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State Opioid Response Grant: 2022 – 2023 Annual Report

Individual Placement and Support (IPS) Program



The Evaluation Center

UNIVERSITY OF COLORADO

DENVER | ANSCHUTZ MEDICAL CAMPUS



Prepared by



The Evaluation Center

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

www.the-evaluation-center.org

TheEvaluationCenter@ucdenver.edu

Prepared for



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Administration

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HIGHLIGHTS

REACH

- Total monthly caseloads supported 1,118 clients.
- Clients found jobs in food service and retail most often.

EFFECTIVENESS

- All clients surveyed were satisfied with the Individual Placement and Support (IPS) services they received.
- Clients reported that employment had a positive impact on their lives.
- The four IPS programs reported a total of 101 job placements in Year 5.
- The average number of months from entering IPS to clients' first job start was three months across the four IPS sites.

ADOPTION

- IPS programs worked closely with clinicians and were an integral part of their facility's teams.

IMPLEMENTATION

- Division of Vocational Rehabilitation (DVR) provides financial support for IPS clients, such as purchasing clothing and supplies needed for a job, providing bus passes, and paying for certifications and training. However, some clients experience long wait times for DVR services.
- IPS staff would benefit from additional job development training, specifically for SUD clients.

MAINTENANCE

- Two of the four IPS programs have systems for invoicing and billing DVR and Medicaid for IPS services.

BACKGROUND

In 2018, the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the State Targeted Response grant to address Colorado's opioid crisis. The Colorado Behavioral Health Administration (BHA), housed within CDHS, is administering funding for the statewide activities that support the prevention, treatment, recovery, and harm reduction activities in Colorado. One of the multiple efforts, initiatives, and programs the BHA implemented under the State Opioid Response (SOR) grant is the Individual Placement and Support (IPS) program. It is a model of supported employment, helping individuals to find work of their choosing. IPS is an evidence-based practice originally developed to serve individuals in mental health settings. However, the SOR grant extends the opportunity to individuals with opioid use disorder and substance use disorder (OUD, SUD), given that employment and a sense of purpose are important elements of recovery.

In Year 5, four IPS programs supported by the SOR grant were operating and embedded in treatment facilities in Fort Collins, Littleton, Longmont, and Pueblo. The IPS program in Denver has not served clients since October 2022. This annual report presents the evaluation findings of the IPS program activities during Year 5 of SOR funding (October 1, 2022 through September 30, 2023).

PROGRAM CHARACTERISTICS

Employment Specialists work with clients to identify their interests and skill sets, help with resume building and interviewing skills, and facilitate clients' online job searches and applications. They develop relationships with employers and work closely with clients to place them in jobs of their choice. Often, Employment Specialists continue to support clients after they are employed. Employment Specialists may contact clients to check-in about a job, provide encouragement and coaching, or meet with a client and their employer to facilitate any questions or challenges.

Employment Specialists report to an IPS supervisor who provides guidance and mentoring, as needed. Some IPS supervisors carry a partial caseload as well. IPS staff and clinicians communicate frequently about the needs of IPS clients, given that the programs are housed in treatment facilities. Variations in services across the four sites are shown in Exhibit 1. Two programs bill their local Division of Vocational Rehabilitation (DVR) office or Medicaid for IPS services; they also provide mental health treatment under a separate funding stream.

Exhibit 1. IPS Program Characteristics

LOCATION	FACILITY	IPS SERVES SUD CLIENTS	IPS SERVES MENTAL HEALTH CLIENTS	UTILIZES PEERS	INVOICES DVR	BILLS MEDICAID
Ft Collins		X	X		X	X
Littleton		X	X	X	X	X
Longmont		X				
Pueblo		X		X		

EVALUATION FOCUS

The purpose of the IPS evaluation is to assess program implementation, measure client satisfaction and impact of services, and document programmatic characteristics, effective supports, and successes and challenges. The IPS evaluation focuses on measuring indicators related to the five elements of the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) model, a framework commonly used in public health settings. The evaluation questions were based on the indicators below and on the eight IPS principles.

INDICATORS

- **Reach:** Caseloads; Client Demographics; Placement Industries
- **Effectiveness:** Client Satisfaction; Benefits of Participation; Client Impacts and Challenges; Job Starts
- **Adoption:** Referrals; Integration; Working with Peers and Community Partners
- **Implementation:** Supportive Factors; Successes; Challenges; Employer Locations
- **Maintenance:** Billing and Invoice; Job Development

IPS Eight Principles

1. Open to anyone who wants to work
2. Focus on competitive employment
3. Rapid job search
4. Targeted job development
5. Client preferences guide decisions
6. Individualized long-term supports
7. Integrated with treatment
8. Benefits counseling

YEAR 5 DATA COLLECTION

In Year 5, IPS supervisors submitted an online monthly report regarding information about caseloads, new clients, new client demographics, referrals to DVR, job starts, referral sources, employer industries, successes, challenges and IPS staff feedback. IPS supervisors also completed an end-of-year form to document program characteristics. Evaluators conducted interviews with IPS supervisors, employment specialists, and peer navigators to explore program implementation, work with clinicians, community partnerships, and successes and challenges. Evaluators and BHA facilitated quarterly conversations with IPS staff for the purpose of developing collaborative relationships among IPS staff who provided services to clients experiencing SUD. These sessions were an opportunity to share experiences, strategies, and successes and challenges; exchange information about the program evaluation and accompanying data collection; and answer questions about the fidelity index and reviews. Additionally, IPS staff were asked to track employers and the locations where IPS clients were placed. For additional information about data collection and methods, please see Appendix A.

KEY FINDINGS

REACH

CASELOAD AND NEW CLIENTS

The cumulative caseload and number of new clients for Year 5 are shown in Exhibit 2. Programs report monthly caseloads, which are not a reflection of unique clients - rather, it was the number of total clients served each month. SummitStone Health in Fort Collins had the highest number of new clients (51) in Year 5, although Pueblo Crossroads showed the largest intake of new clients at 20% of its caseload.

Exhibit 2. Total Caseload and New Clients

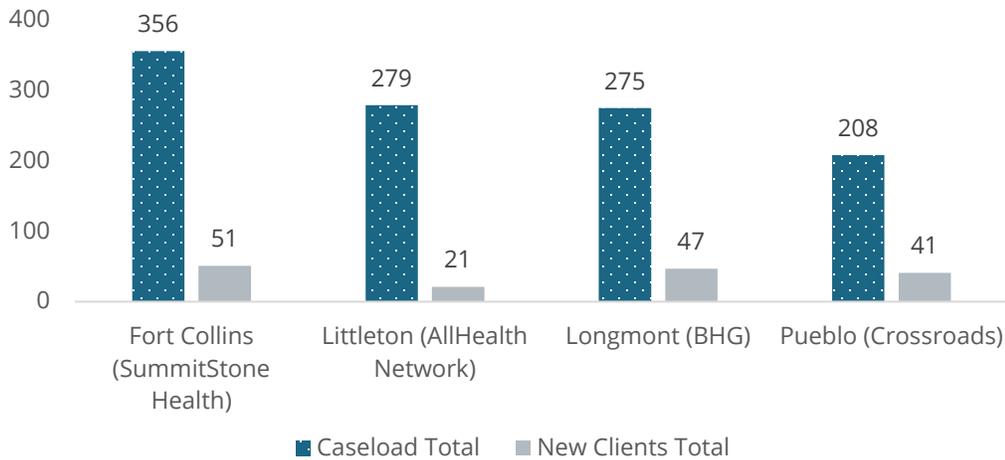
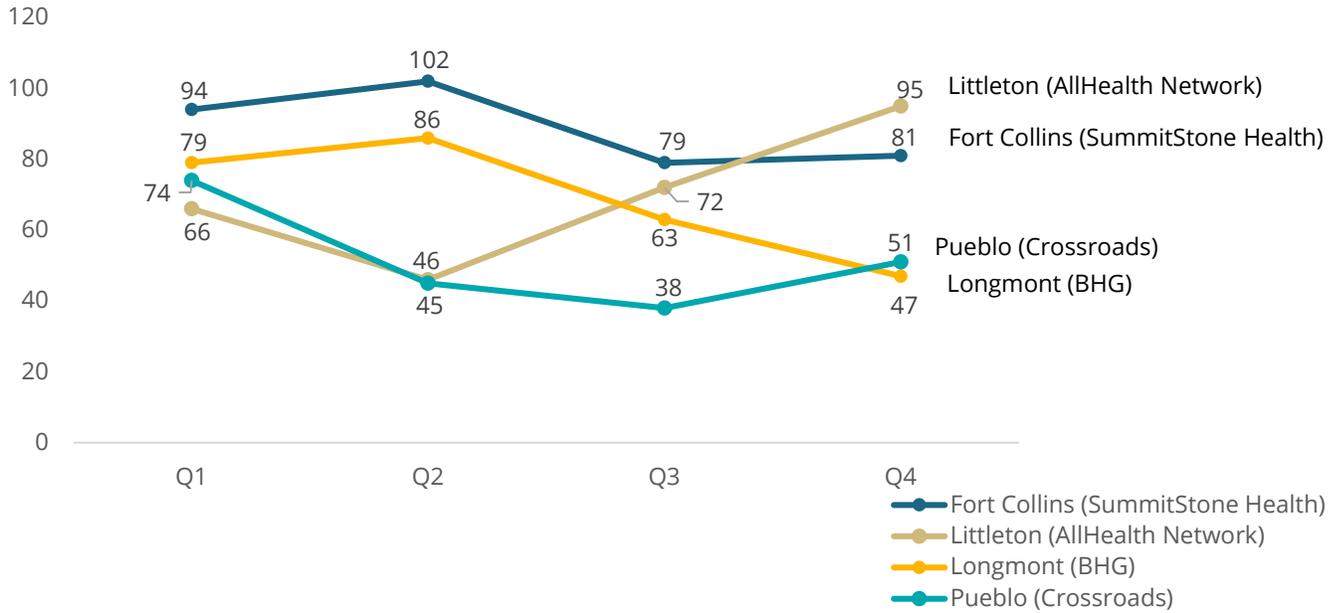


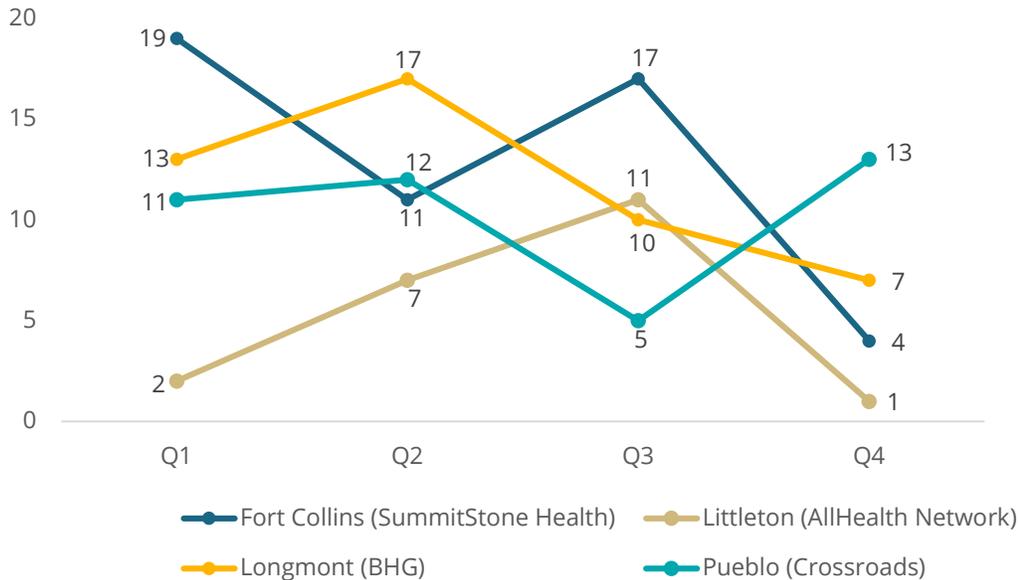
Exhibit 3 shows quarterly caseloads reported by each facility.

Exhibit 3. Total Caseload by Quarter



Caseloads were variable within and across sites, with the greatest variability in Littleton from 46 clients on its combined caseload in quarter 2 (January through March 2024) to slightly more than double (95 clients) in quarter 4 (July through September 2024).

Exhibit 4. New Clients by Quarter by Site



The number of new clients varied considerably by quarter and across sites.

NEW CLIENT DEMOGRAPHICS

IPS staff were encouraged to collect race/ethnicity data for all new clients; the data presented may not provide an accurate picture of the race and ethnicity of the IPS client population given the extent of “unknown” data. Of the reported data, the great majority (95%) were reported as White and not Hispanic/Latinx. A higher percentage of new clients were female.

Exhibit 5. Race

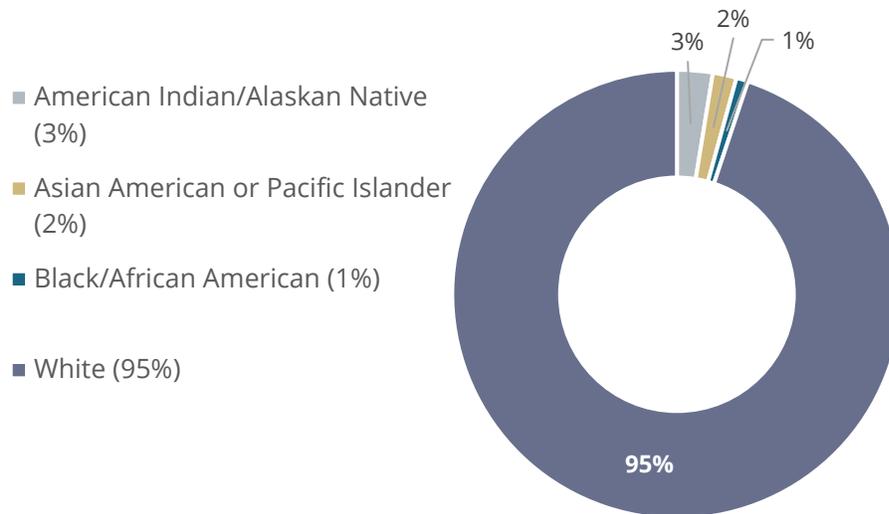


Exhibit 6. Ethnicity

	Hispanic	Not Hispanic	Unknown Ethnicity
Fort Collins (SummitStone Health) (n=50)	16%	78%	6%
Littleton (AllHealth Network) (n=21)	5%	86%	10%
Longmont (Behavioral Health Group/BHG) (n=46)	11%	87%	2%
Pueblo (Crossroads) (n=41)	7%	17%	76%
TOTAL (n=158)	11%	66%	23%

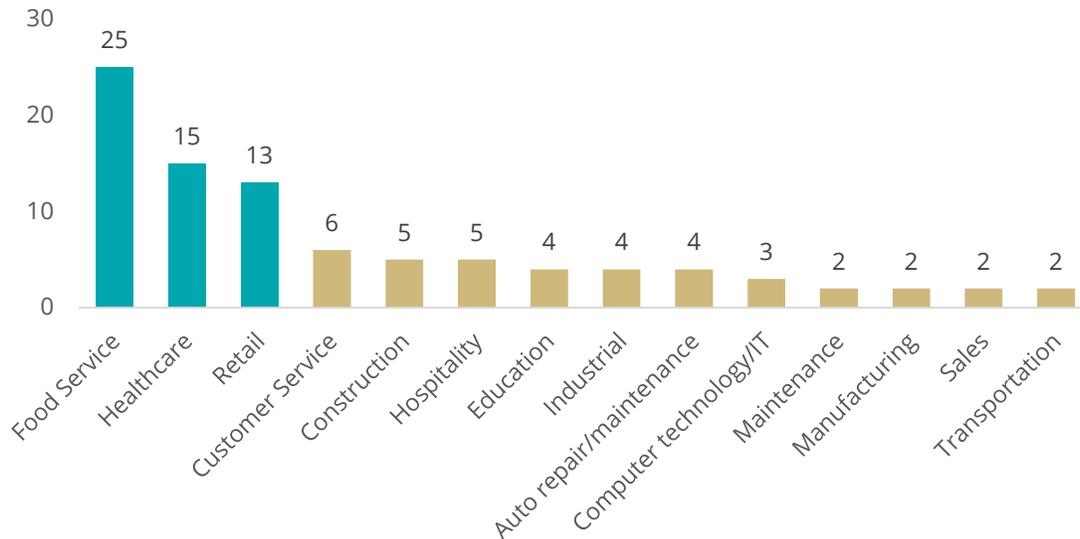
Exhibit 7. Gender

	Female	Male	Transgender Female	Transgender Male	Non-Binary	Unknown Gender
Fort Collins (SummitStone Health) (n=50)	48%	52%	0%	0%	0%	0%
Littleton (AllHealth Network) (n=21)	67%	33%	0%	0%	0%	0%
Longmont (Behavioral Health Group/BHG) (n=46)	52%	48%	0%	0%	0%	0%
Pueblo (Crossroads) (n=41)	56%	27%	0%	0%	0%	17%
TOTAL (n=158)	54%	42%	0%	0%	0%	4%

INDUSTRIES

IPS clients found jobs in a wide range of industries, extending the reach of IPS placements throughout communities. IPS clients found jobs in the food service industry most often, followed by healthcare and retail. Industries reporting only one job start are not pictured in Exhibit 8.

Exhibit 8. Industries where IPS Clients Found Jobs



EFFECTIVENESS

JOB STARTS

The number of job placements that clients and Employment Specialists achieved is a central measure of program effectiveness. In the monthly report, IPS programs reported somewhat fewer job starts in Year 5 than in the previous year (101, 121 respectively). Littleton followed by Fort Collins placed the highest number of clients in jobs.

Exhibit 9. Job Starts by IPS Site

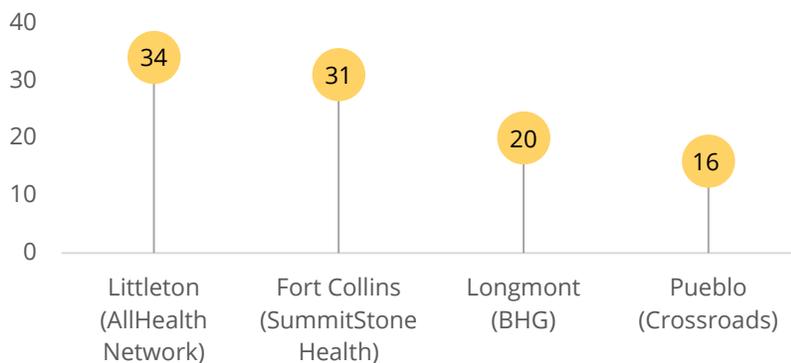
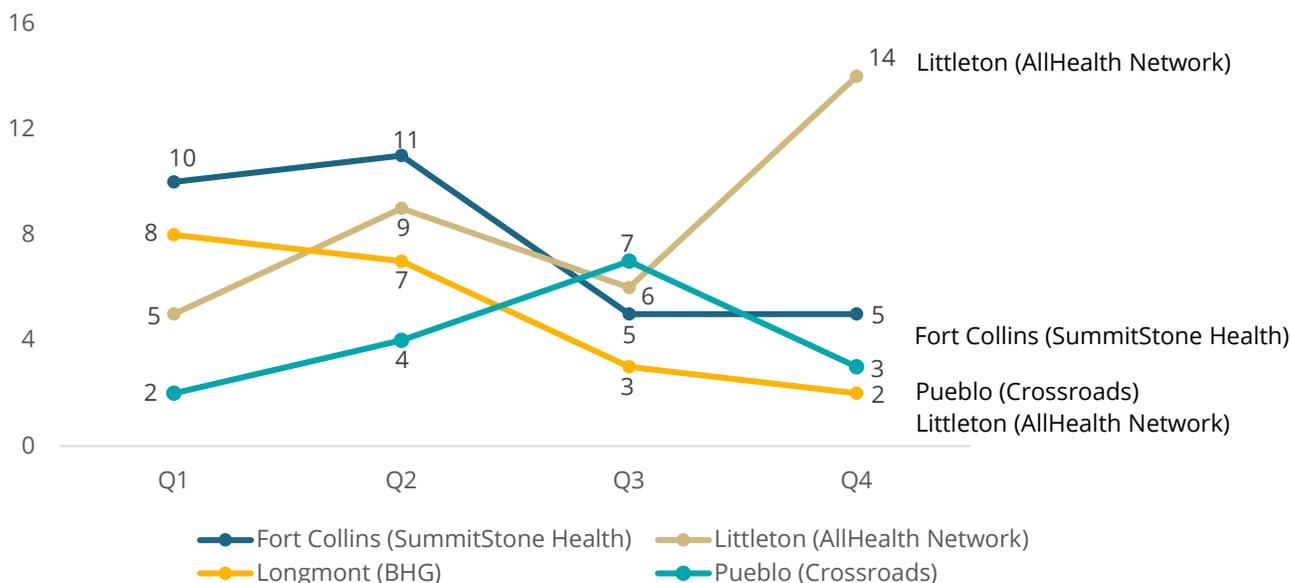


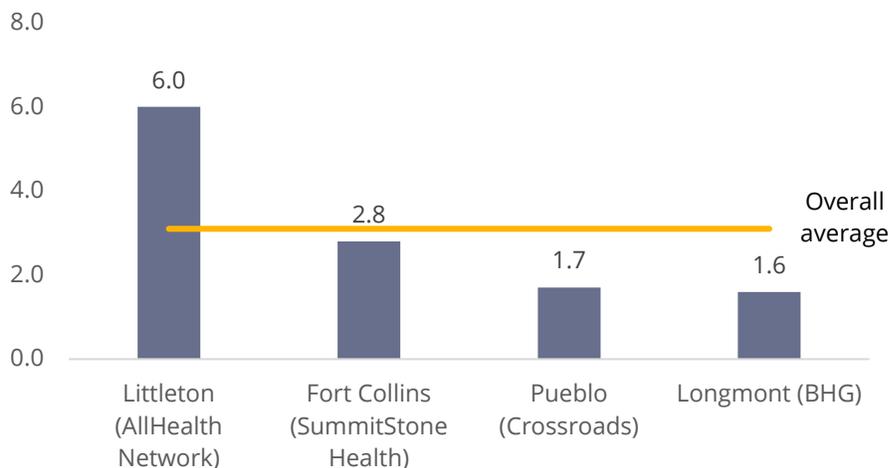
Exhibit 10 shows the number of job starts, which varied significantly across IPS sites, and for some programs, by quarter. The number of job starts varied from 2 during the first a quarter for one site up to 14 for a different site in quarter 4. IPS programs experienced much less staff turnover in Year 5 than in previous years, and, therefore, this factor is likely not a significant reason for variability in caseloads and job starts. However, IPS staff reported they struggled with engagement and placements in the summer months.

Exhibit 10. Job Starts by Quarter by Site



Unlike other employment programs that include lengthy pre-employment assessments and training, rapid job search is one of the eight principles of IPS and is thus emphasized in the model. Exhibit 12 shows the number of months from starting in IPS to a clients' *first* job start. Some clients have multiple job starts while participating in IPS. Therefore, timing is reported for first job starts only. The average number of months from entering IPS to clients' first job start was three months across the four IPS sites.

Exhibit 11. Number of Months to First Job Start



CLIENT BENEFITS OF PARTICIPATION IN IPS

Client survey questions addressed clients' employment status, experiences working with their Employment Specialist, how the program impacted awareness of their job skills and interests, and changes in their level of confidence and ability to successfully search for and find a job. At the end of the survey, clients could indicate their interest in participating in an interview and were offered an incentive.

Interviewees (n=8) and survey respondents (n=16) described the benefits of engaging in job-seeking activities and supports with their Employment Specialists (see Exhibit 13).

Importance of Employment Specialists

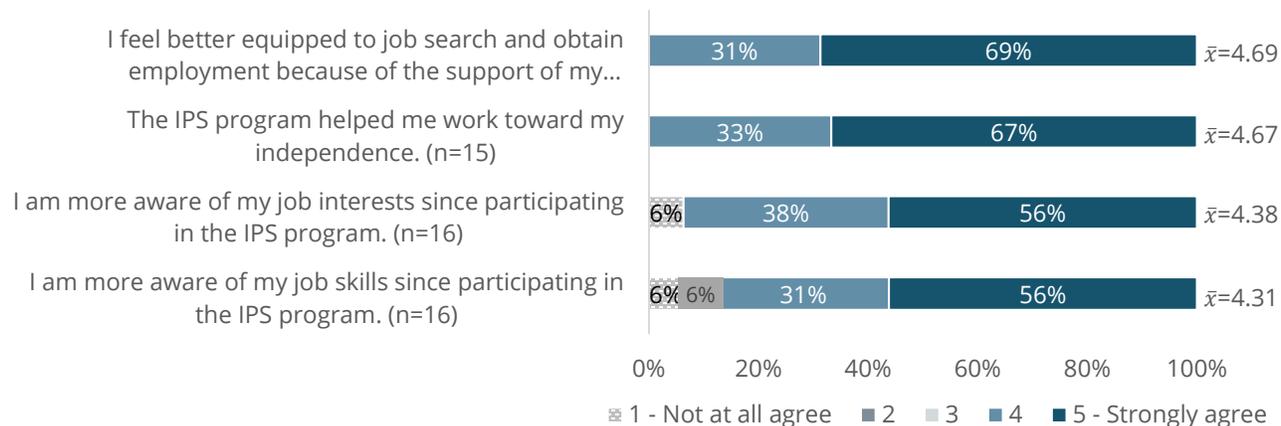
Most interviewees discussed activities and support services they engaged in with their Employment Specialist that focused on finding a job or career, such as exploring their unique interests and building effective resumes. Clients reported they sustained employment through the support they received in navigating challenges they were experiencing on the job. Employment Specialists also helped some clients further their education that would enable them to reach their employment goals.

Exhibit 12. Activities and Support Services Provided to Clients by Employment Specialists

Activity/ Support	Interview Quotes
Interest exploration	"[My Employment Specialist] would send me job links based on my preferences. In the process, they would help me narrow down what I wanted to do, as well as giving me another support pillar within AllHealth to receive care in a different way specifically regarding career help."
Resume building and tailoring	"My employment specialist helped me write a good header on my resume and helped me write some good cover letters as well when applying for jobs."
Interview preparation and practice	"[The Evaluation Specialists] helped me to obtain job interview clothes. I didn't have any clothes for my job interview, so they gave me some clothes for that. That really helped. They gave me a bus pass. That also helped, so I was able to get around to where I needed to go."
Job searches	"[My Employment Specialist] helped me look through the different positions, specifically working with animals. I found a job and I got the job."
Sustaining employment and navigating on the job challenges	"The resources are amazing. Having a person who can go in with me and talk to a new boss and advocate for me in a way that I'm not yet able to do myself is very helpful for me. It's been helpful learning what my rights are as an employee and the things that I can realistically expect from any job."
Enrolling in further education	"[My Employment Specialist] helped me find the current program I'm studying in – I'm learning to be a health navigator and older adult research specialist."

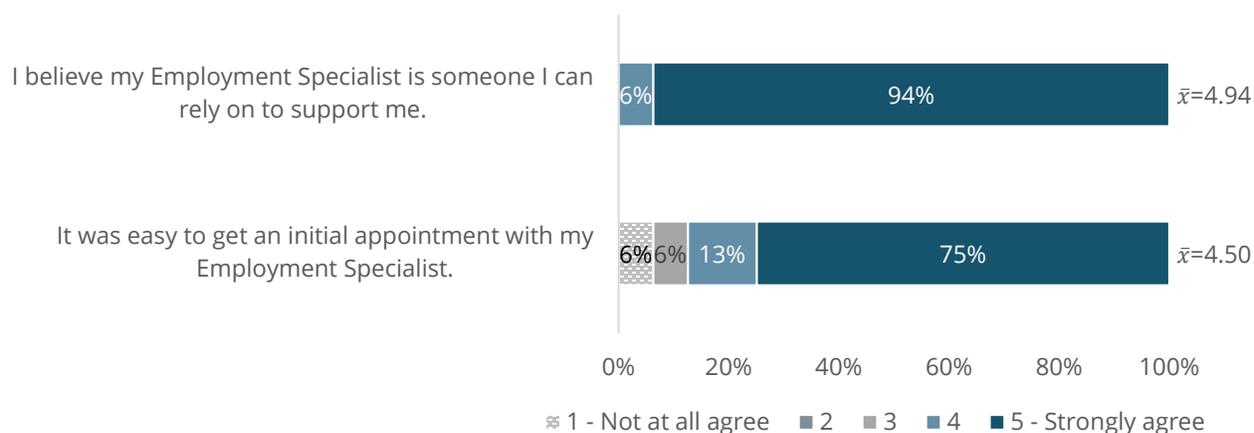
All survey respondents “strongly agreed” or “agreed” that the IPS support helped them feel more independent and that their Employment Specialist helped them feel more equipped to job search.

Exhibit 13. Interests, Skills, and Finding Employment (n=16)



Interviewees and survey respondents provided evidence that Employment Specialists developed strong relationships with their clients, treating them with respect and empathy. The ways in which Employment Specialists engage with their clients remains one of the most positive aspects of the IPS program. Interviewees explained that their Employment Specialists treated them with compassion and an understanding of their lived experiences and current challenges. Nearly all survey respondents “strongly agreed” that their Employment Specialists was someone they could rely on for support.

Exhibit 14. Support from Employment Specialists



Interviewees reported that Employment Specialists helped them stay motivated and engaged in the program through consistent follow-up and showing they cared and were committed to their success. “Just being able to talk to [my Employment Specialist] about different frustrations that I’m having, how I can work through those things when I am working, how to be professional [makes a difference]. I feel like I’m getting the maximum benefit from this service.” Clients described working with their Employment Specialists to navigate their involvement in the criminal legal system. “My charges,

unfortunately, look a lot worse than what they are. It makes me depressed, very depressed. Having the program and [my Employment Specialists] helps me feel better.”

“[My Employment Specialist] goes above and beyond. [They say] it’s just [their] job, but I feel like [they] really go above and beyond sometimes. [They say,] “I care about you. I care about your wellbeing. What do we need to put in place so that you’re comfortable working, you’re safe working, and you’re not going into a decline because of working?”

CLIENT IMPACTS

At the time of the interviews, three clients reported they were employed and four were unemployed. One client did not report their employment status, and one of the unemployed clients was enrolled in education and therefore not actively searching for employment. The employed clients talked about the positive impact employment had on their lives.

Exhibit 15. Impacts of Employment on Clients

Impacts	IPS Clients
Financial self-sufficiency	“It gives you some sense of financial independence. Not to say that we don’t need support from other places or other people, like family and government help, but being able to afford a pack of cigarettes or the McChicken at McDonald’s with my own dollar, gives me a sense of independence and a sense of accomplishment.”
Increased confidence	“I know that since starting work and stuff my self-value has gone up quite a bit. My confidence level fluctuates a little bit sometimes, but I’m learning where I’ve done things wrong or not quite right.”
Active in community	“Being employed is super important because it gives you connection to your community.”
Independence	“I never moved out of my home until I was 34. My mother said she was done with all my antics, and I’ve never really held a job for more than a few months. This is the first time in my life where I’ve had to grow up quickly because no one else was going to do my work for me.”

Employment Specialists provided numerous success stories about clients who had persevered and were in full recovery and feeling empowered from working. One story is included below.

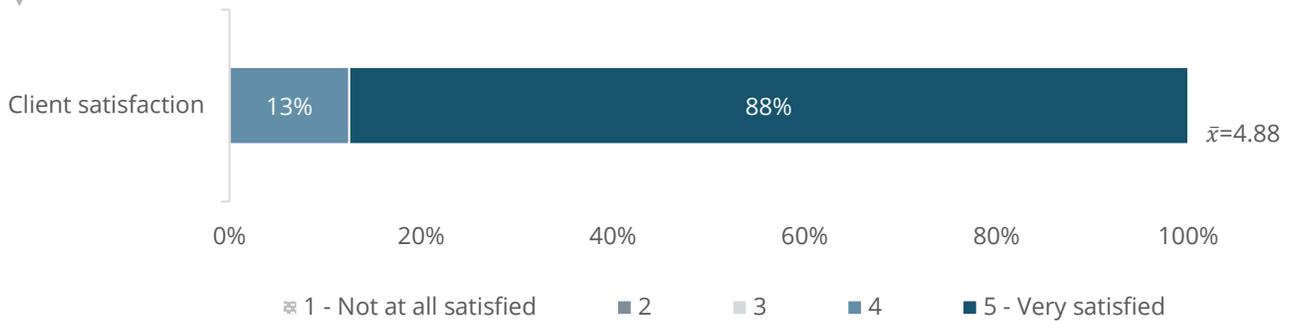
“I started working with a woman who had a lengthy criminal record. She was on parole and living in sober living. I had taken her to three interviews. The first two she didn’t get the job. She was really upset about it. Then the third one she got hired and it was a 90-day temporary position. I took her to work the first few days, got her going, and then she was able to buy a car. She got off parole a month or two later. She always showed up to work. She missed maybe three days but she had doctor’s notes for all of them. At the end of the 90 days, they finally hired her on permanently, which was super exciting. She was worried about it and now she’s able to start rebuilding her relationships with her kids. She has

maintained sobriety. She is one of the senior people within her sober living. She is still at the job and she was able to get her dentures since she had used meth. I got her set up with DVR because she needed some nice shoes and other work clothes. She was one of our successful closures this year with DVR.”

Client Satisfaction

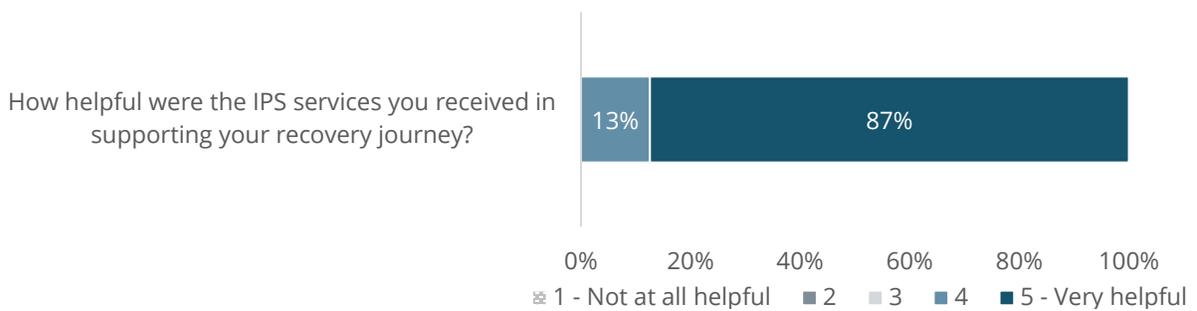
Survey respondents were asked if they were satisfied with their experience in IPS. Most respondents were “very satisfied” with the IPS services they received. Clients interviewed echoed this, reporting they felt very positive about their Employment Specialist and the job-seeking activities they worked on with their Specialist, feeling more confident as a result.

Exhibit 16. Client Satisfaction with IPS Services



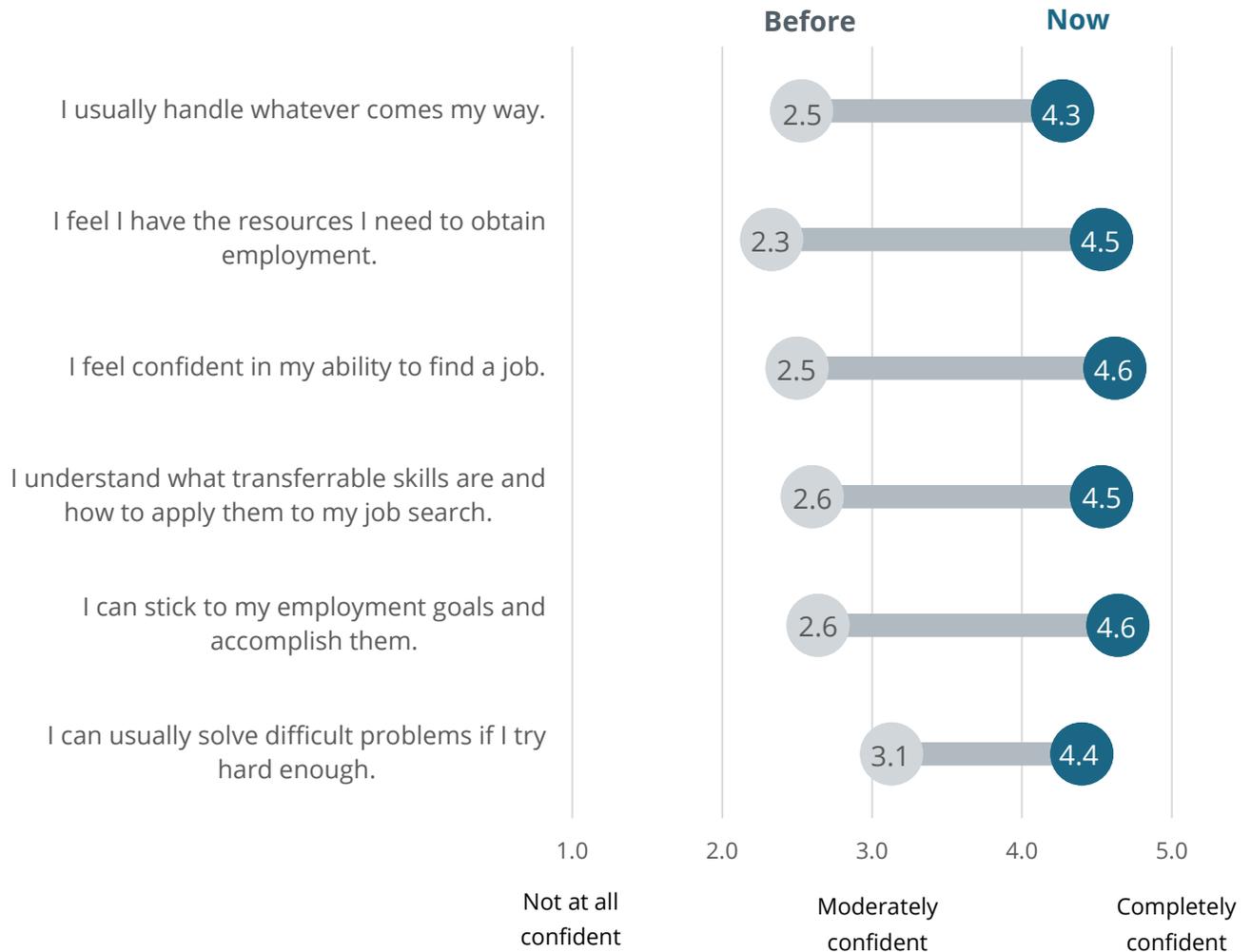
All IPS clients reported that the IPS services they received helped to support their recovery journey.

Exhibit 17. Impact of Services to Support Recovery



Survey respondents gained confidence in all areas, with the most growth in having the resources to obtain employment.

Exhibit 18. Change in Clients' Confidence



CHALLENGES IMPACTING CLIENTS

Most clients reported no challenges associated with the IPS program, although two clients reported challenges associated with wait times. One reported waiting three or four months to begin receiving services and another reported waiting a long time to hear back from their Employment Specialist about job opportunities. Rather than challenges with the IPS program, clients talked about their personal challenges finding employment.

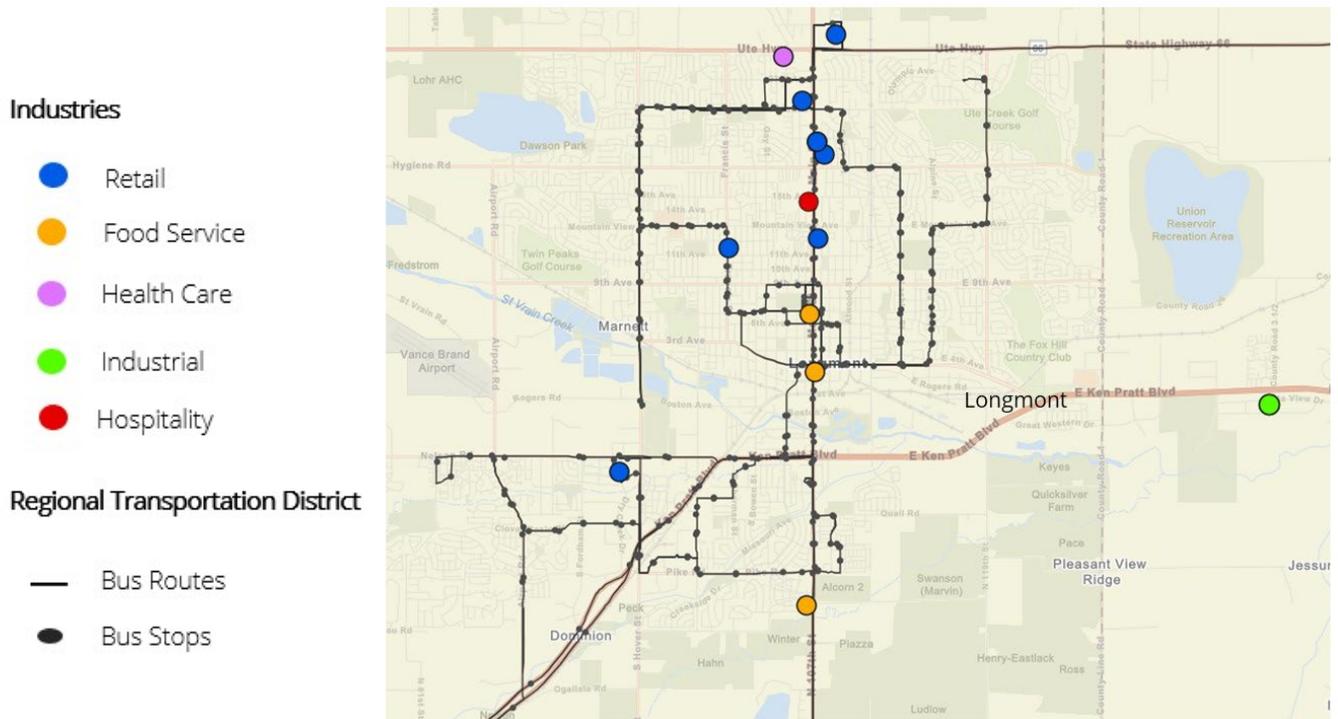
Nearly all clients reported challenges finding or keeping jobs. Consistent with prior years, clients reported their criminal histories were a challenge when securing a job. One participant said, “The challenge for me is that I’m a felon, so I already have that against me.” Lack of education, experience, and employment history were additional barriers clients faced. One client explained, “I think for me it’s

the lack of experience. I've never had a job before, so I didn't have any job experience on my resume." Another client said, "[The challenge is that] I don't have education past high school, and a lot of the opportunities I have been able to find are either too physically demanding or they require a higher education level that I don't have."

One client said that the biggest barrier was not in finding jobs but keeping them. They explained that learning to set boundaries in the workplace through IPS has been a crucial step in the process. They said, "It's been very helpful to learn from my employment specialist what reasonable boundaries are so that I don't get overwhelmed or taken advantage of. I tend to go 110% with everything that I do, which burns me out quickly. That's where those boundaries come in."

Transportation was a constant challenge for IPS clients. Employment Specialists have suggested funding transportation vouchers of some kind, such as Uber. However, in some communities, public transportation is almost not an option. For example, in Pueblo, buses do not run after 6pm and not at all on Sundays. For one IPS program, the evaluators collected employer locations where clients were placed in jobs to explore how the placements were aligned with public transportation in the Longmont community. The map below illustrates how job placement locations follow the bus routes and stops in Longmont, which indicates how useful it could be to provide public transportation vouchers to IPS clients.

Exhibit 19. Job Placements Aligned with Public Transportation in Longmont



ADOPTION

WORKING WITH CLINICIANS

Integrating IPS employment services in clinical settings is an IPS principle. The goal is for Employment Specialists to regularly meet with clinicians to discuss clients' recovery needs and to receive regular referrals to IPS from the clinical team. 85% of referrals to IPS originate from clinicians. Integrated services and the consistent communication that comes with that, supported clients' unique and holistic needs, helping both clinicians and Specialists better understand the whole client. Employment Specialists reported they felt the IPS program was well integrated and a positive component of their agency's services. IPS staff and clinicians consistently engaged in both formal and informal communication through regularly scheduled team meetings and casual communication about clients, as needed. "I think we are really good about staffing things with each other and then bringing the clients in and all being on the same page as their treatment team." One Employment Specialist said that, while they have a positive rapport with their clinicians, they sometimes feel considered "less than" because they are not licensed clinical staff.

WORKING WITH PEERS

Peer programs help to bridge the gap between community services, clinical services, and patients. Peers demonstrate how integral lived experience is in providing equitable behavioral health care and a healthy support system. Three of the four agencies that house the IPS programs employed peers, although just two IPS programs worked with peers.

In addition to the IPS referrals made by clinicians, peer navigators also referred individuals to the IPS program. During an interview, one peer who worked with recovery residents at the Crossroads facility, reported they talked about and described the IPS program frequently in their work with the residents, during street outreach, and at various recovery events. They said, "One of the barriers to recovery is employment. Always, that is a conversation that I ask about. 'Here's a resource; look them up.' "

IPS staff who did work with peers reported that peers added valuable support to the program and facilitated engagement with clients. Peers worked with clients on their self-confidence and "recovery lifestyle," helping to balance work with other responsibilities. Client engagement was a significant and consistent challenge for Employment Specialists. When clients were connected to a peer, the Specialist could ask the peer to reach out to help with reengagement. Interviewees reported that working with peers was an organizational support that effectively facilitated the delivery of IPS services.

IMPLEMENTATION

SUPPORTIVE FACTORS

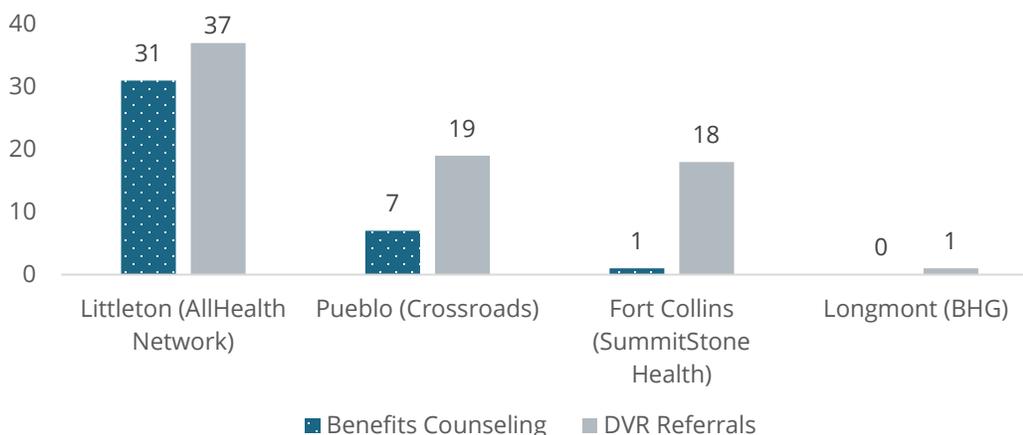
Employment Specialists reported that individualizing services to meet the needs of each client, while still having a model to follow, was instrumental to the success of the program. “Most everything is driven by the clients’ needs and wants.” Another Employment Specialist added that the program’s framework provided some structure while serving the unique needs of individual clients. “It’s nice to be able to have a framework and practices that I bring to the table when I talk to an employer; you want to be able to have some kind of backing for what you’re doing. People don’t want to hear fluff.”

Another staff member reported that the principle of rapid engagement and employment works well. “Get them involved, start building that rapport, having a conversation and moving them through and having weekly meetings. That’s really important because it shows that I’m committed.” A peer navigator commented that “warm handoffs” are always more successful than simply handing someone a referral. Several Employment Specialists commented that the quarterly IPS community meetings have helped them feel supported and were a productive forum for sharing experiences and talking through issues. Additionally, interviewees reported that some external partnerships supported and added value to the IPS programs, such as the partnership with the Department of Vocational Rehabilitation.

Department of Vocational Rehabilitation (DVR)

A characteristic of IPS supported employment is working in collaboration with local DVR staff. DVR helps people with disabilities find and succeed at work and live independently. DVR provides financial support for IPS clients, such as purchasing clothing and supplies needed for a job, providing bus passes, and paying for certifications and training. The goal is for DVR counselors and IPS programs to collaborate to give people the best resources that each has to offer. Benefits counseling is a critical component of DVR services. The importance of this counseling cannot be underestimated and is an IPS practice principle. Client referrals to DVR and benefits counseling varied considerably across IPS programs. All Health Network has an active relationship with its local DVR office, while BHG in Longmont experienced numerous challenges with its DVR partners.

Exhibit 20. Referrals to DVR and Benefits Counseling



IPS staff reported some challenges they experienced with their local DVR office. First, DVR does not provide benefits counseling in isolation of its other services and typically has a prolonged process to approve clients' paperwork. IPS clients had to wait for their applications to be approved before they were able to receive benefits counseling. Despite the prolonged process, some clients need DVR support for continued education, clothing and equipment, and benefits counseling. IPS staff at Crossroads in Pueblo reported that their benefits counselor will not work with clients unless they are receiving SSI/SSDI, and few of their IPS clients receive that benefit. One Employment Specialist reported that DVR services were inconsistent, providing a service for one client but not for another, with little explanation for the decision.

AllHealth in Littleton staff met with their local DVR counselor monthly and provided DVR counseling every week on site. Also, the agency employs its own benefits counselor that can serve some clients who do not need DVR services. SummitStone in Fort Collins has a DVR counselor on site two days a week and can complete an intake quickly. This program has access to their clients' health records/diagnoses, which with a signed release of information, makes them eligible for services quickly. However, an Employment Specialist described the more typical process with DVR. "They have 30 days to get them in for the initial intake. Once they do their application, they have 60 days to make them eligible. They need to get medical records, need their diagnoses, and proof of the disability. That can take up to 60 days on top of the 30-day application period. Once they make them eligible, they then have 90 days to get them on a plan for employment. Then you're at six months."

Although two of the IPS programs reported significant challenges working with their local DVR agency, others reported their work with DVR was instrumental in successfully serving their IPS clients.

"When they want education, we have a system that works well. Our DVR counselor rocks. If we say we need benefits counseling, it's done. If we say, 'We have this person who wants to start school,' it's done. We can actually bill for application eligibility and a plan all in one month because [they] get it done. I am appalled at the DVR counselors [we heard about] in our quarterly meeting."

Other than with DVR, IPS staff cultivated additional community partnerships with county human services that offered some internships for IPS clients. The Workforce Center provided some job training such as Microsoft Office skills training, and one program recently started a partnership with Developmental Pathways, which provides services to individuals with disabilities and their families.

IMPLEMENTATION CHALLENGES

The IPS Employment Center's education, training, and fidelity materials are intended to address IPS clients in mental health settings. However, staff with IPS programs serving SUD clients consistently reported that many materials do not align with clients experiencing a substance use disorder. Employment Specialists explained that the questions for clients in the Career Profile are not applicable to SUD clients.

"The forms are pretty much 100% catered to mental health. I see that as the biggest confusing part. When I was doing that training for my IPS certification, some of the things they were telling us to do were designed for mental health people. Where they are talking about their support systems and

caregivers, ... if you have somebody in addiction, 10 times out of 10 when we ask if they want their family to be involved, they say no. Either they say, 'I don't need their help' or 'They won't help me.' They burned their bridge."

One Employment Specialist who provided services to both SUD and mental health clients stated that the primary challenge with their SUD clients was maintaining the positions once they found jobs. Others talked about how challenging it was to have consistent engagement with this population. "Sometimes, we will meet every week for three weeks and then they will go [missing] for a month or two. Another Employment Specialist said, "They will be motivated, they are trying, and then all of a sudden they fall off and then you can't reach them anymore." Others who work with both SUD clients and those receiving mental health services said that their SUD clients had different support needs, partly due to the stigma of substance use that still exists. "Sometimes, it is a much more baby step model, because you are trying to help someone maintain their recovery."

Others reiterated that the fidelity review was not aligned with the nature of the population they serve. "Because we have SUD clients, there are certain things that we just can't do and go that route or drive them around. [Even though] it is the model of fidelity [we say], 'Hey, we can't do that – this is the policy of our company.'" Employment Specialists emphasized that IPS is an effective program, but some components need updating. Some individuals commented that the pandemic was still having an impact. "That's my biggest thing is after the pandemic, life is never going to be like it was pre-pandemic, it's just not. Clients are still fearful; many are afraid to go out."

MAINTENANCE

Maintaining IPS beyond grant funding largely rests on developing systems for invoicing DVR and billing Medicaid for IPS services.

DVR AND MEDICAID

Employment Specialists provide supported employment and DVR provides other services around education and employment. There were no changes in the IPS programs' billing processes since last year. Three out of four of the IPS programs had contracts in place with their local DVR office, while just two programs invoiced DVR and billed Medicaid for the IPS services they delivered. Medicaid is the "payer of last resort," which means the IPS programs must link clients to DVR services and invoice DVR for the IPS supported employment services before billing Medicaid. The Fort Collins and Littleton sites had been providing IPS services to their mental health clients, had contracts in place with DVR when funded to provide services to SUD clients. This allowed for an efficient expansion to their clients under the SOR grant. While BHG in Longmont has a contract with DVR, the program is not billing DVR or Medicaid for services. The program's IPS staff reported that they have tried to bill Medicaid for services, but have been refused because most of Longmont's clients were not linked to DVR services.

"That's a five-month process. It could be up to five months to get somebody through DVR to get them signed up for employment services so that we can bill Medicaid and get reimbursement to sustain our

program. It's hard to say to somebody, 'I know you need a job right now, but we have to take a month now and apply to DVR and get all your applications in and get this set up so that we can get paid.' "

Crossroads in Pueblo does not have a DVR contract nor is IPS staff billing DVR or Medicaid for IPS services provided. For the purpose of maintaining IPS services in the long-term, it is important to develop processes and procedures for reimbursement of IPS services.

JOB DEVELOPMENT

Job development is an important and challenging element of Employment Specialists' work. IPS staff agreed with the national IPS Employment Center that job development skills improve by practicing over time with a coach, such as a supervisor or colleague who accompanies them as they meet with employers. One Employment Specialist job development efforts included identifying opportunities to present the IPS program in front of employers, such as with the Chamber of Commerce, and they also posted on social media. Some IPS staff felt they would benefit from job development training, specifically for working with the SUD population. Several Specialists said that many of their clients wanted to work remotely, which is often challenging since many of the available jobs were service positions and required in-person work. Some clients agreed to disclose their SUD status, which made the Employment Specialist's job much easier, since they could then talk about a specific client's skills and strengths with potential employers.

Several interviewees reported the need for IPS to evolve and recognize that job development has changed. Employment Specialists reported multiple job development challenges that result from technology and have also emerged during and after the pandemic:

- Hiring authorities are rarely on site, since many human resource teams now work remotely.
- Application processes have changed significantly in recent years; nearly all applications are submitted online and communications with potential employers are virtual, while fidelity requires in-person contact.
- IPS clients typically qualify only for entry-level positions: "There's no talking about the strengths of your client. Either they qualify for the position via their online application, or they don't. They say, 'Just send in the application.'"

CONCLUSION

IPS staff provided compelling advice they would give to new IPS programs serving SUD clients that illustrates the commitment and compassion IPS staff feel about their work and toward their clients. Their words are at the core of the IPS program:

“SUD clients are human beings who need help with employment, so don’t lose sight of that. It is too often we hear of or fall guilty ourselves to those conversations, such as, ‘You know my client, the heroin addict.’ Don’t let the client’s addiction become a label or the way you identify them. They have a name and it is not ‘drug addict.’ They have a story and addiction is only a chapter; they have a future and goals and, with your help, they might have employment too.”

“Keep in mind that some individuals in this population may be missing some basic executive functioning skills due to their substance use. Therefore, employment specialists may need to assist clients with learning some basic skills, such as time management, remembering appointments, basic employment and communication skills, and understanding basic employer expectations.”

“Always practice patience. When working with SUD clients, they can have ups and downs and it is our job to support them either way and to assist them with their employment needs.”

“Be patient, understand that these individuals are struggling. They may not always show up. Keep reaching out. Many times, because of their use they have no one. They have ruined relationships. Don’t give up on them and keep calling to let them know that you want to help and that you care.”

RECOMMENDATIONS

The following recommendations were informed by IPS staff and clients. Many of these recommendations are consistent with those provided previously. These recommendations should be considered for improving delivery of IPS services.

Access

BHA should encourage IPS programs to work closely with DVR to identify an efficient process for improving the timeliness of benefits counseling. Alternatively, BHA should support staff to find alternative resources for benefits counseling.

IPS programs should have Spanish-speaking staff readily available, particularly in geographic areas with large Latinx populations.

Support

Fidelity reviews provided clarity for several Employment Specialists regarding forms and processes/procedures. BHA should provide additional training prior to fidelity reviews.

SUD clients have unique needs and significantly challenging work and criminal histories. BHA should facilitate the recognition that the IPS training, program, and fidelity materials were developed for mental health clients and are not aligned with the needs of the SUD population.

BHA should encourage connections between peers and IPS staff.

BHA should encourage IPS programs to include transportation vouchers in their operating budgets.

Affordability

BHA should work with programs to develop systems for billing and invoicing DVR and Medicaid for IPS services.

APPENDICES

APPENDIX A: METHODS

The evaluation for the IPS program began with a literature review and development of a logic model and evaluation plan. The evaluation was guided by the RE-AIM Framework,¹ which is used in the public health field to provide a comprehensive approach to planning, implementing, and evaluating the effectiveness of public health programs. The framework contains five Elements (Reach, Effectiveness, Adoption, Implementation, and Maintenance). The evaluation identified evaluation questions and indicators within each element.

DATA COLLECTION AND ANALYSIS

Evaluators used a mixed methods approach by analyzing the IPS monthly reporting data, the end of year form to gather additional program information, surveys from clients, interviews with IPS staff, clients, and data interpretation sessions.

Interviews

Evaluators conducted interviews with IPS Employment Specialists, IPS supervisors, and clients, including several ad hoc conversations with IPS staff and Quarterly Conversations throughout Year 5.

Evaluators conducted a mix of in-depth telephone and in-person interviews with 8 IPS clients. Interviews conducted by telephone were with clients who had indicated their interest in an interview when they completed a client survey. In-person interviews were conducted during site visits at the Pueblo location. All interviews were professionally transcribed and coded using NVivo14 software. The analysis was based on a structured coding scheme organized by interview questions.

Surveys

Throughout Year 5, Employment Specialists were encouraged to complete surveys with their clients or provide them with the QR code or link to the online survey. Evaluators had developed a flyer for both the clients and the Employment Specialists, to encourage participation. Survey questions addressed clients' employment status, satisfaction, experiences working with their Employment Specialist, how the program impacted awareness of their job skills and interests, and changes in clients' level of confidence and ability to successfully search for and secure a job. This year, 16 clients completed a survey.

¹ Belza, B., Toobert, D., Glasgow, R. (2005). RE-AIM for Program Planning: Overview and Applications. Center for Health Aging and National Council on Aging.



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w: the-evaluation-center.org | e: TheEvaluationCenter@ucdenver.edu