

Individual Placement and Support (IPS)

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Why Focus on Work for People with Serious Mental Illness?

- Most people with mental illness want to work
- Work is a key part of recovery
- Working can be a way out of poverty
- Working contributes to better health and well-being
- Working may prevent entry into disability system



Impact of Competitive Employment for People with Mental Illness

Benefits of work for people with mental illness similar to those for general population:

increased self-esteem, improved financial security,
reduced mental health symptoms, less social
isolation, reduced substance use, and reduced health
crisis care (emergencies and hospitalizations)

(Drake, 2020; Gibbons, 2019; Luciano, 2014; Wallstroem, 2021)

Individual Placement and Support (IPS)

- **Supported employment: place-train**
- **IPS is evidence-based supported employment for people with behavioral health conditions**
- **Simple, direct, inexpensive, effective**
- **Examples**

Principles of IPS

Open to
anyone who
wants to
work

Focus on
competitive
employment

Rapid job
search

Targeted job
development

Client
preferences
guide
decisions

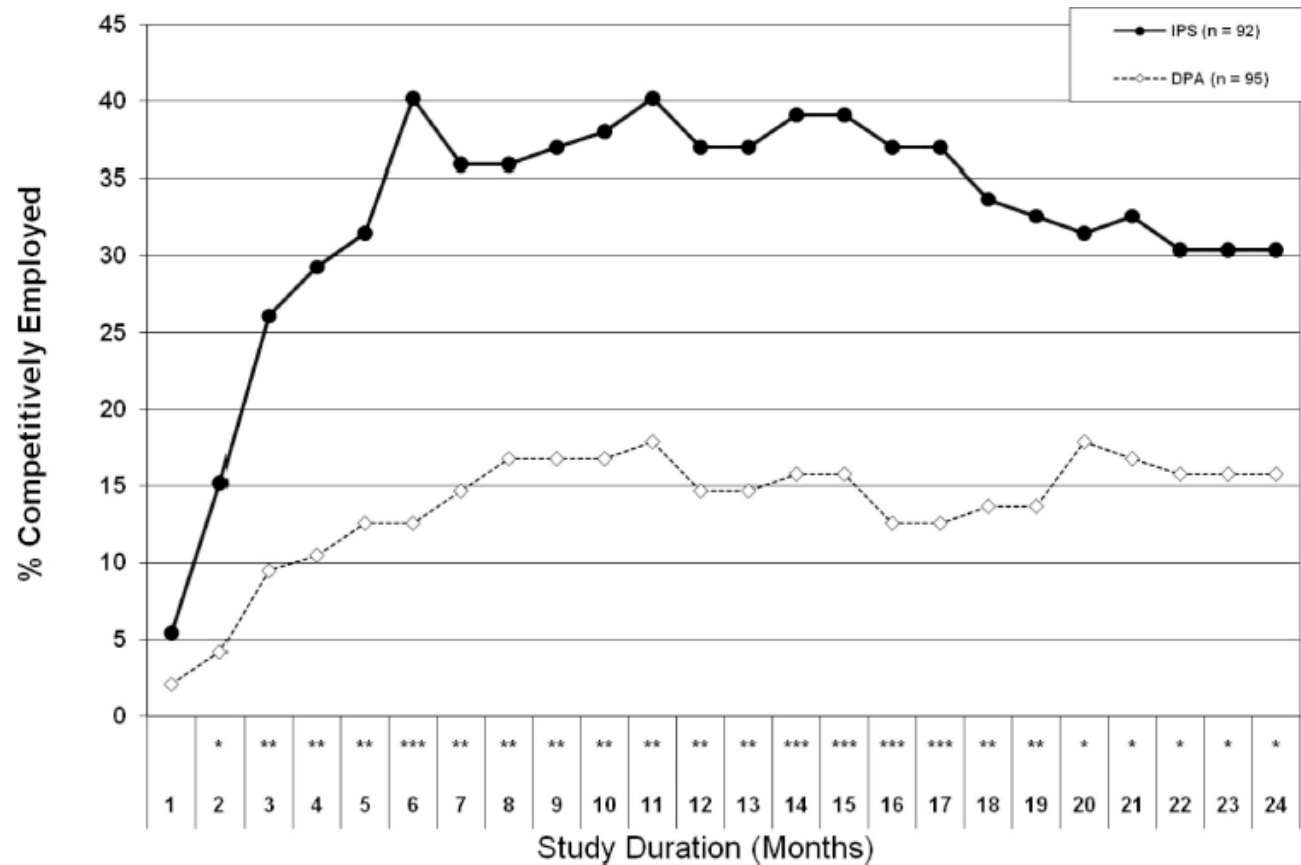
Individualized
long-term
supports

Integrated
with
treatment

Benefits
counseling
included



IPS Typically Has Better Monthly Employment Rates: Examples from Two RCTs



Bond et al. (2007)

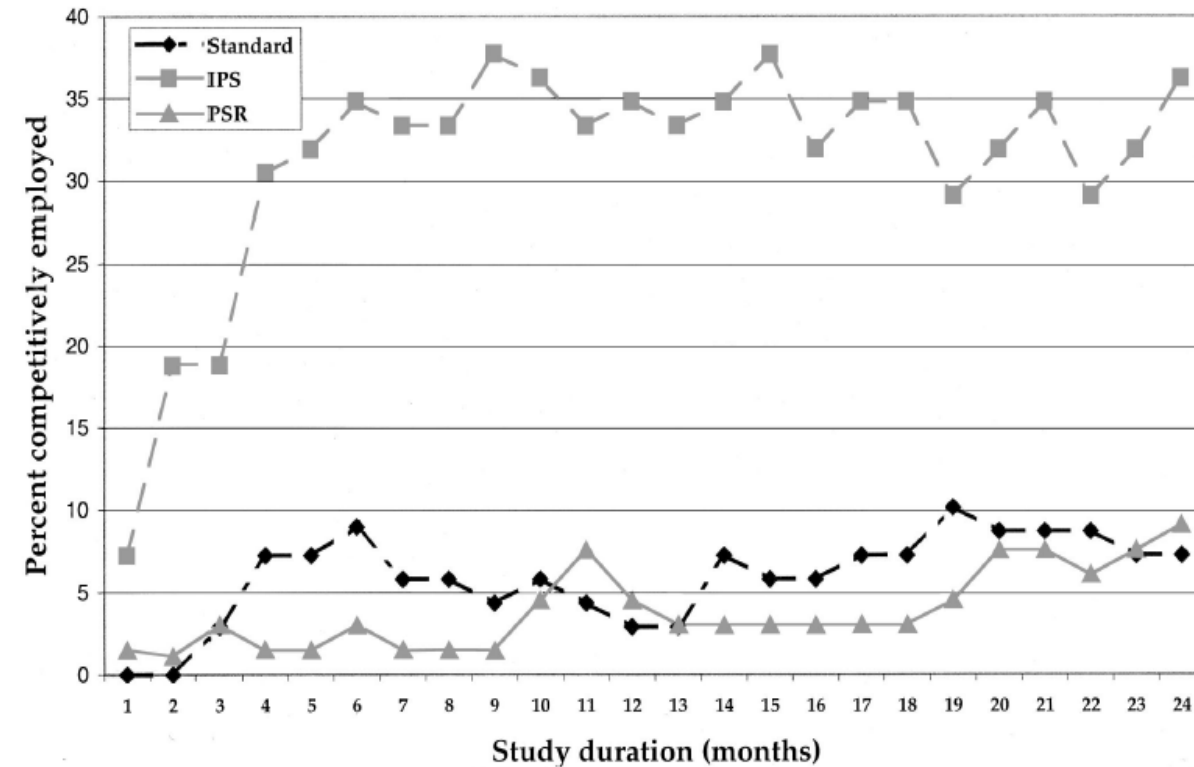


Figure 1. Monthly rates of competitive employment for clients in the standard services (Standard), individual placement and support (IPS), and psychosocial rehabilitation (PSR) programs.

Mueser et al. (2004)

Research from >30 RCTs

- **All employment outcomes improve**
 - **Job, tenure, hours, wages, satisfaction**
 - **67.6% success in 10 US studies**
 - **2 or 3 times greater than controls/comparisons**
- **Other outcomes improve with employment**
 - **Income, mental health service use, self-esteem, quality of life, community integration**

What We Know - I

- Efficacy of IPS is well established
- RCTs in > 20 states
- Studies in 20 countries (RCTs in 11)
- Employment persists or improves, even after IPS supports end

What We Know - II

- Fidelity correlates with employment
- Altering the model decreases efficacy
- Age, sex, race, ethnicity, diagnosis, symptoms, co-occurring SUD, disability benefits, rurality unrelated to outcomes
- Previous work only consistent predictor

What We Know - III

- Two national surveys: IPS has increased over 20 years from 3 to >1,000 programs
- 26 states in IPS Learning Community (LC)
- LC improves persistence and spread
- LC states have better training, technical assistance, fidelity reviews, sharing outcomes

(Pogue et al., 2021)

Learning Community States Provide More State Support for IPS Than Do Other States

Learning Community Status	MH and VR Collaboration	External Fidelity Reviews	Training and Technical Assistance	States with All 3 Types of Implementation Support
Within Learning Community 22 states + 2 counties	20 (83%)	24 (100%)	24 (100%)	20 (83%)
Outside Learning Community 18 states	4 (22%)	8 (44%)	10 (56%)	1 (6%)

New IPS Populations

- Common mental health disorders
- Substance use disorder
- Autism spectrum disorder
- Intellectual disabilities
- Physical disabilities
- Veterans with PTSD
- Justice system involvement

Summary

- IPS improves competitive employment outcomes for people with many conditions
- Employment leads to better psychosocial and clinical outcomes
- Major studies in new populations are underway

Work is the best treatment we have

Many Thanks

- **Deborah Becker, Gary Bond, Greg McHugo, Haiyi Xie**
- **Lisa Dixon and the IPS Employment Center**
- **Numerous researchers, students, state mental health and vocational rehabilitation departments, IPS programs**
- **Information: susanmorris@nyspi.Columbia.edu**

How Do States Pay for IPS?

- Now you have heard about the components of this EBP, which are provided in an integrated, coherent manner.
- Unfortunately, the financing is not always so coherent...In these few moments you will get a small taste.
- The following slides show the primary funding sources for various components of IPS.

What do I mean by “components?”

- As Bob just described, IPS is an integrated service provided by a team.
- We are all aware of how siloed the human service system has become, and this has led to a sort of “Frankenstein” funding approach where different elements of a practice that is delivered in an integrated fashion, is often paid for in pieces.

Braiding .. Sequencing. NOT the same thing

- These terms are often used- Braiding is doing two DIFFERENT things simultaneously and billing two discrete services. For example, VR might pay a milestone for a job start, while at the same time, Medicaid will be buying a medically necessary illness management service that supports the person in that job.
- Sequencing is usually when services and funders go one after the other- i.e. alternating paying for milestones between Mental Health and VR.

Let's look at a tool that organizes these sources:

Plan for Funding IPS Services				
Table of Possible Funding Sources to Support Elements of IPS				
Services	Vocational Rehabilitation (VR)	Medicaid	State general funds	Other
Engagement				
~Educating the person about IPS; learning about the person's goals, strengths and interests.				
~Outreach to the person using motivational approaches.				
Career Profile				
~Discussing work preferences, work and education history, legal history, education, mobility, supports, mental health symptoms, substance use or other factors that may impact job choice and needed supports.				
~Accompanying person to workplaces to assess whether they meet the person's interests, needs, supervision available, and what supports or accommodations could be needed to do the job.				
~Developing a written employment plan.				

The left margin lists activities; the top margin lists potential funding sources

- Handout located on the NASMHPD Annual 2022 Meeting webpage and IPS Works webpage: Financing the IPS Model of Supported Employment [Info Graphic\(link is external\)](#) and [Funding Plan\(link is external\)](#)
- NOTE: Some services may be covered by more than one source.
 - This is important and is hard for people to grasp. It takes time to sort this out.

The Process ...

- The use of this tool requires collaboration and participation among departments and divisions, particularly the Medicaid authority, the Behavioral Health Authority, the Vocational Rehabilitation authority, and county leaders, if the state is county driven, and potentially Education, Workforce, and others.
- Sometimes attempting to fill out the tool is the **first time these entities have met or worked together!!!** Support to participate in this task from their respective leaders is critical.

“When you’ve seen one state, you’ve seen one state.”

- States have similarities, but the intricacies vary, for example there is variation in:
 - Medicaid eligibility
 - Medicaid service definitions
 - Medicaid qualified providers
 - VR payment methodologies- Milestone or fee for service
 - VR processes at the counselor level
 - County “muscularity”

Medicaid

- Under the State Plan (1905a), many states cover the illness management and recovery portions of IPS
- Waivers (1115), most notably Washington, cover IPS under the Foundational Community Supports program, along with Supported Housing.
- 1915i (IOWA)
- CCBHC in Oklahoma has made IPS a mandatory service
- Other paths too complex for this brief chat

Vocational Rehabilitation

- Covers many portions of IPS BUT...
 - Individuals must be VR clients
 - VR resources are much smaller (the orange) than the need in the behavioral health arena (the watermelon).
 - In some states, in spite of the Federal guidance, VR counselors still insist on a period of sobriety before opening a case.



Other sources are idiosyncratic to each state

- Strong county authority example: Wisconsin
- Managed Care involvement variable: Colorado, Washington
- Some states have general revenue supporting some IPS start up as well as ongoing services: Minnesota, Oklahoma
- Grant funding- for example the SAMHSA 7 state grant a few years ago provided 5 years of funding to build infrastructure.
- Technical assistance grants via ODEP such as ASPIRE 7 states: OK, WI, MN, IA, FL, VA. IN

Employment is a Key Social Determinant of Health.

- Yes, it is currently complex to create a funding platform to bring this EBP to scale, but if you want to know how important it is to recovery, please speak with the people you serve in your state about what work means to them!



Reactions? Questions? Concerns?

- We are happy to provide more information at your convenience!

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