



INDIVIDUAL PLACEMENT & SUPPORT (IPS)

for Persons with Serious
Mental Illness in Minnesota

Biennial Report | State fiscal years 2023-2024

Department of Employment and Economic Development
Vocational Rehabilitation Services

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IPS HISTORY IN MINNESOTA

In 1985, the Department of Employment and Economic Development (DEED)'s Vocational Rehabilitation Services (VRS) Division and the Department of Human Services (DHS)'s Mental Health Division (now Behavioral Health Administration) and mental health advocates began to collaboratively address employment issues for persons 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 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,” the service model was later replaced by the evidence-based practice of supported employment, known as Individual Placement and Support (IPS). Evidence-based practice (EBP) in mental health is an approach to treatment that is based on the best available scientific evidence. It involves using modalities and interventions that have been shown to be effective through research studies, clinical trials, and meta-analyses.

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 scale), or tracking of outcome data compared to a national database. Minnesota joined the IPS International Learning Community in 2005 with support from DHS-BHD and DEED-VRS leadership. Staff received training and technical assistance from the IPS Employment Center at the Research Foundation for Mental Hygiene at Columbia University (formerly located at the Dartmouth Psychiatric Research Center and Westat Research).

The IPS fidelity scale consists of 25 items that define the critical components of evidence-based supported employment¹. The scale is based on research that differentiates the elements defining the effectiveness of the practice in achieving better employment outcomes compared to other employment services. State leaders use the scale to guide training, technical assistance, and to define the specific actions to achieve better outcomes.

Since the IPS program began, Minnesota has used the IPS fidelity scale to measure implementation success. Between 2006 and 2012, six IPS projects were implemented. In 2013, the Minnesota Legislature appropriated \$1 million in funding to expand the IPS program. This resulted in the conversion of the former EE SMI projects to high fidelity IPS. In 2016, two new and one significantly expanded IPS projects were made possible when the Legislature appropriated an additional \$500,000 for the IPS State Grant program (under Minn.Stat. §268A.14).

¹ IPS fidelity scale: ipsworks.org/index.php/documents/ips-fidelity-scale



IPS OVERVIEW

Minnesota's Individual Placement and Support (IPS) projects provide a full range of employment services and supports to assist people with serious mental illnesses (e.g., schizophrenia spectrum, bipolar disorder, depression) to achieve competitive integrated employment. IPS services emphasize a rapid search for jobs consistent with the individual's goals, interests and experience. IPS is available to anyone who wants to work regardless of diagnosis, past work history or assessment of work readiness.

IPS is a form of supported employment. 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 embedded within mental health treatment services. IPS has been effective for a variety of participants:

- 1 People with different mental health diagnoses, educational levels, and prior work histories
- 2 Long-term Social Security beneficiaries
- 3 Young adults
- 4 Older adults
- 5 People with justice system involvement
- 6 People with experiences of chronic homelessness
- 7 People with co-occurring mental illness and substance use disorders

IPS Principles

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

1. **Integration of employment (vocational rehabilitation) and mental health services:** IPS program staff are integrated with mental health treatment services and teams.
2. **Focus on integrated competitive employment:** IPS services are committed to regular competitive employment as an attainable goal for people with behavioral health conditions seeking employment.
3. **Eligibility is based upon choice/zero exclusion:** People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability or legal systems 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 governmental 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. Employer contact begins rapidly after participants enter the program.
7. **Systematic job development:** Employment specialists systematically visit employers, who are selected based on job seeker preference 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.

International research² indicates that IPS participants:

- get jobs at a higher rate (55% compared to 25% in other types of employment services).
- hold their jobs longer
- become steady workers (50% maintain employment for 10 years or longer)
- get jobs faster
- earn three times more
- work more hours
- report greater job satisfaction

Worldwide evidence continues to accumulate rapidly on the effectiveness of IPS. Twenty-eight randomized controlled trials suggest that IPS is the most effective way to provide employment services for persons with serious mental illness. IPS is 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. Over the last decade, several systematic reviews and meta-analyses have confirmed this finding. Research also shows the cost of IPS is not higher, and is sometimes significantly lower, than for standard services.

People with serious mental illnesses constitute the largest and fastest-growing group of beneficiaries who are younger than 50 in the United States Social Security Disability programs. 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. Once they begin receiving disability benefits, less than 1% ever move off benefits to return to work³.

Two Minnesota IPS projects were part of a national research study to evaluate the IPS approach for young adults funded by NIDILRR (National Institute on Disability, Independent Living, and Rehabilitation Research) with the IPS Employment Center at the Research Foundation for Mental Hygiene at Columbia University. Results from this research project are expected in the next year. These programs for youth use an enhanced version of the IPS scale, the IPS-Y, with additional items specific to young adults and their family members. The IPS-Y scale places special emphasis on integrating employment with youth mental health treatment services and supported education, directly supporting people in their pursuit to complete education and training.

Funding

In 2019, the Legislature appropriated an additional \$1,800,000 in one-time state funds to the IPS State Grant Program. At the same time, Federal VR officials communicated that VR funds could no longer be used for grants to IPS projects. 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 SFYs (state fiscal years) 2021-2023. In 2023, the funds were continued but were again one-time and the base funding was not increased.

In 2023, DEED-VRS and the Governor's One Minnesota budget requested the one-time funds be made permanent in the base. However, the funds appropriated were one-time again. In 2024, DEED requested and received legislative permission to utilize these funds into the next fiscal year if there was underspending by grantees.

² Evidence for IPS, research from The IPS Employment Center: ipsworks.org/index.php/evidence-for-ips

³ Chart Book: Social Security Disability Insurance, updated August 6, 2024; from the Center on Budget and Policy Priorities: cbpp.org/research/social-security/social-security-disability-insurance-0

INCIDENCE OF SERIOUS MENTAL ILLNESS IN MINNESOTA

There is no registry of persons with mental illness like 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. To estimate the number of people with serious mental illness, Minnesota state agencies typically apply the federal prevalence estimates of serious mental illness to the state's population. As of 2021, the estimate of prevalence of serious mental illness from the National Institute of Mental Health (NIMH) is 5.5% of the population of adults (18 and older)⁴. Applied to the adult population of working age (age 18-64) in Minnesota in 2022 (3,425,490)⁵, 162,745 Minnesota adults have serious mental illness. The IPS State grant program serves an average of about 1,000 people with serious mental illness annually. That is less than 2% of the people who could potentially utilize this service.

Based on national studies over the past 35 years, most people with serious mental illness (SMI) are not working (less than 15%) and people with SMI experience the highest unemployment rate and the lowest workforce participation rate of any disability group. Most people with psychiatric disabilities indicate they would like to be employed, and despite most having previous work experience, they have the lowest employment rates in the United States⁶. Despite decades of evidence and recognition at the federal and state level of the success of and the need for IPS, the availability of these services remains scarce and most people who need them are not able to access them.

IPS in Minnesota involves partnerships between mental health programs (private not for profit or county operated) and community rehabilitation programs (not for profits) who specialize in employment services. Presently, VRS through the IPS State Grant Program awards 19 grants to 12 community rehabilitation partners across Minnesota that support 16 IPS projects with 32 different mental health partners. These partnerships integrate employment specialists into 58 mental health services treatment teams across Minnesota.

The 32 mental health partners include 16 mental health centers and programs and nine county adult mental health case management, or other county operated mental health services including two Adult Mental Health Initiatives (AMIs). Nine of these mental health partners are also Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are an emerging evidence based integrated care model 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 48% of Minnesota counties. Some large counties, such as Hennepin, Washington and St. Louis, only have access to one IPS partnership for the entire county. For example, the estimated prevalence of serious mental illness in Hennepin County in 2019 was 50,000 individuals⁷. Current IPS grant funding (for the partnership between Hennepin County Mental Health Center and Rise) will allow for 106 people to be served annually.

⁴ 2021 mental illness statistics, from the National Institute of Mental Health: nimh.nih.gov/health/statistics/mental-illness

⁵ Minnesota's demographics for working-age adults, compiled by Minnesota Compass: mncompass.org/topics/demographics/age/working-age-adults

⁶ Getting to Work, report from The Bazelon Center for Mental Health Law: bazelon.org/wp-content/uploads/2017/01/Getting-to-Work.pdf

⁷ Hennepin County Human Services annual report on adult behavioral health: mc-379cbd4e-be3f-43d7-8383-5433-cdn-endpoint.azureedge.net/-/media/hennepinus/your-government/research-data/hsph-data/adult-behavioral-health-annual-report-2019.pdf?rev=77d6be2db4e440589adfab00e944c738&hash=C5C3EDD4CB0DD9C5CF77E88760A945AA

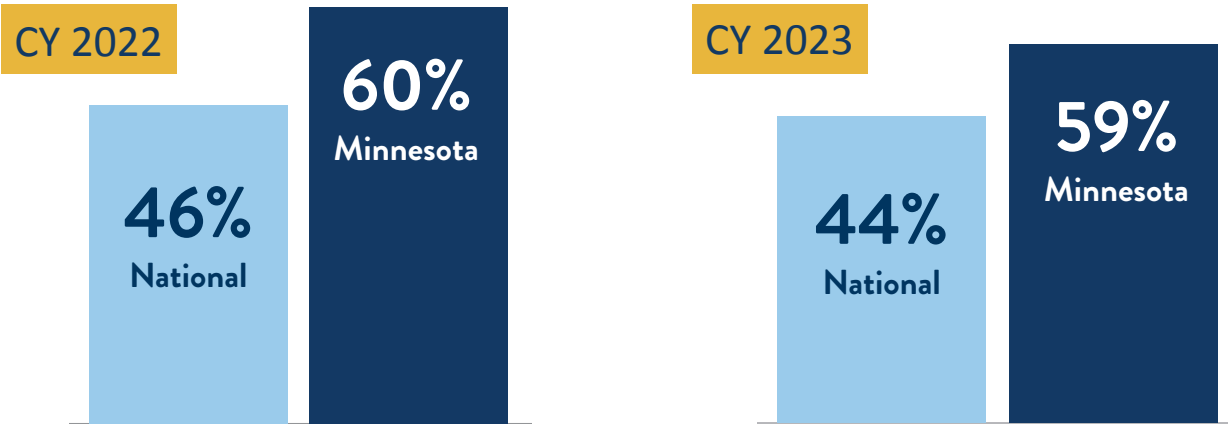


DEMOGRAPHICS AND PROGRAM OUTCOMES FOR PARTICIPANTS IN IPS IN SFY 2023 & 2024

Minnesota evaluates the effectiveness of IPS through the IPS International Learning community data portal. Quarterly aggregate data is reported through a data portal to the IPS Employment Center Learning Community. Quarterly reports are available to state leaders and are shared with all Minnesota IPS projects.

Minnesota has had the highest rate of employment attainment in the United States since 2010 and this continued through SFY 2024 despite the long-term impacts of the global pandemic and challenging workforce issues (staffing) experienced by projects. The IPS Center data is aggregate point in time data. The figures below are for calendar years 2022 and 2023. Data is not complete yet for calendar year 2024. National benchmarks published by the IPS Employment consider a 41% employment rate to reflect good functioning. Minnesota’s projects have consistently exceeded this rate.

Minnesotans who attained Employment through the IPS State Grant funded projects compared to other states in the IPS Learning Community



*IPS Employment
Center Data Portal

MINNESOTA IPS RESULTS 2023-2024

928
Individuals
received
services

SFY23
(7/1/22-6/30/23)

1,151
Individuals
received
services

SFY24
(7/1/23-6/30/24)



Over the two years, **1,566**
unduplicated individuals
received services.



Sixty-three percent (63%) started
a job during the two years.

Wages and Hours Worked:

People who obtained employment had a **median hourly wage of \$15.00** with a range of minimum wage to \$100.00. Consistent with national data, the median hours worked per week was 20 hours with a range of 1-40+ hours per week. National research indicates that it is common for people with serious mental illness to seek employment in jobs that offer part time and/or flexible hours so they can maintain the publicly funded benefits they receive for necessary mental health, health care and medication coverage.

**Age:**

Most participants (96%) were of working age (15-64 years old). Eighteen percent were youth between 14 and 25 years of age and three percent of participants were over the age of 64. The average age of participants was 40 years old. The oldest individual served was 78.

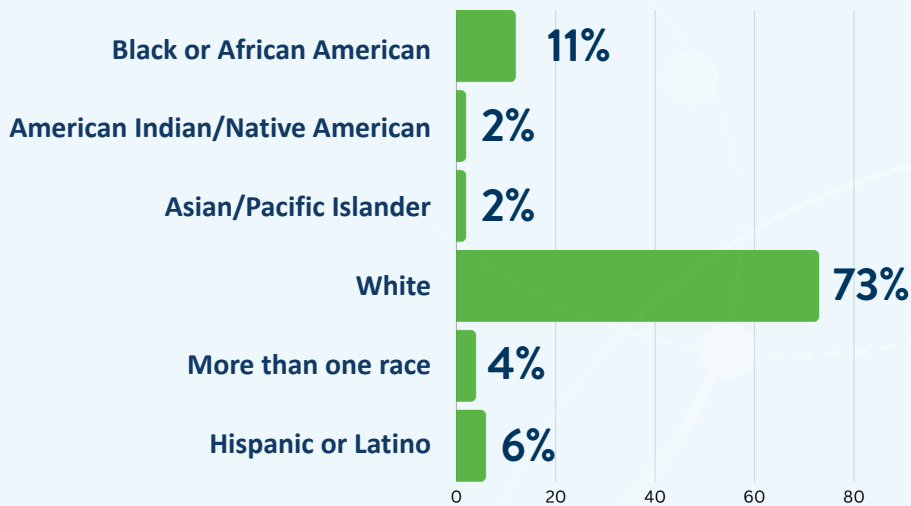
Gender Identity:

Gender: 51% identified as female and 46% identified as male; 1.7% identified as transgender and 1.5% identified as non-binary.



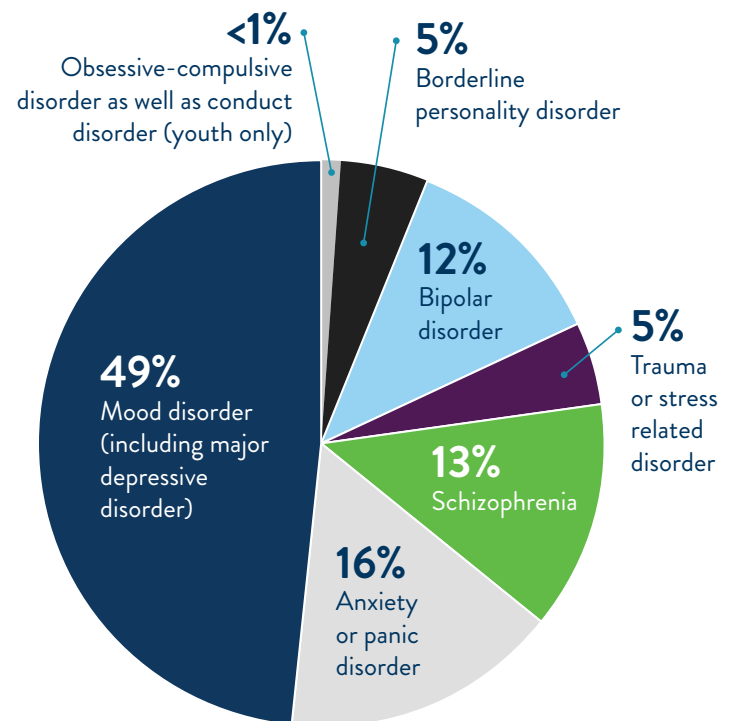
Race/Ethnicity:

Eleven percent of participants were Black or African American, 2% American Indian/Native American, 2% Asian/Pacific Islander and 73% White. Four percent of participants reported being of more than one race. Six percent of participants were reported as being of Hispanic or Latino background.



Primary Mental Illness Diagnosis:

All participants are individuals with serious or major mental illnesses who experience significant limitations in functioning in one or more life domains. IPS fidelity reviews of individual case records indicate that many have co-existing substance use disorders and complex medical issues as well as co-occurring mental illness diagnoses. Many participants also have experiences that include justice system involvement, incarceration, trauma, and homelessness.

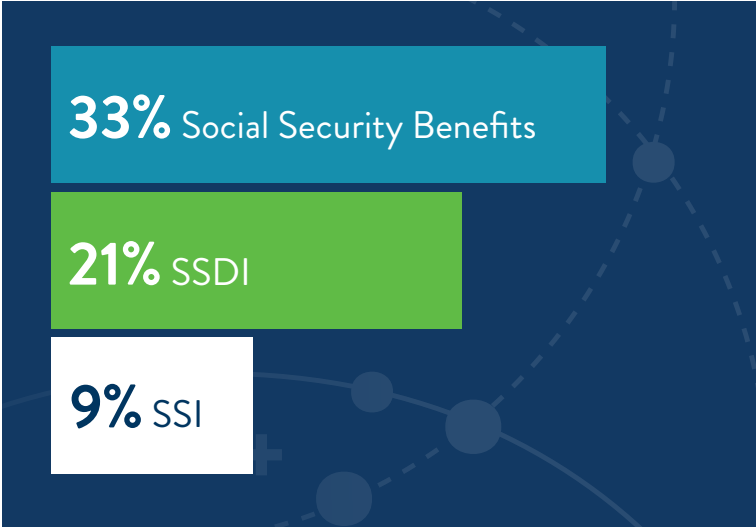
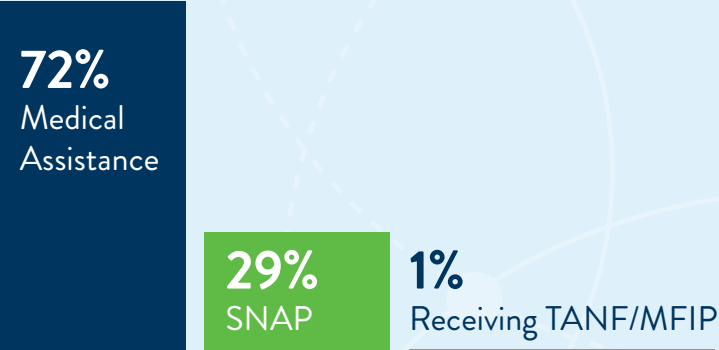




Educational Background:

Educational attainment at program entry indicates that 12% of participants reported having less than a High School Education and of these, one-third were youth. Over one-third (35%) of participants had some additional post-secondary education or training following high school.

Public Benefits Reported:



Occupational groupings for people starting jobs:

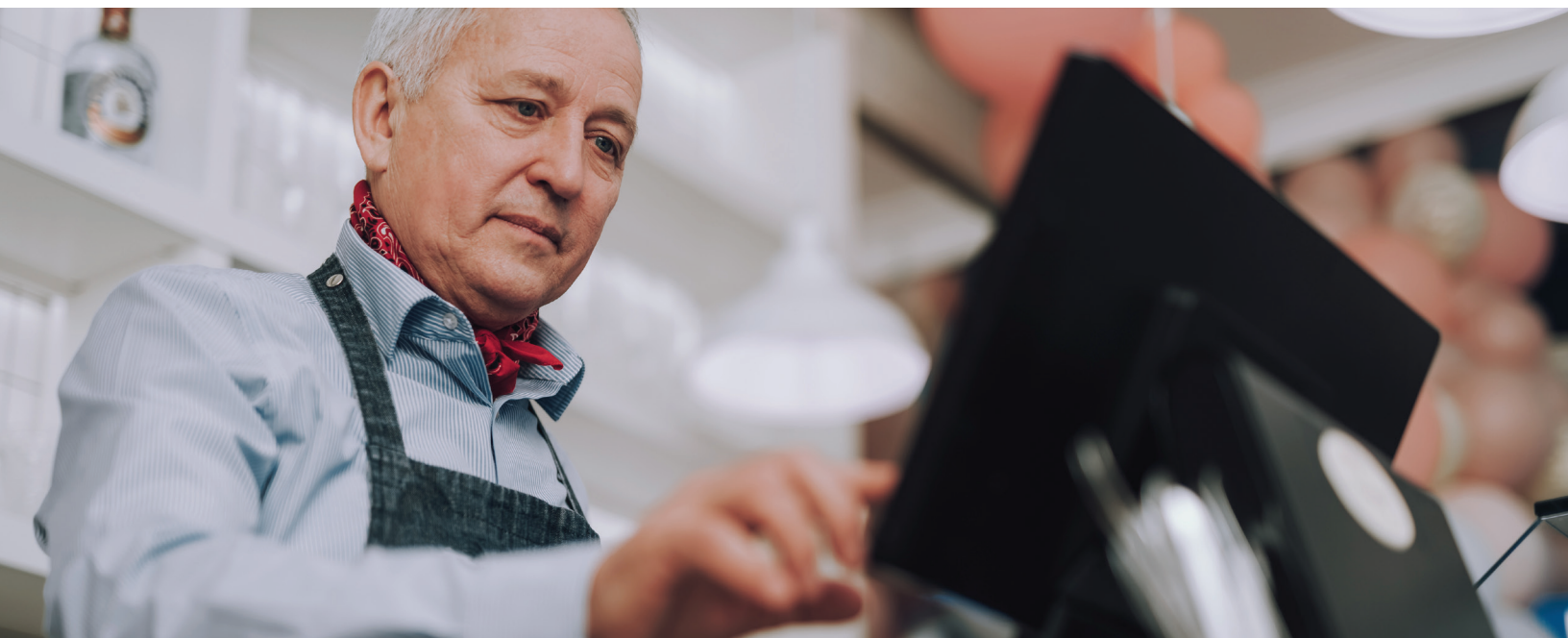
The data system also collects information on job starts based on national classifications for occupational categories. Consistent with national data, most job starts are in entry level jobs.

Occupation	Percentage
Retail Sales Workers	11%
Building Cleaning and Pest Control workers	6%
Material Moving Workers	5%
Cooks and Food Preparation Workers	5%
Nursing, Psychiatric and Home Health Aides	4%
Other Food Preparation and Serving Workers	4%
Information and Record Clerks	3%
Food and Beverage Serving Workers	3%

Cashier was the most frequent job title reported. However, there are participants across all the projects in smaller numbers who acquire jobs in professional and technical occupations including those in teaching positions, health care and animal care.

IPS participants are served across a large geographic area throughout Minnesota. The name of employers is reported. However, not all IPS participants have disclosed to their employer that they are a person with a disability. Diversity of employers is an IPS fidelity principle and IPS staff are discouraged from helping more than one or two participants to work at the same employer/same location.

The employer names most frequently listed are those that are large employers with multiple locations throughout Minnesota. These include Walmart, Walgreens, UPS, TJ Maxx, Target, Taco Bell, Subway, Speedway, Savers, Pizza Ranch, Pizza Hut, Menards, McDonalds, Marshall's, Marsden, Kwik Trip, Kohl's, HyVee, Holiday Station Stores, Goodwill Stores, Fleet Farm, Dollar Tree, Door Dash, Dollar General, Cub Foods, Cash Wise, Casey's, Burger King and Allied Universal.





WHAT MAKES AN IPS PARTNERSHIP DIFFERENT FROM TYPICAL SUPPORTED EMPLOYMENT SERVICES?

Integration of mental health treatment and employment is one of the eight practice principles of IPS and a key aspect of what makes IPS unique. To illustrate how IPS works differently from other types of employment services, the partnerships and integration of employment within mental health can be described based on one of the original IPS projects in Minnesota. This project received the International IPS Achievement Award in 2024 at the IPS Annual Meeting. It was the first project in Minnesota to achieve an exemplary fidelity score, the highest score possible on the IPS fidelity scale, after the COVID-19 pandemic.

An Effective Partnership: TranSEm and Lakeland Mental Health Center

TranSEm (TE) provides supported employment services to people with psychiatric disabilities in Becker, Clay, Ottertail and Wilkin Counties in North Central and Western Minnesota. The counties make up the Adult Mental Health Initiative known as BCOW. TranSEm operates IPS in collaboration with Lakeland Mental Health Center, a large comprehensive mental health center with four clinic locations in Western and Central Minnesota.

TranSEm is one of Minnesota's first IPS projects. It started in Moorhead in 2006 in partnership with Lakeland Mental Health Center and was expanded to the Fergus Falls area in 2013, when the grant projects (formerly known as Extended Employment for People with Serious Mental Illness/EE SMI) were converted to the IPS. Both project locations are in northcentral/northwestern Minnesota.

WHAT DOES IT MEAN TO HAVE A PARTNERSHIP THAT INTEGRATES EMPLOYMENT WITH MENTAL HEALTH SERVICES AND TREATMENT?

An IPS unit may be part of a mental health agency (examples in Minnesota are the Human Development Center-Employment Connection and Guild-Employment Services) or a formal partnership between a Community Rehabilitation Program (CRP) and a mental health (MH) agency. This means the IPS specialist works for an employment agency but provides IPS to identified service teams in a mental health agency. The specialist participates in weekly patient-centered mental health team meetings with the MH agency staff, shares documentation, and ideally has office space within the MH agency.

Each member of the team participates in helping people with employment within the context of their individual areas of expertise. The mental health team members provide mental health and supportive services. The IPS specialist brings an exclusive focus of employment so they can focus on meeting with employers and providing the full range of employment services to each person.

IPS specialists do not counsel people about their mental health or substance use problems. Instead, they share information about what is working and what challenges the person is facing with the mental health treatment team. Mental health services staff members help participants connect to employment by making a direct connection to the employment specialist. They also help if a person referred for employment stops attending appointments or meetings with the employment specialist. When people are employed, mental health services staff help to discuss the supports a person needs and provide help with skills or symptom management or substance use that might interfere with employment.

Each IPS employment specialist is assigned to one or two mental health treatment teams within the MH agency and receives referrals directly from those teams. Individual persons served do not attend these team meetings. Individual person-centered planning meetings are scheduled separately. The partnering agencies put business associate agreements in place to address data privacy concerns.

IPS Partnerships include Minnesota VR liaison counselors who are embedded on some of the IPS teams. VR Counselors bring specialized training that helps IPS team members and job seekers think about a broad range of employment opportunities. VR counselors are knowledgeable about long-term illnesses and disabilities that affect the ability to find and keep a job; and they often have relationships with employers who might have job openings that would be appropriate for IPS participants.

The Employment specialists attend mental health treatment team meetings weekly to discuss strategies to help people with their careers. They also hear about other people being served and can suggest work for people who have not yet been connected to IPS. These teams may include case managers, care coordinators, therapists, psychiatric rehabilitation providers, housing support staff, medication prescribers, psychiatric providers, and others. The teams may include other professionals, depending on a program's focus (such as serving people who have experiences of homelessness or incarceration).

Individual participants often find that it is helpful for all their mental health providers to be knowledgeable about and work together to support their employment goals. For example, a medication prescriber may adjust a person's medication schedule or dosage to help them with employment. Mental health staff members may have known IPS participants for some time and can provide insight into what motivates the individual, what has helped the person be successful in the past. They may know the individual's family members and other people who can be key supports to the person.

Team meetings help IPS specialists understand each person's experience and all team members share their ideas for the employment plan. The mental health service staff value the input and experience of the employment specialist because it changes the focus from a person's MH symptoms to focus on recovery including community integration and employment.



WHAT ARE THE RESPONSIBILITIES OF A MENTAL HEALTH PARTNER IN IPS?

In addition to having employment specialists participate in mental health treatment teams and providing space with or near the mental health staff members, for the specialists to meet with participants, there are additional key aspects related to how the IPS program fits within the mental health agency.

The employment and mental health agencies share the responsibility for promoting employment for people receiving mental health services. Employment is part of the conversation during assessments and treatment planning within the mental health agency.

Both agencies share responsibility for evaluating data about the involvement of IPS participants in employment and outcomes including the types of employment, occupations, and job retention. The agencies share the responsibility of using program data to focus on quality improvement. MH agency leadership is responsible for providing consistent and clear messaging about the value of and importance of employment in recovery from mental illness.

A joint structure is in place for the two agencies to formally collaborate including an IPS steering and advisory committee with leadership from both agencies. The partner agencies widely promote and share employment success stories. Leaders meet with the employment supervisor to discuss facilitators and barriers to program implementation and develop strategies to increase employment rates.

Roles and responsibilities for mental health (MH) agency treatment staff:

- 1 **Consider employment and education** in all mental health assessments and treatment planning.
- 2 **Referral** process begins in the mental health team as client cases are discussed.
- 3 **Introduce** participant to the employment specialist and share input on their employment plan.
- 4 **Connect** the employment specialist with the participant's support system and share job ideas or possible leads.
- 5 The mental health team takes full responsibility for **coordinating services**, not the participant.
- 6 All team members give the same **hopeful message about employment** to the participant.
- 7 The IPS participant is aware that the employment specialist and the mental health treatment team members are **working as a team sharing information about the person for their benefit**.
- 8 **Weekly team meetings help everyone to know progress being made toward job search** and how participants are handling the job search process. Job search supports are provided based on what each client wants/needs.
- 9 When people are working, follow-along **job supports are provided by the employment specialist for about a year before being transferred back to the mental health provider** for extended long term follow-up. People can be re-referred to the employment specialist for specific job support or to look for another job (career ladder).
- 10 **The MH staff member helps participants manage their symptoms** while job seeking and working.
- 11 The MH team helps **strategize on ways to address substance abuse** if applicable.
- 12 The MH team helps to **educate and support families when they have concerns** related to the person's work.
- 13 The MH team provides strategies that **support employment such as coping strategies and interpersonal skills** during job seeking and while at work.
- 14 **The MH team members ask persons about work-related goals, successes, concerns, and problems** at each meeting with the participant.



Roles and responsibilities of mental health (MH) agency leadership:

- 1 The MH agency measures the rate of integrated competitive employment (ICE). Leadership sets goals to improve the rates and participation in IPS.
- 2 Executive leadership communicates and monitors employment goals for the agency's mental health services.
- 3 Chief executive officer (CEO), clinical director and clinical supervisors demonstrate knowledge of IPS.
- 4 Agency quality assurance process includes explicit review of IPS program or components of IPS.
- 5 Agency shares employment successes with all agency staff members, including direct communication from CEO/executive leadership about how employment is a part of recovery.
- 6 Handouts and posters and IPS brochures are widely available to staff and potential participants.
- 7 Agency executive team members (e.g., CEO/executive director, chief operating officer, quality assurance director, chief financial officer, clinical director, medical director, human resource director) assist with IPS implementation and sustainability.



TranSEm and Lakeland Mental Health Center's partnership, with support from their local Vocational Rehabilitation Services (VRS) offices, have demonstrated these principles. They provide IPS services that clearly benefit the participants in this program and help individuals achieve their recovery goals.

Employment services staff members, mental health teams, and partner VRS staff members, are all consistent in their commitment to helping people obtain and maintain employment that reflects individual preferences and needs. Integration of service delivery is a key factor. As a result, TranSEm moved their entire Moorhead office into a newly expanded wing of Lakeland Mental Health Center.

Stories of success

IPS partners (mental health providers and employment providers) are encouraged to publish and share stories that highlight the success participants in the IPS project have achieved. Sharing of such stories is incorporated into the IPS fidelity scale to help spread the encouraging message that employment is part of mental health recovery. Stories of success provide people with mental illness an opportunity to consider how employment might fit into their own lives. Stories of success can be highlighted in a variety of ways including on the websites of the partner mental health provider, in newsletters published by either of the partners, the website of the employment partner, and/or in local news media. Here are a few select examples from Minnesota IPS projects.

IPS partners stories and links:

- **Guild Services**, employment services video: guildservices.org/services/employment-services
- **Woodland Centers and West Central Industries**, Work Involvement Now (WIN): woodlandcenters.com/win-success-story
- **Canvas Health and Lutheran Social Services**, Overcoming Barriers to Employment: conta.cc/3XwWf9r
- **Wright County Health and Human Services and Functional Industries**, The Work Equation: functionalindustries.org/post/the-work-equation
- **MRCI and South-Central Counties**, Minnesota Valley Business e-magazine, September 2024 issue, page 8, On the Right Track: mnvalleybusiness-cnhi.newsmemory.com



WHERE CAN I FIND IPS IN MINNESOTA?

Individual Placement and Support (IPS), the evidence-based practice of supported employment, is available through certain mental health providers that have a partnership with an employment partner.

If a person receives mental health services at one of these mental health providers, they can ask their MH professional to make a referral to IPS or ask for the contact information for the IPS project and refer themselves.

Due to limited funding, IPS is not available throughout all of Minnesota or with all locations of the larger mental health providers listed below.

Mental Health Partner(s)	Employment Partner	County
Blue Earth, Nicollet, LeSueur, Sibley and Brown counties Adult Mental Health/Case Management	MRCI	Blue Earth, Nicollet, LeSueur, Sibley & Brown
Central Minnesota Mental Health Center	Functional Industries	Stearns, Benton, Sherburne & Wright
CentraCare SMI Programs	Rise	Stearns & Benton
Canvas Health	Lutheran Social Services (Partnering for Jobs/PJ)	Washington IPS Youth with Canvas Health Family Services team
Douglas, Morrison, Region 4 South Adult MH Initiative (Grant, Stevens, Pope and Traverse) counties Adult MH/Case Management	Productive Alternatives (PA)	Douglas, Morrison, Grant, Stevens, Pope & Traverse
Guild Services	Guild Employment Services	Ramsey & Dakota IPS Youth in Dakota County with additional partners
Hennepin County Mental Health Center	Rise	Hennepin
Hiawatha Valley Mental Health Center	Goodwill Easter Seals	Winona
Human Development Center	HDC Employment Connection	Southern St. Louis, Lake & Carlton
Lakeland Mental Health Center (Moorhead and Fergus Falls)	TranSEm	Clay, Becker, Wilken & Ottertail
Lee Carlson Center & Bridgeview Center	Rise	Anoka
Northland Counseling Center/ Kiesler Wellness Center	Northern Opportunity Works*	Itasca
Ramsey County Mental Health Center	Lutheran Social Services (LEARN)*	Ramsey
Ramsey County WorkForce Solution	Goodwill-Easter Seals (FAST)*	Ramsey County (certain Temporary Assistance to Needy Families/Minnesota Family Investment Program participants only)
Southwestern Mental Health Center	Hope Haven-The Achievement Center	Nobles, Jackson, Cottonwood & Rock
Scott County Adult Mental Health	Guild Employment Services	Scott
Western Mental Health Center	Hope Haven-TAC	Lincoln, Murray & Pipestone
Woodland Centers	West Central Industries/WCI	Kandiyohi & Meeker
Zumbro Valley Health Center	Goodwill-Easter Seals	Olmstead & Fillmore

TABLE 1 –IPS PROGRAMS IN MINNESOTA

* Employment agency does not receive IPS State Grant funding. Data in this report reflects projects with IPS State Grant funding.

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.

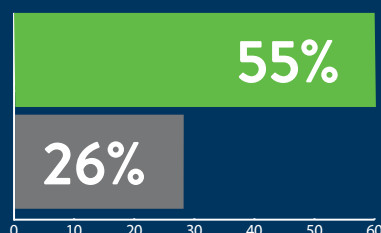
Benefits of Work for People with Serious Mental Illness

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

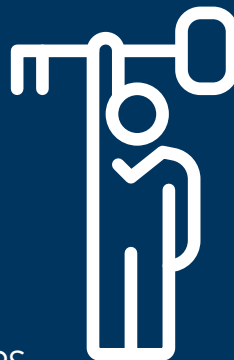


THE IPS MODEL IS COST-EFFECTIVE

EMPLOYMENT RATES:
IPS VS. OTHER SERVICES



For every 100 people who enroll in IPS in the United States, 55 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 ten 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 – Homelessness, Housing and Support Services Administration (HHSSA) and a network of community providers.

16 Projects in
42 Counties

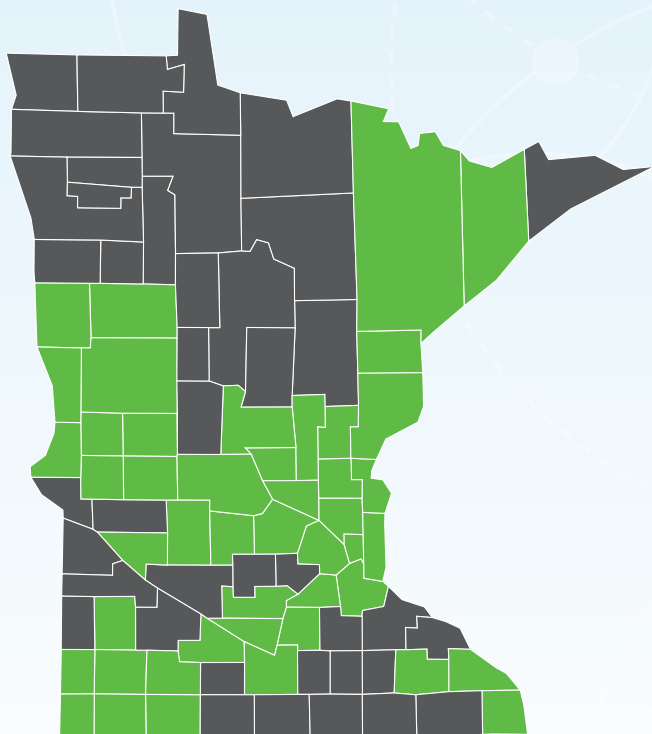
32 MH Partners



1,151 People served
in PY24

63% People who
went to work

IPS STATE GRANT FUNDED PROJECTS



 COUNTIES WITH
ACCESS TO IPS

THIS MODEL IS EVIDENCE-BASED

United States 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.