

Individual Placement and Support (IPS) in Practice

Lessons from Breaking Barriers

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This brief is intended for practitioners who are considering—or already implementing—the Individual Placement and Support (IPS) model. IPS is a specific approach to providing employment services and connecting people to jobs. There is extensive evidence of the model’s success in community mental health centers among clients with serious mental illness, the group for which IPS was originally designed.¹ Given this success, practitioners who work outside of mental health centers, serve different groups of jobseekers, or both may be interested in the IPS model. This brief presents lessons learned from Breaking Barriers, an IPS program that was set in job centers and served a more diverse group of jobseekers. Although Breaking Barriers targeted participants with a varied set of characteristics, operated outside of a health care environment, and adapted some IPS components, the program was successful in connecting clients to jobs.

Breaking Barriers was run by the San Diego Workforce Partnership (SDWP), an agency responsible for providing employment services under the federal Workforce and Innovation Opportunity Act (WIOA). SDWP implemented Breaking Barriers in four locations across San Diego County from 2016 through mid-2018. MDRC and MEF Associates conducted a rigorous evaluation of the program that included implementation, impact, and cost studies. The impact study included two separate analyses—one covering a 15-month follow-up period, and another covering a two-year follow-up period. The latter analysis is part of the Building Evidence on Employment Strategies (BEES) project, described in Box 1.

The evaluation found that Breaking Barriers increased clients’ earnings over a two-year follow-up period and helped them become employed more quickly than those who did not have access to the program’s IPS employment services. These impacts were statistically significant. (See Box 2.) The evaluation also found that SDWP implemented IPS largely as intended. This brief also presents high-level findings from the Breaking Barriers San Diego evaluation.



Box 1. Overview of the Building Evidence on Employment Strategies (BEES) Project

As part of the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families' [Innovative Strategies for Addressing Employment Barriers Portfolio](#), the BEES Project is actively coordinating with the Next Generation of Enhanced Employment Strategies (NextGen) Project. Through this portfolio, OPRE seeks to build on the lessons learned from and gaps in knowledge revealed through previous or current studies of interventions that connect individuals to the labor force, and identify and rigorously evaluate the “next generation” of employment strategies. As part of this portfolio, OPRE is partnering with the Social Security Administration (SSA) to incorporate a focus on employment-related early interventions for individuals with current or foreseeable disabilities who have limited work history and are potential applicants for Supplemental Security Income. SSA is providing financial and technical support for the evaluation and/or service provision of select interventions within the BEES and NextGen Projects.

WHAT IS IPS?

IPS is defined by eight guiding principles, presented in Table 1. The IPS Fidelity Scale, available through the IPS Employment Center, offers guidance on how each of these eight principles should be implemented in practice. (See Box 3.) The scale also provides guidelines for staffing structure and caseload size. For instance, staff members responsible for delivering employment services under IPS, referred to as employment specialists, should have caseloads of no more than 20 clients. Table 1 also includes examples of the IPS Fidelity Scale's guidance and how this guidance connects to each principle.

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Box 2. About the Breaking Barriers Evaluation

The Evaluation

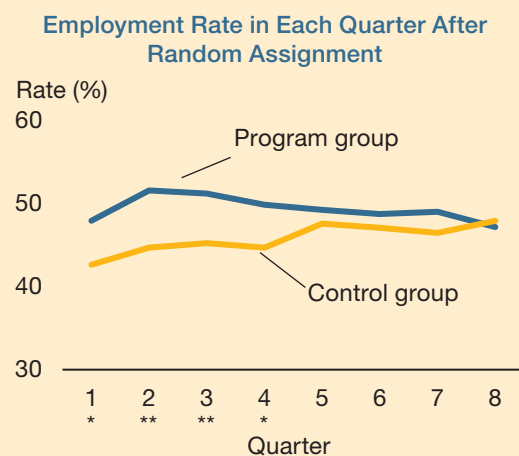
MDRC conducted an evaluation of Breaking Barriers using a random assignment research design. Adults eligible for and interested in receiving IPS employment services through Breaking Barriers were assigned at random to either a program group that was offered these services or a control group that was not.

The Data

The research team collected federal administrative data (from the National Directory of New Hires) on quarterly employment and earnings for the entire study sample. An impact analysis compared average outcomes for the program and control groups with the understanding that any systematic differences in outcomes could likely be attributed to the Breaking Barriers program.

The Findings

Breaking Barriers increased earnings by almost \$4,000, on average, over the two-year period following random assignment. Breaking Barriers also connected people to employment and increased their earnings earlier in the follow-up period compared with those who did not have access to the program. (See the adjacent figure.) Control group members were able to eventually find employment, although it took them longer than program group members to do so.*



Statistical significance levels are indicated as follows:
*** = 1 percent; ** = 5 percent; * = 10 percent.

NOTE: *Lily Freedman and Megan Millenky, *Two-Year Findings from the Evaluation of Breaking Barriers: An Individual Placement and Support (IPS) Program* (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, forthcoming).

Table 1. Principles of IPS Services in Practice

PRINCIPLE	EXAMPLES FROM THE IPS FIDELITY SCALE
Zero exclusion	Every person who wants to participate is eligible. All clients interested in working have access to IPS services regardless of job-readiness factors, substance use history, symptoms or diagnoses, cognitive impairments, treatment nonadherence, and personal presentation. Clients are not screened out formally or informally.
Integrated services	Employment services are integrated with mental health treatment. Employment specialists actively participate in weekly meetings with the mental health team to discuss individual clients' employment goals. Employment specialists' offices are in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single client chart.
Competitive employment	Competitive employment is the main goal. Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status. Competitive jobs pay at least minimum wage, are jobs that anyone can apply for, and are not set aside for people with disabilities.
Benefits planning	All clients are offered comprehensive benefits counseling (counseling on how work and earnings interact with receipt of public benefits) before starting a new job and thereafter when making decisions about changes in work hours and pay.
Rapid job search	The job search starts as soon as a person expresses interest in work. Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days after program entry. Employment specialists work with clients to develop career profiles, which outline the clients' skills, goals, and experiences; build resumes; prepare for interviews; and submit job applications.
Systematic job development	Employment specialists systematically develop relationships with employers and engage in job development. This includes building relationships with employers through multiple, in-person visits to learn the needs of the employer, conveying what the IPS program offers to the employer, and describing clients' strengths that are a good match for the employer.
Time-unlimited support	Job support is available as needed and is not time limited. Employment specialists have face-to-face contact with the client within one week before starting a job, within three days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and as desired by clients.
Worker preferences	Client preferences regarding employment are important. Employment specialists make sure employer contacts are aimed at making a good job match based on clients' preferences and needs, rather than the job market. An individualized job search plan is developed and updated with information from the vocational assessment form and new job or educational experiences.

SOURCES: Valerie Noel, "IPS Supported Employment Practice and Principles" (Lebanon, NH: The IPS Employment Center, 2017); Breaking Barriers Individual Placement and Support Fidelity Review reports, which follow Deborah R. Becker, Sarah J. Swanson, Sandra L. Reese, Gary R Bond, and Bethany M. Mcleman, Supported Employment Fidelity Review Manual (Lebanon, NH: The IPS Employment Center, 2015).

Box 3. For Practitioners New to IPS

The IPS Employment Center, established by IPS developers Deborah Becker and Robert Drake, provides training and technical assistance for programs implementing IPS, and tools to measure program fidelity. See <https://ipsworks.org/> for more information.

What Is Fidelity?

For IPS programs, “fidelity” refers to how closely the program adheres to the key principles of the IPS model. Fidelity is assessed through the IPS Fidelity Scale, which consists of 25 items that describe specific aspects of the model’s implementation. To measure fidelity, each item is rated on a scale of 1 to 5 (with 5 reflecting full implementation of that feature), and then the scores on each item are summed to get a total fidelity score. This score helps program staff understand how to improve their implementation of the model. Fidelity is a key focus of IPS; as a result, the term “fidelity” is used throughout the brief to discuss the extent to which Breaking Barriers adhered to and adapted the IPS model.

It is important to note that the scale applies to IPS programs implemented in a clinical setting serving individuals with serious mental illness. Depending on the type of organizational setting in which an IPS program is based and the population served, certain principles may not apply. This brief will later describe the specific context in which Breaking Barriers operated.

IMPLEMENTING AN IPS PROGRAM IN SAN DIEGO

SDWP developed the Breaking Barriers program in 2014 with funding from the U.S. Department of Labor’s Workforce Innovation Fund. SDWP designed Breaking Barriers to provide IPS to individuals with low incomes and a range of disabilities. The program was implemented at four locations of America’s Job Centers of California—which were established by WIOA and are referred to as “job centers” in this brief—throughout San Diego County. The job centers primarily provide employment services to clients with a range of needs. In comparison, community mental health centers and other clinical settings, where traditional IPS programs are based, more specifically deliver clinical services to people with mental illness. Table 2 presents more information on the organizations operating Breaking Barriers and the staff involved with the program.

Table 2. Key Organizations and Staff in the Breaking Barriers Program

ORGANIZATION/STAFF	ROLES	KEY ACTIVITIES
San Diego Workforce Partnership	Designed the program services	<ul style="list-style-type: none"> • Determined eligibility requirements • Developed and maintained the program's management information system to track participation and service receipt
	Supervised the program's administration	<ul style="list-style-type: none"> • Contracted out direct services to the four job centers • Contracted with the IPS consultant (described below) • Assisted job centers with program outreach efforts
Job centers	Operated the Breaking Barriers program	<ul style="list-style-type: none"> • Hired program staff and supervisors • Developed relationships with referral partners • Recruited and enrolled program participants • Provided IPS services at each center
IPS consultant	Provided IPS technical assistance	<ul style="list-style-type: none"> • Trained staff initially on IPS • Held regular coaching sessions with program staff • Conducted multiple fidelity assessments at each job center
IPS supervisors	Supervised IPS services	<ul style="list-style-type: none"> • Supervised employment specialists at each job center • Trained staff in the IPS approach, as needed • Developed and maintained referral partnerships • Carried a small caseload of clients
Employment specialists	Delivered IPS services	<ul style="list-style-type: none"> • Carried a caseload of clients • Conducted job development

Who Did Breaking Barriers Serve?

Breaking Barriers was meant to serve adults who had low incomes—including those who were receiving cash assistance through CalWorks (the state's Temporary Assistance for Needy Families program)—and who had self-identified disabilities.

Eligibility

Program staff enrolled clients based on the following eligibility criteria:²

- Be at least 18 years old
- Live in San Diego County
- Have a self-identified disability

- Have a low income³
- Not be working⁴
- Be a client of a qualified referral partner: CalWORKs, the California Department of Rehabilitation, or the San Diego County Behavioral Health Services

While having a low income was one of the eligibility criteria, program staff faced challenges verifying income for some clients, as was originally intended. As a result, the program likely served some individuals with slightly higher incomes than planned.

Referrals

In order to reach the target population, SDWP identified three organizations that could provide referrals: (1) CalWORKs, which SDWP expected to be the primary source of referrals; (2) the California Department of Rehabilitation, which offers employment and other services to individuals with disabilities; and (3) San Diego Behavioral Health Services, which provides mental health and substance use disorder services through a network of contractors and county-operated facilities.

Overall, SDWP and the job centers did not generate as many referrals to the Breaking Barriers program as expected, with particularly few referrals coming from CalWORKs. These challenges and the strategies to address them are described further in the Lessons for Practitioners section below. Over time, SDWP expanded its eligibility requirements to include referrals from other community-based organizations, as long as one of the three initial referral partners were also serving these referred clients.

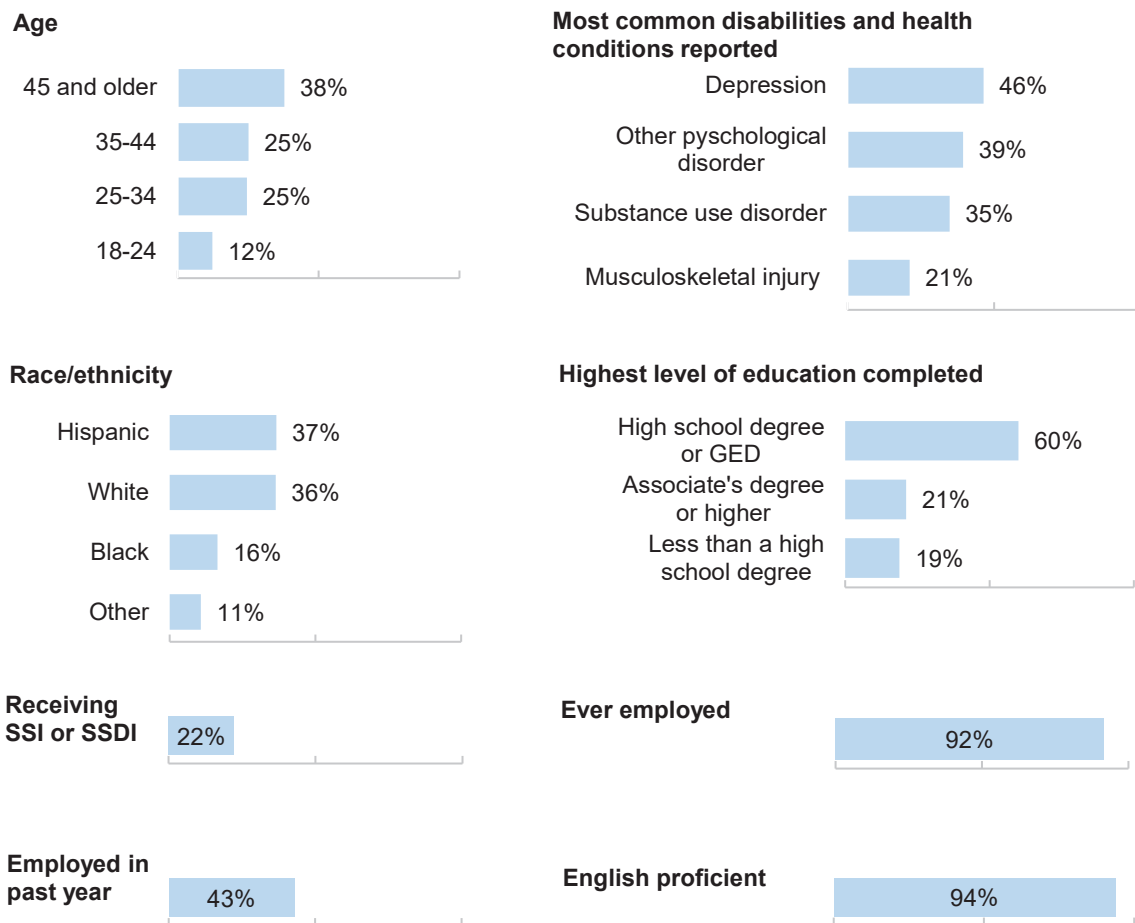
Figure 1 shows selected characteristics of Breaking Barriers clients at the time of enrollment. Clients were diverse in terms of age, race, and type of disability or health condition, though mental health conditions were most common. It is important for practitioners considering an IPS program to understand the characteristics of the individuals who will be served. Lesson 2 in the Lessons for Practitioners section below explores this point further.

What Services Did Breaking Barriers Provide?

Breaking Barriers' employment specialists provided services central to the IPS model, including job search assistance, job development, follow-along support, and, to a lesser degree, benefits counseling. This section describes how the employment specialists at Breaking Barriers delivered these services as well as the observed patterns of participation in these activities based on program data.

- **JOB SEARCH ACTIVITIES.** In accordance with the IPS principle of rapid job search, Breaking Barriers' job search activities began as soon as clients enrolled in the program. During the first few weeks, employment specialists communicated frequently, even daily, with clients. Most clients worked with an employment specialist to develop a career profile (94 percent),

Figure 1. Characteristics of Breaking Barriers Clients at Program Entry, by Percentage of Sample



SOURCE: MDRC calculations based on data from the Breaking Barriers management information system.

NOTES: SSI = Supplemental Security Income; SSDI = Social Security Disability Insurance; GED = General Education Development certificate. The categories in all characteristics are mutually exclusive, except those in the most common disabilities and health conditions reported characteristic.

and most received job search assistance (90 percent). Sixty-six percent of clients had contact with an employer within 30 days of program enrollment.

- JOB DEVELOPMENT.** Employment specialists contacted a wide range of employers to both describe the skills and interests of specific clients and develop job leads. This approach allowed employment specialists to connect clients with employers quickly after they began receiving services.

- **BENEFITS COUNSELING OR PLANNING.** Under the traditional IPS model, employment specialists speak with clients, as needed, about how employment would affect their public benefits. However, few Breaking Barriers participants reportedly received benefits counseling (19 percent). This may have been because relatively few participants received public benefits, such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).⁵ Staff also reported that some participants who were receiving benefits were already aware of how work would affect their benefits and did not need the counseling.
- **FOLLOW-ALONG SUPPORT.** Employment specialists provided support to clients after they found employment, which helped them adjust to the demands and environment of their new job. Employment specialists tailored this support based on the interests and needs of the client; for example, some clients preferred to continue in-person meetings with employment specialists after finding a job, while others preferred to communicate via text message. Employment specialists provided support for as long as clients wanted to engage with the program. Slightly more than half of clients received support after they got a job (53 percent), almost the same percentage of people who reported having a job to an employment specialist (55 percent). This finding suggests that most clients who obtained employment received support from Breaking Barriers on at least one occasion after getting a job.

As noted above, Breaking Barriers operated in a setting focused on providing employment services, rather than a clinical setting where a traditional IPS program is based. Accordingly, the Breaking Barriers program did not integrate the clients' clinical providers.

Overall, clients participated in Breaking Barriers for about 10 months on average. Nearly all clients took part in at least initial employment services, such as career profile development and job search assistance, as employment specialists began working with clients at the time of program enrollment. Following this early engagement in the program, rates of contact (including attempted contacts) between staff and the client declined over a client's tenure in the program.



IPS Fidelity Reviews

To promote fidelity to the IPS model, SDWP contracted with an IPS consultant who conducted semi-annual fidelity reviews of each job center and provided assistance and training to Breaking Barriers staff. The scores from the fidelity reviews reflected the extent to which Breaking Barriers' services were aligned with the IPS principles. The IPS consultant also gave recommendations on how job centers could improve their practices in relation to these principles.

Overall, the fidelity reviews found that Breaking Barriers delivered services that were aligned with the IPS model. Fidelity scores ranged from "fair fidelity" to "good fidelity" throughout the program's implementation.⁶ As noted earlier, certain elements of Breaking Barriers deviated from the IPS model by design; specifically, the program did not integrate a clinical mental health services team. Therefore, it was impossible for the job centers to achieve the maximum fidelity score. The IPS consultant recommended that the Breaking Barriers program increase the types of jobs available to clients, better prepare clients to be receptive to follow-along services, and improve oversight by creating a steering committee and an action plan to implement fidelity recommendations.

LESSONS FOR PRACTITIONERS

This section presents three key lessons from the Breaking Barriers evaluation for practitioners intending to implement an IPS program outside of a clinical setting and serve a population broader than those with serious mental health conditions.

Lesson 1

Develop Strong Partnerships with Referral Organizations

For practitioners looking to deliver IPS services to a specific target population, it is important to develop strong partnerships with other organizations that can refer clients to the IPS program. As mentioned earlier in the brief, Breaking Barriers faced challenges in generating referrals, particularly from CalWorks. Sources of these challenges included the following:

- **LACK OF UNDERSTANDING** among staff at partner organizations about how Breaking Barriers services could help their clients.
- **STAFF TURNOVER** at partner organizations, which resulted in Breaking Barriers staff having to develop relationships with new staff members and share information, again, about the Breaking Barriers program and how it could help clients.

In response to these challenges, Breaking Barriers expanded the pool of organizations that could make referrals to the program. Table 3 presents strategies for developing strong partnerships and ensuring a steady stream of eligible individuals to an IPS program, based on experiences from Breaking Barriers.

Table 3. Partnership Strategies for Referrals

PARTNERSHIP STRATEGY	BREAKING BARRIERS CONTEXT
Leverage relationships with programs or organizations that share space or existing connections.	Breaking Barriers was successful in developing strong relationships with the California Department of Rehabilitation (DOR), in part because there was an onsite DOR representative at the job centers.
Select partners that can refer individuals who are appropriate for IPS services.	Breaking Barriers staff faced challenges generating referrals from CalWorks because CalWorks case managers did not interact often with clients who had disabilities and were exempt from work requirements. Further, case managers had trouble identifying clients who were not exempt from work requirements but may have had a self-identified disability. Practitioners could consider identifying referral partners with stronger connections to eligible individuals.
Plan for ongoing investment of staff time at all levels for developing and sustaining referral partnerships.	<p>Job centers were responsible for developing relationships with the local referral partners in advance of program launch. Given the challenges in generating referrals, allowing for adequate time during program start-up and throughout the project for the IPS program to develop and maintain these relationships could help create strong foundations for the rest of the program. Alternatively, practitioners may want to focus on leveraging existing relationships for referrals.</p> <p>Further, because mental health and employment services were not integrated in Breaking Barriers, the employment specialists did not have an opportunity to connect with referral partners about current clients. These connections would be another opportunity for reinforcing referral partnerships.</p>

Lesson 2

Target IPS to Individuals Most in Need of Support

Practitioners should make sure that the individuals referred to an IPS program are an appropriate fit for it. IPS is an intensive intervention. Thus, before moving ahead with an IPS program, practitioners should consider whether prospective clients' barriers to employment warrant intensive IPS services. Otherwise, practitioners run the risk of implementing a costly program to serve jobseekers who are likely to find work on their own or through less-intensive employment services.

Because of the challenges Breaking Barriers faced in reaching its target clients, it is possible the program ended up serving some people who were not the best fit for IPS. Specifically, the evaluation found some evidence that participants who were younger, spoke English proficiently, and had more education did not appear to benefit as much from the intervention in terms of increased employment and earnings. This finding suggests that an intensive intervention such as

IPS might be best suited for workers with certain characteristics that might limit their job opportunities—such as being older, not speaking English proficiently, and having less education.⁷

Lesson 3

Consider Whether Adaptations to the Model Are Appropriate for the Clients and Context

Practitioners seeking to operate in a context or serve a population different from what the IPS model originally intended should consider whether any components of the model are less necessary for the clients and adapt the program and allocate resources accordingly.

The main changes Breaking Barriers made to the IPS model were (1) eliminating the IPS principle of integrated services and (2) serving individuals with a broad range of conditions beyond serious mental illness. Perhaps due to this latter deviation from the traditional model, only a small portion of clients participated in Breaking Barriers' benefits counseling services; possibly, more clients did not receive public benefits and therefore did not need such counseling services. If Breaking Barriers chose not to offer this traditional IPS component, it might have considered providing other types of support to their clients, such as assistance with transportation, which staff noted was a common challenge for clients. In other IPS programs, an integrated clinical team would help provide these types of support as well as refer suitable clients. Thus, programs operating without an integrated clinical team need to identify other partners that can provide these services.



Before adapting the IPS model, practitioners may also want to consider whether fidelity to the model is a goal, how to assess fidelity since maximum fidelity may not be possible if the model is adapted, and what implications the adaptations would have for the program's logic model and anticipated client outcomes. As discussed, Breaking Barriers could not achieve maximum fidelity since it did not partner with organizations providing mental health services. To address this issue, the IPS consultant and Breaking Barriers staff created an “adapted” fidelity scale for workforce development settings. (Please note that this adapted scale is not an official IPS one.)

CONCLUSION

While Breaking Barriers encountered some implementation-related challenges, its impacts on employment and earnings are promising. In addition, practitioners involved in the IPS program reflected positively on the experience during interviews. In particular, staff said that the small caseloads, the one-on-one approach to job search, and follow-along support made a key difference in helping clients find employment. For practitioners considering IPS, the Breaking Barriers experience provides insight on how to implement an IPS program in a context different from the traditional clinical setting or that otherwise adapts the model, while adhering to the IPS principles that work best for the individuals the program serves. ■

NOTES AND REFERENCES

- 1 Donald E. Frederick and Tyler J. VanderWeele, “Supported Employment: Meta-Analysis and Review of Randomized Controlled Trials of Individual Placement and Support,” *PLoS ONE* 14, 2 (2019).
- 2 Lily Freedman, Sam Elkin, and Megan Millenky, *Breaking Barriers: Implementing Individual Placement and Support in a Workforce Setting* (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2019).
- 3 At the start of the program enrollment period, this requirement applied to household income and program staff were expected to set an income limit equivalent to 70 percent of the U.S. Department of Labor's Lower Living Standard Income Level.
- 4 Nearly all members of the study sample were unemployed at the time of study enrollment; however, a small number were “under employed” (that is, working less time than needed or desired) and interested in employment services to improve their job situations.
- 5 The SSI and SSDI programs provide benefits to people with disabilities. The programs are administered by the Social Security Administration.
- 6 Freedman, Elkin, and Millenky (2019).
- 7 For more information on this analysis, see the technical appendix in the two-year impact report of the Breaking Barriers evaluation. Lily Freedman and Megan Millenky, *Two-Year Findings from the Evaluation of Breaking Barriers: An Individual Placement and Support (IPS) Program* (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, forthcoming).

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