

INDIVIDUAL PLACEMENT AND SUPPORT FOR PERSONS WITH SERIOUS MENTAL ILLNESS IN MINNESOTA



Report to the Legislature as required by
Minn. Stat. §268A.15

December 1, 2016
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Economic Development

Total cost of salaries, printing, and supplies in
developing/preparing this report is \$2,890
(reported as required by Minn. Stat. 3.197)





IPS OVERVIEW

Minnesota's IPS projects assist people with serious mental illnesses to achieve steady employment in mainstream competitive jobs by providing a full range of employment services and supports. IPS services emphasize a rapid search for competitive jobs consistent with individuals' goals, interests, and experiences, and are available to anyone who wants to work regardless of diagnosis, past work history, or assessment of work readiness.

Supported employment is for people who have not had success in 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 diagnoses, educational levels, and prior work histories; long-term Social Security beneficiaries; young adults; older adults; and people with co-occurring mental illness and substance use disorders.

Worldwide evidence from 24 randomized controlled trials and meta-analyses suggests that IPS is the most effective way to provide employment services for persons with serious mental illnesses. IPS is three times 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. About 40 percent of IPS participants who obtain a job with help from IPS become steady workers and remain competitively employed a decade later.

People with severe mental illness 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 illness gain employment – especially young adults experiencing early psychosis – IPS can help forestall entry into the disability system and reduce Social Security expenditures.





IPS CORE PRINCIPLES

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

1. Individual Placement and Support employment services are integrated with mental health treatment services.
2. Eligibility is based upon participant choice.
3. Participant preferences are honored.
4. Employer contact begins rapidly after participants enter the program.
5. Employment specialists build systematic relationships with employers based upon participant job interests.
6. Integrated competitive employment is the goal.
7. Benefits planning (work incentives planning) is offered to all participants who receive entitlements.
8. Job supports are continuous.

IPS HISTORY IN MINNESOTA

Since 1985, the Department of Employment and Economic Development Vocational - Rehabilitation Services Division (DEED-VRS) and the Department of Human Services - Mental Health Division (DHS-MHD) have addressed the specific employment needs of people living with serious mental illnesses. Services were first administered through a program referred to as the Coordinated Employability Program (1990s), and then as Extended Employment for Persons with Serious Mental Illnesses (EE-SMI).

Once considered “state of the art,” the service model was later replaced by the evidence based practice of supported employment known as Individual Placement and Support (IPS). Prior to IPS, employment services were not integrated with mental health treatment services and there was no quantifiable measurement of how well the programs conformed to evidence based principles, research based criteria (fidelity scales) or use of systematic tracking of outcome data.

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 employment 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 2006 when the IPS program began, Minnesota has used the IPS fidelity scale to measure implementation. Between 2006 and 2012 Minnesota implemented six IPS projects across the state.

In 2013, the Minnesota Legislature appropriated \$1 million to expand the IPS program. This resulted in 22 total IPS programs statewide in Minnesota. In 2016, two new expansion programs and one significantly expanded IPS program were made possible when the Legislature appropriated an additional \$500,000 for the IPS state grant program (under M.S. 268 A.14).





SFY 2015 IPS OUTCOMES (FROM PRS)

- ▶ **\$1,819,779**: IPS state grants (*Does not include VR IPS grants or VR counselor purchase of services for co-enrolled individuals*)
- ▶ **22**: IPS programs with IPS state grants
- ▶ **983**: Participants referred by mental health treatment teams
- ▶ **593**: Secured employment (60%) in integrated competitive employment (*National benchmark for established programs with high fidelity = 41%*)
- ▶ **19.1**: Average hours worked at job start
- ▶ **\$10.34**: Average hourly wage at job start
- ▶ **\$2.7 MILLION**: Total wages earned by workers



SFY 2016 IPS OUTCOMES (FROM PRS)

- ▶ **\$1,819,779**: IPS state grants and \$192,514 in IPS expansion grants: five months only, starting Feb. 1, 2016. (*Does not include VR IPS grants or VR counselor purchase of services for co-enrolled individuals.*)
- ▶ **24**: IPS programs funded with state grant funds (three expansion started Feb. 1, 2016)
- ▶ **1,089**: People referred through mental health treatment teams
- ▶ **706**: People secured employment (64%) in integrated competitive employment (*National benchmark for established programs with high fidelity = 41%*)
- ▶ **21**: Average hours worked at job start
- ▶ **\$10.87**: Average hourly wage at job start
- ▶ **\$3.3 MILLION**: Total wages earned by workers

Data collection using PRS ended June 30, 2016.



ANTICIPATED FOR SFY 2017 (BASED ON IPS GRANT WORK PLAN PROJECTIONS)

- ▶ **\$2,768,660**: IPS state grants (*SFY 17 all grant funds are IPS state grant funds. Does not include VR counselor purchase of services for co-enrolled individuals.*)
- ▶ **24**: IPS programs funded with state grant funds
- ▶ **21**: Mental health agency center/programs and 13 county targeted case management teams are partners (34 total)
- ▶ **40.88**: Total full time equivalents (FTEs) of employment specialists funded with IPS grants
- ▶ **744**: Minimum number of people receiving IPS through integrated employment and mental health treatment teams.
- ▶ **465**: Minimum number of people starting work in integrated competitive employment (68%).

After July 1, 2016 IPS grant program data collection will be quarterly snapshot outcome reports sent to IPS Employment Center.



IMPACT OF IPS EXPANSION FUNDS IN MINNESOTA

The Minnesota Legislature appropriated funds for IPS expansion in 2015. With \$475,000 in available funding, DEED-VRS issued a competitive Request for Proposals (RFP) for IPS expansion projects. The RFP resulted in eight proposals requesting \$1,183,320. Following a competitive review with 15 reviewers, two new and one significantly expanded project were awarded contracts, starting on Feb. 1, 2016.

These grants funded:

- ▶ 7.65 FTEs (employment specialists and an employment supervisor)
- ▶ Two new mental health treatment partners (Zumbro Valley Health Center and Scott County Targeted Case Management)
- ▶ Two new projects in three counties (Olmsted/Fillmore and Scott) now have IPS capacity; and Hennepin County now has additional capacity (3.0 FTEs added to RISE/HCMHC grant project).

These IPS expansion grants will result in an estimated 210 new participants referred by mental health treatment teams, with at least 105 entering employment. National benchmark research shows that established IPS projects attain an employment engagement rate of 41 percent or higher. In Minnesota, SFY16 data shows that 64% of IPS participants secured employment in integrated competitive employment settings.

The average total cost of employing 1.0 FTE employment specialist in SFY 16 is \$67,000 (1.0 FTE employment specialist can serve 20 people at one time). Average cost per participant based on work plan projections (IPS state grant) is \$2,426.

BARRIERS TO EXPANDING AND SUSTAINING IPS

There remain significant barriers to expanding and sustaining IPS in Minnesota, including:

REDUCED CAPACITY: IPS state grant projects have received no cost of living increases. In SFY 2015 all IPS grantees experienced cuts of 8.6 percent that have not been restored. Staff and operating costs continue to rise and there are no anticipated funding increases.

STAFF TURNOVER: Staff turnover is as high as 200 percent annually in some projects and is in part due to low salaries for employment specialists. Such high turnover increases costs to providers (and the individuals served), and requires additional staff training and technical assistance.

UNRESOLVED DATA PRACTICES AND HIPPA CONCERNS: The ability of IPS employment specialists to fully integrate with their mental health treatment teams is limited in many projects, resulting in low fidelity scores on integration of employment and mental health treatment. Guidance from the state related to the use of business associate agreements would be helpful to resolve the concerns raised by mental health treatment partners.

FUNDING: Statewide expansion requires new funding for direct service (grants to providers) and infrastructure to support training, technical assistance, data collection, program monitoring, and evaluation. The state agencies lack any formal infrastructure funding for IPS, and have not received increased funding on an ongoing basis.

INCONSISTENT COUNTY USE OF MENTAL HEALTH FUNDS: Counties that receive Department of Human Services Adult Mental Health (AMH) funding may not understand that state mental health funds must be used for IPS. Some providers received county or AMH grants, but these grants are not formally tied to the IPS approach. The state IPS team cannot account for funds spent by counties to support the IPS approach under this fragmented system.

VRS BUDGET DIFFICULTIES: The IPS fidelity scale suggests that DEED-VRS integrate Vocational Rehabilitation Services and provide Vocational Rehabilitation counseling expertise and time-limited funding to support job development and job placement. DEED-VRS continues to have three out of four service categories closed. Therefore the ability of DEED-VRS to provide services for IPS expansion is uncertain.

MEDICAID FUNDING: Unlike many states, Minnesota has not taken full advantage of Medicaid financing for IPS supported employment. Expansion of the Medicaid state plan would require legislative approval, the identification of state matching funds, and federal approval of the plan.

UNREIMBURSED COSTS: Mental health treatment providers who participate in treatment teams and ongoing consultation with IPS employment specialists are not reimbursed for their time. Minnesota has not yet determined how to make these services reimbursable.

HOW MANY PEOPLE ARE THERE WITH SERIOUS MENTAL ILLNESS IN MINNESOTA WHO MAY NEED IPS?

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. The DHS-Adult Mental Health Division applies the federal prevalence estimates of serious mental illness to the Minnesota population. The current estimate is that 5.4 percent of the population, or at least 203,540 Minnesota adults, have serious mental illness.

Most people with serious mental illness (SMI) are not working (less than 15 percent). 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. IPS is currently reaching a small percentage of people with SMI in Minnesota, based on these figures. Reaching a total of 22 IPS projects in Minnesota was a good step toward meeting the need for services. However, the current funding is not adequate to reach all who need services.

DEMOGRAPHICS OF PARTICIPANTS IN IPS IN SFY 2016

Consistent with national trends for people who experience major mental illnesses, the majority (88.4%) of participants referred by mental health treatment teams had completed a high school education or higher, and 34% had attended some post-secondary education.

Participants ranged in age from 17-74 at program entry. Most participants were of working age (16-64). Although none of the IPS programs are specifically targeted at youth with mental illness, 13% were youth, 17-25, and 1.7% of participants were older than 64.

By gender, the participants were split roughly in half: 51% male and 49% female. By race, 9% were Black, 2% Native American 1% Asian, and 85% White.

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

The primary mental illness diagnoses included: 21% with a mood disorder (including depression and bipolar disorders); 31% with an anxiety or panic disorder (including post-traumatic stress disorder); and 12% had a period of psychosis (including schizophrenia and schizoaffective disorders).

OCCUPATIONAL GROUPINGS FOR JOB STARTS

- ▶ Sales & Retail Related 21%
- ▶ Food Preparation & Serving Related 20%
- ▶ Building, Grounds, Cleaning & Maintenance 15%
- ▶ Office & Administrative Support 9%
- ▶ Production Services..... 8%
- ▶ Personal Care & Service 6%
- ▶ Health Care Support..... 5%
- ▶ Transportation & Material Handling 5%
- ▶ Education, Training & Library 2%
- ▶ Community and Social Service 2%

*Figures are for occupational categories for individuals who worked in integrated competitive employment, based on job titles and O*Net codes. Consistent with national data, a large number of job starts are in entry level and part-time employment.*



IPS SUCCESS STORIES

There is compelling evidence that people who experience psychiatric disabilities can and want to work. The IPS model is a common sense, practical intervention that appeals to clinicians, clients, and the general public. With adequate funding, committed leadership, and fidelity monitoring, multi-site projects have successfully implemented IPS in over 80 percent of programs that adopted this approach. IPS has been successful in both urban and rural communities. Most IPS programs continue to offer quality services indefinitely if adequate infrastructure remains in place. One study found 84 percent of 165 IPS programs implemented over the last decade were still providing services in 2012.

In 2016, using grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), DHS-Adult Mental Health and DEED-VRS collaborated to create video success stories and a television show that described IPS in Minnesota. The stories focused on three individuals – Robert, Colleen, and Antoine – who have achieved success through the IPS projects in Minnesota.

Their stories and the panel discussion on mental health and employment can be viewed at:
www.IPSMN.org



ROBERT

“It was frustrating at first, but I was determined to get a job,” Robert says. Finally, the breakthrough happened at a Goodwill Easter Seals job fair. He applied again for the Ordway and this time he landed an interview and eventually a call back. “When I left there two days later I got a call. Say, can you come in?” and the rest is history.

<http://ipsmn.org/docs/Robert-success-story.pdf>



COLLEEN

“I could pay bills. I know that probably doesn’t seem like a very fun thing to most people, but to me to be able to cover my bills and my expenses and take care things and feel like I’m contributing. Made me feel a lot better.” In fact, “This job has given me a little bit more security than I ever have before.”

<http://ipsmn.org/docs/Colleen-success-story.pdf>



ANTOINE

“We just set a plan on what I wanted to do....It’s based on helping people with mental disabilities or a bad background—a rough life style back in the day and how they can help you find employment. Get your life stable and back on track.”

<http://ipsmn.org/docs/Antoine-success-story.pdf>





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