### Thirty Years of IPS: What we have learned and what we expect to still achieve

Deborah R. Becker, Retired, The IPS Employment Center @ RFMH, Inc. Bob Drake, Columbia University Vagelos College of Medicine and Surgery

www.IPSworks.org

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### Wellness and Recovery

Shifts focus from treatment to functional goals based on interests, talents, and skills.

"In the past, people might have used labels to describe me as 'homeless', mentally ill', welfare mother'. Now my titles are 'financial administrator', 'college student', and 'working mom'."



# **IPS Principles**

- Open to anyone who wants to work
- Focus on competitive employment
- Rapid job search
- Systematic job development
- Client preference guide decisions
- Individualized long-term supports
- Integrated with treatment
- Benefits counseling



# **IPS Background**

- Developed in early 1990s
- Mental Health and Vocational Rehabilitation partnership
- 8 principles, 25-item fidelity scale, IPS manual
- <u>www.IPSworks.org</u>
- 28 RCTs involving people with SMI
- Expansion: Research grants, philanthropic gift
- International IPS Learning Community



# **IPS and Education**

**Supported Education** 

- Similar development to IPS supported employment
- Inadequate research
- Goal of supporting people in regular schools alongside other students
- IPS specialist vs. education specialist
- Young Adult Study (Bond et al.)
  - IPS-Y Fidelity Scale



#### **Systems Coordination**

- Mental Health, Vocational Rehabilitation, Social Security
- Educate with outcomes
- Leadership
- Start small early adopter
- Financing plan
- Training and consultation
- Advocacy



Agency Culture and Leadership

- Leadership
- Educate with outcomes
- Team approach
- Competing programs
- Stakeholder buy-in
- Steering committee
- Start small pilot
- Training and consultation
- IPS fidelity scale



**Organizational Structure** 

- Multidisciplinary teams
- Office locations
- Supervision and staffing
- Recordkeeping



**IPS Supervisor Roles** 

- Hiring
- Teaching and mentoring
- Coordinating
- Monitoring outcomes
- Setting goals
- IPS fidelity scale



**Good Counseling Skills** 

- Listening
- Avoid giving advice
- Open-ended questions
- Reflections
- Empathic responses



**Understanding Individual Differences** 

- Culture and values
- Engagement and zero exclusion
- Individualized job search
- Individualized job support
- Organizational commitment
- Staff recruitment and training



**Developing Employer Relationships** 

- In-person contacts
- Introductory statement
- Good and bad questions
- Top 20 employers
- Employer logs
- Field mentoring



# **Recent Developments**

- COVID-19 pandemic
- Social determinants of health
- Equity, diversity, and inclusion (EDI)
- Role of people with lived experience
- Expansion to new populations



### Current Implementation Challenges in US

- Funding
- Different philosophies (treatment, recovery)
- Workforce changes



#### **International IPS Learning Community**

Twenty-six states/regions in US, 370+ teams

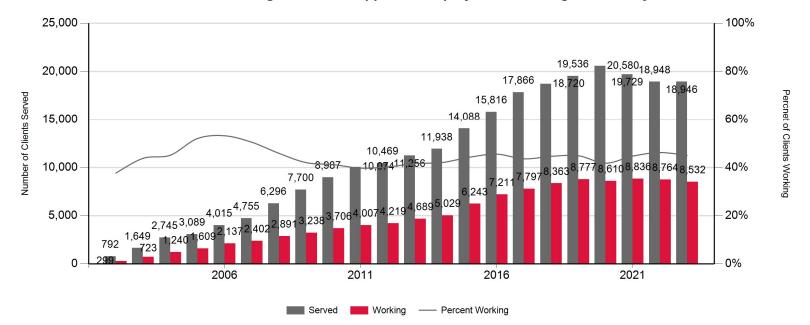
 Alabama, Alameda County (CA), Alaska, Broward County (FL), Colorado, Connecticut, District of Columbia, Illinois, Iowa, Kansas, Kentucky, Maryland, Michigan, Minnesota, Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Utah, Vermont, Washington, Wisconsin

International Network

• England, France, Italy, Montreal West Island CIUSSS, Netherlands, New Zealand, Spain, United States



# Employment Rate for 2002 - 2022



Clients Served and Working in the IPS Supported Employment Learning Community in the US

Data points represent annual averages for four quarterly reporting periods. Current year data represent an average of reporting periods that have occurred to date.







# **IPS** Future

Bob Drake Westat Columbia University



# What We Know

- Most people with disabilities want to work
- IPS is effective, cost-effective, often cost-saving
- •IPS benefits underserved groups
- Employment improves self-esteem, quality of life, income, and illness management
- Employment reduces emergencies and hospitalizations



# Challenges

- Funding remains the central problem in U.S.
- IPS should be a standard mental health intervention
- Workforce problems
- Ideological shift to recovery has been slow
- Many people with disability outside mental health clinics
- Adapting to changes in workplace, jobs, new populations, new settings



# **Other Challenges**

- How to help IPS non-responders
- Optimal implementation strategies
- Adaptations abound everywhere: cultural adaptations, fundamental changes, and augmentations
- Employers as partners
- Disability rules as barriers
- Digitalization
- Remote training and services



# **Current IPS Extensions**

- Extending to new settings: substance use disorder clinics, supportive housing, justice system settings, primary medical care, Federal Health Centers, Comprehensive Community Behavioral Health Centers, Mexico, Latin America, India
- Extending to new populations: early psychosis, young adults, racial and ethnic minorities, indigenous people, people with longterm medical problems, people denied disability, people with autism or intellectual disability, refugees and asylum seekers
- Advancing State Policy for Integrated Recovery and Employment
- U.S. Transformation Through Employment grants to states



# **Needed Research**

- Implementation approaches
- Partnerships with employers: recovery-friendly workplaces, helping distressed employees
- Digital and remote training and services
- Peer supports
- Supported education
- Adaptations, including Global South
- Scaling up and maintaining quality



# Conclusions

- 30 years of progress
- We need dynamic change, not dogma and orthodoxy
- We need to study new populations, new settings, funding mechanisms, implementation methods, digital services, peer supports, modifications, partnerships with employers, changing economies, and much more
- Keep up the great work in Europe
- Thank you for all you have done!



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#### Resources

#### www.IPSworks.org

Updated IPS manual (2022)

**Online courses** 

Brief online course for non-employment practitioners

**International IPS Learning Community** 

DeborahBecker41@gmail.com

bobdrake1949@outlook.com

Sarah.Swanson@nypsi.Columbia.edu

