

# INTEGRATING INDIVIDUAL PLACEMENT AND SUPPORT MODEL OF SUPPORTED EMPLOYMENT WITH SUPPORTED EDUCATION FOR TRANSITION AGE YOUTH



SEPTEMBER 2022

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**NASMHPD**

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This paper was developed and funded as a deliverable under the Westat Supported Employment Demonstration: contract number 6464-S05.

# EXECUTIVE SUMMARY

The development and dissemination of the Individual Placement and Support (IPS) model for supported employment has dramatically changed expectations regarding the likelihood that adults with serious mental health problems can obtain and keep competitive employment. IPS has emerged as the preferred approach for supported employment with a strong empirical base. Increasingly, the model has been applied to younger populations than the ones on which it was originally developed and tested. In many of the applications to younger populations, IPS is combined with supported education (SEd) to serve both educational and employment needs. Two recent reviews indicated that the combined approach results in successful employment but mixed education outcomes.

In this paper we explore some of the issues that emerge when attempting to integrate these services for transition age youth variously aged 12-25. We did this through a series of key informant interviews with individuals who had experience either delivering, developing, studying, or overseeing integrated IPS/SEd services. Through these interviews and review of the literature, several key issues emerged regarding integration. It became clear that while the IPS model provided key principles relevant for both employment and education, modifications were required for younger populations. Specific skill deficits and developmental delays caused by the onset of mental illness must be addressed. Educational supports will vary from those needed to assist individuals in secondary school settings to stay in school and graduate which differ from the kinds of assistance that college or technical school students need. Younger individuals may not be as socialized to mental health programming as the older cohorts on which IPS was developed and may require greater outreach and a slower engagement process. Some sites expect staff to cover both the employment and education roles while others have concluded that separate positions are needed.

We feature specific program modifications used in a few exemplar programs including the use of centers of excellence to certify programs and facilitate Medicaid reimbursement. We also summarize some new models that are currently being studied which expand upon IPS approaches to more specifically target skill and cognitive deficits with a greater focus on career development. These approaches are being tested currently with results anticipated in Fall 2022. Our hope is that the modifications and extension of IPS principles to education and a greater focus on career planning in early intervention will change young adult trajectories from one of disability and poverty to one of full participation and economic security.

# ACKNOWLEDGEMENTS

We are grateful for the generosity of the following individuals who assisted with this work through sharing literature and other materials and/or participating in key informant interview.

We would like to recognize the invaluable assistance from:

- Gary Bond and Bob Drake with the IPS Employment Center
- Marc Fagan and Vanessa Klodnick with Thresholds
- Jules Villanova-Castellano with the Alcove Program at Stanford University
- Nev Jones at the University of Pittsburgh
- Kate Perrotta with the Healthy Transitions Program at the Center for Mental Health Services, SAMHSA
- Michelle Mullen, Mary Ann Davis, Marsha Ellison, and Kathryn Sabella with the University of Massachusetts Transitions to Adulthood Center
- Jessica Mullins, Mark Liverman, Stephanie Cooper, and Tiffanie Whitaker with the Tennessee Department of Mental Health and Substance Abuse Services
- Tom Jewell and Gary Scannevin from OnTrackNY with the Center for Practice Innovations New York State Psychiatric Institute at Columbia University
- Mark Salzer from Temple University College of Public Health
- Peggy Darmody and Ellie Erickson from Guild Employment Services in Minnesota
- Erika Eykmans from Goodwill Industries of Southwest Wisconsin
- Alexis Merla with Fred Finch Youth and Family Services, Oakland California
- Sierra Dooley with the Partnering for Jobs Program at Lutheran Social Services of Minnesota
- Crystal McMahon, Heidi Herinckx, and Brenda Dennis with the Oregon Centers of Excellence and State government
- Sara Gable and Claire Courtney with the Minnesota Behavioral Health and Vocational Rehabilitation Department
- Luana Turner with the Semel Institute for Neuroscience and Human Behavior at the University of California Los Angeles
- Shirley Glynn with the NAVIGATE First Episode Psychosis Treatment Program
- Michael Gossett and John Coppola from Maryland Behavioral Health and the University of Maryland Psychiatry Department
- Heidi Holland, Betsy Edes, and Joel Danforth with the Massachusetts Healthy Transitions Program

We have tried to accurately represent their perspectives in the paper, but any errors or misinterpretations are our sole responsibility.

# INTRODUCTION

We have known for a long time that persons with severe mental illnesses (SMI) generally want to work but that they historically have had very low levels of employment. It is also well known that individuals who complete their education, ideally through some sort of post-secondary education or technical training, will have improved lifetime earnings and increased wellbeing relative to individuals with less education. While we've made progress in addressing issues related to improving the employment status of individuals with SMI, we haven't made sufficient progress in educational achievement. In this brief we will address the challenges of integrating effective supported employment interventions with supported education to improve both employment and educational achievement for transitional age youth (TAY). We'll begin by summarizing some of the research literature related to employment and education. Here we will focus on potential adaptations to the Individual Placement and Support (IPS) model to better address the developmental needs of younger individuals. We'll then present results from interviews that were conducted with several individuals who either develop, oversee, or administer programs serving TAY and end with some specific examples of adaptations as well as some research currently underway to test novel approaches to more fully address the developmental needs of this age group and promote educational and employment success.

On the employment front, Individual Placement and Support (IPS) is a well-documented, evidence-based practice that has been shown in multiple randomized controlled trials (RCTs) to improve employment outcomes relative to alternative approaches. Bond<sup>1</sup> recently summarized the

results of 28 RCTs conducted both in the U.S. and internationally demonstrating that, on average, 55% of persons participating in IPS programs achieved competitive employment as contrasted with 25% of persons in the control conditions. He further documented that converting day treatment programs to IPS employment programs resulted in a dramatic improvement in employment (37% vs. 15% in the non-converted programs) without any adverse outcomes for persons served in the IPS programs. Importantly, IPS follow-up studies ranging from three to twelve years and comparing IPS with usual vocational rehabilitation (VR) services indicate that nearly half of IPS participants are working at least half time as contrasted with 11% of persons receiving usual VR services.

IPS has not only been demonstrated to improve employment outcomes, it is also distinguished by an outstanding dissemination and implementation effort providing a strong backbone for further development in employment and potentially education. Using various sources of support, Robert Drake, M.D., Ph.D., Deborah Becker, MEd, and colleagues have created a national/international learning community that promotes and supports the IPS model. Twenty-six states

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IPS was initially developed as part of community mental health programs that typically served older adults but it is increasingly being used on younger populations.

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are participating in the learning community with participating states witnessing a 78% increase in programs between 2016 and 2019. Becker and colleagues developed a fidelity scale that is widely used in IPS programs with benchmarked criteria for acceptable IPS fidelity<sup>2</sup>. The scale has been validated in several studies showing that higher fidelity was associated with better employment outcomes<sup>3</sup>. All the participating states in the IPS Learning Community have external fidelity monitoring as well as ongoing training and technical assistance. As might be expected, programs that demonstrate greater fidelity have better outcomes than those programs that are less adherent to the model. The learning community provides great infrastructure on which to pursue integration of IPS supported employment with supported education (SEd).

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Supported employment interventions were effective in improving employment outcomes but had mixed results for educational outcomes.

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While IPS was initially developed as part of community mental health programs that typically served older adults, it is increasingly being used on younger populations. It is often combined with supported education programs especially for persons served in first episode of psychosis programs (FEP) as well as in programs focused on TAY. Bond, Drake, and Luciano recently completed a systematic review of studies that assessed employment and educational outcomes for persons served in early psychosis programs. They found that supported employment interventions were effective in improving employment outcomes but had mixed results for educational outcomes<sup>4</sup>. No standard approach was reported for supported education, and they note that no evidence-based practice for supported education was available.

Thompson and colleagues completed another systematic review of the literature in 2021<sup>5</sup> and similarly found strong evidence for improved employment outcomes with mixed results with regard to educational achievement for young adults. They concluded that adaptations to IPS will be required to enhance the educational outcomes. These include the development of a developmentally appropriate, comprehensive supported education program that, like IPS, needs to be specified and tested.

Improving educational achievement for young persons who are experiencing a serious mental health condition (SMHC) will most likely be achieved through an integrated employment/education approach. Sabella recently completed a qualitative study in which she interviewed a sample of young adults with SMHCs (ages 25–30) to identify challenges that they confronted in pursuing education and employment<sup>6</sup>. She found that only 33% of individuals who had attempted college received a degree while 49% of her sample hadn't received a degree and weren't pursuing one. Some had unsuccessfully attended college and incurred debt without a degree further frustrating their progress and desire to return to school. Many in the sample reported working in part time jobs with short tenure. It was clear that a non-linear approach to education and employment characterized this sample. The most frequently reported reason for losing employment or leaving school was stress induced anxiety and panic, recurrent psychiatric symptoms, and interpersonal

conflicts. Flexible and supportive environments facilitated pursuit of educational and work activities. Sabella recommends that practitioners teach coping skills to better handle stress, advocacy skills for more effective requests for accommodations and seek work or school settings that are flexible. Since these young individuals are moving between employment and education settings, the integration of these services is desirable. Finally, mental health literacy for employers and post-secondary faculty and staff could be helpful for their provision of more appropriate accommodations.

In a conceptually related effort Biebel et al. conducted a case study of three supported education efforts<sup>7</sup> – two of which included supported employment. They identified similarities among these programs that supported their success as detailed below:

- Recognition of the importance of academic success for young adults.
- Top-down leadership and support.
- Teaching skills needed for success in post-secondary setting.
- Ameliorating distress that inhibits learning.
- Using campus accommodations.
- Use of normal community settings.
- Funding stability and longevity.
- Participant satisfaction.

Elison et al.<sup>8</sup> conducted semi-structured interviews with nine IPS employment specialists who had expanded and enhanced the IPS model to better meet the needs of the youngest of working age youth. They identified a number of modifications that these employment specialists identified as important for serving this younger group including:

- Support to complete high school and transition to college.
- Skill development to improve executive functioning.
- Skills for managing mental health symptoms.
- Engagement strategies that appeal to youth.
- Career and goal planning.
- Close collaboration with families.

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Better meeting the employment and educational needs of youth and young adults with the ultimate effect of **stemming lifelong disability and securing long-term quality of life.**

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## SUMMARY

A sense of need and opportunity emerges from this literature. The success and relatively wide-spread implementation of IPS supported employment, the linkage of supported education and employment functions within First Episode Programs employing the Coordinated

Specialty Care (CSC) model and the continued general need to more effectively serve transition age youth provide the impetus to better integrate employment and education supports. In this issue brief we will report the results that emerged in our interviews with staff who are implementing programs that integrate IPS and SEd, with program developers/implementers who are continuing to explore promising new integrative approaches and with individuals who have statewide roles in IPS/SEd. We hope that this will continue to stimulate state and local interest in better meeting the employment and educational needs of youth and young adults with the ultimate effect of stemming lifelong disability and securing long-term quality of life.



# METHODS

## SAMPLE

An informal interview protocol was used to conduct 20 key informant interviews with 33 respondents. A snowball sampling technique was employed in which the NASMHPD Children, Youth and Families Division, the IPS Works staff and colleagues from Thresholds identified an initial set of respondents who in turn identified others. Key informants included individuals who had experience either delivering, developing, studying, or overseeing integrated IPS and SEd programs. Other potential respondents were identified through a literature search. Seven interviews were conducted with program staff, six with state level program overview and quality assurance staff and seven with program developers/researchers.

## INTERVIEW PROTOCOL

Open ended discussions were conducted with program developers to assess their sense of the issues involved in the integration of supported education and employment and to obtain relevant literature reflecting their perspectives. An interview protocol guided discussion with program and state oversight staff. After a brief description of their role with IPS/SEd respondents were asked:

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- to characterize some of the developmental considerations that were relevant for integrating IPS and SEd for TAY,
- to report on how faithfully their practice comported with IPS fidelity standards,
- if and how IPS principles informed their approach to SEd,
- their perspective about integrating services within a clinical program,
- to evaluate the degree to which IPS/SEd services assisted in program engagement, and
- their sense of IPS/SEd service reducing crises.

The interview lasted approximately an hour.

Written summaries of the interviews were drafted, summarized, and reviewed by the authors who then jointly participated in synthesizing and reporting the results.

# RESULTS

## DEVELOPMENTAL CONSIDERATIONS

Among the first issues to emerge as we began our interviews were concerns regarding the specific developmental stages that characterize TAY. Some TAY have little or no work skills and may need to consider activities such as pre-vocational, unpaid internships to gain some basic skills. They also may benefit from the opportunity to explore various types of work settings and tasks. While IPS calls for rapid job search, TAY who can afford to not work are felt to profit from pre-vocational activities including some of the basics for work (e.g., being on time, dressing appropriately, etc.). Most all of the program respondents noted that clients in differing age cohorts have differing specific needs. Younger people need support to stay in school. Somewhat older individuals are often seeking employment for greater financial freedom while college aged adults need both income and support in successfully negotiating post-secondary educational settings.

Several respondents reported that the onset of severe mental health conditions can also cause individuals to “get stuck” in a developmental stage and not have age-appropriate skills. Social skill deficits were noted as was an ambivalence or reluctance to strive either in education or employment for fear of failure and for the avoidance of the anxiety that TAY anticipated in new settings. Motivating and supporting clients to strive as well as specific skill acquisition through varying experiences were seen as core tasks in effectively serving TAY in both employment and education. These processes were often described as non-linear since TAY often change their thinking about goals and processes.

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While traditional IPS concentrates on procuring employment, several respondents noted the importance of career development, and some saw rapid job search as an opportunity to discuss the development of career interests. Given the strong relationship between educational achievement and later wages, success in post-secondary settings (e.g., college, technical or vocational schools) could improve, at least for some, their lifetime earnings and reduce the likelihood of lifelong impoverishment. Having more effective support to continue education both to obtain a high school diploma as well as post-secondary education is therefore desirable. However, some interviewees shared concerns with enrollments in post-secondary education since it can be expensive. If the education doesn't result in graduation, the accumulation of debt may have long term negative financial effects.

Since cognitive, emotional, and behavioral issues may cause individuals to pause or abandon post-secondary education, it is essential that engagement in these settings be carefully considered and that effective support for these students be available.

## IPS PRINCIPLES

We found a good deal of variability among the programs in terms of their approach to integrating supported employment and education. Some programs had well understood approaches for the integration and were using modified fidelity measures that better accommodated education (to be discussed later). Others reported that they used the IPS principles as a guide but that they were much less certain regarding how to approach supported education. Some tension was reported between some of the IPS principles and the developmental needs of TAY. In response to some of the skill and experiential deficits noted earlier, sometimes volunteer experience or unpaid internships were used to help develop confidence and gain experiences even though this could result in a “hit to the fidelity score.” Consistent with IPS ideology, all services and supports were tailored to the individual’s specific needs and desires. IPS principles generally provided an “operating system” within which educational activities could be pursued for those programs that hadn’t explicitly included them in fidelity measures. We will discuss in more detail, some of the specific adaptations to IPS that are employed.

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## INTEGRATION WITHIN A CLINICAL PROGRAM

While the original IPS program was typically integrated within a clinical setting and stressed the coordination among the treatment, case management and employment specialists, some respondents felt that housing the IPS/SEd program within a clinical program might frustrate access for younger individuals. Some Healthy Transition programs, informed by the Transition to Independence (TIP) model<sup>9</sup>, operate a drop in or access center and are not part of a clinical program. Clinical services, if needed and desired by these young participants, are readily available as is integration across the adult and child serving systems. The self-stigma and labeling effects associated with having a mental health diagnosis may be particularly acute for younger individuals. Engagement in IPS/SEd that requires clinical participation therefore may inhibit access since younger individuals with less experience in the specialty treatment system may not accept their characterization as mentally ill.

## PROGRAM ENGAGEMENT

Several programs reported that offering employment services and the possibility of making money was a “hook” that attracted many young adults to IPS/SEd programs. As noted earlier, balancing the need to succeed in school sometimes competed with employment. Depending on the financial needs of the TAY, most programs encouraged youth in secondary school to graduate. Engagement for the TAY was reported to vary across time and was characterized by a non-linear pattern. Persistent outreach using multiple communication channels (e.g., texting, chatting) is often

required for successful engagement. Younger individuals also frequently change their goals which requires flexibility on the part of the employment/education specialist. All programs emphasized an individualistic, person-centered approach to facilitate engagement – whatever it takes.

## PREVENTING CRISIS

Given all of the current work underway to re-design crisis systems, we asked the key informants if they believed that the provision of IPS/SEd services helped to prevent crisis. They were unanimous

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Work and school can be therapeutic especially with ongoing support and connection to the program.

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in their belief that it did. Work and school can be therapeutic especially with ongoing support and connection to the program. One respondent reported an instance in which a graduate from her program who was successfully employed hit a rough patch at work and was experiencing severe anxiety regarding how to deal with the situation. The graduate called his employment supervisor who was able to problem solve, calm anxiety, and stabilize the situation thereby avoiding a crisis. A major change associated with IPS is abandonment of the notion that work or school precipitate crisis but rather help to stabilize individuals, improve self-image/confidence and, with proper support, manage the anxiety that can accompany work or school.

## SUMMARY

It is clear both from the literature and these interviews that adjustments to the IPS model must be made to effectively integrate supported education when working with TAY. Developmental and skill differences that characterize younger individuals must be accommodated. The core IPS principles are generalizable to SEd but important modifications to the model are also required to better accommodate education for this younger cohort. Several efforts are underway to address some of these concerns. While outcome data from some of the newest innovations are not yet available, findings should be forthcoming in the next year. The next section highlights some of these innovations that respond to the concerns identified earlier.

# NATIONAL LEADERS AND NEW DEVELOPMENTS

## OREGON CENTER OF EXCELLENCE IN SUPPORTED EMPLOYMENT

Oregon Center of Excellence in Supported Employment<sup>10</sup> also includes integrated programming in supported education. The Oregon center is not part of a state agency but acts in a statewide capacity to serve the supported employment/education programs. The center has four fundamental functions:

- Conducts an annual fidelity review including follow-up action plan.
- Provides extensive technical assistance in IPS/SEd including training new staff.
- Collects data from the programs for the state.
- Organizes and conducts an annual conference.

It employs the IPS model for employment and has recently updated a supported education fidelity scale<sup>11</sup>. The scale follows the structure of the IPS-25 but makes specific changes to better reflect the work of the education specialist. For example, item 3 is titled Education Generalists and parallels the IPS-25 with an additional criterion noting that “Education support does not include extensive training or tutoring provided directly by the education specialist.” Unlike many other programs Oregon generally employs both employment specialists and education specialists.

One of the advantages of having the statewide center of excellence is that it helps to guarantee to payers that the services that are provided are of high quality. This may be particularly important in the educational/vocational areas that are often not considered in the medical care arena. Owing in part to the existence of centers of excellence in Oregon, they are able to bill Medicaid directly for the provision of both services, which helps to guarantee the sustainability of the program. In addition, the Medicaid authority uses Medicaid administrative match to support the centers. This means that each state dollar supporting the center of excellence is matched by a federal dollar thereby leveraging state resource to create and support this vital function.

## THE UNIVERSITY OF MASSACHUSETTS’ TRANSITIONS TO ADULTHOOD CENTER

The University of Massachusetts’ Transitions to Adulthood Center along with colleagues from IPS Works and Thresholds conducted one of the earliest studies evaluating adaptations to the IPS intervention to address the unique developmental needs of TAY<sup>12</sup>. Based on focus groups with

young people who were either thriving or struggling with the IPS intervention and competitive employment, the study team added supported education, career focus and near age peer mentor components to the IPS intervention. They also expanded the IPS fidelity instrument to better accommodate the provision of educational supports and experiences adding, for example, paid internships to the competitive employment item. Like Oregon, the IPS principles (i.e., zero exclusion, etc.) were used to accommodate supported education activities often requiring reference to educational settings and activities. Career activities involved completing online career inventories, engaging in cross-industry informational interviews and temporary shadowing opportunities, and participating in small group vocational outings designed to stimulate career aspirations. Near-age peer mentors supported IPS engagement via sharing their lived/living experiences and learned strategies in successfully navigating work and school (e.g., disclosure, accommodations, responding to demanding manager or professor, making friends at work). IPS staff and peers were trained in a widely adopted, positive youth development approach, called the Transition to Independence Process (TIP) to ensure engagement and support strategies were developmentally appropriate. While they initially anticipated that the employment specialist could deliver the education services, two distinct positions were ultimately created. This was a feasibility study that involved no comparator but retained 80% of participants in the study over 12 months with 49% either obtaining employment or enrolled in an educational program. They concluded that the program was feasible and required the distinct education specialist position and that more work was required to better integrate near-age peer mentors into the team.

## TENNESSEE SUPPORTED EDUCATION SERVICES AND DEVELOPMENT OF THE IPS-Y FIDELITY INSTRUMENT

Tennessee perhaps best represents the use of the IPS principles as applied to supported education. Fashioned after the IPS Works document<sup>13</sup>, Tennessee highlights nine principles of supported education that parallel IPS for employment. They are indicated below.

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Tennessee highlights **nine principles of supported education that parallel IPS for employment.**

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- Zero Exclusion – Anyone with interest in education can be referred.
- Focus on Mainstream Educational Activities That Are Competitive and Integrated. Assist with accommodations, sheltered programs are not encouraged.
- Team Approach to Services – Mental health, family members, state vocation rehab and education staff.
- Integrated in IPS Vocational Unit – Education goals are part of larger career goals, works alongside supported employment. Allows for continuity if goals change.
- Individualized Services – Clients decide on disclosure, who they want involved, where they are comfortable meeting, what they want to pursue.

- Benefits Counseling – Information of work incentive plans, assistance with financial aid, consider current loans.
- Rapid Engagement and Expeditious Enrollment – Real world experience predicts success, complete career profile to build rapport and assess skills, interests, experiences, and goals, begin career exploration within 30 days.
- Build Partnerships with Education Staff – Admissions, financial, accommodations, advisors, school counselors.
- Continuous Supports – Educational supports provided as long as the client wants and needs them including anyone identified by the client (e.g., family, treatment team), individualized to the needs of the system.

Like Oregon, Tennessee has a contracted team that supports IPS/SEd programs throughout the state to both assure fidelity of the IPS model and provide training and other quality assurance efforts. In Tennessee they use a modified IPS fidelity instrument described by Bond et al. as the IPS-Y<sup>14</sup>. It includes ten additional items that address educational activities and provides benchmarks for the fidelity quality of the educational interventions by operationalizing the principles detailed earlier. It responds to some of the concerns identified earlier regarding work related experiences and other pre-vocational educational activities. Additionally, several substantive changes to the IPS-25 are included to better correspond to the needs of young adults. For example, in individualized job search a fidelity indicator is “Accept young adults’ decision to change direction (i.e., revise goals)” to better accommodate the non-linear change process discussed earlier.

## NAVIGATE PROGRAM

The NAVIGATE program is one of the national models of coordinated specialty care (CSC) for first episode psychosis (FEP) that is being implemented around the country. It includes a manualized approach for Supported Employment and Education<sup>15</sup> that has been shown in the RAISE trial to improve work-school outcomes<sup>16</sup>. Shirley Glynn is a lead trainer for the program and was also involved in some of the early stages of IPS development. When Glynn began work on the NAVIGATE program it became clear to her that working with a younger clientele and adding an educational component would require modification to the standard IPS approach. Consistent with many of the earlier observations, she noted that FEP clients can present some specific challenges. They may be more symptomatic following an inpatient stay as contrasted with a more typical IPS outpatient clientele. This may require that the Supported Employment Education specialist (SEE) move more slowly to interact with symptomatic clientele. They may have to slow down the work and do more pre-vocational activities or informational interviews. Younger CSC clientele may be less socialized to structured mental health treatment than the populations on which IPS was originally developed resulting in issues like spotty attendance.

Younger clients often require more extensive work with the family who can make or break the intervention. Sometimes family expectations are too high that may force someone to enroll in an educational setting for which they are unprepared. Sometimes family expectations are too low in not encouraging ongoing education for individuals who are capable. Some participants lack family models for successful work or school. NAVIGATE added a motivational interviewing component to the SEE role with specific reference to the developmental issues that can characterize youth or young adults. They approach every FEP client regarding work or school and not only those who have chosen a work or school goal. Glynn's experience is that it is important to contact all FEP clients since they may be ambivalent about work or school and that meeting with the SEE may help to resolve some of the ambivalence. In her experience, CSC clients are much less likely to disclose to employers regarding their mental health needs which complicates job development and/or accommodations in post-secondary settings. Issues of disability benefits are also an important consideration that is discussed since FEP clients are less likely to be receiving disability benefits than the older age group on which the IPS intervention was initially developed. Glynn notes that some of these changes may impact the program's fidelity score.

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## THRESHOLDS CORE PROGRAM

Efforts are underway at Thresholds in Chicago to enhance the IPS model with specific reference to the needs of transition age youth. Career and Occupational Readiness Experience (CORE) is one such effort. CORE responds to many of the developmental issues discussed earlier by providing early vocational training and experiences that are designed to improve both work related skills and enhanced self-confidence. As described by one of its developers Vanessa Klodnick<sup>17</sup>:

"The Career Occupational Readiness Experience (CORE) is an experiential enhancement to IPS Supported Employment for young adults diagnosed with serious mental health conditions who either have not responded positively to IPS or who have very limited employment experiences. CORE aims to build both confidence and competence with entry level employment experiences. Between 10-12 young people participate in a CORE 15-week cycle. Each cycle has 2 parts: (1) interactive, didactic workshops and individual meetings with the vocational peer mentors, and (2) 10-hour per week paid internship for 12 weeks in industries young people are interested in pursuing careers in. The feasibility and impact of CORE are being evaluated currently through a National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)-funded research project. The CORE manual, including all virtual and in-person workshop activities, internship development and peer mentor internship support practices, and CORE team operational protocols and forms will be available publicly in Fall 2022."



Also, the CORE research project produced a Virtual Best Practice Guide for organizations with multidisciplinary teams aiming to mix in virtual service delivery with in-community/in-clinic in-person services. Leveraging texting and video conference is critical for communicating, engaging, and supporting young people in supported employment and education services. [The Virtual Best Practice Guide](#)<sup>18</sup> has two parts: (1) Organization and policy changes and (2) Practice changes to support virtual program integration.

CORE therefore is designed to help prepare individuals with specific developmental needs that may mitigate their success with the skills and confidence to achieve their employment and educational goals.

## UNIVERSITY OF MASSACHUSETTS TRANSITION TO ADULTHOOD CENTER – HELPING YOUTH ON THE PATH TO EMPLOYMENT (HYPE)<sup>19</sup>

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While IPS focuses on competitive employment, **HYPE emphasizes career-oriented services including education** that can further career development.

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Responding in part to the poor educational and employment outcomes that characterize TAY and the importance of educational attainment for economic self-sufficiency, HYPE integrated SE and SEEd in order to support and build the skills necessary for TAY to succeed in school and/or work.

As such, HYPE integrated selected principles of IPS, SAMHSA's SEEd model, and Boston University's Psychiatric Rehabilitation approach to distinguish HYPE as a career development service model, where SE and SEEd is fully integrated. HYPE has several parallel features of IPS with several specific modifications to reflect TAY career development. Both IPS and HYPE emphasize client choice, attention to preferences, rapid pursuit of goals/job search, systematic job development as well as unlimited and individualized support. While IPS focuses on competitive employment, HYPE emphasizes career-oriented services

including education that can further career development. It includes:

- Service orientation to cultivate an identify as a worker and student.
- Information to help individuals make informed decisions about work, school, and career.
- Personalized financial planning (paralleling IPS benefits counseling).
- Links to naturally occurring supports and services in the community.

- Promotion of community integration by not duplicating existing campus and community support services.
- Specific skill development including self-management/regulation skills through a manualized intervention to develop executive functioning skills. Focused Skills and Strategies Training, a compensatory cognitive remediation curriculum.

With support from NIDILRR, HYPE is currently being tested on a university campus. Results from the research should be available later this fall.

## CONCLUSION

The development and rigorous testing of the IPS model of supported employment fundamentally changed expectations regarding the ability of adults with SMI to work. As the model was applied to younger populations both in FEP programs and Healthy Transition sites, it became clear that some aspects of the approach needed to be modified to better comport with the developmental stages that typify youth and young adults. Specific skill deficits and developmental delays caused by the onset of mental health conditions needed to be addressed. Additionally, education related supports which are less typical for older populations needed to be provided and could involve working in secondary or post-secondary settings. In some applications the specific knowledge needed to work in these settings were judged to require separate education specialists in addition to the supported employment specialist. While the IPS principles provided a framework to address education needs, specific adaptations and additions to fidelity scales better fit the integration of IPS/SEd. While funding for IPS/SEd continues to be tenuous, some states, like Oregon, have used centers of excellence to help assure program fidelity in order to bill Medicaid. Finally, some innovative approaches to better prepare TAY with mental health conditions for careers are being developed and tested. These might ultimately provide a curriculum to prepare and support individuals in work and school. Our hope is to intervene early with youth and young adults with mental health conditions and change their trajectory from one of disability to full participation with economic security.

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# ENDNOTES

- <sup>1</sup> Bond, G. R., (2022). Evidence for the effectiveness of individual placement and support model of supported employment, [IPSWorks.org](https://ipsworks.org).
- <sup>2</sup> Becker, D. R., Swanson, S., Reese, S. L., Bond, G. R., & McLeman, B. M. (2019). *Supported employment fidelity review manual* (4th ed.). IPS Employment Center.
- <sup>3</sup> Bond, G. R., Peterson, A. E., Becker, D. R., & Drake, R. E. (2012). Validation of the revised Individual Placement and Support Fidelity Scale (IPS-25). *Psychiatric Services*, 63, 758-763.
- <sup>4</sup> Bond, G. R., Drake, R. E. & Luciano, A. (2015). Employment and educational outcomes in early intervention programmes for early psychosis: A systematic review. *Epidemiology and Psychiatric Sciences*, 24, 446-457.
- <sup>5</sup> Thompson, J. L., Holloway, K., Karyscak, S. et al. (2021). Evaluating educational and employment services for your people with psychiatric conditions: A systematic review. *Psychiatric Services*.
- <sup>6</sup> Sabella, K. (2021). Factors that hinder or facilitate the continuous pursuit of education, training and employment among young adults with serious mental health conditions. *Psychiatric Rehabilitation Journal*, 44 (4), 373-380.
- <sup>7</sup> Biebel, K., Ryder-Burge, A., Alikhan, S. et al. (2018). Strategies to support the education goals of youth and young adults with serious mental health conditions: A case study. *Administration and Policy in Mental Health and Mental Health Services Research*, 45, 661-671.
- <sup>8</sup> Ellison, M. L., Hayes, M., Reeder, K., et al. (In press) Adapting IPS for Youth: Provider Perspectives. *Community Mental Health Journal*.
- <sup>9</sup> Dresser, K., Clark, H. & Deschenes, N. (2014). Implementation of a positive development evidence-supported practice for emerging adults with serious mental health conditions; The transition to independence process (TIP) model. *Journal of Behavioral Health Services and Research*, 223-237.
- <sup>10</sup> <https://osece.org/>
- <sup>11</sup> <https://osece.org/supported-education/>
- <sup>12</sup> Ellison, M., Klodnick, V., Bond, G. et al. (2015). Adapting supported employment for emerging adults with serious mental health conditions. *Journal of Behavioral Health Services and Research*, 42, 206-222 (2015). Published online 11/2014
- <sup>13</sup> <https://ipsworks.org/wp-content/uploads/2018/02/IPS-and-Education.pdf>
- <sup>14</sup> Bond, G., Swanson, S., Becker, D., Reeder, K., & Ellison, M. (2019). The IPS-Y IPS fidelity scale for young adults. *American Journal of Psychiatric Rehabilitation*, 22, 239-255.

<sup>15</sup> [http://navigateconsultants.org/2020manuals/see\\_2020.pdf](http://navigateconsultants.org/2020manuals/see_2020.pdf)

<sup>16</sup> Rosenheck, R., Mueser, K., Sint, K., et al. (2017). Supported employment and education in comprehensive, integrated care for first episode psychosis: Effects on work, school and disability income. *Schizophrenia Research*, 182:120-128.

<sup>17</sup> Klodnick, V. (2022). Personal Communication.

<sup>18</sup> [https://www.thresholds.org/wp-content/uploads/2021/08/Virtual-Best-Practice-Guide-V2\\_8.17.21.pdf](https://www.thresholds.org/wp-content/uploads/2021/08/Virtual-Best-Practice-Guide-V2_8.17.21.pdf)

<sup>19</sup> <https://umassmed.edu/hype>