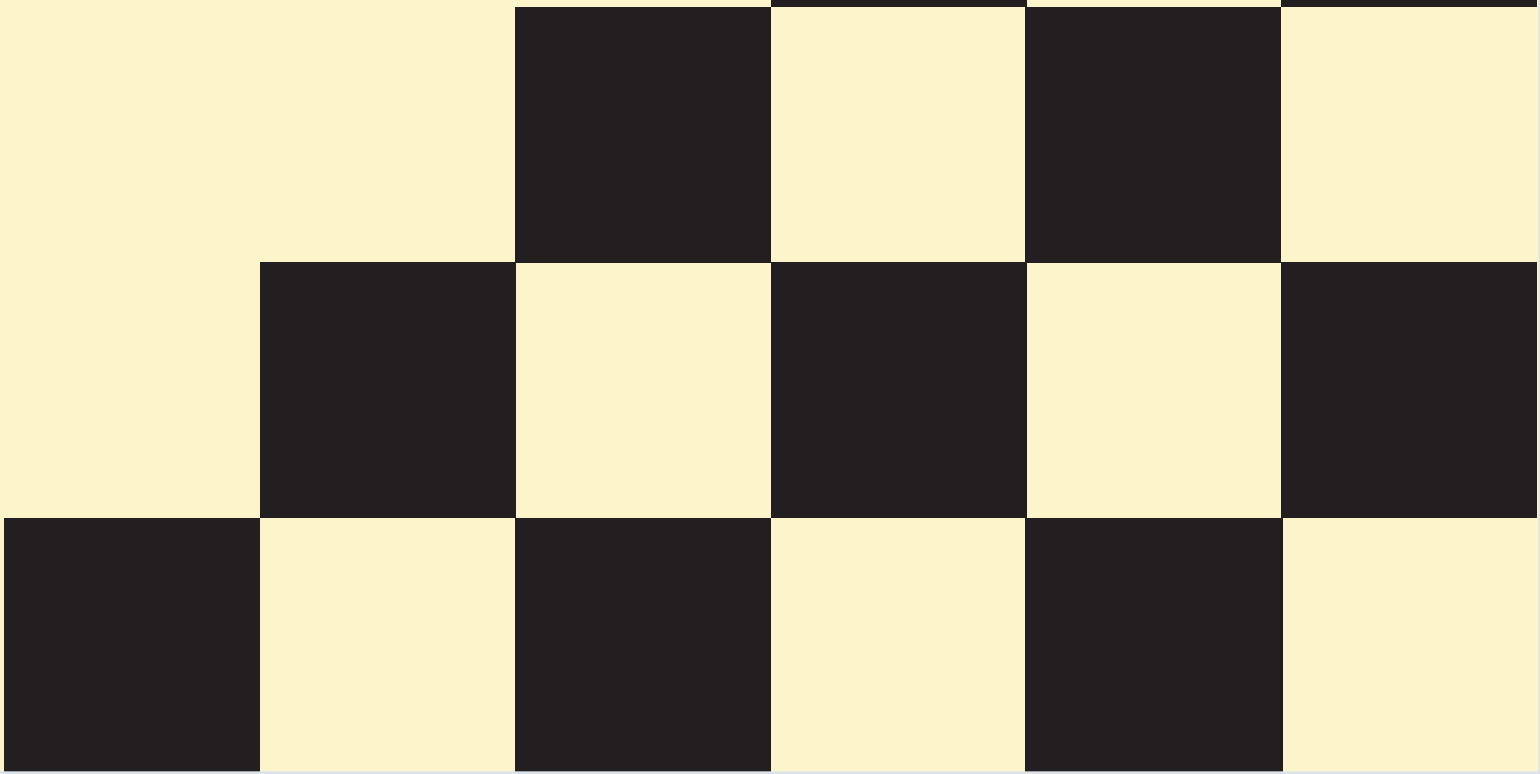




Individual Placement and Support

**Background and
Directions for
Future Research**

**OPRE REPORT
2020-139
DECEMBER 2020**





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Background and Directions for Future Research

OPRE Report 2020-139

DECEMBER 2020

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Overview

INTRODUCTION

This paper describes the Individual Placement and Support (IPS) model, a framework for providing employment services to those facing barriers to work. IPS was originally designed for individuals with serious mental illness served by community mental health centers but has gained interest as a strategy to promote employment for a range of disadvantaged populations seeking jobs. Features of the model include a focus on rapid job search, competitive employment, and client job preferences; small caseloads; benefits counseling; and coordination between employment services staff members and mental health care providers.

MDRC, in partnership with MEF Associates and Abt Associates, is studying IPS as part of the Building Evidence on Employment Strategies for Low-Income Families (BEES) project, funded by the Office of Planning, Research, and Evaluation within the Administration for Children and Families. Through a series of rigorous evaluations, BEES aims to increase understanding of interventions that are effective in helping low-income individuals find jobs and advance in the labor market.

PURPOSE

Low-income populations often face significant and complex barriers to finding and keeping jobs. A range of employment and training programs is available to help these populations, but few strategies demonstrate long-lasting and more-than-modest improvements in employment outcomes. Practitioners, policymakers, and researchers continually seek new approaches that may prove more successful than existing strategies.

IPS is one approach that may be promising for some struggling job seekers. There is extensive evidence of IPS's success with people who have serious mental illness. Given the model's success with this group, policymakers, practitioners, and researchers are interested in whether it can achieve similar success with individuals facing other types of employment challenges, such as some low-income populations and those dealing with health conditions other than serious mental illness. This paper provides background on IPS to consider when exploring expansions of the model to other populations.

KEY FINDINGS AND HIGHLIGHTS

- IPS is defined through eight principles and a Fidelity Scale, both of which leave room for flexibility in implementing the model. However, the IPS label generally implies that programs at least reflect the principles of rapid job search, systematic job development (working with employers to place clients), competitive employment, and integration between employment services and mental health services.

- Typically, IPS programs help people search for jobs, help them identify appropriate job openings, help them understand how working will affect their public benefits, and support them after they find employment. Dedicated employment specialists deliver these services. Traditionally, IPS services have been delivered in a community mental health center and the employment specialists collaborate with the client’s mental health treatment team.
- Researchers have studied the effectiveness of IPS services for people with serious mental illness using randomized controlled trials. Most of these studies found that people who were offered IPS services were more likely to find jobs than similar people who were not offered IPS.
- The IPS model has also been extended in a few different ways from its traditional implementation: It has been used with populations who have conditions and disorders other than serious mental illness, in settings other than community mental health centers, and with certain adaptations to or enhancements of the model. A growing number of studies are exploring the effectiveness of these extensions. Early results have been mixed.
- Researchers have also studied IPS in Temporary Assistance for Needy Families (TANF) and workforce settings. Evidence from studies of these IPS implementations has been mixed and highlights important considerations about expanding the use of the model more broadly. These considerations include whether IPS will be successful for clients of these agencies who face different barriers to employment from those with serious mental illness, whether certain elements of IPS are relevant in these contexts, and whether adaptations to the model may be needed.
- More research is needed to understand how IPS can be applied in other settings and with other groups of people and whether such applications will be successful in connecting people to employment. The BEES project provides opportunities to explore IPS as a strategy for serving low-income populations, including those who receive mental and behavioral health services in Federally Qualified Health Centers, low-income individuals receiving services for substance use disorder, people served in community mental health centers who have challenges other than serious mental illness, and individuals served in other human services contexts.

GLOSSARY

- **Serious mental illness:** Having one or more diagnoses of mental disorders that result in significant impairment in functioning.
- **Community mental health center:** A community-based, rather than hospital-based, service for people with serious and persistent mental illness. Services can include clinical and primary health care, supportive housing, and various support groups.
- **Randomized controlled trial:** An experimental research design used to evaluate the effectiveness of an intervention or program by assigning individuals at random to a program group offered the intervention or a control group not offered it.

- **Temporary Assistance for Needy Families (TANF):** The TANF block grant program provides cash assistance and employment services to low-income families with children and funds a range of other social services.
- **Federally Qualified Health Centers:** Community-based health care providers that provide comprehensive services (including health and mental health services) to medically underserved areas or medically underserved populations.
- **Competitive employment:** Placement in jobs paying at least the minimum wage that are available to the general public, rather than jobs designed specifically for people with disabilities.

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The Authors

Low-income populations often face significant and complex barriers to finding and keeping jobs. A range of employment and training programs are available to help these individuals, but few strategies demonstrate long-lasting and more-than-modest improvements in employment outcomes. Practitioners, policymakers, and researchers continually seek new approaches that may prove more successful than already existing strategies.

Individual Placement and Support (IPS) is one approach that may be promising for some struggling job seekers. IPS, a model for helping people find employment, was originally designed for individuals with serious mental illness.¹ The approach helps people rapidly search for jobs, enables the development of connections between programs and local employers, and promotes collaboration between employment service staff members and mental health providers. Several rigorous studies have demonstrated the success of IPS in increasing employment rates among individuals with serious mental illness, particularly those served by community mental health centers.² Its use has grown rapidly since its development in the 1990s; IPS programs are now in nearly every state and several countries throughout Europe and Asia. In the United States, there are roughly 1,000 IPS programs serving tens of thousands of individuals each year.³ The IPS model's success in improving employment outcomes has led to interest in exploring whether it — or just some of its key principles — may have similar success with other populations facing challenges with employment, particularly some low-income groups.

This paper — developed as part of the Building Evidence on Employment Strategies for Low-Income Families (BEES) project, described in Box 1 — provides background on IPS to consider when expanding the model to other populations. In particular, it provides a context for policymakers, practitioners, researchers, and others who are not familiar with IPS and may not be familiar with related employment-focused programs and services for people with disabilities. It starts with an overview of the IPS model and discusses how it has traditionally been implemented, the evidence of its success, and more recent research on its application to new populations or in new settings. It then presents potential issues that may arise when expanding IPS to new settings. Finally, the paper considers how the BEES project may study the application of IPS to some subsets of the low-income population.

-
- 1 Serious mental illness is defined as having one or more diagnoses of mental disorders that result in significant impairment in functioning. The diagnoses most commonly associated with serious mental illness are schizophrenia, bipolar illness, and major depressive disorder. Individuals may have other disorders that result in functional impairment and therefore meet the definition of serious mental illness. See Substance Abuse and Mental Health Services Administration (2017).
 - 2 See the discussions of past research in Frederick and VanderWeele (2019) and Modini et al. (2016).
 - 3 Personal communication with IPS codeveloper Robert Drake (2020).

Box 1. Overview of the BEES Project

The Office of Planning, Research, and Evaluation within the Administration for Children and Families funded the Building Evidence on Employment Strategies for Low-Income Families (BEES) project to increase understanding of which interventions are effective in supporting low-income individuals in finding jobs, advancing in the labor market, and improving their economic security. It will do so through a series of experimental evaluations, when possible, of interventions that were identified as innovative and that hold the promise of promoting employment and building self-sufficiency among low-income populations. BEES makes a priority of evaluating programs that serve people affected by substance use disorder — including opioid use disorder — or other mental health conditions.

BACKGROUND ON INDIVIDUAL PLACEMENT AND SUPPORT

IPS is a framework for delivering employment services, defined by eight principles and a Fidelity Scale that measures whether a program's services and characteristics conform with best practices in meeting those principles. The principles, described in Table 1, center on features such as rapid job search, a focus on client job preferences, and the provision of benefits counseling. (A later section in this paper describes how these principles are implemented.) Both the principles and Fidelity Scale leave room for flexibility in implementing the model, and there is variation across programs in how IPS operates. Originally developed for people with serious mental illness, the goal of IPS is “competitive employment”: placement in jobs paying at least the minimum wage that are available to anyone in the workforce. This goal is in contrast to those of sheltered workshops — work settings specifically for individuals with disabilities — or subsidized jobs that are sometimes designed specifically for people with disabilities.⁴

IPS is a form of supported employment.⁵ Supported employment can be generally described as services that help individuals with disabilities achieve and maintain competitive employment.⁶ However, in practice the term “supported employment” typically refers to the more specific approach of rapid job search, and once jobs are found, training or supporting individuals in the job — often called the “place-then-train” approach.

4 Social Security Administration (2020).

5 There are other forms of supported employment that are not as clearly defined and do not qualify as IPS. Also, the term “supported employment” often refers to the type of services as well as an outcome (competitive employment). See Frederick and VanderWeele (2019). This paper uses “supported employment” to refer to the type of services delivered.

6 Supported employment has been legislatively defined as part of the Rehabilitation Act of 1973 (as amended by subsequent laws, including the Workforce Innovation and Opportunity Act), 29 USC 701 Section 7 (38).

Table 1. Principles of Individual Placement and Support

Zero Exclusion	There is a zero-exclusion policy: Every person who wants to participate is eligible.
Integrated Services	Employment services are integrated with mental health treatment.
Competitive Employment	Competitive employment is the main goal.
Benefits Planning	Participants receive comprehensive benefits counseling on how work and earnings interact with public benefits.
Rapid Job Search	The job search starts as soon as a person expresses interest in work. Any “prevocational” training is limited.
Systematic Job Development	Employment specialists systematically develop relationships with employers and actively engage in job development.
Time-Unlimited Support	Job support is available as needed and is not time-limited.
Worker Preferences	Client preferences regarding employment are important.

SOURCE: IPS Employment Center (2017).

History

IPS began in the 1990s, a time when the dominant approach to helping people with disabilities find work involved pre-employment training, also known as the “train-then-place” approach. Deborah Becker, a certified rehabilitation counselor, and Robert Drake, a professor of psychiatry for the Dartmouth Medical School, developed IPS and its principles for the New Hampshire Division of Behavioral Health. They based each of IPS’s eight principles on available research.⁷ Becker and Drake also created a center at Dartmouth to continue research on the model and to provide training and technical assistance tools for programs implementing IPS. Now known as the IPS Employment Center — and no longer affiliated with Dartmouth — the center also offers training and certification for some IPS staff roles, as well as tools to measure program fidelity.

Fidelity Scale and Monitoring

The principles that define IPS provide a framework for the model’s implementation. However, by design, they are not specific about how organizations should implement, organize, or operate

⁷ Becker et al. (2015).

their programs; nor are they specific about the types of organizations that should operate the program or the context in which the program should operate.

To provide guidance on the specific program characteristics that reflect the eight principles of IPS, the IPS Employment Center developed the 25-item IPS Supported Employment Fidelity Scale. This Fidelity Scale provides recommendations on specific components of IPS programs such as staffing and management roles; integration and collaboration among employment services, mental health services, and vocational rehabilitation; and the content of services delivered.

Programs regularly undergo reviews that use the Fidelity Scale to assess the extent to which they achieve the eight principles. Reviewers typically have received training in conducting the reviews and have observed other IPS fidelity reviews before conducting reviews themselves. Reviewers are often individuals (who are in some cases state employees) who also train staff to serve in IPS roles but may also be other individuals such as IPS supervisors from other agencies.⁸

Each item on the scale is scored from 1 to 5, with 1 reflecting no implementation of the item's criteria, and 5 reflecting full implementation. Therefore, possible total scores for the complete set of 25 items range from 25 to 125. The scale allows for flexibility within the range of programs that could be considered IPS. Figure 1 shows the ranges for each of these levels.

Figure 1. Fidelity Scale



In principle, programs can be considered IPS if they meet at least the threshold of “fair fidelity” (or would meet that threshold if reviewed). Given the scoring structure, fair fidelity can encompass programs that do not adhere to some of the principles. However, the IPS label generally implies that programs at least reflect the principles of rapid job search, systematic job development, competitive employment, and integration between employment services and mental health services.

⁸ The IPS Employment Center does not certify IPS programs as “official” or require that fidelity reviews be conducted in a specific way or by particular individuals; rather, they provide a set of recommended practices and guiding principles. However, some states that finance IPS programs may place requirements for reviews on programs they fund or provide higher rates of funding for services for programs that achieve good or exemplary fidelity.

TRADITIONAL IMPLEMENTATION OF THE IPS MODEL

IPS was first developed as a model for community mental health centers serving individuals with serious mental illness.⁹ Some of the features described in the Fidelity Scale reflect that context. Adoption of the model has extended to other types of organizations serving people with mental health and behavioral health challenges, though community mental health centers are frequently the setting for IPS programs and remain the most commonly studied locations. These programs are “typical” and “traditional” IPS examples.

IPS Services

In these community health settings, IPS programs typically work with individuals who have been receiving mental health services and who have expressed an interest in obtaining employment. The mental health staff working with an individual may identify this interest as part of an assessment or in the course of discussions with the individual and can then make a referral to the IPS program. According to the IPS principle of “zero exclusion,” all individuals interested in finding work should be able to receive IPS services.¹⁰

The philosophy of IPS is that the focus should be on immediate job search (so long as the client wants it).

Once participants are enrolled, IPS programs assign them to an employment specialist who works directly with them and provides the bulk of IPS services. The main services typically consist of the following:

Job search. Job search activities generally begin with the completion of an individual career profile. The IPS Employment Center has developed tools to assist employment specialists in developing the career profiles, including a questionnaire with about 200 questions on topics such as educational and employment background; work goals; job interests; factors that affect employment, such as criminal background; and health. The profile helps employment specialists understand a client’s job preferences, in line with the IPS principle that client preferences for work should be honored.

The next step is to apply for employment quickly. The Fidelity Scale has several benchmarks focused on the extent to which employment specialists take steps toward rapid and active engage-

9 Community mental health centers were developed as a community-based, rather than hospital-based, service for people with serious and persistent mental illness. Services can include clinical and primary health care, supportive housing, and various support groups. See American Society of Planning Officials (1967). States, federal grants, and Medicaid dollars fund these centers. See National Council for Behavioral Health (n.d.).

10 In programs adhering to those criteria, interested individuals still may not receive IPS services if there is not enough staffing capacity to serve everyone.

ment with employers to help clients find jobs. Clients (or the employment specialist on behalf of the client) should have their first face-to-face contact with an employer within 30 days of program entry. IPS programs differ from many employment programs in that there is no systematic focus on developing “job readiness” skills. The philosophy of IPS is that the focus should be on immediate job search (so long as the client wants it), and that starting job search and making contact with employers on a client’s behalf should not depend on an assessment of readiness by the program or the employment specialist. That said, employment specialists support clients in preparing for their job search and contact with employers, including helping them with résumés and giving advice on behavior and dress for interviews.

In IPS, the job search process is designed to reflect the clients’ choices and interests.

In IPS, the job search process is designed to reflect the clients’ choices and interests. Career profiles help employment specialists understand their clients’ interests, and employment specialists update them as needed. Job searches are not supposed to be driven by the jobs that are in high supply, though in practice employment specialists help clients understand which jobs that align with their interests are likely to be easier or more difficult to find. IPS employment specialists are actively involved in each client’s job search process, regularly contacting employers with the client — or on the client’s behalf — to learn about the job application process and determine whether the job is a good fit for the client before applying. They may also help clients complete applications or prepare for interviews, and often accompany them to interviews or other meetings with employers.

As stated earlier, IPS programs help people find competitive employment, which does not include jobs in a setting exclusively for people with disabilities or time-limited jobs that act as training or work experiences.¹¹ Employment specialists will help clients pursue education or training — if that is what the client wants — though IPS programs generally enroll individuals interested in working. These programs aim to help them find competitive employment quickly or may encourage clients to work part time if they are interested in attending education and training classes.

Job development. The IPS model emphasizes active and systematic job development. Under IPS, job development includes employment specialists building relationships with employers in the community to understand their hiring needs and to better support clients who are searching for jobs that interest them. The Fidelity Scale sets standards for employment specialists to make at least six face-to-face contacts with employers on average each week and maintain the quality of these contacts. For example, they work on learning about available jobs and describing the client’s strengths to prospective employers.¹² The employment specialist documents these con-

¹¹ Becker et al. (2015).

¹² The six contacts are across all the specialist’s clients (not per client) and may include more than one face-to-face contact with the same employer in the same week.

tacts; the IPS Employment Center offers a sample contact log for this purpose that tracks the date of contact, information about the employer and hiring preferences, and information about next steps. Employment specialists do much of their job development on behalf of specific clients looking for work, as opposed to just building a general pool of employer contacts.

Benefits counseling. The delivery of public benefits counseling is another principle of IPS. Provided by benefits counselors, these services could include helping clients understand how working will affect their public benefits and how to report earnings to various programs. Such counseling may be particularly important for individuals receiving disability benefits such as Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), as misunderstandings about the ways earnings affect eligibility for these benefits are common, and recipients often are concerned about losing their benefits if they increase the amount of time they work or start earning more money from a job.¹³ Benefits counselors can help recipients understand the extent to which work may affect the benefits they receive and help recipients make informed decisions about whether and how much to work. In many cases in IPS programs, benefits counseling is delivered through referral to a certified benefits counselor outside the IPS team.

Follow-along support. IPS services are available as needed and are not time limited. Services do not end once clients find employment. Follow-along support services are individually tailored; examples include such things as helping the client understand job responsibilities, discussing work performance with a supervisor, providing ongoing benefits counseling, and working to find the client a better job if desired. While employment specialists offer follow-along support to all clients, whether they deliver such support is the client's choice. As specified in the IPS Supported Employment Fidelity Scale, employment specialists should check in with clients at specific intervals, or as requested by the client. If a client is not responsive to an employment specialist's outreach attempts, the employment specialist should continue to make attempts until it is clear that the client no longer wants to receive services. While some clients opt for support for long periods, in most cases it does not last long.

Employment specialists should carry caseloads of no more than 20 actively engaged clients at a time.

The scale's standards state that employment specialists should carry caseloads of no more than 20 actively engaged clients at a time — even when not all those clients require intensive services — allowing them to provide high levels of individual support. Further, the standards state that employment specialists should spend at least 65 percent of their time outside their offices,

¹³ The rules regarding work and federal disability benefits are complex. Extended work can lead to a reduction in or cessation of disability benefits. However, both SSI and SSDI contain a number of work incentives — that is, special rules to make it possible for many recipients to work and continue to receive benefits. Benefits counseling can help recipients understand the program rules and make informed decisions about how work will impact their benefits.

meeting with clients or engaging in job development. Employment specialists regularly meet with clients in locations such as coffee shops, libraries, other agencies where clients receive services, and sometimes at clients' homes.

The description of services provided in this section is for a “typical” IPS program, but programs implementing IPS may consider the model’s defining characteristics to be flexible and therefore exclude certain features or incorporate enhancements outside of what is outlined in the Fidelity Scale. A later section discusses some of these programs.

Staffing

In the typical IPS design, the IPS employment team consists of employment specialists and their supervisors, and in some programs also includes peer specialists. These roles are described in Box 2.

Beyond these three roles, the IPS model assumes that the IPS team will collaborate with other staff members at the same agency, or with staff members at other agencies, to ensure that cli-

Box 2. IPS Employment Team Roles

Employment specialists. Employment specialists maintain individual caseloads of clients and help their clients explore work goals, search for jobs, and gain access to education or training. They are also responsible for conducting job development, including meeting with employers to facilitate placements for individual clients. Employment specialists continue to provide long-term support to clients after they have been placed in jobs. In line with the IPS principle of integrating employment services with mental health services, the employment specialists also participate in meetings with mental health treatment teams.

IPS supervisors. Supervisors lead the IPS employment teams, overseeing and supporting the employment specialists, taking responsibility for reviewing client outcomes, and communicating with mental health treatment team supervisors.

IPS peer specialists. Some IPS programs hire peer specialists — people with similar life experiences to the clients served by the program. They support clients by sharing how they overcame their own obstacles to achieve their career goals. Their specific roles differ from program to program. The IPS Employment Center supports programs that have peer specialists, but no fidelity measures depend on their presence, and peer specialists are not required for a program to achieve fidelity to the IPS model.

SOURCE: Becker et al. (2015).

Across most of these studies, IPS resulted in higher competitive employment rates.

ents receive all the services envisioned by the model. For example, while benefits counseling is a principle of the model, the model does not assume that there is a trained benefits counselor on the IPS team, but rather that the employment specialist will make referrals to an appropriate counselor who may be elsewhere in the organization or outside it.

Integration with Mental Health Treatment Teams

A central feature of IPS is that employment and mental health teams collaborate to serve individuals in an integrated manner. Based on the Fidelity Scale, this collaboration includes requiring employment specialists to attend — and take an active role in — mental health treatment team meetings at least weekly and documenting a client’s employment services and mental health treatment in a single chart.

For IPS programs run by community mental health centers or other mental health service providers, this integration may be relatively straightforward, as all staff members are already part of the same organization. In other cases, employment specialists are newly hired and brought into a mental health setting.¹⁴ The Fidelity Scale also accommodates IPS programs at organizations without internal mental health treatment teams that instead partner with mental health service providers (including community mental health centers), so long as these arrangements still meet the features described above. However, these arrangements face more challenges than organizations with internal mental health teams, including challenges with coordination and with ensuring the partner organization’s dedication to the IPS model.

TRADITIONAL IMPLEMENTATION OF THE IPS MODEL: EVIDENCE OF SUCCESS

Researchers have studied the traditional implementation of IPS for individuals with serious mental illness extensively, and research presents strong evidence about the model’s effectiveness for this population. Many of these studies have used randomized controlled trials.¹⁵ Among

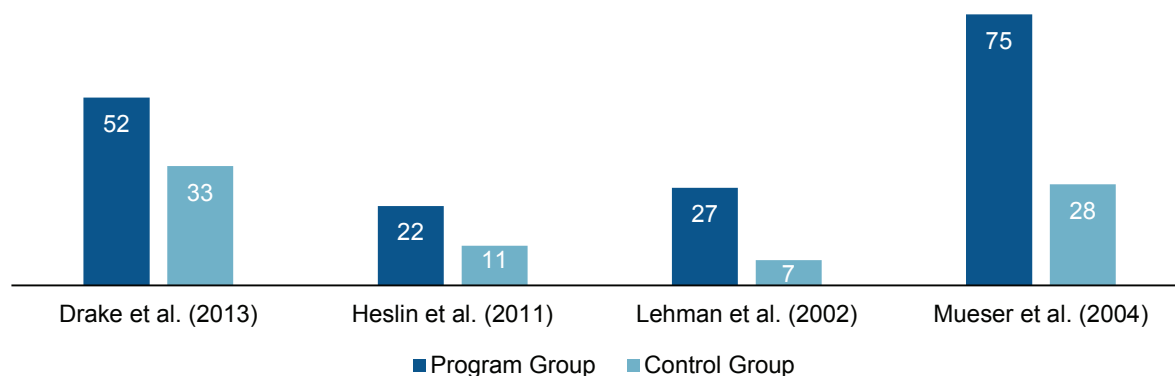
¹⁴ See Drake et al. (1999) and Bejerholm et al. (2015).

¹⁵ A randomized controlled trial is an experimental research design used to evaluate the effectiveness of an intervention or program. In a randomized controlled trial, interested and eligible people are assigned at random to a program group, who have access to the services offered through the intervention/program, or to a control group, who do not have access to these services. People in the program and control groups are typically referred to as “study enrollees” or “research participants.” The research team measures selected outcomes — for example, the proportions of the program and control groups that found a job — among all study enrollees over a set period of time after research participants were randomly assigned (the “follow-up period”). The difference between the program group outcome and the control group outcome is seen as the program’s estimated effect, or impact. This difference is considered “statistically significant” if it is unlikely to have been observed by chance when the program had no true effect.

the studies included in two meta-analyses, there were 19 randomized controlled trials of traditional IPS programs serving exclusively individuals with serious mental illness, both within and outside the United States.¹⁶ (Several other studies have tested IPS with those who have mental health conditions other than serious mental illness, which are discussed in later sections. Other studies have also evaluated IPS in conjunction with other services for individuals with serious mental illness.)

Across most of these studies, IPS resulted in competitive employment rates for the program groups that were higher to a statistically significant degree than those of the control groups, who were usually offered either training in a sheltered or supervised work setting, or prevocational and job readiness activities such as résumé assistance and interviewing skills, depending on the study.¹⁷ The length of the follow-up period across these studies varied; in those that measured outcomes over a similar follow-up period (18 to 24 months), differences between the program and control group employment rates ranged from 11 percentage points to 52 percentage points and were on average about 32 percentage points.¹⁸ These consistent differences suggest that IPS is largely effective in helping people with serious mental illness find employment. Employment rates from a selection of these studies are presented in Figure 2.

Figure 2. Program and Control Group Employment Rates During the Follow-Up Period (%)



In addition to serious mental illness, these study enrollees tended to share other characteristics. In most studies, sample members were unemployed at the time they enrolled in the study but ex-

¹⁶ Frederick and VanderWeele (2019) and Modini et al. (2016). Many of the studies of IPS based in the United States were conducted by the model’s developers (Becker and Drake) or by others affiliated with the IPS Employment Center (such as Gary Bond). Findings from their studies are generally aligned with those of other researchers.

¹⁷ Sample sizes were fairly small across these studies, with most ranging between 100 and 200 study enrollees.

¹⁸ See, for example, Drake et al. (2013), Heslin et al. (2011), Lehman et al. (2002), and Mueser et al. (2004).

pressed a desire to work. Participants were also often receiving mental health services when they enrolled. Additionally, at the time of enrollment in many of these studies, a significant portion of each study sample was receiving SSDI, SSI, or both, meaning participants had some form of disability or had low incomes. These characteristics are generally associated with higher barriers to employment and may contribute to the model's success with this particular population compared with another group with fewer needs. In particular, IPS's focus on benefits counseling may help clients who fear losing their benefits understand the extent to which they can work and remain eligible for their benefits.

POTENTIAL EXTENSIONS OF THE IPS MODEL

The success of the IPS model in improving the employment outcomes of people with serious mental illness has led to interest in exploring whether that model could be similarly successful with other populations. Two fields in which there has been notable interest are:

- **Organizations and researchers focused on people with mental health disorders other than serious mental illness, behavioral health issues such as substance use disorders, or physical disabilities.** Such individuals are often involved with similar systems or face similar barriers to employment as those with serious mental illness. Researchers are already beginning to explore whether IPS could be successful within programs serving populations such as people with mild to moderate mental health conditions, veterans with post-traumatic stress disorder or physical disabilities, people with substance use disorders, other people with certain physical disabilities, and young people with intellectual developmental disabilities.¹⁹ The following section discusses some of this research further.
- **Employment and training programs for lower-income individuals.** These programs include, for example, employment and training programs associated with Temporary Assistance for Needy Families (TANF),²⁰ Department of Labor-funded programs such as those associated with the Workforce Innovation and Opportunity Act (WIOA), and other publicly funded workforce development programs such as the Supplemental Nutrition Assistance Program Employment and Training program. Practitioners, researchers, and policymakers continue searching for new strategies that could result in consistent improvements in the employment outcomes of low-income workers facing significant or complex barriers to finding and keeping jobs. The IPS approach may hold promise for these individuals, particularly because many of them face identified or unidentified mental health disorders that stand as barriers to employment. While the employment services provided through the TANF and workforce

¹⁹ Bond, Drake, and Pogue (2019).

²⁰ The TANF program is a block grant to states, territories, the District of Columbia, and federally recognized Indian tribes that provides cash assistance and employment services to low-income families with children and funds a range of other social services. States have considerable flexibility in designing their own policies but must meet a federally set work-participation rate. Program rules require many families to participate in job searches and work-related activities as a condition for receiving benefits. Some other TANF recipients are exempt from work requirements, including many individuals with disabilities. See Hahn, Kassabian, and Zedlewski (2012).

systems share with IPS the basic goal of helping individuals enter employment, those systems typically deliver their employment services differently. Table 2 compares some notable differences.

Table 2. Notable Differences Between IPS and Typical TANF and WIOA Employment Services

	TRADITIONAL IPS IMPLEMENTATION	EMPLOYMENT SERVICES THROUGH TANF OR WIOA
Caseload sizes	Employment specialists have caseloads of no more than 20 individuals.	Caseloads of 50 to 100 are common in both TANF and workforce programs. ^a
Rapid job search	Employment specialists do not delay connecting a client with an employer because they judge that a client lacks job readiness. There are no job readiness groups or workshops to prepare clients for job search.	TANF focuses on helping clients find employment quickly, but its services often include activities to support job readiness before focusing on job search. Some TANF case managers and WIOA career counselors make judgments about a client's job readiness before engaging in a full job search with that client.
Community-based services	Employment specialists are expected to spend most of their time meeting with clients and employers in the community rather than in their offices.	TANF case managers and WIOA career counselors both typically operate from their offices.
Worker preferences	Job search and development should reflect the clients' choices rather than the jobs that are in high supply.	Clients' preferences may be important, but WIOA performance measures and TANF work participation requirements may provide an incentive to place clients in available jobs. Most TANF recipients are required to participate in job search and work-related activities as a condition of receiving benefits. WIOA job centers may also consider employers to be important stakeholders.
Hands-on involvement in job search	Employment specialists are often directly involved with clients' job search activities, for example accompanying clients to interviews or other meetings with employers.	In both TANF and workforce programs, the level of hands-on involvement in job search is typically less intensive than in IPS.
Post-placement support	Post-placement support is not time-limited and continues at an intensity similar to what a client received before placement, if that is what the client desires.	Some TANF and workforce programs provide post-placement support, but typically at lower intensity.

NOTE: ^aFor example, the D'Amico et al. (2015) report notes that career counselors providing intensive services under WIOA's predecessor program, the Workforce Innovation Act, typically had caseloads of 50 to 100 individuals. Derr and Brown (2015) report that in 7 of 11 TANF programs that were the focus of a particular descriptive study, employment services case managers had caseloads of 80 or more participants.

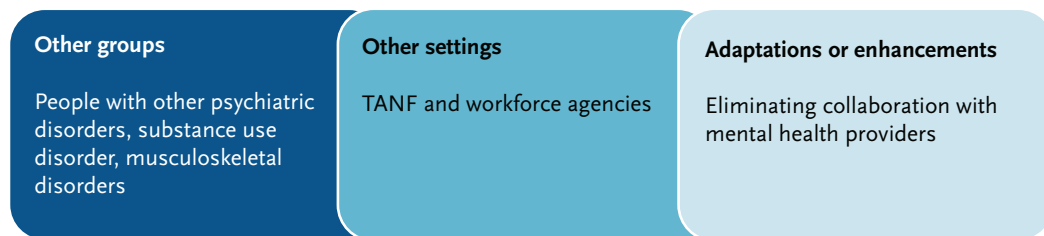
As the table demonstrates, IPS services are often more intensive and individually tailored than those provided through TANF or WIOA. A central question is whether this additional level of services would improve the employment outcomes of those who might typically receive services through TANF or WIOA. These individuals have different overall characteristics from those of individuals with serious mental illness traditionally served by IPS.

Further, TANF and workforce services operate in different contexts from the community mental health settings in which IPS has traditionally operated, which may also have implications for the extent to which IPS strategies will be as successful as part of TANF or WIOA programs. For example, IPS programs have traditionally served only those who have expressed interest in working, whereas participation in TANF employment programs is often a mandatory condition of continuing to receive cash assistance.

EXISTING EVIDENCE ON EXTENSIONS OF THE IPS MODEL

The IPS model has been extended in a few different ways from its traditional implementation: It has been used with populations who have conditions and disorders other than serious mental illness, in a setting other than a mental health center, and with certain adaptations or enhancements to the IPS principles. Figure 3 illustrates these different types of extensions. Some IPS programs may differ from traditional ones in more than one way; for example, an IPS program may serve people with physical disabilities (a different group) at a workforce agency (a different setting). The remainder of this section presents the evidence from some studies of extensions of the model. The rigor of and evidence from these studies vary, which suggests a need for additional research on extensions of IPS.

Figure 3. Existing Evidence on Extensions of IPS



IPS for Other Groups

Some studies have focused on programs that use IPS to serve groups other than those with serious mental illness — who face challenges in finding jobs due to other types of conditions or disabilities. Table 3 describes findings from some of these studies.

Table 3. Examples of IPS for Other Groups

Adults with conditions and disorders other than serious mental illness	A 2019 review of IPS studies that focused on populations with conditions and disorders other than serious mental illness — including other psychiatric disorders, substance use disorders, and musculoskeletal and neurological disorders — found that IPS has promise, for some of these groups, though it is not definitively effective for them. These studies’ limitations, including small samples and a lack of replications, mean that additional research is needed. The review further concluded that among these other groups, there is only definitive evidence that IPS has effects for veterans with post-traumatic stress disorder. In one randomized controlled trial with this group, veterans who received IPS were more likely to be employed over a 12-month follow-up period than veterans who were offered services through a transitional work program. A replication of this study across multiple sites found similar results.
Young adults	The Supported Employment and preventing Early Disability (SEED) trial focused on young adults with social or health conditions that interfered with their ability to work or be in school. These conditions could include mental illness. The study found that participants offered IPS services were more likely to have achieved any competitive employment in the 12-month follow-up period than a control group offered training in a sheltered work environment (48 percent compared with 8 percent). However, the sample size was small, and the results have not been replicated yet. The program also did not have strong fidelity to the IPS model. While fidelity improved over time, it never surpassed the “fair” category.

SOURCES: Bond, Drake, and Pogue (2019); Davis et al. (2012); Davis et al. (2018); Sveinsdottir et al. (2019).

IPS in Other Settings

Besides community mental health centers, IPS has been studied in TANF and workforce settings. Evidence from studies of these IPS implementations has been mixed. Table 4 offers more detail on the results from these studies.

IPS Adaptations and Balancing Fidelity

Several IPS programs serving nontraditional populations or in nontraditional settings (or both) also made changes to how and which principles were implemented. These changes may be a response to the population served or the setting in which the program operated. As noted earlier, the model is designed to be flexible to allow for differing degrees of fidelity and to accommodate innovation in its implementation.

In a few randomized controlled trials where IPS was adapted with a nontraditional population or in a nontraditional setting, fidelity and program effectiveness sometimes — though not always — were affected as a result of these adaptations. Table 5 details some examples of these studies.

Table 4. Examples of IPS in Other Settings

Families Achieving Success Today (FAST) program in Ramsey County, Minnesota	The FAST program, operated by Ramsey County’s Workforce Solutions Department , offered IPS services to TANF recipients with physical disabilities, mental disabilities (though not necessarily serious mental illness), or both. Participants were exempt from TANF work requirements due to disability but did not receive SSDI or SSI and were still expected to engage in employment support services. The study found that, on average, the program group had rates of competitive employment that were higher than those of the control group to a statistically significant degree in two out of four quarters of follow-up. The program group also earned more on average than the control group during the first year of follow-up.
CalWORKs mental health programs	A non-randomized controlled trial study of IPS in CalWORKs (California’s TANF agency) mental health programs in Los Angeles County found that from study entry to follow-up, employment rates among individuals who received IPS improved about three times as much as rates for those who received other CalWORKs mental health services.
Breaking Barriers program in San Diego	The San Diego Workforce Partnership (the Workforce Investment Board for San Diego County) operated the Breaking Barriers program for TANF recipients and other low-income individuals with physical disabilities, mental disabilities, or both. An RCT of the program did not find survey-based impacts on employment over a 15-month follow-up period. The study found that the population served had more robust work histories than the populations in earlier IPS studies and were less likely to be on SSI or SSDI. In addition, the control group achieved substantially higher rates of employment than were found among the control groups in other studies of more traditional IPS programs, showing that the individuals served in Breaking Barriers would have been likely to achieve high rates of employment even without access to IPS services.

SOURCES: Farrell et al. (2013); Chandler (2017); Freedman, Elkin, and Millenky (2019).

IMPLICATIONS FOR FUTURE EXTENSIONS OF IPS

The mixed evidence for extensions of IPS implementation highlights important questions and considerations about extending the IPS model in other ways, particularly in TANF and workforce contexts.

Will IPS be successful with individuals who face different barriers to employment from those with serious mental illness? Existing studies highlight the question of whether IPS’s services are successful because they are well tailored to the population they have traditionally served — individuals with serious mental illness, who face very high barriers to entering and staying in employment — and may not be as appropriate for other groups with different challenges. For individuals with lower barriers to

Table 5. Examples of IPS Adaptations and Balancing Fidelity

No integration or limited integration of employment and mental health services	<p>The Breaking Barriers San Diego program did not achieve the maximum scores on the fidelity scale's items related to the integration of mental health and employment services, but was still able to achieve a level of "good" fidelity. It is possible that this lack of integration contributed to the fact that the study did not find impacts on employment.</p> <p>In a study of IPS for people with mood and anxiety disorders, mental health and employment services were not integrated. Other modifications were made as well. No statistically significant effects were found on any employment outcomes and the authors suggest that the lack of service integration may explain the results.</p> <p>In the SEED trial for young adults at risk of early work disability, the program overall scored relatively low on the fidelity scale. The program met the threshold for "fair fidelity" on three out of five reviews, but the first two reviews resulted in fidelity scores that fell under "not supported employment." The program scored low on scale items related to mental health services, among others. Here, adaptation in part affected fidelity, but the study still found positive impacts on employment.</p>
Added support	<p>The Individual Enabling and Support model is an enhanced form of IPS that includes an additional focus on certain counseling approaches and time management. A study found that this model achieved both fidelity and positive impacts.</p>

SOURCES: Freedman, Elkin, and Millenky (2019); Hellström et al. (2017); Hellström et al. (2013); Sveinsdottir et al. (2019); Bejerholm, Larsson, and Johanson (2017).

employment — such as those in the San Diego Breaking Barriers program — it is possible that IPS services will not be successful in increasing employment beyond what they would achieve in the absence of access to IPS.²¹ Many of the groups served by TANF or WIOA programs who are considered among the "hard-to-employ" may have characteristics similar to Breaking Barriers participants, and IPS services similarly may not have an effect on their employment rates. In comparison, the FAST program in Ramsey County, Minnesota, operated in a TANF context but successfully targeted individuals whom the state exempted from TANF work requirements due to disability, a group that probably had more difficulty finding and keeping jobs. The employment rate among the control group over the follow-up period was much lower than the rate among the Breaking Barriers control group, further suggesting that FAST participants had higher barriers to employment. As discussed, the evaluation of FAST found some evidence that the program was successful in increasing employment.

The IPS principle of integrated employment and mental health services may not be feasible or relevant for certain extensions of the model. In such cases, will elimination of this component limit IPS's effectiveness? Mental health professionals typically do not have a role in a TANF or workforce setting, and this type

²¹ Findings from a two-year follow-up of the San Diego Breaking Barriers program based on administrative records will be published in a forthcoming report.

of integration may not be sensible for some populations served. For example, TANF and work-force populations with complex barriers to employment do not generally require the same level of mental health services as individuals with serious mental illness, and they may not be connected to such services even if they can benefit from them. Programs that do not incorporate this IPS principle probably would not achieve the full score on related Fidelity Scale items, but beyond affecting fidelity, it is unclear whether (and to what extent) omitting that feature of the model would limit its effectiveness for the populations served. Alternatively, IPS programs that serve populations requiring treatment or services other than mental health services may consider integration with those other services. For example, programs that serve people with physical disabilities or injuries could integrate employment services with physical rehabilitation.

How might the principles of IPS affect the level of engagement among clients who receive public assistance? IPS principles may interact with features of other systems that influence incentives faced by clients and staff members. Rapid job search through IPS could help many TANF recipients meet their work-activity requirements. However, it may be more difficult to engage TANF recipients who are exempt from work requirements in IPS activities, and TANF programs may have less incentive to provide employment services to them.

Given these questions, in exploring extensions of the model more broadly and understanding which are most successful, it may be most promising to begin with interventions that diverge in relatively minor ways from the traditional IPS model. In implementations of IPS that incorporate several types of changes — to the population served, the setting, and elements of the model — it becomes difficult to isolate the effects of any single change. For example, findings from the Breaking Barriers study alone do not offer concrete evidence on expanding the model to a population with a range of disabilities, as both the setting and some model components also differed from traditional IPS implementation. Preferably, studies could be conducted of programs focused on populations facing behavioral or mental health conditions that do not rise to the level of “serious mental illness” within clinical settings or other similar settings.

Expansions of IPS with only limited divergences from the traditional model may also provide opportunities to understand how changes in context, population, or model components further affect the evidence for each principle separately, not just the model overall. When Becker and Drake originally developed the IPS model, they based each of its principles on the available research at the time, and each principle had differing levels of evidence. For example, there was strong evidence that prevocational training did not improve employment outcomes, but the evidence for integration of mental health and employment services was less robust.²² Relatedly, the more recent Breaking Barriers and SEED studies offer additional information about how the integration principle affects employment outcomes, as neither program integrated mental health and employment services.

22 Bond (1998).

HOW BEES CAN BUILD UNDERSTANDING OF IPS'S EFFECTIVENESS FOR LOW-INCOME POPULATIONS

As discussed, IPS's success in increasing the employment outcomes of individuals with serious mental illness when delivered in its traditional settings has led to strong interest in whether it could have similar success with other populations and in other contexts. BEES presents an opportunity to examine this question using rigorous evaluation methods. In particular, BEES provides an opportunity to evaluate the implementation of IPS in multiple sites and settings. BEES may study a variety of IPS programs that have each adapted the model in a different way; alternatively, the project may study a group of programs that have all taken the same approach to adapting the model.

BEES provides an opportunity to evaluate the implementation of IPS in multiple sites and settings.

IPS's successes as a model to support employment among people with serious mental illness suggests that it has the potential to be effective for at least some segments of the low-income population, particularly because of the prevalence of identified or unidentified disabilities and behavioral health challenges among this group. A range of opportunities is available to evaluate IPS as a strategy for serving low-income populations facing mental health or behavioral challenges other than serious mental illness. These opportunities include implementing IPS for those who receive mental and behavioral health services in Federally Qualified Health Centers (which often provide low-cost health services within low-income neighborhoods); low-income individuals receiving substance use disorder services; groups served in community mental health centers who have challenges other than serious mental illness; and individuals served in other human services contexts.

The BEES project is currently exploring potential sites to conduct randomized controlled trials of IPS programs. While the team is considering a broad set of IPS programs and programs that share features with IPS, several principles underlie this process. BEES is looking for opportunities to evaluate the use of IPS with new populations or settings that expand the model's evidence base. To assess whether a site is appropriate, the team will explore several questions: whether it will be possible to implement an evaluation involving random assignment within the program; whether there would be a "service contrast" (that is, whether a control group would receive similar services); whether the program has achieved at least a fair rating (and ideally higher) on its most recent fidelity review; and, as discussed earlier, whether the population being served faces substantial enough challenges in entering employment that IPS would be likely to make a difference in their outcomes. These evaluations through BEES will clarify whether the IPS model can improve the economic security of a broader group of low-income people, and if so, how.

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