Integrating the IPS Model of Supported Employment with Supported Education for Transition Age Youth with Mental Health Conditions

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IPS has emerged as the preferred approach for supported employment with a strong empirical base. In many applications to younger populations, IPS is combined with supported education (SEd) to serve both educational and employment needs.

This infographic highlights findings of research on programs that combine IPS and SEd, and presents results from exploratory interviews with people who deliver, develop, or oversee these integrated programs.

What does the literature say about **IPS for transition** age youth?

Professional literature supports the need and opportunity for better integration of employment and education supports. While IPS produces successful employment outcomes, its impact on educational outcomes has not been conclusively demonstrated.



- education.

• Unlike IPS, there is no standard or evidence-based practice for supported

 Adaptations are needed to enhance educational outcomes. A developmentallyappropriate, comprehensive supported education model needs to be specified and

 Young people who are experiencing a serious mental health condition are less likely to graduate from high school or complete college.*

*Breslau, J., Lane, M., Sampson, N., & Kessler, R. C. (2008). Mental disorders and subsequent educational attainment in a US national sample. Journal of Psychiatric Research, 42(9), 708-716.

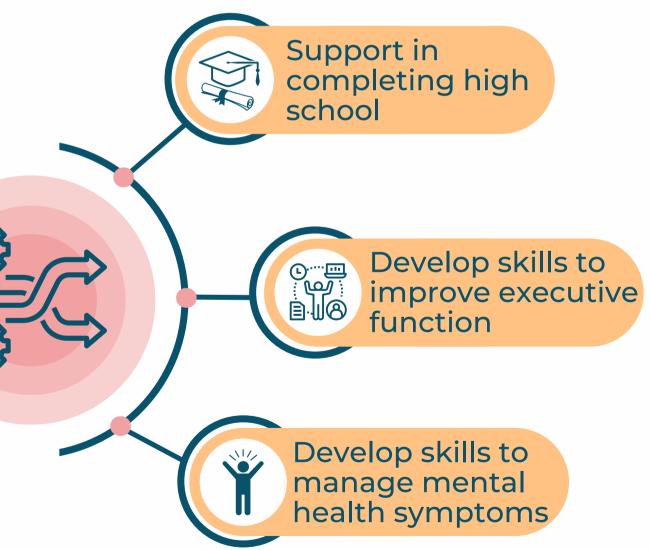
How can the IPS model be tailored to better support youth?

Elison and colleagues interviewed nine IPS employment specialists who had expanded and enhanced the IPS model to better meet the needs of working age youth.

Close collaboration with families

They identified a number of modifications as important for serving this younger group.

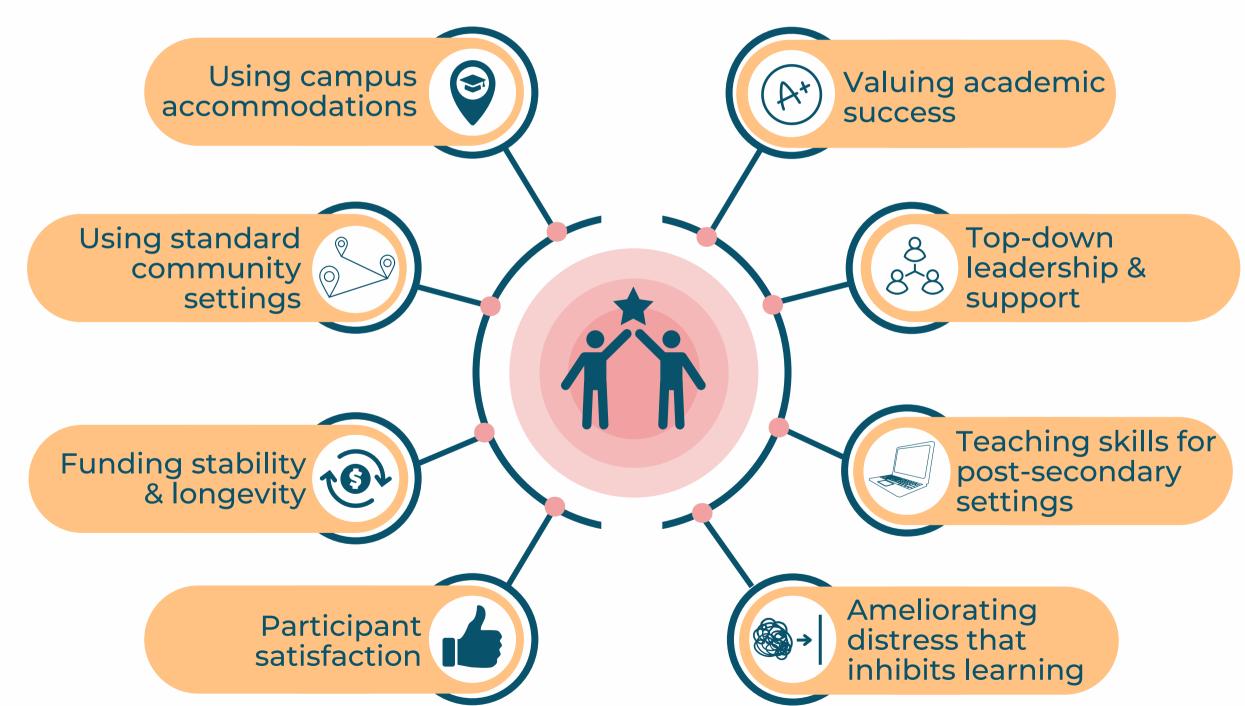
Ellison, ML., Hayes, M., Reeder, K., et al. (in press) Adapting IPS for Youth: Provider Perspectives. Community Mental Health Journal.



What factors promote success in supported education?

Biebel and colleagues conducted a case study of three post-secondary supported education programs - two of which included supported employment.

They identified similarities among these programs that supported their success.



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.

Exploratory Interviews with Key Informants

NASMHPD conducted hour-long interviews with 33 individuals who have experience with delivering, developing, studying, or overseeing integrated IPS and SEd programs.

Topics Included:

- Developmental considerations relevant to integrating IPS and SEd for transition age youth.
- Are IPS fidelity standards appropriate for younger populations?
- Do IPS principles inform an approach to SEd?
- Perspectives on integrating services within a clinical program.
- IPS/SEd services in relation to program engagement and crisis reduction.



Key Informant Interview Findings

Developmental Considerations

IPS Principles

Crisis

Program Engagement

Easy Access to Treatment Needs differ by age. Some young people need help and support to move through developmental stages of career-building and education acquisition. Transition age youth may benefit from opportunities to explore occupational needs and develop basic work skills through internships and job shadowing. Many transition age youth want to focus on career development rather than simply gaining employment.

While IPS principles guide integration of IPS/SEd, some activities to address limitations in work skills and experience, like unpaid internships, can lower fidelity scores.

All respondents felt that IPS/SEd services helped to prevent crises. Work and school can be therapeutic especially with ongoing support and connection to the program.

Several programs reported that the possibility of making money attracted many young adults to services. Persistent outreach across multiple communication channels is often required for successful engagement. Younger individuals may frequently change their goals which requires flexibility by the employment staff.

Some respondents felt that housing the IPS/SEd program within a clinical program might limit access for those who don't want clinical services. Use of a separate program with ready access to treatment was preferred by some.

National Leaders and New Developments in IPS and SEd Integration

Oregon Center of Excellence in Supported Employment

Oregon – Statewide Center of Excellence funded with Medicaid administrative match supports fidelity, provides ongoing training and continuing education. Recently revised SEd fidelity instrument.

OSECE

HYPE Careers.org



Tennessee Supported Education Services

A national leader that has a contracted team supporting IPS/SEd programs throughout the state to assure fidelity and provide IPS training. Several substantive changes to the IPS-Y fidelity scale are included to better correspond to the needs of young adults.

The University of Massachusetts' Transitions to Adulthood Center

Testing an integrated SE and SEd intervention to support and build the skills necessary for success in school and/or work. The model combines selected principles of IPS with other SEd techniques into a career development service designed to improve both work and school outcomes. Most core IPS principles are compatible with SEd. However, some modifications are needed to better address the educational needs of young adults. One of the national models of coordinated specialty care for first episode psychosis. Includes a manualized approach for SEd that has been shown to improve workschool outcomes.

NAVIGATE

Program

THRES OLDS

OYEARS HOME HEALTH HOPE

NAVIGATE

Thresholds CORE Program

Thresholds is developing and testing an experiential enhancement to IPS for young adults diagnosed with serious mental health conditions who either have not responded positively to IPS or who have very limited employment experiences. The model consists of 15 weeks of interactive, didactic workshops, individual meetings with vocational peer mentors and 10-hour per week paid internships.

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Dedicated to advancing knowledge and utilization of innovative models to promote health, recovery, and employment for people with mental health conditions.



The Center is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research, a Center within the Administration for Community Living (ACL) of HHS. Contents do not necessarily represent the policy of NIDILRR, ACL, or HHS, nor endorsement by the Federal Government. Judith A. Cook, PhD, Director

Issue Brief on Integrating IPS & SEd for Young Adults with **Mental Health** Conditions

Integrating Individual Placement and Support Model of Supported Employment with Supported Education for Transition Age Youth

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 not 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.

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Executive Summary

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