agency the value of that young person and what they bring to the team, and how to interact with this young person. And originally, as I said before, our goal is to bring on graduates of the Young Adult Program. And you can imagine in a clinical setting that staff, the clinical staff were a little bit like "Whoa! We were just treating this person you know six months ago, and now they're peer mentoring here, and they're my peer." And so there's a lot going on there. There was a lot of coaching from the administration to the team leader to help facilitate that peer mentor integration into the team, for the staff to understand the value.

So the next bullet point, can someone bring it up? Thank you. That the supported employment and education specialists need to work together. Now in theory, these folks sit right near each other. You know they're talking often. But it doesn't necessarily mean that they're working together around that career development piece. Also early on we thought the vocational peer mentors you know were such a great idea, and what ended up happening was the supported employment education folks would just kind of delegate tasks that they might do, which is one way to do a peer mentoring model, to say "hey this person needs to fill out a resume down the street. Can you walk down the street with them, do some coaching along the way and help them fill something out?"

But we realized it's more than just doing tasks. There's a piece here about story-telling, inspiration, and instilling hope that peer mentors can do. And it's a little bit further than maybe a supported employment and education person without a lived experience could do. And so there was definitely thought around how this entire team could work more closely together especially with about two years into implementation, we really started to think about, when we bring about a new peer mentor, we then in our training of peer mentors, we had them spend time with the supported employment folks for a day and then have them spend time with the supported education person for a day. And the plan of that was to develop a meaningful relationship between these staff members and also for the vocational peer mentors to learn what these roles look like in the world, right?

Next bullet point. Great. So in order for your team to be successful, and I've talked a lot with you guys about Ishan Spencer, who speaks a lot on behalf of the young adult program and IPS

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V: for transition-aged youth, that when you're hiring folks to be in the role of supported employment specialist or education specialist for transition aged youth, you need to hire folks who are incredibly patient. They need to be flexible with their time. They also need to be genuinely interested in their well-being and vocational attainment. They can't just be there to pick up a check. They have to show genuine interest. And they also, and this is very controversial, be willing to text. So we found that texting was a major engagement tools. Not something we in this project had set out to implement. It was just the natural practice that this team had instigated on their own. They used texting a lot to engage the transition-aged youth. The peer mentors specifically used texting a lot. And to them, it was one of the main ways they communicated with their mentees.

Next bullet point. So regarding the peer mentor role, there needs to be from the get-go, and the problem was when we were conceptualizing this role, we were still conceptualizing it as we were implementing it. And that's part of the beauty of doing a pilot project is you're trying to figure out what does this really look like in reality so we can develop a fidelity scale that really explains what this role does and how to understand what it does and measure it. So we had to come up with job descriptions. But then we had to make sure that we shared with that role is, and then went on to support that role on the team and within this clinical setting, so everyone was on the same page about what the vocational peer mentors did.

Next bullet point. So this was something. I know I've used the word valuable a few times. You may be wondering why. There definitely was some questions about how were these young people valuable, right? And we didn't necessarily study the experience of the peer mentors themselves. Because definitely me working with them as a clinical supervisor, they talked all about the meaningful experience they had as peer mentors. But often the peer mentors were seen by staff as something that was adding stress to their work. And that it was another young person with a mental illness to work with. And so really being aware of that and figuring out ways to address that in the moment. And then also creating policies that work to support the interaction of these folks, and making sure peer mentors get the kind of support they need.

Next bullet. So this is again coming back to this idea of near age peer mentors and young adults. We could've planned for years to try to imagine all the different things and challenges we would run into with hiring near age peer mentors. But you know inevitably having some policies in place and some structures in place, and then working with Jon Delman on thinking through that piece for nonprofit employers who want to employ young adult peer support workers, and how they may have switch up their setting and their culture a little bit to welcome these young people as new staff.

Next bullet point. And again I just wanted to reiterate the need for adequate support and supervision. And this is one piece that I think we had thought through really well. But again as I described the many risks and challenges that are facing this population, the idea that the young people were asking to be peer mentors may have also experienced many of those things. And so when we think about

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V: providing adequate support and supervision, we have to be very thoughtful around that. We need to have policies and practices in place. Clinical supervision was one way we did it. But I think there's plenty of different models that can be drawn from for how to best support young adults who are working as vocational peer support workers with an IPS team.

So with that, I'm going to actually toss this over to Marsha. Thank you.

M: Hi everybody. Can everybody hear me, okay? Yes. Okay, thank you. I'm going to go quickly through the results of our pre/post evaluation so that we have enough time to talk together about it. But we did—let's see—I can go through this. We did create a baseline and 12-month follow-up and we assessed study retention of peer mentoring experience in employment and education outcomes.

This is a description of the 35 people who participated, who are mainly African Americans, split gender, primarily mood disorder, and significantly the majority were receiving SSI at the time of enrollment. So these were – we did quite a few other assessments. These were young people who had third grade reading and math skills. They really had significant impairments in every dimension. Thirteen were previously employed. Eight had a high school diploma or GED and none had postsecondary degree attainment. So briefly we were able to retain 80% in the study. We lost four to incarceration. Again, this was a severely impaired population. People were entering the justice system. However most met at least once with their supported education and supported employment specialist and/or their peer mentor.

On the left there on the pie chart, you can see what people were interested in. IPS supported education or both, and the majority was both supported employment and supported education. People were not consistently receiving services. There were gaps due to psychiatric hospitalization, incarceration, and just being away without leave. People would leave the residential program and disappear for a while. We did ask them about the benefits of peer mentors and most really did appreciate their peer mentor, considering them trustworthy and genuine, and someone who was one of us that they could talk to.

Now forward to B, how did people do in terms of employment? We had 13 job starts. There was an average tenure of 11 weeks, typically part-time and minimum wage. Job endings: 60 percent lost their job mainly due to poor attendance, and also quit. Three continued to maintain their employment.

What about education? So we had 18 education starts. They were starts in a variety of things, GED's, certificate programs, college courses. Of the 18, six actually completed what they started, which we thought was pretty good. Fifty percent stopped their – discontinued their education program that they were in. And if you put it all together here, overall vocational and educational outcomes. The blue slice of 49 percent either started education or started an employment program.

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M We actually consider that not bad, and in the range of other IPS studies on the low end of the range, but sort of in the range of employment starts. The majority however did not start anything. And we do attribute that to the nature of the population, who were in a great deal of turbulence, who were moving from child to adult systems, and you know were in and out of housing, and difficult family relationships, and for whom there was not an employment culture within their family. For many, completing high school or going on to postsecondary was a first for their family. So this was a new world for them, education and work. And I think it is especially challenging to begin that for this population, with this level of impairment.

Okay. So where are we? We have quite a few publications out. If you're not able to access these publications, please contact us. The Adapted Fidelity Scale is on our website on the bottom there. So these slides will be posted shortly. You can easily link to Transitions RTC website and find fidelity scale as well as the abstracts describing our findings.

Okay. So we're going to kick off the discussion just to say where we are going next is all three of us are involved now in the state of Maryland. I'm just going to say that we are in Maryland. Our intention is to work with high school aged youth in particular and to work with this model of adapting IPS, and to really flush out and very carefully specify the supported education component of this adapted IPS to help the high school aged youth. Our goal is high school completion and also then you know moving on to postsecondary education or training.

Vanessa's been very active consulting around the country on using peer mentors for this population as well as developing IPS and adapted IPS for this age group. So with that, I'm going to now open – we'll see how the discussion goes, and people please feel free to raise your hand and we will unmute you, or if you have questions please text them into the box.

T: Hi everyone. This is Tania. I have one question from Karen Moore. It says in regards the team leader role, is this team leader on a vocational team, or a clinical team or both?

V: Can you all hear me?

M: Yes.

V: There's a vocational team leader who actually oversees the interaction of the IPS workers and the supported education worker and the vocational peer mentors. In this particular setting, there would be a comparable position who'd be a clinical team leader for the case managers and therapists. And so yes, the team leader would function—they're separate for the vocational and then also for the clinical in this setting.

T: All right. Awesome. So are there any other questions in the room? There seems to be one hand raised. All right Ming Wang. It seems like you have a question. I have unmuted your mike if you would like to ask your question out loud.

Q: Can you hear me? I'm just wondering first of all this is an excellent presentation and it really held my attention for the whole hour. I really appreciate how it was well organized and the

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M=Marsha G=Gary

V= Vanessa T= Tania, question moderator

Q= Question

Q: information is very concise and relevant. So I have two questions. And one is that how does this fit into the clubhouse model? And the number two is do you experience the turnover for the peer mentors, and how do you address that?

V: The peer mentors was an issue as you can imagine. And part of it was that we were still figuring out the job description, the expectations of the peer mentors on the team, and then how to best support peer mentors. So again this is a pilot project. And we were really trying to flush some of that out. But we did go through quite a few mentors. I think 13 and we published a paper on this. And that's when I described the original characteristics on that slide, and then I had moved into the later characteristics that we ended up valuing. I think there needs to be policies and practices in place to support peer mentors. And I do believe that those may be primarily based in context, but that there are some guidelines. And so that's why I'm working with Jon Delman to really think through some of that. But one of the pieces that I thought was very important was a once a week—or some forum for young adult peer mentors or peer support workers to share their experiences and to interact and learn from one another. I felt like that was a very important part of the model. Of course we did not study that to say like *that's a necessary part of the model*. However, I do think that having some kind of way for young people to talk to each other and gain support, because it is a unique position. And depending on your nonprofit's readiness to embrace a young adult peer support specialist, there's going to be some differences. And I think it has a lot to do with context. So I'm hoping in the next ten years to have a better answer to that question.

Gary, do you want to take the question about the clubhouse model?

G: The clubhouse model is one that was developed in community mental health centers and at Thresholds it was applied – Thresholds is a psychiatric rehab center. So IPS is used in some clubhouses, notably the Independence Center in Missouri. So the question of how this would work in a clubhouse, I think that's to be developed. And I should say that this is a model under development as well. There's still a lot of unanswered questions about how best to provide supported education. It doesn't have the evidence supporting its effectiveness, the way that supported employment does.

M: This is something that I wanted to say that we've developed a curriculum for helping clubhouses better embrace young adults in their program that is also available on our website. We did test it, and it certainly uses IPS principles to assist young people with gaining competitive employment. That's the intention. But also to really help clubhouses alter their recruitment and their engagement strategies in order to best meet the needs of young people, which clubhouses tend not to do so well right now.

V: Any other questions?

T: All right. So Ming Wang, did that answer your question?

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Q: Very well. It really answered the question. And I know that there's a lot of things that you need to develop to help us out. But just knowing that – like in Utah, I think in many other states, that clubhouse setting because of the supported employment program that the grant that has been awarded by SAMSA, it may become the most logical setting for us to implement the supported employment for the young people. But like what Marsha said it's really helping the clubhouse to recruit and then to attract the younger population. That is going to be a challenge on the clubhouse's part. But just I wanted to say one more thing.

I think the best webinar is one that leaves you wanting more information. You guys certainly have done that. I really want more information. So hopefully there will be a part 2/part 3 to this.

T: Awesome. Yes. Thank you very much. So our next question comes from Bill Bayne and the question is do you have any experience in applying the approach with youth experiencing first episode psychosis?

G: Yes. IPS works extremely well with first episode psychosis programs. We did a review which I could send. A half dozen projects including some randomized studies, one at UCLA, a couple in Australia as well as uncontrolled studies in Australia and England and a couple of other places and New Zealand. It is my belief that IPS is an extremely good fit for first episode psychosis. People who are experiencing that first episode of psychosis, and I hope that we will have further projects here in the US to examine this well, as well as to disseminate it given the congressional mandate to serve transition-age youth, and NIMH's interest in first episode.

M: This is Marsha. I'll just say that what was unique about this Thresholds Study is that it was not first episode. So these were young people who were in child welfare. They did not have a strong supportive family. You know they weren't individuals from middle class settings. They did not drop out of college because they had a first episode. These were people who had very significant trauma histories and were coming up through child welfare systems with a long term mental illness. And that you know helps us to have even greater confidence in our attempt because of the significant histories that they were bringing. Also thank you Ming for those kind words. We hope we can have sessions two and three. That would be awesome!

T: And Marsha we do keep getting some people saying that this is a very excellent presentation and that they want the recording. Just so you know, we have recorded this webinar, and it will be online this week. And therefore you will be getting an email with the link. I guess there's a question from Cathy Hook. I don't know if we want to take one more question. So the question says it's for Vanessa. And it says is Thresholds open for having a program visit in person to see how they operate and for people to ask questions? So apparently Cathy has a new IPS program in Ohio working with homeless youth ages 18 to 24, utilizing IPS, and they have hit a lot of challenges just by nature of the client's age and experience.

V: Yes. Absolutely. We also have two small programs that serve specifically homeless youth who have serious mental health challenges. And those people also have access to an IPS worker.

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V: And most do end up working with an IPS worker and with a supported education worker. I would be more than happy to talk with you. I would say shoot me an email. We often do consultations. And if you want to come visit, absolutely. This weekend would be great. There's a big air and water show. Gary thinks that's funny, but you guys can't hear him.

T: So somebody said, wonderful information. This is Laura Flynn. And she said would Vanessa be open to emails to learn more about how the programs combine IPS and other practices approaches successfully?

V: Yeah. Just email me.

M: The email addresses are there on that slide that's available. Thank you for participating. You know if you want more information, please do take a look at the publications and then do contact us for technical assistance if you're interested in trying to run your program to serve young people, and we'd be delighted to share what we know.

Thank you all. And please keep us in mind. We have more wonderful exciting webinars coming this year. And please see our videos and webinars on YouTube. Thank you all.