Individual Placement and Support (IPS)
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- IPS Supported Employment
- Shift ‘train-place’ to ‘place-train’
- 30 years of refinement
- Serious mental illnesses
- Highly individualized
- Client choice at every step
Current Status of IPS

- IPS model is simple and direct
- IPS is effective
- Other benefits accrue with consistent work
- Work outcomes improve over time
- IPS is relatively easy to implement
- IPS Center at Rockville Institute
IPS Supported Employment

- Competitive employment
- Team approach
- Integrated mental health and vocational services
- Job development
- Client choice regarding timing
- Benefits counseling
- Rapid job search
- Job matching based on client preferences
- On-going supports
24 Randomized Controlled Trials of IPS for People with SMI

- Best evidence available on effectiveness
- RCTs are gold standard in social research
Competitive Employment Rates in 24 Randomized Controlled Trials (RCTs) of IPS for People with Serious Mental Illness
Competitive Employment Rates in RCTs of IPS for Special Populations

- Vets/spinal cord injury (Ottomanelli 2012): 30% IPS, 12% Control
- Opioid users (Lones 2017): 50% IPS, 5% Control
- Affective disorder (Bejerholm 2017): 42% IPS, 4% Control
- Justice involvement (Bond 2015): 31% IPS, 7% Control
- SSDI beneficiaries (Drake 2013): 52% IPS, 33% Control
- Vets/PTSD (Davis 2012): 76% IPS, 28% Control

Bar chart showing employment rates for different populations.
IPS is superior for employment outcomes: obtaining employment, time employed, hours of work, and wages earned

Employment outcomes unrelated to client characteristics, except previous employment

All subgroups, including people who are homeless, benefit more from IPS than from other models
Non-Employment Outcomes

- Self-esteem
- Quality of life
- Symptom Control
- Decreased hospitalization
- No changes with sustained sheltered employment
Long-Term Outcomes

- 4 studies with 10-year follow-ups (Test, 1989; Salyers, 2004; Becker, 2006; Bush, 2009)

- Work outcomes improve over time

- Costs decrease dramatically for consistent workers (Bush et al., 2009; Hoffman et al., 2014)
IPS Learning Community

- Mental Health-Vocational Rehabilitation collaboration
- Implement IPS supported employment
- Local programs selected by states or countries
- IPS Center provides online training, consultation, TA, data management, research opportunities
- U.S.: 23 U.S. states (80% using IPS)
- International: Italy, Netherlands, New Zealand, Spain
Many countries adopting IPS:

- Australia, Belgium, Canada, China, Czech Republic, Denmark, Germany, Italy, Japan, Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, United Kingdom
New IPS Populations

- Early Psychosis
- Transition-age Youth
- Posttraumatic Stress Disorder
- Veterans with service-connected disability
- Welfare Recipients (TANF)
- Common Mental Disorders
- Substance Use Disorder
- Spinal Cord Injury
- Autism spectrum disorders
- Intellectual/Developmental Disabilities
Policy Changes

- De-link disability and insurance
- Integrated services
- Align incentives
- Early intervention
- Simple funding mechanism
New Research

- Social Security Administration (SED)
- Veterans
- Cognitive enhancement
- Social finance
- Several new populations
- International studies
Broad Interest and Support

- Grants from NIDA, NIDILRR, NIMH, RWJF, SAMHSA, SSA


- Gifts from Elejalde Foundation, Segal Foundation, Thomson Foundation, Vail Foundation, West Foundation
Many Thanks

- Deborah Becker
- Gary Bond
- Greg McHugo
- Haiyi Xie
- Will Torrey
- Kim Mueser
- Rob Whitley
- Susan McGurk
- Eric Latimer
- Ali Luciano
- Sandy Reese
- Lisa Dixon
- Sarah Swanson
- Howard Goldman
- Sandy Reese
- Annalee Kwochka
- Elizabeth Carpenter-Song
- Valerie Noel
- Jess Merbacher
- Jackie Pogue
- Susanne Logsdon
- David Strickler
- Westat colleagues
Information: books, videos, research articles

- Susan Morris
- susanmorris@westat.com
- http://www.ipsworks.org/