



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

Report to the Legislature as required by Minn. Stat. §268A.14

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## IPS OVERVIEW

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

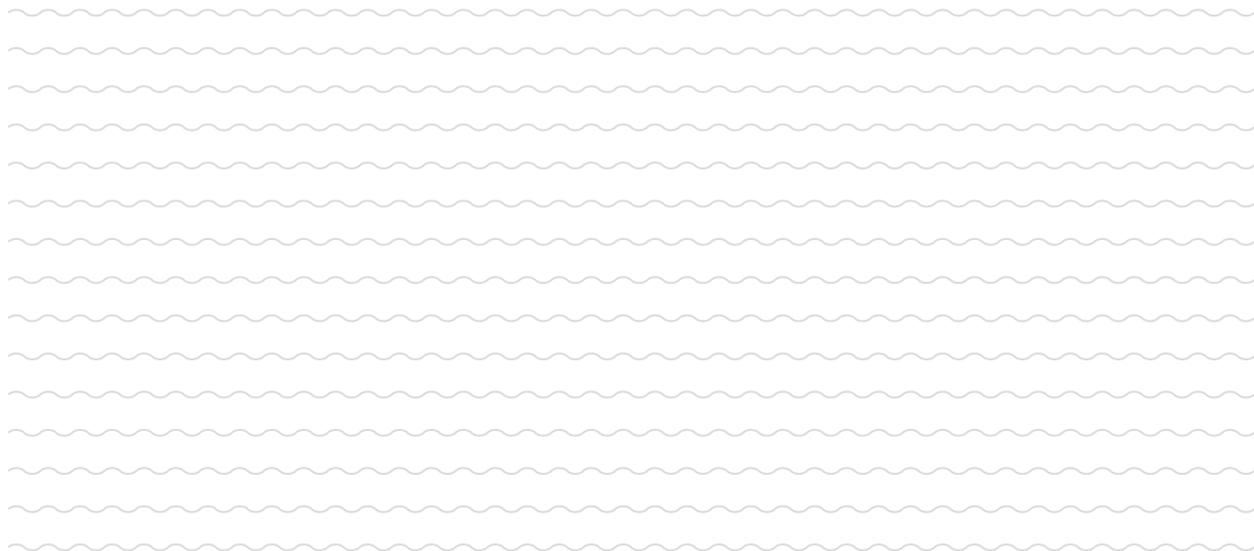
Supported employment is for people who have not had success in competitive, integrated employment or whose access to such employment is limited because of disability. IPS differs from other types of supported employment because employment services and supports are integrated or embedded within mental health treatment services. IPS has been effective for people with different mental health diagnoses, educational levels, and prior work histories; long-term Social Security beneficiaries; young adults; older adults; people with justice system involvement; people with experiences of chronic homelessness; and people with co-occurring mental illness and substance use disorders.

Worldwide evidence from 25 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 serious mental illnesses 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 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.

**Pictured on the cover:**

*Laurie Bell, a Guild Incorporated employment specialist, and Barbara Page, a participant in the Scott County IPS expansion project.*





## IPS HISTORY IN MINNESOTA

In 1985, the Department of Employment and Economic Development - Vocational Rehabilitation Services Division and the Department of Human Services - Behavioral Health Division began to address employment issues for persons living with serious mental illnesses. Services were first administered through the Coordinated Employability Program (1990s) and then Extended Employment for Persons with Serious Mental Illness (EE-SMI).

In 2006 the service model was 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 the use of systematic tracking of outcome data.

The IPS fidelity scale defines 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 outcomes than those with low-fidelity. Program leaders, staff members, and state leaders use the scale to guide training and technical assistance and to define the specific actions a program needs to take to achieve better outcomes.

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 22 new IPS programs statewide in Minnesota. In 2016, two new and one significantly expanded IPS expansion programs were made possible when the Legislature appropriated an additional \$500,000 for the IPS State Grant program (under M.S. 268 A.14).

### 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. Nor do we know how many people with mental illness are currently employed. State and federal government sources provide various definitions of serious mental illness. The Minnesota Department of Human Services applies the federal prevalence estimates of serious mental illness to the Minnesota population. The current estimate is that 5.4 percent of Minnesota's adult population (at least 203,540 people) have serious mental illness.

People with serious mental illness experience the highest unemployment rate and the lowest

### 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.

workforce participation rate of any disability group; less than 15 percent of people with serious mental illness are working. A recent National Alliance on Mental Illness (NAMI) report, “Road to Recovery,” indicates the employment rate of persons with serious mental illness has declined over the last decade. NAMI estimates that less than 2 percent of people with SMI who want to work receive IPS supported employment nationally. Increasing funding for IPS in 2015 and reaching a total of 22 programs 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 2018

Vocational Rehabilitation demographic data is used to provide a proxy for the demographics of participants in IPS. The IPS learning community does not collect individual data. The majority of IPS participants are co-enrolled with the VRS program through IPS counselor liaisons assigned to individual programs. VR data reflects the demographics of IPS participants in Minnesota.

Most participants were of working age (15-64 years). Although none of the IPS programs are specifically targeted at youth with mental illness, 15 percent were youth 15-24 years; and 1.8 percent were older than 64.

By gender, 46 percent of participants were male and 54 percent were female. By race, 10 percent were black or African American, 4 percent American Indian, 3 percent Asian, and 83 percent white.

All participants are individuals with major mental illnesses 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 justice system involvement, incarceration, trauma, and homelessness.

Data on primary mental illness diagnosis indicated that 64 percent of participants had a mood disorder (including depression and bi-polar disorder). Fourteen percent had an anxiety or panic disorder (including post-traumatic stress disorder) and 15 percent had a diagnosis involving psychosis (schizophrenia spectrum disorders).

## OCCUPATIONAL GROUPINGS FOR JOB STARTS

Sales & Retail Related .....	13%
Food Preparation & Serving Related .....	13%
Office & Administrative Support .....	15%
Building, Grounds, Cleaning & Maintenance.....	9%
Transportation & Material Handling.....	9%
Production Services.....	8%
Personal Care & Service.....	7%
Health Care Support.....	7%
Education, Training & Library .....	3%
Community and Social Service .....	3%

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



## MINNESOTA'S IPS PROGRAMS ARE PART OF AN INTERNATIONAL IPS LEARNING COMMUNITY

Quarterly aggregate data is reported through a data portal to the IPS Supported Employment Learning Community. Quarterly reports are available to state leaders and are shared with all Minnesota programs.

Since 2012, Minnesota has produced the nation's highest rate of employment engagement and job starts in competitive, integrated employment. In the most recently reported quarter (April-June, 2018) Minnesota continued to have the highest rate of employment engagement among the 23 states in the IPS learning community. Minnesota IPS programs combined have a 60 percent rate of competitive employment compared to the average across all other states of 45 percent.

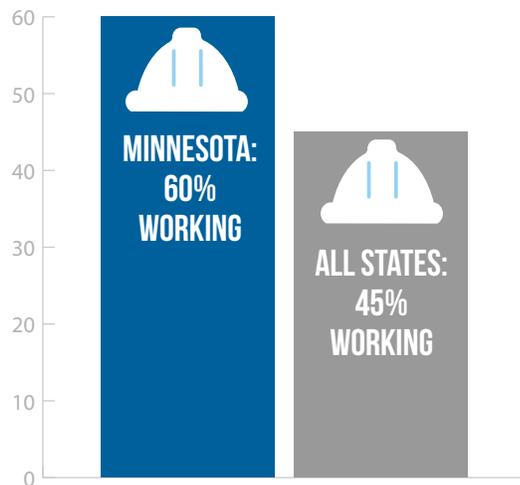
### Minnesotans working and served through IPS Supported Employment and Learning Community.

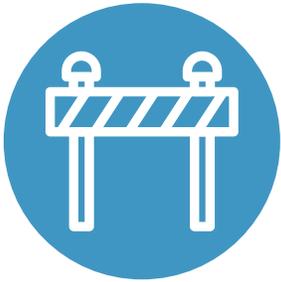
April-June 2018



### Minnesota rate of competitive employment vs. all other states in the IPS learning community.

April-June 2018





## BARRIERS TO EXPANDING AND SUSTAINING IPS IN MINNESOTA

There is compelling evidence that people who experience psychiatric disabilities want and are able to work successfully. The IPS approach is a common-sense, practical intervention that appeals to mental health clinicians, participants, and the general public. With adequate funding, committed leadership, training, technical assistance, and fidelity monitoring, programs across the county have successfully implemented IPS in over 80 percent of programs that have adopted this approach. There remain significant barriers to expanding and sustaining IPS in Minnesota that must be addressed in the near future for all people with mental illnesses who want to work to have access to IPS.

**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. The cost of employing staff members and operating costs has continued to rise and there are no anticipated funding increases.

**Staff Turnover:** Staff turnover is as high as 250 percent annually in some projects, in part because of low salaries for employment specialists. High turnover increases costs to providers (and to the individuals served) and requires additional staff training and technical assistance.

**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 Adult Mental Health funds may still 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. 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 able to be reimbursed for their time. Minnesota has not yet determined how to make these services reimbursable.

**Interagency Agreement:** A strong working relationship is necessary for DEED-VRS and the DHS-Adult Mental Health Division to sustain the current IPS programs and achieve statewide expansion. While DHS Behavioral Health has designated a part-time lead for IPS, there is currently no Memorandum of Understanding or Interagency Agreement that provides a framework for sustaining or expanding IPS in Minnesota.

**Infrastructure Funding.** There are no funds appropriated for IPS trainers, state policy consultants, training of reviewers and conducting fidelity reviewers or training and technical assistance to providers.

## SCOTT COUNTY TARGETED CASE MANAGEMENT/GUILD INC.

### IPS expansion grant gets results for Barbara Page

When Barbara Page appeared at the Shakopee WorkForce Center she arrived with a flourish. Wearing a Green Bay Packers sweatshirt, a multi-colored ball cap, torn jeans, and sparkly purple shoes, she flashed a big, toothy grin and announced, “I’m Barb, or Barbie, preferably. Barbie Doll.”

Once started, she barely stopped talking for more than an hour. She talked about growing up on a dairy farm not far from Green Bay, the youngest child and only daughter among four siblings. She talked about graduating as high school valedictorian, studying art and graphic design at the University of Wisconsin - River Falls, moving to Minnesota and landing a job as a designer with a Bloomington company. She talked about a near-fatal crash in 1991 – rear-ended at high speed by a semi-truck – that gave her five days in a coma, six months in a body brace, and a traumatic brain injury that she now believes triggered other issues. Bi-polar disorder. Substance abuse. Gambling addiction. Memory loss. Depression. Jobs she couldn’t keep, behaviors that got her in legal trouble, a string of bad relationships, a period of homelessness when she lived in her car.

Now 54, Barb is working again, at a family-owned restaurant in Shakopee, and for the first time in a long time she’s feeling hopeful, relatively stable financially, back in an apartment that she shares with her fiancé, and quick to credit her county case manager, mental health service providers, and employer for the assistance she received from all of them: “There are so many resources out there, but if you don’t know they exist you would never even know how to begin looking for them.”

In 2016 the Minnesota Legislature funded three IPS expansion grants, including one to Scott County Targeted Case Management, which provides case management and community support services to adults and children with a serious and persistent mental illness. It was through this project, which included employment services from Guild Incorporated, a Twin Cities provider of mental health services, that Barb received the supports and services that enabled her to apply for and obtain her restaurant job, where she cashiers, buses tables, and works directly with customers to ensure their satisfaction.



*Laurie Bell, a Guild Incorporated employment specialist, joins IPS participant Barbara Page to show off some of Barbara’s artwork.*

Barb was reluctant to disclose her mental illness, but learned quickly that supervisors and co-workers were eager to provide the support she needed to perform. “They’re like a family,” she said. It didn’t take long to open up, realizing that her employer’s understanding and support not only were essential for her, but that talking publicly might also help reduce workplace stigmas about mental illness for others. That willingness to open up and accept the support and services that were available to her proved pivotal to her success. “We’re just so proud of her,” Barb’s county case manager said.

Now that Barb’s back on her feet she’s been able to fulfill certain dreams, such as going on a cruise with her fiancé. Perhaps even more important, she says, she’s feeling emotionally hopeful, strong and healthy – and moving toward a future that might once again include her lifelong love of the arts. She displayed some of her art for a photographer and then produced a one-page advertisement for herself, hand-illustrated with colorful butterflies, that read in part: “I am Different and Special! I love to draw and paint. I haven’t forgotten how to do it. Please help this starving young artist get a start, come see what you like!”

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