



# INDIVIDUAL PLACEMENT AND SUPPORT (formerly known as EE-SMI)

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*“I am not a mental illness. I am a person with a mental illness...When a person with mental illness is employed, whether it’s full-time, part-time, or volunteer, your self-esteem goes up, your confidence goes up, and you get happy again. It’s a step to recovery. It might not be a recovery, but it’s a step to recovery.”*

— A participant with a long history of mental illness, commenting on her “road to recovery”  
June 2014 at a public forum on Individual Placement and Support

## Introduction

Since 1987, the Department of Employment and Economic Development (DEED)’s Vocational Rehabilitation Services (VRS) Division has addressed workforce issues for persons living with serious mental illness. Investing in targeted employment services and supports for persons living with mental illness reduces unemployment, increases social inclusion and saves millions of dollars in public assistance while increasing productivity and tax revenues.

Historically, DEED administered these services through a program referred to as Extended Employment for Persons with Serious Mental Illness (EE-SMI), a unique collaborative service model intended to meet the specific employment needs of people living with serious mental illness. While the EE-SMI service model was considered “state of the art” at the time it was developed, it did not fully reflect the emerging principles of the evidence based practice of supported employment known as Individual Placement and Support (IPS). In particular, 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 and research based criteria (fidelity scales).

Beginning in 2014, these EE-SMI programs, funded by grants from DEED to employment providers, are being transformed into the Individual Placement and Support approach to supported employment. This report focuses on the status and evaluation of grants that fund Individual Placement and Support employment services for persons with serious mental illness. It also includes recommendations for expanding the program to comply with the Olmstead Plan and meet the needs of all Minnesotans with mental illness who require employment services.

## What is Individual Placement and Support?

Individual Placement and Support is a practice of supported employment for persons with serious mental illness. Supported employment — also called long-term job supports or ongoing supports — typically provides help in finding work, training or retraining on job tasks and managing changes in non-work environments or life activities that affect work performance. Supported employment is typically for people who have not had success in competitive employment or whose access to competitive employment is limited because of disability.

Nationwide evidence from more than 20 randomized controlled trials shows that IPS is the most effective way to provide employment services for persons with serious mental illness. IPS is different from other types of supported employment because employment services and supports are provided within mental health treatment services. Individual Placement and Support rests on a foundation of eight core principles:

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 relationships with employers based upon participant job interests.
6. Competitive jobs are the goal.
7. Benefits planning (work incentives planning) is offered to all participants who receive entitlements.
8. Job supports are continuous.

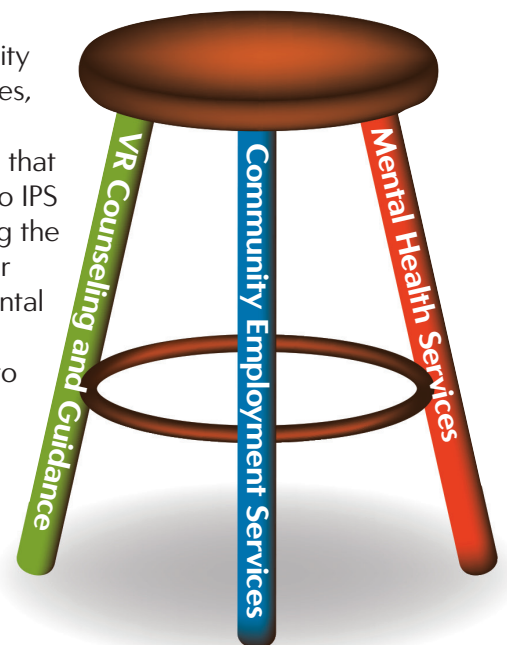
## The IPS model is a Three-Legged Stool

The IPS team is sometimes described as a three-legged stool. The three legs include a Vocational Rehabilitation (VR) counselor, an employment services provider, and a mental health treatment services provider. Each of these team members is necessary to provide support for the IPS participant.

Several research studies have shown that individuals with serious mental illnesses achieve greater success when they are served by an IPS team that includes VR counselors along with employment services providers and mental health providers. All three bring different resources to the table and share resources and expertise to help each individual to develop an employment plan that focuses on the person's interests and skills.

Minnesota VR liaison counselors are embedded on the IPS teams and 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.

This three-legged stool model — VR counseling and guidance, community employment services, and mental health services — ensures that the team adheres to IPS principles, providing the best opportunity for individuals with mental illness to not only find a job but also to continue receiving the job supports that help them to keep the job.





## How does Individual Placement and Support Work?

Programs that use the Individual Placement and Support approach provide direct employment services and supports. Individual staff who provide these services are often referred to as employment specialists, and they work as members of multidisciplinary mental health treatment teams.

In general terms, employment services are provided to participants before employment. Such services might include:

- Assisting with preparation and conducting a job search
- Identifying job openings
- Contacting potential employers
- Completing applications
- Preparing for job interviews
- Coordinating employment services with mental health treatment providers

Support services typically are provided after a participant is employed, and are often geared toward job retention and advancement. Such services might include:

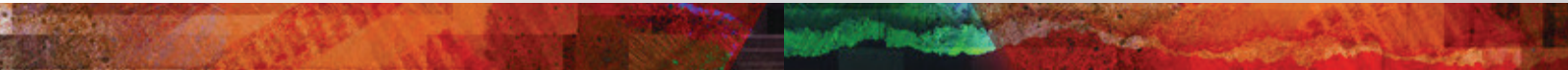
- Determining job accommodations
- Identifying and implementing strategies for addressing mental health symptoms on the job
- Planning for the impact of new income on receipt of public benefits (including Social Security, Medical Assistance or housing subsidies)
- Providing on-site job training or off-site face-to-face job coaching to assist participants in retaining or advancing in employment
- Offering direct support to employers

To be eligible to receive IPS supports an individual must meet the following criteria:

- Have a serious — or serious and persistent — mental illness.
- Be of working age.
- Want to work.
- Be referred by a mental health provider to an employment specialist who works on a team with the mental health service provider.

*He [the participant] came to me with the business idea. We helped with a business proposal, but he really jumped into it and did a lot of work. His motivation to work impressed me. I feel sure that he is going to be successful.*

— VR counselor, Northwest Minnesota



**IPS project services in SFY 13**

- **\$755,000:** Total funding for IPS (\$470,000 in VR Title 110 grants plus \$285,000 in Serious Mental Illness grants)
- **160:** Number of individuals working in integrated competitive employment
- **\$9.88:** Average hourly wage
- **29:** Average weeks worked
- **14:** Average hours worked per week
- **\$1,000,000:** Total wages earned by participants



**IPS project services in SFY 14**

- **\$1,700,000:** Total IPS transformation grants, including expansion of previously established Individual Placement and Support projects into additional counties and the transformation of all former EE SMI projects to IPS.
- **639:** Number of individuals working in integrated competitive employment
- **\$10.27:** Average hourly wage
- **17:** Average weeks worked
- **16:** Average hours worked per week
- **\$1,500,000:** Total wages earned by participants

*I’m still choked up that they would help me. It’s uplifting that people I don’t even know care about somebody with mental health problems. This just doesn’t happen to people like me. I’m so very lucky to have such a wonderful employer who supports mental health in the workplace.* — IPS participant, West Central Minnesota

## What is the current unmet need for IPS?

In 2013 the Legislature appropriated funds to transform existing EE-SMI projects to the Individual Placement and Support approach. Grant funds totaled \$2.05 million, including \$500,000 in one-time funds for SFY 14-15. Of that amount, nine proposals were funded totaling \$475,000 (with the remainder designated for administrative costs of the grant program). This funding allowed all existing EE-SMI projects to be transformed to the Individual Placement and Support model in SFY14 and also funded several expansion projects. All DEED grant funds in this area are now dedicated to Individual Placement and Support.

While the transformation to a statewide, comprehensive Individual Placement and Support model is well underway, there is still much work to do — particularly to meet the huge demand for services. DEED's focus must turn now to building capacity throughout the state.

Of Minnesota's 87 counties, 47 have no Individual Placement and Support grant funding while 40 only have some access. The metro region, for instance, has extremely limited capacity: Hennepin County has just one Individual Placement and Support project serving 43 people; Ramsey County has directly funded Individual Placement and Support, but there is a significant waiting list; and Dakota County has one small grant.

Minnesota's Olmstead Plan specifically requires the State to expand Individual Placement and Support employment services in 17 counties for 200 individuals by June 2015, in addition to establishing a plan to expand IPS statewide. Aside from the one-time appropriation in SFY14-15, DEED has accomplished all transformation work thus far with existing funding streams (and no additional resources or staff support). Current funding and staffing will not allow statewide expansion of Individual Placement and Support services as required under Minnesota's Olmstead Plan.

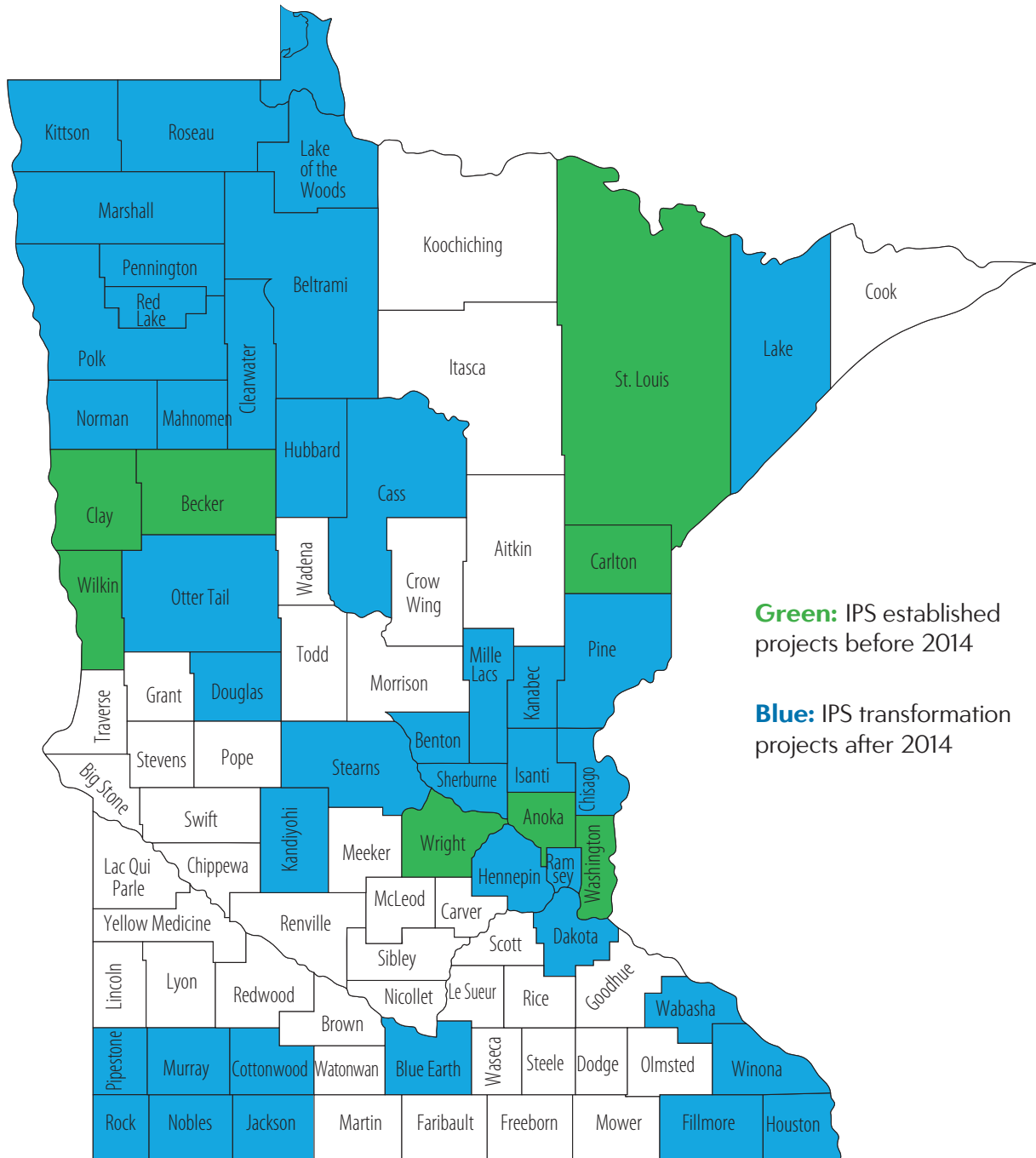
New funding for SFY 16-17 would allow for the creation of 10 new Individual Placement and Support projects serving a total of 400 new customers. This would be in addition to the customers served by continuing the one-time Individual Placement and Support funding from SFY14-15. Those funds are necessary for DEED to continue serving 300 customers who would otherwise lose access to services.

There is no registry of persons with mental illness as there is for cancer, spinal cord injury, or traumatic brain injury. Likewise we don't know how many people with mental illness are currently employed.

There are various definitions of serious mental illness across state and federal government sources. The most recent estimate is 5.4 percent of Minnesota's adult population, about 203,540 adults, have serious mental illness.

It is widely accepted that the majority of people with serious mental illness are not working and that people with SMI experience the highest unemployment rate and the lowest workforce participation rate of any disability group. The recent NAMI report Road to Recovery (2014) indicates the employment rate of persons with serious mental illness has declined over the last 10 years. NAMI estimates that less than 2 percent of people with SMI who want to work are receiving IPS supported employment.

## IPS Grant-Funded Projects



## Impact on Minnesotans

*There's a huge difference in the way I feel, the way I act now. Having a job I love makes me feel like I'm contributing to society and not just a burden. I feel normal.... I don't feel like an outsider. It means a lot to come home from work, and be able to pay the bills and pay things off so I can further my life eventually.*

*My kids are very proud of me.* — IPS participant, North Metro

*What is most important to me is having something to do every day. Sometimes the job is less stressful than being at home.*

*When I am having problems with depression, mornings are the worst time. But I am scheduled to work in the afternoon and early evening, so this job is a good fit. It's not always easy, but I work hard at living a good life because I don't want to go back to where I was before. I'm proud of the progress that I've made.*

— IPS participant, North Metro

*I'm hopeful that someday I can employ other people like myself, people who need a hand up.*

*I feel 10 feet tall!*

— IPS participant, Northwest Minnesota



*What people like the most is that they've been so inundated with "this is your diagnosis, this what your diagnosis says, these are the symptoms." We get to focus on hopes. It's like a hope machine. You're not just whatever your diagnosis is. There's a whole person, and I get to acknowledge that.*

— Community service provider,  
Northeast Minnesota