



INDIVIDUAL PLACEMENT AND SUPPORT

for Persons with Serious
Mental Illness in Minnesota



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IPS OVERVIEW

Minnesota’s IPS projects provide a full range of employment services and supports to assist people with serious mental illnesses (e.g., schizophrenia spectrum disorder, bipolar, depression) to achieve competitive, integrated, and steady employment. IPS services emphasize a rapid search for competitive jobs consistent with the individual’s goals, interests, and experience, and are available to anyone who wants to work regardless of diagnosis, past work history or assessment of work readiness.

Supported employment is for people who have not had success in integrated competitive employment or whose access to competitive employment is limited because of disability. IPS differs from other types of supported employment because employment services and supports are integrated or embedded within mental health treatment services. IPS has been effective for people with different mental health diagnoses, educational levels, and prior work histories; long-term Social Security beneficiaries; young adults; older adults; people with justice system involvement; people with experiences of chronic homelessness; and people with co-occurring mental illness and substance use disorders.

Worldwide evidence continues to accumulate rapidly on the effectiveness of IPS. Twenty-eight randomized controlled trials suggest that IPS is the most effective way to provide employment services for persons with serious mental illness. IPS is more effective than other vocational approaches in helping people with psychiatric disabilities to obtain and retain employment, increase income, improve self-esteem and quality of life, and reduce symptoms. Over the last decade, several systematic reviews and meta-analyses have confirmed this basic finding. Summarizing the employment outcomes from these studies indicates that the average employment rate was 55 percent for IPS compared to 25 percent for the control groups. Participants in IPS also had 33 percent fewer days to first job, four times as many weeks worked during follow-up, triple the earnings from employment, three times or more the number of working 20 hours/week. They reported greater job satisfaction and maintained employment four times longer during follow-up. Long-term studies show that half of all IPS participants become steady workers, maintaining employment for 10 years or longer. About 40 percent

of IPS participants who obtain a job with help from IPS become steady workers and remain competitively employed a decade later. IPS is more effective than alternative vocational approaches, regardless of a variety of client background factors (e.g., ethnicity, gender, socioeconomic status). Cost-effectiveness analyses of randomized controlled trials of IPS generally found the aggregated costs of employment and mental health services to be no higher, and sometime significantly lower, than for standard services.

People with serious mental illnesses continue to constitute the largest and fastest-growing group of beneficiaries in Social Security Disability programs. Once they begin receiving disability benefits, less than 1 percent of beneficiaries per year move off benefits to return to work. By helping people with mental illnesses gain employment – especially young adults experiencing the emergence of mental illness symptoms – IPS can help forestall entry into the disability system and reduce Social Security expenditures. Accordingly, in 2019, two Minnesota IPS projects applied to and were accepted as participants in a national research study to evaluate the IPS approach for young adults funded by NIDILRR (National Institute on Disability, Independent Living, and Rehabilitation Research) with the IPS Employment Center at the Research Foundation for Mental Hygiene at Columbia University. Results from this research project are expected in the next two years. These programs use an enhanced version of the IPS scale which contains additional items specific to young adults and their family members and is known as the IPS-Y scale. In addition to supported employment, IPS-Y also emphasizes directly supporting people in pursuing and completing education and training, often referred to as supported education.





IPS HISTORY IN MINNESOTA

In 1985, the Department of Employment and Economic Development (DEED)'s Vocational Rehabilitation Services (VRS) Division and the Department of Human Services (DHS)'s Mental Health Division (now Behavioral Health Division/BHD) began to collaboratively address employment issues for persons living with serious mental illnesses. Services were first administered through a program referred to as the Coordinated Employability Program (1990s) and then as Extended Employment for Persons with Serious Mental Illness (EE-SMI). State funds were appropriated to VRS for the development and implementation of these projects which provided specialized and targeted employment services for people with serious mental illness.

Once considered "state of the art," the service model was later replaced by the evidence-based practice of supported employment, known as Individual Placement and Support (IPS). Prior to IPS, employment services were not integrated with mental health treatment services and there was no quantifiable measurement of how well the programs conformed to evidence-based principles, research-based criteria (fidelity scales), or tracking of outcome data compared to a national data base. Minnesota joined the IPS International Learning Community in 2005 with support from DHS-BHD and DEED-VRS leadership and received training and technical assistance from the IPS Employment Center at the Research Foundation for Mental Hygiene at Columbia University (formerly located at the Dartmouth Psychiatric Research Center and Westat Research).

The IPS fidelity scale consists of 25 items that define the critical components of evidence based supported employment. The scale is based on research which differentiates the elements that define the effectiveness of the practice in achieving better outcomes than those with low fidelity. Program leaders, staff members and state leaders use the scale to guide training, technical assistance and to define the specific actions a program needs to take to achieve better outcomes.

Since the IPS program began, Minnesota has used the IPS fidelity scale to measure implementation. Between 2006 and 2012, six IPS projects were implemented. In 2013, the Minnesota Legislature appropriated \$1 million in funding to expand the IPS program. This resulted in 13 new IPS programs statewide in Minnesota. In 2016, two new and one significantly expanded IPS expansion programs were made possible when the Legislature

IPS Core Principles

IPS is a systematic practice of supported employment for persons with serious mental illnesses. Its core principles are:

1. **Integration of Employment (Vocational Rehabilitation) and Mental Health Services:** IPS programs are closely integrated with mental health treatment teams.
2. **Focus on Integrated Competitive Employment:** Agencies providing IPS services re committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment.
3. **Eligibility is based upon Choice/Zero Exclusion:** People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability or legal systems involvement.
4. **Attention to Individual Preferences:** Services are based on each person's preferences dan choice, rather than a mental health or employment providers' judgments. Participant preferences are honored.
5. **Personalized Benefits Counseling:** Employment specialist proactively help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other governmental entitlements.
6. **Rapid Job Search:** IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, job training and counseling. If further education is part of their plan, IPS specialist connect people to appropriate resources and provide continued support as needed. Employer contact begins rapidly after participants enter the program.
7. **Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preference to learn about their business needs and hiring preferences.
8. **Time-Unlimited and Individualized Support:** Job supports are individualized and continue for as long as each worker wants and needs the support.

appropriated an additional \$500,000 for the IPS State Grant program (under M.S. 268 A.14). In 2019, the Legislature appropriated an additional \$1,800,000 in one-time state funds to the IPS State Grant Program. At the same time, Federal VR officials communicated that VR funds could no longer be used for grants to IPS projects. To sustain the six longstanding IPS projects that previously used VR grant funds, these new one-time state funds were used to keep these projects funded in SFY 2021, 2022, and 2023. Thus, no new IPS projects were able to be funded with these resources.

The effectiveness of IPS has been well established since at least the turn of the century. The key question for IPS, as for other evidence-based psychosocial practices, is how to close the gap between the known population of those who want and need these evidence-based services and those who have access. In the US, approximately 60 percent of people with serious mental illness want to work, but less than 2 percent have access to IPS. The primary barriers have been inadequate funding and the lack of methodology for large-scale expansion.

INCIDENCE OF SERIOUS MENTAL ILLNESS IN MINNESOTA

There is no registry of persons with mental illness like there is for cancer, spinal cord injury, or traumatic brain injury. Likewise, we don't know how many people with mental illness are currently employed.

There are various definitions of serious mental illness across state and federal government sources. To estimate the number of people with serious mental illness, government agencies typically apply the federal prevalence estimates of serious mental illness to the Minnesota population. The current estimate of prevalence of serious mental illness from the National Institute of Mental Health (NIMH) (<https://www.nimh.nih.gov/health/statistics/mental-illness>) is 5.6 percent of the population of adults (18 and older). Applied to the adult population of working age (age 18-64) of Minnesota in 2021 of 3,434,140 (<https://www.mncompass.org/topics/demographics/age/working-age-adults>) 192,311 adults Minnesota adults have serious mental illness. The IPS State grant program on average serves about 1,000 people with serious mental illness annually.

Based on national studies over the past 35 years, most people with serious mental illness are not working (less than 15 percent) and people with SMI experience the highest unemployment rate and the lowest workforce participation rate of any disability group. Despite the desire of most people with psychiatric disabilities to be employed, and despite most having previous work experience, they have the lowest employment rates in the United States (https://secureservercdn.net/198.71.233.69/d25.2ac.myftpupload.com/wp-content/uploads/2020/10/Policy-Opportunities-for-Promoting-Employment_UMMS_Bazelon_2016_FINAL.pdf). Despite decades of evidence and recognition at the federal and state level of the success of and the need for IPS, the availability of these services remains scarce and most people who need these services are not able to access them. Current funding is clearly not adequate to reach all who need services. In Minnesota, new funding appropriated in 2021 was needed to sustain existing programs due to a change in the Federal VR program's ability to use VR funds to support grants to providers.

IPS in Minnesota involves partnerships between mental health programs (private not for profit or county operated) and community rehabilitation programs who specialize in employment services. Presently, VRS awards grants to 13 community rehabilitation partners across Minnesota that support IPS projects with 32 different mental health partners that integrate employment specialists into 58 mental health treatment teams across Minnesota.

The 32 mental health partners include 16 mental health centers and programs and 11 county adult mental health case management, or other county operated mental health services including two Adult Mental Health Initiatives (AMIs). Ten of these mental health partners are also Certified Community Behavioral Health Centers (CCBHCs) an emerging evidence based integrated care model. These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services and coordinate with other essential community services. There is some IPS capacity in 52 percent of Minnesota counties. Some large counties only have access to IPS through one mental health program, for example Hennepin, Washington, and St. Louis counties.



DEMOGRAPHICS AND PROGRAM OUTCOMES FOR PARTICIPANTS IN IPS IN SFY 2022

A new data project was completed in SFY22 developing the WF1 (WorkForce 1) Custom IPS data system. WF1 is a case management system commonly used by employment and training programs in Minnesota. Project staff are asked to complete data reporting on a quarterly basis. Data reporting has just been completed for the first program year which ended in June 2022. This data provides individual level and employment data that has not been available previously.

In the first full year of WF1 Custom IPS data (July 1, 2022-June 30, 2023) IPS projects with state grants provided services to 961 individuals. Sixty-seven (67%) percent of these participants worked in integrated competitive employment during the year.

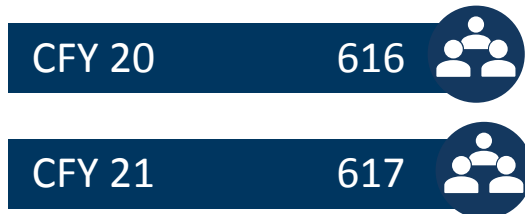
To compare this to national and international data, Minnesota’s IPS programs are part of an International IPS Learning Community. The IPS International Learning community collects and reports data on employment attainment quarterly. Quarterly aggregate data is reported through a data portal to the IPS Supported Employment Learning Community. Quarterly reports are available to state leaders and are shared with all Minnesota programs.

Minnesota has had the highest rate of employment attainment in the United States since 2010 and this continued through SFY 2022 despite the continuation of the global pandemic and challenging workforce issues (staffing) experienced by projects. The most recent quarterly data (www.ipsworks.org) indicates that the average employment attainment rate for IPS projects in the United States in the last quarter was 46%.

Minnesotans Served by IPS State Grant Funded Projects (IPS International Data Portal)



Minnesotans who attained Employment through the IPS State Grant funded projects.



IPS CUSTOM WORKFORCE ONE FIRST FULL YEAR RESULTS:

Wages and Hours Worked:

People who obtained employment had an average hourly wage of \$14.33 with a range of hourly wages across programs from \$12.08 to \$43.00. Consistent with national data, the average hours worked per week was 24 hours with a range across programs of 19-36 hours worked per week. National research indicates that it is common for people with serious mental illness to seek employment in jobs that offer part time and/or flexible hours so they can maintain the publicly funded benefits they receive for necessary mental health, health care and medication coverage.



25% were youth.
4% over the age of 65.

Most participants were of working age (15-64 years old).

The average age across programs was 41 years of age with a range of 15-72 years of age across programs. Twenty-five percent were youth and four percent of participants were over the age of 64.



51% male



49% female

Gender: By gender the participants were roughly split in half with fifty one percent male participants.

Race/Ethnicity:

Twelve (12) percent of participants were black or African American, 2% American Indian, 1% Asian and 75% White. 4% of participants reported being of more than one race. Five percent of participants were reported as being of Hispanic or Latino background.

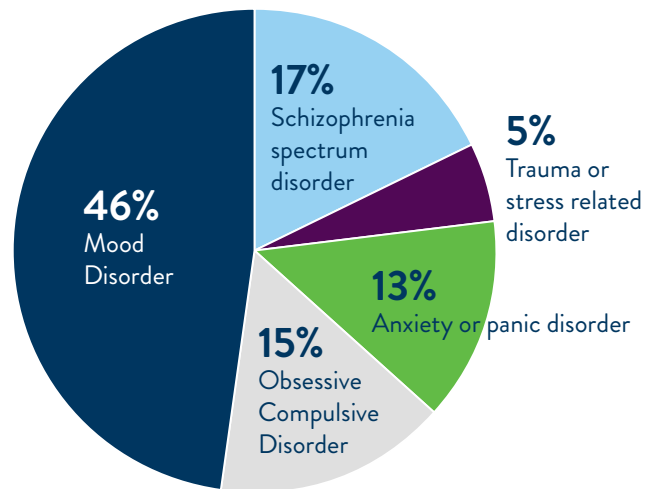


12% Black or African American | **2%** American Indian | **5%** Hispanic/Latino | **1%** Asian | **75%** White

Type of Mental Illness Diagnosis:

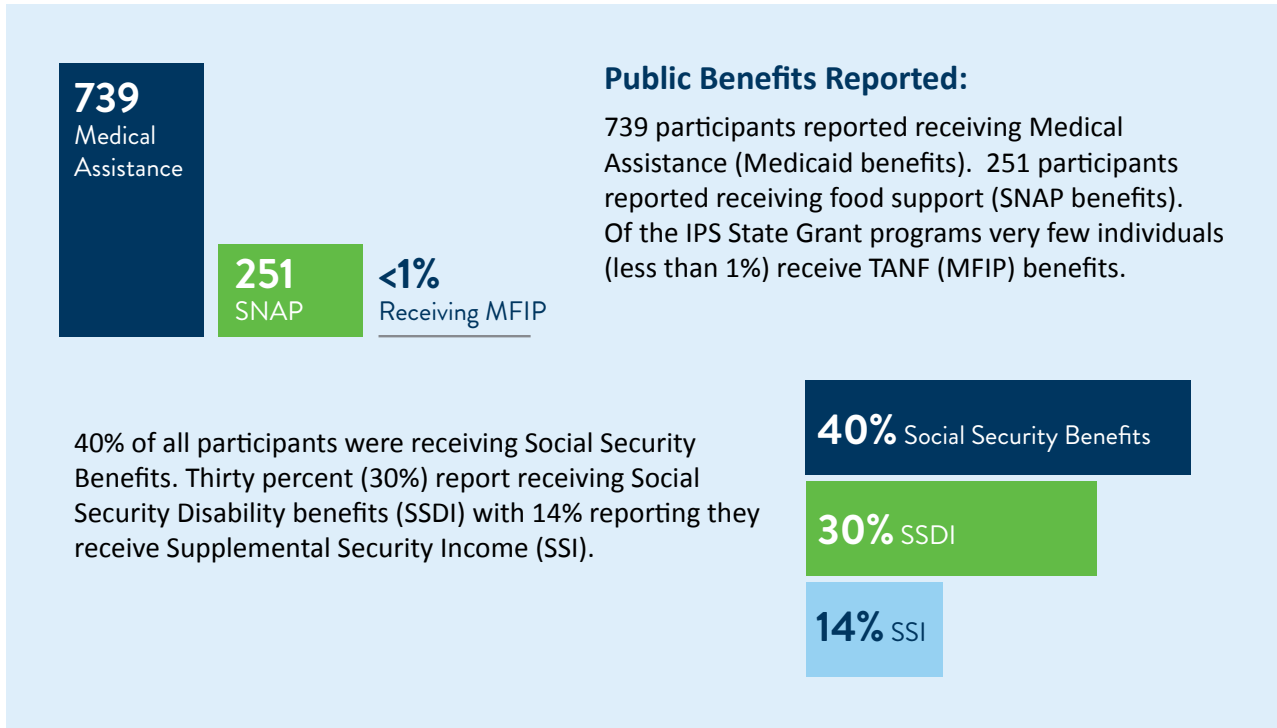
All participants are individuals with serious or major mental illnesses who experience significant limitations in functioning in one or more life domains. IPS fidelity reviews indicated that many have co-existing substance use disorders and complex medical issues. Many also have experiences that include justice system involvement, incarceration, trauma, and homelessness.

Data on primary mental illness diagnosis indicated that 46% of participants had a primary disability of mood disorder (including major depressive disorder), 15% had obsessive-compulsive disorder, 13% percent had an anxiety or panic disorder, 5% had a trauma or stress related disorder, and 17% had a diagnosis involving a schizophrenia spectrum disorder, often considered the most disability condition for people with mental illnesses.



Educational Background:

Educational attainment at program entry indicates that very few (less than one percent) of participant had less than a high school education. Over one-third of participants had some additional post-secondary education or training following high school.



Occupational groupings for people starting jobs:

The data system also collects information on jobs based on national classifications for occupational categories. Consistent with national data, most job starts are in entry level jobs. However, there are participants across all the projects in smaller numbers who acquire jobs in professional and technical occupations including those in teaching positions, health care and animal care.

Occupation	Percentage
Retail Sales Workers	16%
Building Cleaning and Pest Control workers	10%
Material Moving Workers	9%
Cooks and Food Preparation Workers	8%
Other Food Preparation and Serving Workers	6%
Nursing, Psychiatric and Home Health Aides	5%
Food and Beverage Serving Workers	5%
Information and Record Clerks	5%
Other Production Occupations	4%



IPS STORIES OF IMPACT

Making a difference: Now she works the other side of the table

In a lot of ways, Jill Belland came full circle. For many years she benefitted from services offered through a variety of providers following the IPS service model. Today, while still receiving mental health therapy and other services, she's also now working as an employment specialist for Functional Industries in central Minnesota.

"I worked with a lot of professionals along the way, good and bad," Jill says. "So now, being an employment specialist where I can potentially make a difference for the person, it is my mission to ensure they feel equal, empowered, welcome, and most definitely that they feel seen and heard during the process!"

Krissy Eich, supervisor of the IPS project that Functional Industries operates with the Central Minnesota Mental Health Center and Wright County Health and Human Services, says Jill's on-again, off-again journey goes back more than 20 years. Jill's mental health therapist suggested that she work with an employment specialist, job coaches, and VRS, alongside the therapy she continued to receive. The idea was to identify an employment goal and to talk through the anxiety and depression that had led to a series of jobs that never lasted very long.

"At first," Jill says, "it seemed silly to focus on work-related topics and goals while my depression still felt so heavy; although even during those uncomfortable meetings, I continued to remind myself that I could do better for myself."

She set her sights on completing a social work degree. Beginning in the late 1990s, VRS was able to offer assistance for Jill to pursue both an undergraduate degree and a graduate degree from the University of St. Thomas. Her education was interrupted several times, when she worked a series of jobs, none of them lasting very long. "I never had trouble getting the job but would start to crash and burn," she says.

In therapy, a pattern started to emerge. "I would feel great in the beginning but would quickly become overwhelmed, then depressed, then went into avoidance mode which often resulted in me quitting my job."

The long, bumpy, and often uncomfortable path that Jill had been following for so many years finally, in 2020, brought her to the



Jill, IPS program participant

job that she now feels that she might have been destined for. Functional Industries, one of the several IPS partners that had worked with Jill for all those years, hired her as an employment specialist to provide job counseling and job placement services to people with disabilities. She had indeed come full circle, to sit on the other side of the table. It was now Jill's role to assist people to find and maintain employment.

Jill freely acknowledges that her path to employment – to a job that she says is a calling, or a mission – was anything but easy. But, looking back on her journey, she says her experiences are crucial in her work of helping others identify their natural support system too.

"I'm not shy about talking about mental illness," she says. "There's no reason to hide or pretend it doesn't exist. Talking about it definitely helps. Now when I feel depression setting in, instead of calling in to work, I tell myself the best place for my mental health is to be at work. If I just get to work, I know I'll be better."

'Never had mental health counseling' It came late, but led to sobriety and a job

The drinking began when Andrew Johnson was in his 20s, but the mental illness that he now believes to be at the root of his alcoholism wasn't diagnosed until much later. Not until after he stole booze from customers' homes while he worked a heating and cooling maintenance job and got fired. Not until after episodes of deep depression and a suicide attempt that nearly succeeded. He'd sought and received counseling and therapy for alcoholism but, he says, "I never had a mental health counselor."

Mental health counseling and medication for bipolar disorder and recovery programs for alcoholism helped him get his life under control. Today, at 39, Andrew is three years sober and lives in a Twin Cities sober house, not just as a resident, but as a facility manager. And he enjoys a full-time maintenance job at the Minnesota Correction Facility in Stillwater, where he is responsible for maintaining refrigeration and chilling units, air conditioning, and other systems.

Andrew had settled on the goal of working in a prison. Why a prison? "It's because there's no booze in a prison. No booze, no temptation. Of course, I learned that there is booze in prison, but it's nothing I'd ever want to touch."

Dana Conroy is an employment specialist at Guild Services, a Twin Cities-based service provider to individuals with mental illness, and a long-time partner in the IPS projects. Dana worked with Andrew to assure his adjustment to sobriety and managing his mental health. "Mostly," Dana says, "my role was to offer



Andrew, IPS program participant

encouragement and advocacy – to help Andrew become his own best advocate and to encourage him to practice healthy self-care.”

Dana helped to prepare a resume and get Andrew ready for job interviews. She introduced Andrew to the Connect 700 program, a state program that assures individuals with disabilities an interview for state jobs and, if qualified, to try it out for 700 hours to prove they can succeed. If within the first 700 hours they show they can do the job, they are hired full time, with benefits.

“That’s what got me through the door,” Andrew says.

It did more than get him through the door. The Stillwater prison hired him before the 700 hours expired and he began receiving a competitive wage and benefit package, including health insurance and assistance in finding a new psychiatrist that would be covered by his health care plan.

One year later, Andrew works full time with occasional overtime on weekends to fill in for corrections officers. He’s even started an informal prison mentoring program to teach inmates the basics of a profession that might be useful to them when they get out. “I’m just trying to give back a little,” he says. “You get support from a lot of people, but then you have to give it away.”

Andrew’s journey through treatment and counseling wasn’t easy. “When I got into this people told me to plan on losing 90 percent of my friends. And they were right.” He’s lost some friends, even some family. But he’s made new friends, too – people in his Alcoholics Anonymous group, people in the sober house weekly support group, colleagues at work.

The sober house is near where he grew up in Golden Valley, just blocks away from where his father still lives. He visits his father regularly and sometimes goes there to care for his dad’s dog. And he’s thinking about moving back to the home he grew up in, to live with his dad while he saves enough money to think seriously about buying his own home.

Looking for ‘ideal work conditions’ Adapting to the realities of social anxiety

At his interview for a cleaning job, Randy Coates admitted that he doesn’t really like cleaning. Turns out that honesty can sometimes be a good interview policy. He got the job – and months later he’s still cleaning in the evenings at a clinic in Starbuck and its parent hospital in Morris.

In Randy’s case, the most important part of his job search was “to look for ideal conditions to accommodate his social anxieties,” says MaryBeth Koudela, an IPS employment specialist with Productive Alternatives, a service provider for people with disabilities in West Central Minnesota that partners with the Region 4 South Adult Mental Health Initiative and their combined adult mental health case management team. “What was most important regarding the position was that it was in the evening when patients weren’t coming and going, and other people had left the medical facility for the day.”

“I’ve had social anxiety for my entire life,” Randy says. At times it was so extreme that he couldn’t work in public: “I couldn’t handle situations where there were too many people.” He dropped out of school. He tried to find jobs, but he lived in a small community with few work opportunities. When he found a job, it didn’t last. Too many people around. Too much stress. He remembers participating in a couple of mental health counseling programs that “didn’t work so well.”



Andrew, IPS program participant

Randy first came to the IPS program in 2018 and, with assistance from a Productive Alternatives employment specialist, landed a job working from home as an independent contractor. It seemed like a good fit – working from home, away from other people – but in the end it didn’t work out. And Randy was once more unemployed. He had lost his general assistance benefits, had no income, and had to move in with a family member.

He returned to the IPS program in 2020 after seeking therapy and supports to help him adjust and was referred by his mental health case manager. Another mental health worker helped him attend classes and earn his GED. A weekly meeting with a therapist taught him coping skills to deal with the anxiety he felt when out in public. A Vocational Rehabilitation counselor offered guidance and counseling, purchased work clothes.

When the cleaning position at the Starbuck clinic opened, Randy was reluctant to apply. It was 20 miles from his home in Hancock. In a clinic there would likely be a lot of people around. But encouraged by MaryBeth and others on his treatment team, Randy did apply.

MaryBeth attended the initial learning meetings that he needed to complete. On his first day of work, she offered to accompany him, to help him adjust to his work environment. But Randy’s confidence was growing, and he decided to attend by himself. Two weeks after starting his new job his employer gave him a bonus and a gift basket. He’d never been treated so well. At his 90-day review, Randy’s supervisor complimented him for his strong work ethic and excellent performance.

“I’ve been lucky,” Randy says. “It not easy, and I’m sure I couldn’t have gotten here without all the help I received.”

The team working with him helped him develop a sense of confidence security in himself and his ability to function well in public. The social anxiety? It’s still there. But are things under control? “Not at all,” he says without hesitation. “But I do have an understanding and acceptance of the reality, and I am learning how to manage it. And if I can inspire other people by telling my story, I’m happy to do it.”



OPPORTUNITIES TO SUSTAIN AND EXPAND IPS IN MINNESOTA:

Minnesota has opportunities to sustain and expand IPS. Compelling evidence that people who experience psychiatric disabilities want to and can work successfully. With adequate funding, committed leadership, training, technical assistance and fidelity monitoring, programs across the world have successfully implemented IPS.

1. State Appropriation Funding

The base funding for the IPS program for the SFY 2024-2025 biennium is \$5.110 million. The Legislature appropriated a one-time increase of funds for this program for FY20-23. The one-time funding appropriated in 2019 helped to avoid cuts to the program and did not allow for service capacity increases.

Maintain Current Service Capacity: One-Time Funds:

Of the 1,000 individuals served in IPS per year, about 350 individuals are served with one-time funds appropriated by the legislature in 2019 that expire at the end of SFY 2023. Absent increased funding from the Legislature, these 350 individuals will lose access to critical IPS services. An appropriation increase of at least \$1 million per year to the base is necessary to avoid cuts to current service capacity.

Expand Service Capacity:

Increased access to services throughout Minnesota is a critical need. There are many areas of the state without access to IPS services – only 44 of Minnesota’s 87 counties have some access to IPS services. In addition to expanded geographic access, there is significant need to expand access to services for individuals with serious mental illness who are Black, Indigenous, People of Color. Health care disparities for individuals who are Black, Indigenous, and People of Color are well documented. Several factors contribute to these disparities, including patient distrust and poverty, treatment expenses, and proximity of medical services to the communities where minority populations live. Many communities with a disproportionately high proportion of people from racial and ethnic minorities lack access to affordable outpatient mental health services (<https://ps.psychiatryonline.org/doi/full/10.1176/ps.2007.58.12.1533>). IPS has been shown to be more effective than usual vocational services for Black, Asian, and Latinx clients, with significantly better outcomes for people receiving IPS than those receiving usual vocational services (<https://pubmed.ncbi.nlm.nih.gov/29036727/> and <https://link.springer.com/article/10.1007/s10488-021-01180-0>). IPS is a critical tool to improving employment and health outcomes for all Minnesotans.

An appropriation increase (above the \$1,000,000 to cover one-time funds) in the base is necessary to expand service capacity in Minnesota.

2. Funding to compensate mental health treatment providers.

Mental health treatment providers who embed IPS employment specialists into multidisciplinary treatment teams and provide ongoing case consultation to IPS employment specialists are currently not reimbursed for their time. It is vital to the IPS approach to have this level of integration with mental health treatment providers. To ensure excellence and continuity of service, Minnesota should explore ways to reimburse these mental health providers for clinical case consultation services.

3. State Infrastructure and Support

Research studies confirm that high fidelity is correlated to greater employment outcomes for participants as well as higher retention rates for programs. In order for IPS projects to achieve and maintain high fidelity to the IPS model, adequate state IPS infrastructure and support is necessary. This IPS infrastructure includes training and technical assistance to IPS projects, data collection, program monitoring through fidelity reviews, quality assurance and program evaluation. Currently, Minnesota’s IPS program does not have adequate funding for a robust IPS infrastructure.

4. Research informed opportunities for expansion with new funds

Three state projects have participated in national research study using existing grant funds, but there are no funds to support other projects in expanding to serve this population or implement the findings of national research projects when they are published.

Minnesota IPS projects have demonstrated an interest in expanding IPS services to serve young adults who experience mental illness, consistent with the mandates of WIOA (Workforce Innovation and Opportunity Act). WIOA requires the VR program to emphasize services to young adults with disabilities. Results from another important national research project Results from another important national research project (Supported Employment Demonstration Project) are expected to be available in the next year. The study evaluated an early intervention approach for people who are initially declined by Social Security when they apply for disability benefits. The study also incorporates two other evidence based mental health practices: Medication Management Support and Care Coordination alongside the IPS approach. Minnesota currently lacks the resources to implement the findings and recommendations from either of these groundbreaking research studies.

Individual placement and support is an evidence-based practice for helping people with serious mental illness gain, maintain and advance in **integrated competitive employment**.

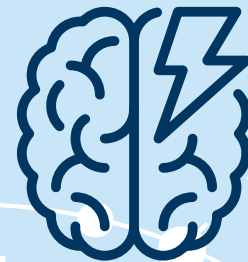
People living with serious mental illness **want to work**. IPS helps them **attain their goals**.



Studies show **60%** of people with SMI want to work, but only about **15%** are employed.

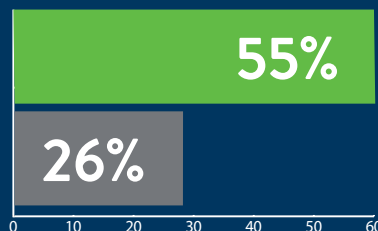
Benefits of Work for People with Serious Mental Illness

- Increased self-esteem
- Better control of psychiatric symptoms
- Reduced psychiatric hospitalizations
- Reduced criminal justice involvement
- Increased self-sufficiency
- Decreased dependence on others



THE IPS MODEL IS COST-EFFECTIVE

EMPLOYMENT RATES:
IPS VS. OTHER SERVICES



For every 100 people who enroll in IPS in the US, 55 get a job, more than twice as many as those who enroll in any other employment program.



HAVING A JOB CAN REDUCE THE COSTS OF REHABILITATION AND MENTAL HEALTH SERVICES.

A 10-year follow-up study of people with co-occurring serious mental illness and substance use disorder found an average annual savings of more than \$16,000 per person in treatment costs for steady workers, compared to clients who remained out of the labor force.

IPS in Minnesota is provided in partnership with the DEED-Vocational Rehabilitation Services, Department of Human Services – BHDH Division and our network of community providers.

19 Projects in 44 Counties

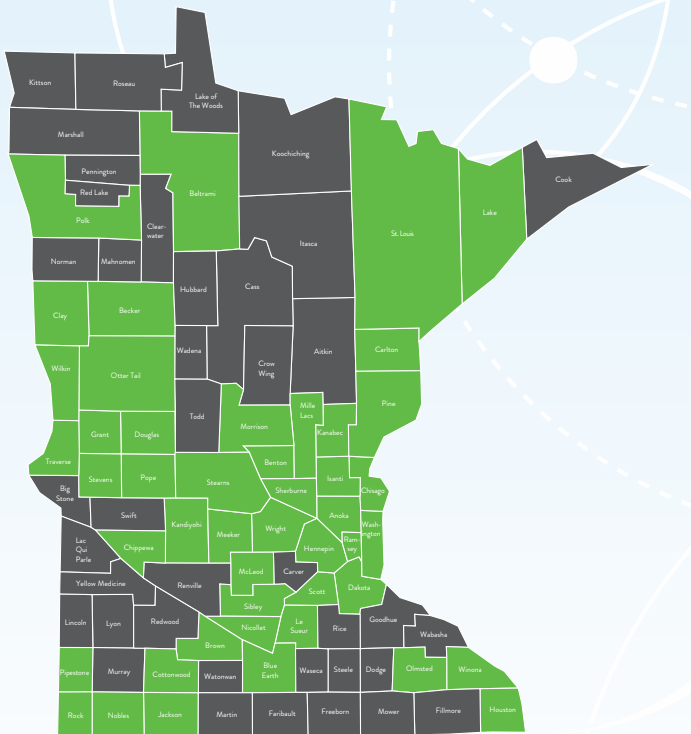
32 MH Partners



961 People served in PY22

67% People who went to work

IPS STATE GRANT FUNDED PROJECTS



COUNTIES WITH NO ACCESS TO IPS

THIS MODEL IS EVIDENCE-BASED

U.S. and International Randomized, Controlled Trials Show:

- IPS greatly outperforms standard employment supports.
- IPS works in both urban and rural communities.
- IPS works for youth and young adults.
- IPS works for people from different racial, ethnic, and minority backgrounds.
- IPS supports people with education goals.



For more information contact:

Claire Courtney, DEED-VRS at Claire.courtney@state.mn.us or Sara Gable DHS-BHD Sara.Gable@state.mn.us

*Claims in this document are supported by more than two decades of research.

Visit IPSworks.org to learn more.