



INDIVIDUAL PLACEMENT AND SUPPORT

for Persons with
Serious Mental Illness
in Minnesota



Report to the Legislature as required by Minn. Stat. §268A.14

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IPS OVERVIEW

Minnesota's IPS projects assist people with serious mental illnesses to achieve steady employment in integrated competitive employment by providing a full range of employment services and supports. 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 mental health diagnosis, substance use, 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 and meta-analyses suggest that IPS is the most effective way to provide employment services for persons with serious mental illnesses. IPS is 2.4 percent 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. 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, triple the number working 20 hours/week or more and reported greater job satisfaction. About 40 percent of IPS participants who obtain a job with help from IPS become steady workers and remain competitively employment 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).

People with serious mental illnesses continue to constitute the largest and fastest-growing group of beneficiaries in Social Security Disability programs. Once on disability, 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 funded by NIDILRR (National Institute on Disability, Independent Living, and Rehabilitation Research) with the IPS Employment Center at Westat to evaluate the IPS approach for young adults. 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) Vocational Rehabilitation Services (VRS) Division and the Department of Human Services (DHS) Behavioral Health Division began to collaboratively address employment issues for persons living with serious mental illnesses with a focus on “best practices”. 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) in the 2000s. 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” these earlier service models were later replaced by the evidence based practice of supported employment, known as Individual Placement and Support (IPS). Prior to IPS, employment services were not formally 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 database. Minnesota joined the IPS International Learning Community in 2005 with support from BHD and VRS leadership and received training and technical assistance from the IPS Employment Center at Westat (formerly at Dartmouth Psychiatric Research Center).

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 guide and measure implementation. Between 2006 and 2007 six IPS projects were implemented. In 2013, the Minnesota Legislature appropriated \$1 million in funding to expand the IPS program. All projects formerly known as EE-SMI (Extended Employment for People with SMI) were transformed to the IPS approach. In 2016, two

Definition and Characteristics of IPS/Supported Employment

The Individual Placement and Support (IPS) practice of supported employment helps people living with behavioral health conditions (mental illness and substance abuse disorders) work at regular mainstream jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment.

- IPS is an evidence-based practice
- IPS uses a multidisciplinary team approach
- IPS changes the way mental health and employment services are delivered by integrating employment into mental health services
- IPS is an employment first approach
- IPS is person centered and strength based
- IPS has a core belief that work promotes recovery and wellness for people with behavioral health conditions

new and one significantly expanded IPS expansion programs were made possible when the Legislature 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 with the stipulation that these funds could be used over three years (until 2023). At the same time, Federal VR officials communicated that VR funds could no longer be used for grants to IPS projects. In order 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 21- 23. Thus, no new IPS projects were able to be funded with these resources.

INCIDENCE OF SERIOUS MENTAL ILLNESS IN MINNESOTA

There is no registry of persons with mental illness as 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. Minnesota DHS applies the federal prevalence estimates of serious mental illness to the Minnesota population. The current prevalence of serious mental illness from the National Institute of Mental Health (NIMH) (https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154788 retrieved 7/8/20) is 4.5 percent of the population of all adults (18 and older). Applied to the adult population of Minnesota, 163,446 Minnesota adults have serious mental illness. The IPS State grant program on average serves about 1,200 people with serious mental illness annually.

Based on national studies over the past 30 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. The NAMI (National Alliance on Mental Illness) report "Road to Recovery" (2014) indicates the employment rate of persons with serious mental illness has declined over the last 10 years. NAMI estimates that less than 2 percent of people with SMI who want to work are receiving IPS supported employment nationally. Current funding is clearly not adequate to reach all who need services. New funding in the last legislative session 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 Core Principles

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

1. **Integration of 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 are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment.
3. **Eligibility Based on Choice/Zero Exclusion:** People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
4. **Attention to Individual Preferences:** Services are based on each person's preferences and choices, rather than a mental health or employment providers' judgments.
5. **Personalized Benefits Counseling:** Employment specialists proactively help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government 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 specialists connect people to appropriate resources and provide continued support as needed.
7. **Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preferences, 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.

IPS in Minnesota involves partnerships between mental health programs (private not for profit or county operated) and community rehabilitation employment programs. Presently, 13 community rehabilitation programs partner across Minnesota with 36 different mental health partners: 20 mental health centers and programs and 16 county mental health case management (TCM) or other county operated mental health service including two Adult Mental Health Initiatives (AMIs). Eight 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 58 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 OF PARTICIPANTS IN IPS IN SFY 2020

IPS state grant participants are co-enrolled with the VRS program through IPS counselor liaisons assigned to individual programs. VR data reflects the demographics of IPS participants in Minnesota.

IPS participants are generally of working age (15-64 years old).



15% between the ages of 15-24.

1% over the age of 65.



48% male



52% female

7% of participants were black or African American **3%** American Indian **4%** Hispanic/Latino
3% Asian **80%** White **6%** more than one race/ethnicity

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

38% were receiving Social Security benefits (SSI/SSDI).

Of these individuals:

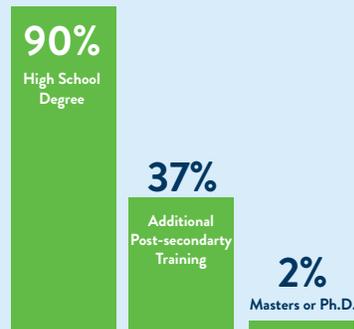


5% received both SSI and SSDI.

Sixty-three percent of participants were reported to be receiving some other type of public assistance.



Education levels of IPS participants



Data on primary mental illness diagnosis indicated that **57 percent of participants had a mood disorder** (including depression and bi-polar disorder). **Ten percent had an anxiety or panic disorder** (including post-traumatic stress disorder) and 13 percent had a diagnosis involving psychosis (schizophrenia spectrum disorders). **Five percent of participants also had a diagnosis of Autism.**



IPS INTERNATIONAL LEARNING: MINNESOTA DATA

Minnesota’s IPS programs are part of an International IPS Learning Community. 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.

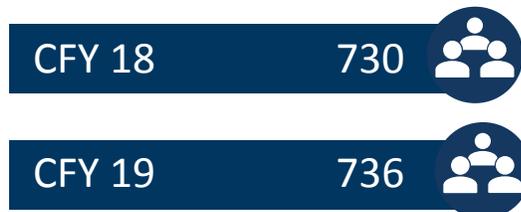
Minnesota has had the highest rate of employment engagement, job starts in integrated competitive employment during a quarter, since 2010 and continues in the last quarter available 2nd Qtr of CY 20 to have the highest rate of employment engagement amount the 24 States in the IPS learning community in the United States. Minnesota IPS programs combined has a 60 percent rate of competitive employment as compared to the average across all other states of 45 percent.

The IPS Employment Center reports data on a calendar year.

Minnesotans Served by IPS State Grant Funded Projects



Minnesotans who went to work through the IPS State Grant Funded Projects



average hourly wage

IPS participants who went to work as a result of services, reported average hourly wage of \$12.22 with a range of \$10.41-\$27.89. Participants worked an average of 23 hours per week with a range of 8-40 hours per week.

IPS STORIES OF IMPACT

Kim benefits from IPS team's collaboration

Last fall, after a 20-year absence from the work world, Kim was happy and proud when she found the courage to think about working again. But after years of dealing with significant mental health and medical challenges, she was unsure what she wanted or what she could do.

That's where the IPS program stepped in. Kim met with Lisa Carlson, a Rise employment consultant with the Anoka County IPS program, and LaNay Koralesky, a career counselor with Minnesota Vocational Rehabilitation Services. Together the three developed an employment plan for Kim.

"Lisa and LaNay were the angels I needed to help me overcome my fears about re-entering the work world and determine how to get back on track," said Kim.

In addition to determining what would be a suitable kind of job for Kim, Lisa, and LaNay assisted her in putting together a resume, conducted a job search, honed her presentation skills by conducting mock job interviews, and helped her fill out applications and other necessary paperwork.

On November 25, Kim started her new job at the Stepping Stones Learning Center, a day care center in Blaine. Then the COVID-19 pandemic struck, and just months into her new job, Kim was laid off. But just four weeks later, she was called back and she is enjoying her job at the day care center.

"I know exactly what I need to do and work relatively independently," she said. Because of the pandemic, there are fewer kids at the facility, so when Kim has finished doing the dishes, she finds other things to clean, like the bathrooms and windows.

"I like the freedom I have and hope to work here a long time," she added. "Lisa and LaNay worked so closely with me. They were the 'wind beneath my wings.' I never would have had the strength to do this on my own without their support and encouragement."

There are ongoing meetings with Kim, mostly by phone and email, to see how she's doing and other guidance and support. Last year Kim's therapist had referred her to the Bridgeview Drop-In Center at the Lee Carlson Center for Mental Health and Wellness in Fridley. And now that's she's back at work, Kim plans to put together a Wellness Recovery Action Plan (WRAP) at Bridgeview to help her continue to do well.



Kim, IPS program participant

Andrea achieves success through partnership

In time of pandemic, people with direct support skills and experience are in high demand. Andrea knows the importance of her work as a personal care assistant (PCA), even though her ultimate career goals are elsewhere. She has a long history of working in the health care industry, but after moving to Minnesota from Illinois last fall, she hoped to move into something different, perhaps a retail position.

Her therapist, Brian McCullough at the Hennepin County Mental Health Center (HCMHC), referred her to an IPS program called Creating Access, operated by Rise. In January Hollie Petersen, a Rise employment consultant, and Erin Kampa, a VRS career rehabilitation counselor, began to assist Andrea in developing new career goals.

Erin helped Andrea develop an employment plan that included assistance with transportation, obtaining interview and work clothing, job placement services, job follow up, and training program exploration as she is hoping to return to college. With Hollie's assistance and support, Andrea did several successful interviews at retail stores. But before receiving any job offers, COVID-19 hit and the stores all closed.

Needing an income during the pandemic, she accepted two separate PCA positions, which are valuable for building her transferable skills. Andrea continues to work with Rise, VRS, and HCMHC for assistance in maintaining her employment as she continues to explore the possibilities of retail employment and plan for her eventual goal of returning to college.

Andrea hopes to resume her career development and job search again soon. In the meantime, she is successfully maintaining both of her PCA jobs. She has shown resilience in the face of numerous challenges – moving to a new city, living through an unprecedented time of pandemic – as she focuses on developing new skills for a new career.



Hollie Petersen,
RISE Employment
Consultant



Erin Kampa,
VRS Career Rehabilitation
Counselor

IMPACT OF COVID-19 PANDEMIC ON IPS IN MINNESOTA

COVID-19 changed many aspects of employment services provision, including how IPS services are provided. Minnesota's IPS projects adapted rapidly while implementing program decisions focused on the safety of IPS staff members and program participants. Everyone is vulnerable to COVID-19 infection and many people with serious mental illness are at a higher risk for illness severity due to comorbid health conditions.

Anecdotal reports from the community rehabilitation provider community in Minnesota indicate that IPS projects provided continuity of services to people with mental illness during the pandemic "without missing a beat". All IPS projects in Minnesota continued to provide services, at a time when many other employment service providers were forced to close, suspend services and furlough staff members. Perhaps this is because the IPS approach already requires staff members to operate with maximum flexibility and/or because IPS is highly person centered as well as non-site or location based. IPS staff members were already accustomed to working independently outside of an office environment and already had technology to provide services outside of an office site.

1. All IPS projects in Minnesota continued to provide services remotely via phone, video, text message and email. IPS specialists increased the frequency of communication with IPS participants in order to provide holistic supports. IPS specialists also reached out to persons who may have previously successfully discontinued services in order to ascertain if additional supports may be needed due to the pandemic situation and/or the person experiencing layoffs or furloughs.
2. IPS specialists continued to deliver employment services, including engagement, intake, assessment using the Career Profile, job search activities (preparing resumes and applying for jobs) and job retention supports. IPS specialists offered important emotional support to people by checking in frequently, sharing encouragement, and promoting safety and wellness strategies. IPS specialists developed tools to help participants make informed decisions about continuing to work and/or seeking and starting new jobs during this time, including assessing individual risk, using Protective Personal Equipment (PPE) and evaluating an employer's safety precautions.

3. IPS specialists and mental health teams helped participants deal with financial changes, including applying for unemployment benefits and linkage to individualized benefits counseling.
4. IPS projects responded to a rapidly shifting labor market by continuing to help people find jobs and build employer partnerships. Rather than contacting employers in person, IPS specialists developed strategies for connecting with employers remotely and using previously established networks. IPS participants still received job offers and many participants continued working in essential jobs.
5. IPS specialists found they were able to stay connected to their mental health team partners using virtual technology. Minnesota mental health partner teams rapidly adopted tele-health strategies and used virtual technology to meeting remotely to coordinate support for clients.
6. The Minnesota IPS state team (members from VR, BHD and two part-time contracted trainers) increased communication with IPS projects and staff members with weekly email updates and resources. Minnesota launched monthly Zoom IPS employment supervisors' calls and developed and delivered a new online training for IPS employment supervisors. IPS fidelity reviews (two-day in-person) were suspended in accordance with the recommendations from the IPS Employment Center. Until such visits can be conducted again in person, Minnesota developed and implemented a protocol to use virtual technology to provide monitoring, technical assistance, and quality improvement suggestions to Minnesota IPS projects.



OPPORTUNITIES TO SUSTAIN AND EXPAND IPS IN MINNESOTA

Minnesota has opportunities to sustain and expand IPS. Compelling evidence shows that people who experience psychiatric disabilities both want to work and can work successfully. With adequate funding, committed leadership, training, technical assistance, and fidelity monitoring, programs across the world have successfully implemented IPS in over 80 percent of programs that have adopted this approach.

1. **Funding**

One-Time Funds.

The IPS projects are funded by a \$2,555,000 annual appropriation from the Minnesota Legislature.

Historically, the IPS projects have also been funded with an additional \$400,000 in Vocational Rehabilitation (VR) program funds. In 2019, the Rehabilitation Services Administration – VR’s federal funder and regulator – required Minnesota VR to end all grants with VR program funds.

About the same time, the 2019 Legislature appropriated one-time funds of \$1,800,000 for IPS projects available through State Fiscal Year 2023.

DEED-VRS is using \$600,000 each year in state fiscal years 2021, 2022, 2023 of the one-time funds to fund existing IPS projects. These one-time funds have saved existing projects from cuts due to the loss of \$400,000 VR funds. The remaining \$200,000 per year is also being used for existing projects to avoid diminishing capacity. The biennial budget base funding for IPS projects has remained flat for many years while staffing costs and operating costs for grantees have continued to rise. This reality has forced grantees to employ fewer people to carry out the work, resulting in a loss of capacity over time to provide services. Put simply: fewer people are served in IPS each year funding from the legislature remains flat.

A base funding increase of at least \$600,000 annually is required for the IPS State Grant Program sustain the IPS projects and ensure continuity over time.

Increasing Capacity. If the legislature is interested in serving additional individuals in more communities, a substantial base funding increase is necessary.

Reducing grantee staff turnover. Staff turnover among grantee organizations causes significant disruption in service delivery. Staff turnover runs as high as 250 percent annually in some projects. The reasons for staff turnover are sometimes complex, but sometimes are as simple as grantee organizations being able to pay their staff a competitive wage, provide training opportunities to staff, etc. Grantees are not able to pay competitive wages and benefits to their staff because the funding for the grants has been flat. There is an opportunity for the state legislature to increase the base appropriation so VRS can fund projects to a level that allows grantees to offer competitive salary and benefits.

Greater Minnesota. Up to 39 percent of the state’s population, 2,101,500 people, reside in rural areas. This presents unique service delivery issues for IPS service providers. In Greater Minnesota, mental health partners commonly serve multiple counties. This expansive service area requires substantial transportation costs and/or access to technology and broadband to conduct services virtually. Because the grant funding has remained flat, there are not adequate grant resources for providers to cover these costs. There is an opportunity for the state legislature to increase the base appropriation so VRS can fund projects to a level that allows grantees to cover transportation or technology costs to serve all Minnesotans.

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 clinical case consultation services.

3. **State Infrastructure and Support**

IPS Administration. Minnesota's IPS projects are administrated at the state level by staff from the Department of Human Services – Behavioral Health Division (DHS-BHD) and DEED-VRS. Current state funding does not provide funding for staffing to adequately administer and support the projects at DHS-BHD and DEED-VRS. There is opportunity to have a stronger IPS infrastructure if there was funding available for administration of the program to provide capacity for training, technical assistance, data collection, program monitoring/fidelity reviews, and evaluation.

Medicaid funds. Other states fund IPS services as a Medicaid benefit. There is an opportunity for Minnesota to explore how Minnesota might braid Medicaid funds together with the IPS state grant funds.

4. **Research informed opportunities for expansion with new funds**

Two state projects are participating 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 the national research project when they are published. Other 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 (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 this groundbreaking research study.

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.

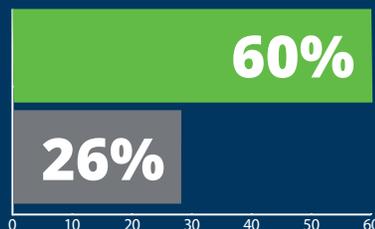
Benefits of Work for People with Serious Mental Illness

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

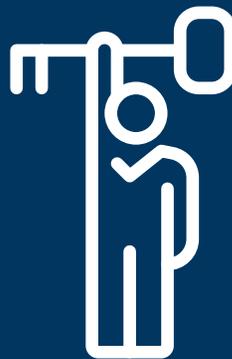


THE IPS MODEL IS COST-EFFECTIVE

EMPLOYMENT RATES:
IPS VS. OTHER SERVICES



For every 100 people who enroll in IPS in the US, 60 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 – Behavioral Health Division and our network of community providers.

23 Projects in 51 Counties

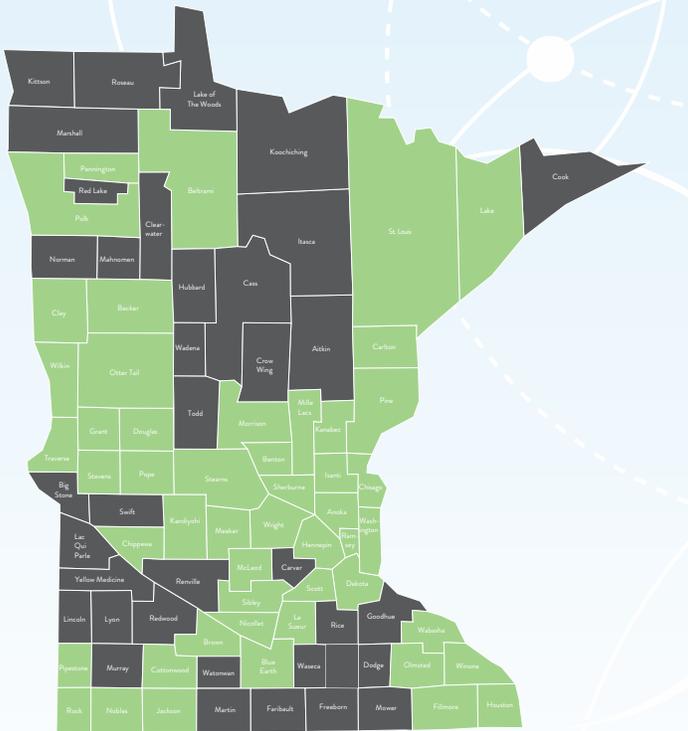
36 MH Partners



1,226 People served in C19

64% People who want 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:

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

Visit IPSworks.org to learn more.