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

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www.IPSworks.org

Rimini, Italy - October 19, 2023



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

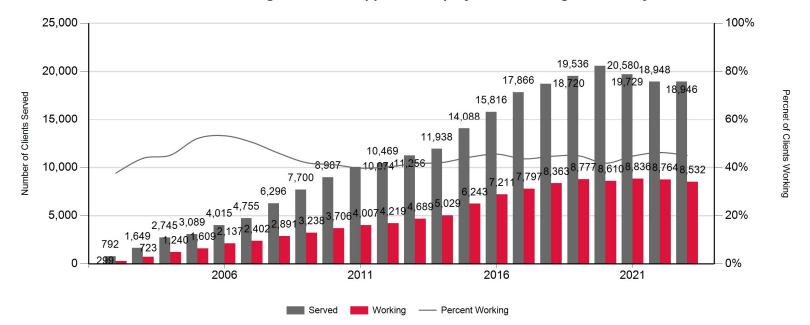
 Alabama, Alameda County (CA), Alaska, Broward County (FL), Colorado, Connecticut, District of Columbia, Illinois, Iowa, Kansas, Kentucky, Maryland, Michigan, Minnesota, Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Utah, Vermont, Washington, Wisconsin

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!



Financial Support

- Grants/contracts: ODEP, ACF, NIDILRR, NIMH, NIDA, SAMHSA, SSA, Robert Wood Johnson Foundation, Arnold Foundation, Hilton Foundation, West Family Foundation, U.S. Department of Health and Human Services, U.S. Department of Veterans Affairs, Johnson & Johnson Corporate Contributions
- Gifts: Natalia Foundation, Segal Foundation, Thomson Foundation, Vail Foundation, West Foundation, anonymous families



Resources

www.IPSworks.org

Updated IPS manual (2022)

Online courses

Brief online course for non-employment practitioners

International IPS Learning Community

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