



BEES San Diego Podcast Transcript

Leigh Parise, MDRC Associate Director of Program Development and Senior Research Associate:

Policymakers talk about solutions, but which ones really work? Welcome to Evidence First, a podcast from MDRC that explores the best evidence available on how to improve the lives of low-income people. I'm your host, Leigh Parise.

Low-income adults with disabilities often struggle to find stable and well-paying jobs, while state and local agencies look to provide effective employment services in a timely and cost-effective manner. One approach that's been shown to work for people with serious mental illness is the Individual Placement and Support model, or IPS. IPS focuses on rapid job search and placement alongside support services, under the theory that employment is an integral part of rehabilitation, progress, and recovery. But can this approach help low-income adults with a wider range of disabilities, beyond serious mental illness, such as physical disabilities and less severe mental illness?

A few years ago, the San Diego Workforce Partnership implemented the Breaking Barriers program, in order to try and answer just that question. With funding from the U.S. Department of Labor's Workforce Innovation Fund, the San Diego Workforce Partnership operated Breaking Barriers between January of 2016 and June of 2018 at four program locations in the county. Using the IPS model, Breaking Barriers tried to help TANF [Temporary Assistance for Needy Families] recipients and other low-income individuals who had a wide range of disabilities — not limited to serious mental illness, so including things like anxiety, depression, and substance abuse — find jobs.

MDRC is leading an evaluation of Breaking Barriers. The evaluation used a random assignment design, meaning that people eligible for and interested in Breaking Barriers were assigned at random either to a program group, which was offered Breaking Barriers services, or to a control group, which was not offered services through Breaking Barriers, but could access other services in the community. The research team measured differences between the two groups on employment over a 15-month follow-up period. Findings from this early analysis were recently released, which show that the IPS model, when applied to a different population, may not have any effect on employment outcomes.

Today, we'll talk to Robert Drake, one of the developers of the IPS model and the vice president of the IPS Employment Center at the Rockville Institute, and Lily Freedman, a member of the MDRC evaluation team, about Breaking Barriers implementation, and further analysis to be done through the Building Evidence on Employment Strategies for Low-Income Families (or BEES) project, funded by the Administration for Children and Families [in the U.S. Department of Health and Human Services].

Thank you for being here today to chat with me. First things first, what exactly is IPS?

Dr. Robert Drake: IPS is an acronym for Individual Placement and Support, and IPS is a model of supported employment that has been developed and tailored specifically for people who have serious mental illnesses like schizophrenia, bipolar disorder, major depression.

This arose because in surveys of people who are in the public mental health system, we ask them every year, how could we help you? What are your goals? What do you want from the mental health system? They always said jobs, that was their number one goal, and they said that we weren't doing a good job of helping them find employment. And then as we started having success with lots of people getting back to work, everybody, including clinicians like myself who didn't know much about employment, was impressed that being employed really benefited people in so many other ways.

They just started to be more confident, to have more self-esteem, to be more interested in managing their symptoms, dressing better, getting up in the morning, drinking less, and so on. Overall, their quality of life would take a big jump up. I think many of us who didn't have an employment background were surprised to see that, but it's a very consistent and dramatic finding.

Parise: And what is the setting for implementing this model traditionally?

Drake: We began implementing IPS in community mental health centers. These are the public mental health centers in every community where they serve people, primarily people who are on SSI [Supplemental Security Income] or SSDI [Social Security Disability Insurance] and have serious mental illnesses. But over time, IPS is starting to spread to other settings like addiction treatment centers and homelessness settings.

Parise: Can you say a little bit about what makes the IPS model different from traditional approaches to providing vocational services?

Drake: It's a place and then train model rather than a train, place model. Prior to IPS supported employment, most of the employment approaches that were out there for people with mental illness and with other disabilities relied entirely on preemployment training. We were giving people skills training, we were giving them practice in workshops, we were giving them unpaid internships, volunteer jobs, but what people really wanted was real jobs.

IPS from the beginning has taken a rapid job search approach. Typically, within the first month the IPS specialist and the individual are out there looking at jobs, maybe applying for jobs, maybe getting interviews already.

Parise: It's a big deal that previous studies have shown that the model works for people with serious mental illness. What is it that you think makes the model so effective?

Drake: It's a team-based approach. People with serious mental illness usually come to community mental health centers and they have a prescriber, a doctor, a nurse, and they have a therapist of some kind, and they have a social worker who helps them with things like housing and benefits and food security. The IPS employment specialist joins that team. The employment specialist and the team that he or she works on is very good at figuring out this person's strengths and what would they like to do and what kind of setting would be ideal for them and how many hours would they like to work, and so on.

Then doing targeted job development, not just finding any job that's available, but finding a job that really fits the person well. Then figuring out with the individual what kind of supports do they need in order to apply for the job and do well in the interview and succeed in the job after they get a job.

Parise: Are there specific things that you need to do to work with the employers to get them ready to work with the people who are going to be coming into the jobs or to help them understand what it means to provide these types of opportunities for people?

Drake: Good question. About half of the people that we work with want to do it on their own. We will help them locate a job and fill out the applications and all that, and we may practice interviews with them before they go for the interview, but we never talk to the employer and we don't show up to be helpful during the process.

The other half of the time, people who are a little bit more impaired in their interviewing skills want us to be on-site. In doing the targeted job development, we'll actually try to meet with the employer and tell them that we have a good candidate who would be good at this job and prepare the employer that the individual may not be a great interviewer but is a great employee.

Parise: Thank you so much, Dr. Drake. It sounds like the IPS model works, at least for a specific population. But in our recently released study, we were unable to say that IPS had an effect on employment among people with a wider range of disabilities than serious mental illness. As part of BEES, the team will gather more data to further describe the effects of Breaking Barriers in San Diego.

I talk with Lily Freedman from MDRC about the lessons learned from implementing the IPS model in a different setting, and what's next for Breaking Barriers through the BEES project.

Thanks for talking with me, Lily.

I know we really cared about measuring employment outcomes: whether the people who got IPS services were more likely to find employment. Can you say a little bit more about that and the random assignment design?

Lily Freedman, Research Analyst, Youth Development, Criminal Justice, and Employment Policy Area:

Employment is the desired outcome of IPS. We measured this with a follow-up survey that we administered to study participants about 15 months after they enrolled in the study to understand what types of employment they had over this period. We found that there were no differences, no statistically significant differences between the program and control groups' rates of employment. Because of this, we can't say for certain that Breaking Barriers had an impact on employment.

This may be because study participants were more employable than participants in other IPS studies. These folks had more substantial work histories and were likely in better health.

Also, the control group employment rate was quite high, compared to other studies. This highlights that this is a group that would've been likely to find employment on their own, even without access to Breaking Barriers services.

Parise: Can you tell us about some of the challenges of rolling out Breaking Barriers?

Freedman: Breaking Barriers didn't end up looking like the typical implementation of IPS, because it operated in this workforce setting. As Bob may have mentioned, IPS is traditionally implemented at community mental health centers or other similar mental health contexts. And this just wasn't the case for Breaking Barriers. There was no integration with mental health staff or mental health supports.

Parise: What's next for Breaking Barriers as part of the BEES project?

Freedman: As part of BEES, we're going to be doing additional data collection and extending the follow-up period. So right now, our findings are based on information from the follow-up survey, and then we're going to be collecting administrative data on employment and earnings to understand participants' employment and earnings over a two-year follow-up period.

Parise: The BEES project is looking to understand which interventions and programs help low-income people find jobs and improve their economic security. As Lily notes, we'll be learning more about how Breaking Barriers and IPS is helping this group. BEES will also be exploring other programs using IPS with low-income populations, specifically those that are facing mental health or behavioral challenges other than serious mental illness.

Thanks to Dr. Drake and Lily for joining me.

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