Integrating Employment and Mental Health Services:

Implementation of the Individual Placement and Support Model for Adults with Justice Involvement

OPRE 2024-155

August 2024

Integrating Employment and Mental Health Services: Implementation of the Individual Placement and Support Model for Adults with Justice Involvement

OPRE Report 2024-155

August 2024

Jacqueline Kauff, Jennifer Herard, Tim Kautz, Julia Lyskawa, Gina Lewis, Leah Pranschke, and Martine Reynolds

Submitted to:

Project Officers: Hilary Bruck, Marie Lawrence, Sarita Barton, and Megan Reid
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
Contract Number: HHSP233201500035I/HHSP23337035T

Submitted by:

Project Director: Annalisa Mastri
Mathematica
1100 First Street, NE, 12th Floor
Washington, DC 20002-4221
Reference Number: 50718

This report is in the public domain. Permission to reproduce is not necessary.

Suggested citation:

Jacqueline Kauff, Jennifer Herard, Tim Kautz, Julia Lyskawa, Gina Lewis, Leah Pranschke and Martine Reynolds (2024). Integrating Employment and Mental Health Services: Implementation of the Individual Placement and Support Model for Adults with Justice Involvement. OPRE Report #2024-155. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer:

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research, and Evaluation are available at www.acf.hhs.gov/opre.

Subscribe to OPRE News and Follow OPRE on Social Media

Contents

Acknowledgments vi

Executive Summary vii
- The IPS-AJI program model viii
- Program context and IPS-AJI participants viii
- Key implementation findings ix
- IPS employment services cost x
- Implications for the impact analysis x

1. Introduction 1
   - Study data sources 2
2. IPS-AJI Program Model 4
   - Rationale for and origin of IPS and IPS-AJI 4
   - Key elements of IPS-AJI as designed 4
   - Eligibility requirements 6
   - Program recruitment 6
   - Flow of participant services from study enrollment to case closure 7
3. IPS-AJI Context 9
4. IPS-AJI Participants 11
   - Demographic characteristics and justice involvement 11
   - Challenges participants faced 12
   - Participants' strengths 15
5. IPS-AJI in Practice: Key Implementation Findings 17
   - Organizational partnerships 17
   - Staffing and staff development 18
   - Recruiting and engaging the population of interest 19
   - Service delivery 23
   - Leadership and organizational structure and culture 28
6. IPS-AJI Employment Services Cost 30
   - Findings 30
7. Implications for the Impact Analysis 32
   - Conclusion 35

References 36

Appendix A. IPS-AJI Program Model as Designed for the NextGen Project Study 39

Appendix B. Select Results from the Survey of Mental Health Center Leaders and Staff 41

Appendix C. Select Results from Analysis of Mental Health Center Management Information Systems Data 44

Endnotes 45

Exhibits

1 IPS-AJI logic model 5

2 IPS-AJI enrollment and service delivery pathways 7

3 The IPS-AJI mental health centers 9

4 Other services provided by the IPS-AJI mental health centers 10

5 Demographic characteristics of IPS-AJI participants at study enrollment 11

6 IPS-AJI participants' justice system involvement at study enrollment 12

7 Primary mental health diagnoses 13

8 Other challenges some IPS-AJI participants faced 14

9 Service receipt among IPS-AJI participants over time 21

10 Location of IPS employment services 27

11 Costs by expense type for the IPS employment services in IPS-AJI 31

12 Hours of services received among IPS-AJI participants (the program group) and the comparison group 33

13 Job openings over time, not seasonally adjusted 34

A.1 IPS-AJI program model details 39

B.1 IPS-AJI staff experience and caseload 41

B.2 IPS-AJI leader and staff demographics and education 42

B.3 IPS-AJI leader observation and review of direct service staff 43

B.4 Frequency of IPS-AJI leaders asking opinions or feedback from interested groups when they make key decisions related to IPS-AJI 43

C.1 Receipt of services in the six months since study enrollment 44

Acknowledgments

This report describes the findings of a study of the implementation of Individual Placement and Support for Adults with Justice Involvement (IPS-AJI). The study was conducted by Mathematica in partnership with The Adjacent Possible as part of the Next Generation of Enhanced Employment Strategies (NextGen) Project, under a contract with the Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. The Social Security Administration (SSA) is providing financial and technical support for the evaluation and for the provision of IPS-AJI services.

Many people at each participating organization contributed to the report. At OPRE, Marie Lawrence, Gabrielle Newell, Sarita Barton, Megan Reid, and Hilary Bruck supported the design and conduct of the study and provided thoughtful feedback on early drafts of the report. At The Adjacent Possible, Michelle Derr led the design and execution of the study of implementation of the programs studied under the NextGen Project. At Mathematica, Sheena McConnell directed the NextGen Project through 2022 and provided guidance on the design and implementation of the NextGen Project. She and Annalisa Mastri, director of the NextGen Project as of 2023, provided invaluable feedback on this report. Alexandra Stanczyk, Evan Morier, Erich Denk, Joe Skvarna and Sarah Castro prepared quantitative survey and administrative data for analysis. Clare Wolfendale reviewed all programming code. Yuri Feliciano, Brittney Gionfriddo, Quinn Moore, and April Yanyuan Wu supported the collection and analysis of data on program costs. Miranda Kharsa provided useful guidance on design aspects of the report, Jim and Molly Cameron and Maura Butler edited the report, Jackie Phan and Sheena Flowers helped produce exhibits in the report, and Dorothy Bellow assisted in its production. We also thank SSA for their review and suggestions.

The IPS Employment Center, whose predecessor developed the IPS model, provided training and technical assistance to and conducted fidelity reviews of the IPS-AJI programs at each of the mental health centers participating in the study. In addition to these roles, Sandy Reese and Ruth Brock of the IPS Employment Center, along with Gary Bond of Westat, provided invaluable consultation to the NextGen team about the IPS model and feedback on study products. David Stapleton of TreeHouse Economics was instrumental in designing the IPS-AJI impact study and recruiting mental health centers to participate in the study.

Finally, this report would not have been possible without the cooperation and support we received from the executives, supervisors, and staff of the participating mental health centers—Case Management Incorporated, Central Oklahoma Community Mental Health Center, GRAND Mental Health, Pee Dee Mental Health, and Transitions Mental Health Services—and their partner organizations. These individuals graciously shared their time, experiences, and expertise in responding to surveys and interviews, and supporting data collection efforts with IPS-AJI participants. Other mental health center staff worked diligently with us to provide extracts of data from centers' management information systems. We are grateful as well to the NextGen study participants who shared their experiences with the study team through surveys and in-depth interviews and allowed us to analyze the data tracking of their participation in mental health center services. The authors would like to thank all of these individuals for their important contributions to this report and their useful feedback on an early draft.

Executive Summary

Individual Placement and Support (IPS) is an evidence-based model that aims to help people with serious mental illness find and work at competitive jobs of their choosing.[1] IPS typically is implemented in community mental health centers and combines mental health services with rapid job search and individualized job development and post-employment support. An important component of IPS is the development of relationships between program staff and employers.

Given the success of IPS for adults with serious mental illness and the prevalence of mental health issues among adults with justice involvement, the Next Generation of Enhanced Employment Strategies (NextGen) Project is examining the implementation and effectiveness of IPS for adults with justice involvement and mental health challenges, though not necessarily serious mental illness.[2] The NextGen Project is part of the Office of Planning, Research, and Evaluation's Innovative Strategies for Addressing Employment Barriers Portfolio, which seeks to rigorously evaluate the "next generation" of employment strategies for people with low incomes. The NextGen Project is using a randomized controlled trial to test the Individual Placement and Support for Adults with Justice Involvement (IPS-AJI) program model at mental health centers in the Midwest and South. The centers randomly assign eligible and consenting program applicants to either a program group that is offered IPS-AJI services, or a comparison group that is not offered IPS-AJI services but can receive mental health services from the mental health centers and other employment services available in the community.

This report describes the design of the IPS-AJI program; the context in which it has been implemented; who it serves; key aspects of its implementation; and the cost of the program. The purpose of this report is to help policymakers interpret forthcoming findings about the effectiveness of IPS-AJI, and help other programs interested in replicating it understand the program and its operations. It presents aggregate findings from an analysis of data collected in five mental health centers: (1) Case Management Incorporated (CMI) in Memphis, Tennessee; (2) Central Oklahoma Community Mental Health Center (COCMHC) in Norman, Oklahoma; (3) GRAND Mental Health (GRAND) in Claremore, Oklahoma; (4) Pee Dee Mental Health (Pee Dee) in Florence, South Carolina; and (5) Transitions Mental Health Services (Transitions) in Moline, Illinois, and Davenport, Iowa. Primary data sources include the following:

- **Qualitative data** from interviews with staff providing IPS-AJI and other mental health center services; IPS-AJI supervisors and mental health center executives; research coordinators hired specifically to recruit and enroll adults with justice involvement into the IPS-AJI study; employers in the mental health center service areas with which IPS-AJI staff had developed a relationship; and IPS-AJI participants.
- **Quantitative data** from a survey of mental health center executives and staff providing IPS-AJI and other mental health services; a survey of IPS-AJI participants conducted at study enrollment; and each center's management information system.
- **IPS employment services cost data** from Excel workbooks completed by accounting or other business staff members at each mental health center.
- **Other data** from IPS fidelity reviews conducted by the IPS Employment Center, which provides training and technical assistance to IPS programs, and ongoing discussions with IPS-AJI and other mental health center leaders and staff as part of technical assistance in implementing the study.

The study was conducted by Mathematica in partnership with The Adjacent Possible as part of the Next Generation of Enhanced Employment Strategies (NextGen) Project, under a contract with the Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. The Social Security Administration (SSA) is providing financial and technical support for the evaluation and for the provision of IPS-AJI services.

The IPS-AJI program model

IPS—and thus IPS-AJI—is based on eight core principles:

1. **Zero exclusion.** IPS is open to anyone who wants to work, irrespective of their challenges; no one who wants to work is screened out of IPS.
2. **Competitive employment.** The goal of IPS is for participants to obtain jobs in the competitive labor market rather than in sheltered workshops (that are set aside for people with disabilities) or transitional work experience positions.
3. **Rapid job search.** Participants engage in job search immediately rather than in lengthy assessments, job clubs, or workshops.
4. **Systematic job development.** Staff who provide employment services build relationships with employers and conduct individualized job development on behalf of participants.
5. **Workers' preferences.** Participants' preferences guide the job search, their job choice, and what and how much about their backgrounds program staff disclose to employers.
6. **Integrated services.** Employment services, which are provided in community settings rather than in the program office, are integrated with mental health treatment through a team-based approach.
7. **Benefits planning.** Interested participants receive comprehensive, individualized benefits planning from a trained benefits specialist.
8. **Time-unlimited supports.** IPS provides individualized, time-unlimited supports (called follow-along supports) to help participants succeed on the job, navigate job changes, and advance in their careers.

The mental health centers partnered with justice system organizations to recruit and engage participants. These organizations primarily included jails, prisons, mental health or drug courts (which supervise people receiving alternative sentences that avoid imprisonment), and departments of probation and parole.

IPS-AJI aims in the short term to help participants gain employment and reduce their need for disability benefits. Anticipated longer term outcomes of competitive employment include enhanced self-esteem and life satisfaction and a reduction in mental health symptoms and criminal justice system involvement.

Program context and IPS-AJI participants

Four of the five mental health centers included in this study had a history of providing IPS services to a general population of people with serious mental illness. The mental health centers began implementing IPS-AJI in the midst of the COVID-19 public health emergency but in a relatively strong labor market. When enrollment for the IPS-AJI study began in June 2021, the unemployment rate ranged from 4.8 percent in one mental health center service area to 7.6 percent in another.

Although IPS-AJI study participants were diverse demographically, almost all had been convicted of a crime in the past and spent time incarcerated. Consistent with the program design, IPS-AJI study participants often had mental health diagnoses of anxiety or panic disorder, trauma or stress-related disorder, or substance use or other disorder. These diagnoses do not necessarily indicate serious mental illness. Despite study participants' challenges, almost all had work experience before study enrollment and were very motivated to work.

Key implementation findings

The mental health centers implemented IPS-AJI under the NextGen Project as designed and with positive feedback from partners and participants. The centers experienced several challenges and successes implementing IPS-AJI. The following key takeaways from the implementation experience are organized by common factors that can serve as barriers or facilitators to implementation, as identified by implementation science literature[3]:

- **Organizational partnerships.** A shift in recent years toward stronger relationships between law enforcement and mental health providers laid the groundwork for IPS-AJI. Establishing partnerships required obtaining buy-in for IPS-AJI at multiple levels within the justice system, which took several months to several years even though the mental health centers had a history of working with justice organizations and serving adults with justice involvement. The biggest challenge in obtaining buy-in was that some justice system staff believed IPS-AJI required participants to jump through too many hoops; they cited frequent appointments and mental health counseling that was sometimes redundant with probation, parole, or alternative sentence requirements.
- **Staffing and staff development.** Each of the mental health centers hired IPS specialists for IPS-AJI. Hiring program staff for IPS-AJI took more time than anticipated in part because of workforce shortages in the aftermath of COVID-19 and salaries that were not competitive with similar opportunities outside of a community-based mental health center. Program managers and supervisors noted that finding staff with specific attributes—including lived experience and demographic characteristics that reflect the focus population—is more important to the program's success than finding staff with IPS experience.
- **Recruiting and engaging the population of interest.** Recruiting adults with justice involvement into IPS-AJI was difficult. Uncertainty about release dates and times made recruiting from jails tricky. After widely publicized instances of police brutality during the study enrollment period, program staff had to work hard to distinguish themselves from the justice system. The mental health centers found three strategies to be effective: (1) in-person meetings in jails and probation offices, (2) marketing IPS-AJI as providing quick earning potential so that participants can meet immediate financial obligations, and (3) referrals from existing center caseloads. Staff also found it more difficult to engage adults with justice involvement in services than typical IPS participants. A key reason is that, unlike typical IPS participants, many in the study sample who entered IPS-AJI had not yet engaged in and did not want mental health services; they wanted only employment services.
- **Service delivery.** The mental health centers implemented IPS-AJI with fidelity—that is, according to the standards that make IPS an evidence-based practice. Fidelity ratings for employer partnerships were particularly strong. The mental health centers faced two challenges common in typical IPS programs: (1) integrating employment and mental health services and (2) providing follow-along supports. Other key aspects of IPS were challenging to implement

because of participants' criminal justice involvement. These include providing individualized job development, providing employment services in the community rather than the program office, and honoring participants' preferences regarding what staff disclose to employers about participants' criminal backgrounds.

- **Leadership and organizational structure and culture.** Successful implementation of IPS-AJI requires strong leadership from executives and an IPS-AJI supervisor who play active roles in monitoring program performance and improving program implementation. Lack of support from mental health center executives for IPS is not ideal, but a strong IPS supervisor can compensate; it is hard to operate a successful IPS program without at least a strong IPS supervisor.

IPS employment services cost

The NextGen team estimated the cost of the IPS employment services in IPS-AJI; these reported costs represent the marginal cost of adding IPS services to existing mental health services. The per participant per month cost was $837 and the total cost per participant was $4,776 over approximately six months. The key drivers of total costs included personnel (70 percent of costs), overhead expenses (11 percent), facilities (10 percent), participant supports such as incentives and goods or services purchased on behalf of participants (6 percent), and equipment (3 percent).

Implications for the impact analysis

Because of the strong contrast between the employment services IPS-AJI offered and employment services otherwise available through the mental health centers or in the community, the NextGen Project's impact evaluation is well-poised to detect impacts on employment and related outcomes. One key driver of those impacts will be service receipt in the program group relative to service receipt in the comparison group. The NextGen team will assess differences in service receipt through follow-up surveys with study participants. The first impact report, covering a six-month follow-up period, is expected to be released in fall 2026; another impact report, covering an 18-month follow-up period, is expected to be released in fall 2027.

1. Introduction

Adults who have experienced justice system involvement face challenges finding and maintaining employment. In fact, the unemployment rate among formerly incarcerated people is more than five times the rate in the general population.[4] Compounding this issue is the prevalence of mental health conditions among adults with justice system involvement. Sixty-four percent of jail inmates, 54 percent of state prisoners, and 45 percent of federal prisoners report mental health problems.[5]

Individual Placement and Support (IPS) is an evidence-based model that aims to help people with serious mental illness find and work at competitive jobs of their choosing.[6] IPS typically is implemented in community mental health centers and combines mental health services with rapid job search and individualized job development and post-employment support. An important component of IPS is developing relationships between program staff and employers.

Given the success of IPS for adults with serious mental illness and the prevalence of mental health issues among adults with justice involvement, the Next Generation of Enhanced Employment Strategies (NextGen) Project (see Box 1) is examining the implementation and effectiveness of IPS for adults with justice involvement and mental health challenges, though not necessarily serious mental illness. The NextGen Project is testing IPS for adults with justice involvement (IPS-AJI) at mental health centers in the Midwest and South using a randomized controlled trial. The centers randomly assign eligible and consenting program applicants to either a program group that is offered IPS-AJI services, or a comparison group that is not offered IPS-AJI services but can receive mental health services from the mental health centers and other employment services available in the community. Throughout the report, we call those assigned to the program group "participants." More information on the study design is contained in Wu et al. 2024.

Box 1. The Next Generation of Enhanced Employment Strategies (NextGen) Project

The goal of the NextGen Project is to identify and study innovative employment programs for people facing complex employment challenges. The study explores how the programs are designed and operated, their cost, and how effective they are at improving participants' employment, earnings, and other outcomes related to economic self-sufficiency and well-being. The NextGen Project is part of the Office of Planning, Research, and Evaluation's Innovative Strategies for Addressing Employment Barriers Portfolio, which seeks to rigorously evaluate the "next generation" of employment strategies for individuals with low incomes. 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 for select interventions within the NextGen Project.

This report describes the design of the IPS-AJI program; the context in which it has been implemented; who it serves; key aspects of its implementation; and the cost of the program. The purpose of this report is to help policymakers interpret forthcoming findings about the effectiveness of IPS-AJI and help other programs interested in replicating a similar model understand the program and its operations. Future reports will describe the effectiveness of IPS-AJI on participant outcomes. Box 2 highlights the key implementation findings described in this report.

Study data sources

The NextGen team collected data for this report midway through the study enrollment period, which began in June 2021 and will end in June 2024. The report presents aggregate findings from data collection in five participating mental health centers.

Primary data sources for the report include the following:

1. Interviews in winter 2023 with staff providing IPS-AJI and other mental health center services, along with their supervisors and mental health center executives at each of the centers
2. Interviews in winter 2023 with research coordinators (one at each mental health center), hired specifically to recruit and enroll adults with justice involvement into the IPS-AJI study
3. A survey in fall 2022 of 15 mental health center executives and 44 IPS-AJI and other mental health center staff across the five centers
4. Demographic, economic, and background information on people who had enrolled in the study as of June 30, 2023, taken from a baseline survey conducted at study enrollment
5. Interviews in spring 2023 with one employer in each of the five mental health center service areas with which IPS-AJI staff had developed a relationship
6. In-depth interviews—some in person and some by telephone—in spring 2023 with 15 IPS-AJI participants across the mental health centers
7. IPS fidelity reviews conducted in fall 2022 by the IPS Employment Center, which provides training and technical assistance to IPS programs
8. Six months of service receipt data from the management information system in each of the five mental health centers (this report covers people who had been enrolled in the study for at least six months as of June 30, 2023)
9. Ongoing discussions with IPS-AJI and other mental health center staff and supervisors as part of technical assistance in implementing the study
10. Excel workbooks on program costs completed in fall 2023 through winter 2024 by accounting or other business staff members at each mental health center

Box 2. Key implementation findings

Organizational partnerships

- A shift in recent years toward stronger relationships between law enforcement and mental health providers laid the groundwork for IPS-AJI, which entailed obtaining buy-in for IPS-AJI at multiple levels within the justice system.

Staffing and staff development

- Each of the mental health centers hired IPS specialists for IPS-AJI. Hiring took more time than anticipated in part because of workforce shortages in the aftermath of COVID-19 and salaries that were not competitive with similar opportunities outside of a community-based mental health center.
- Program managers and supervisors noted that finding staff with specific attributes—including lived experience and demographic characteristics that reflect the target population, a combination of counseling and business marketing skills, and experience in or knowledge of the criminal justice system–is more important than finding staff with previous IPS experience because training on IPS is extensive.

Recruiting and engaging the population of interest

- The mental health centers found the following to be effective recruitment strategies: in-person meetings in jails and probation offices, marketing messages focused on meeting immediate financial obligations, and referrals of people already receiving other services at the mental health centers.
- Three-quarters of participants engaged in mental health services in the first month of program enrollment, but engagement declined precipitously thereafter. To help address engagement challenges related to stigma and transportation, the mental health centers availed themselves of telehealth services generated by the pandemic.

Service delivery

- The mental health centers implemented IPS as designed.
- Implementation of the development of employer partnerships was particularly strong across the mental health centers.
- The mental health centers faced two challenges common in typical IPS programs—integrating employment and mental health services and providing follow-along supports.
- Other key aspects of IPS were challenging to implement because of participants' justice involvement.

Leadership and organizational structure and culture

- Strong leadership is key to ensuring that IPS-AJI is implemented successfully.

2. IPS-AJI Program Model

Rationale for and origin of IPS and IPS-AJI

The Dartmouth Psychiatric Research Center (which is now called the IPS Employment Center), in collaboration with people it served and other experts, developed IPS in the late 1980s in response to discontent among people with serious mental illness about existing employment program models. Since then, IPS programs have been implemented in many different mental health centers and other settings in the United States, as well as 21 other nations.[7] Rigorous evidence from dozens of randomized controlled trials demonstrates that IPS is effective for improving employment outcomes of individuals with serious mental illness.[8]

Researchers have found evidence for the effectiveness of IPS specifically for people with serious mental illness and justice system involvement.[9] Evidence of its effectiveness among adults with justice system involvement who might *not* have serious mental illness is suggestive, but limited, because it comes from a small number of studies that had small sample sizes.[10] The NextGen Project IPS-AJI study is the first large-scale evaluation of IPS offered exclusively to adults with justice involvement who might not have serious mental illness.

Key elements of IPS-AJI as designed

IPS—and thus IPS-AJI—is based on eight core principles (see the IPS model for details):

1. **Zero exclusion.** IPS is open to anyone who wants to work, irrespective of their challenges; no one who wants to work is screened out of IPS.
2. **Competitive employment.** The goal of IPS is for participants to obtain jobs in the competitive labor market rather than in sheltered workshops (that are set aside for people with disabilities) or community or transitional work experience positions.
3. **Rapid job search.** Participants engage in job search immediately rather than in lengthy assessments, job clubs, or workshops.
4. **Systematic job development.** Staff who provide employment services build relationships with employers and conduct individualized job development on behalf of participants.
5. **Workers' preferences.** Participants' preferences guide the job search, their job choice, and what and how much about their backgrounds program staff disclose to employers.
6. **Integrated services.** IPS services are integrated with mental health treatment through a team-based approach.
7. **Benefits planning.** Interested participants receive comprehensive, individualized benefits planning from a trained benefits specialist.
8. **Time-unlimited supports.** IPS provides individualized, time-unlimited supports (called follow-along supports) to help participants succeed on the job, navigate job changes, and advance in their careers.

Other important program elements include the following:

- Specialized staff, called IPS specialists, who provide employment services only for all phases, from initial engagement to post-employment supports.
- Small caseloads (of 20 or fewer people) for IPS specialists.

- Community-based employment services—all employment services are to take place in community settings rather than at the mental health center.
- Collaboration with departments of vocational rehabilitation, which can fund work supports that IPS may not be able to provide—such as work clothes or car repairs to enable transportation to and from work—as well as additional job coaching and other services.

The IPS-25 is a well-validated fidelity scale consisting of 25 items measuring how well programs are implementing the core principles and other important program elements of the IPS model. IPS programs monitor their services to help ensure they are implemented according to the IPS model. The IPS Employment Center, along with state IPS trainers, conduct periodic reviews to determine how well programs are meeting fidelity. High fidelity ratings on the IPS-25 are correlated with better competitive employment outcomes.[11]

The IPS-AJI program key elements are theorized to improve outcomes for participants as depicted in the IPS-AJI logic model (Exhibit 1). Through a combination of mental health and employment services, IPS-AJI aims in the short term to help participants gain employment. It also intends to help participants reduce their need for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), as earnings will ideally be enough to preclude the need for disability benefits. In the longer term, for people with mental health issues, gaining competitive employment has been shown to have positive effects on self-esteem and life satisfaction, and to reduce mental health symptoms. Limited evidence suggests that it may also result in longer-term reductions in psychiatric hospitalization, outpatient treatment, and other mental health service receipt.[12] By increasing financial security, routine activity, and commitment to a purpose, competitive employment may also lead to a reduction in criminal justice involvement.[13]

Exhibit 1. IPS-AJI logic model

Participant needs and program resources	Program activities and services	Short-term outcomes	Long-term outcomes
• Participant needs: income and mental health services • Resources: small caseloads; mental health center staff and facilities; program material; support from the IPS Employment Center and state IPS trainers; departments of vocational rehabilitation; funding	• Zero exclusion (no one is screened out of the program) • Focus on competitive jobs • Rapid job search • Systematic, individualized job development • Participant-directed employment and education/training services • Integrated employment and mental health services • Availability of benefits planning • Time-unlimited supports	• Engagement in rapid job search • Increase in employment • Engagement in mental health services • Reduced need for SSI/SSDI	• Improved economic stability • Improved life satisfaction, self-esteem, mental health • Reduced recidivism

Community context

- Labor market conditions
- Availability of transportation, mental health services, other employment services
- Attitudes toward mental health
- Criminal justice system policies, procedures, and requirements

Notes: Although participant-driven education/training services are part of the IPS program model and IPS-AJI participants may be referred for and receive education/training, the IPS-AJI logic model does not reference education/training in the short- or long-term outcomes because education/training was not emphasized in IPS-AJI.

Eligibility requirements

Adults (18 or older) are eligible for IPS-AJI if they meet the following criteria:

- Are eligible for mental health services at the host mental health center by virtue of having a mental health diagnosis or being likely to receive a mental health diagnosis; a diagnosis of serious mental illness is not required.
- Have had justice system involvement in the past year—that is, they have been (1) released into the mental health center service area from a justice system facility after completing a sentence, receiving a case dismissal, or receiving a verdict of "not guilty" within the past year; or (2) ordered to probation or to serve an alternative sentence by a homeless, mental health, or drug court in the mental health center service community within the past year.
- Are currently unemployed or are doing casual jobs with no expectation of ongoing paid work or guaranteed weekly work hours.
- Report during the IPS-AJI recruitment process that they are interested in working in the local area and are not prevented from working by probation, parole, or other court-ordered rules.
- Have not received SSI or SSDI benefits as an adult in the past year and are not awaiting a decision on an SSI or SSDI application.[14]

Program recruitment

The mental health centers partnered with justice system organizations to recruit and engage adults with justice involvement. These organizations included jails, prisons, mental health or drug courts (which supervise offenders receiving alternative sentences that avoid imprisonment), and departments of probation and parole. Some centers also partnered with other types of organizations, such as homeless shelters and supportive or transitional housing programs to which justice system organizations referred people leaving jail or assigned to probation or an alternative sentence. One of the mental health centers intended a housing program to be the primary partner, but capacity issues limited the number of referrals provided.

To recruit potential participants, a research coordinator conducted group and individual informational meetings for potentially eligible adults about the NextGen Project and IPS-AJI at the partner organizations' facilities. They also posted and distributed informational flyers in these facilities and trained partner staff to refer potentially eligible adults to the program. Additionally, some mental health centers created promotional videos about NextGen and IPS-AJI that some justice system organizations were able to air in common spaces or, where they existed, on kiosks that inmates could access in jails.

After participating in one or more informational sessions about the NextGen Project and IPS-AJI, adults with justice involvement had to take two other steps to enroll in the program. First, they had to meet with mental health center staff to obtain a mental health diagnosis and/or complete the mental health center's intake process. Second, they had to attend a NextGen Project enrollment meeting to confirm program eligibility, provide consent to participate in the study, and complete a baseline

NextGen Project survey. After completion of the survey, those who enrolled in the study were randomly assigned to the program or comparison group.

Flow of participant services from study enrollment to case closure

IPS-AJI is designed to operate much the same as a typical IPS program (see Appendix A for operational details on IPS-AJI). Immediately after random assignment, people in the IPS-AJI program group are assigned to one or more mental health professionals if they are not already on the mental health caseload (Exhibit 2); the type of mental health professional varies by mental health center and according to participant needs. Professionals may include psychiatrists, therapists, or case managers. Case managers primarily provide services coordination, supportive services, and light counseling rather than clinical services. At the same time, participants are assigned to an IPS specialist. During the first meeting or two, the IPS specialist works with the participant to complete an employment planning tool, called a career profile, which identifies a participant's interests, goals, experience, and skills. Throughout an individual's program participation, mental health practitioners and IPS specialists meet to coordinate their service approach, identify the participant's additional service needs, and make referrals to address them. This collaboration is represented in Exhibit 2 by the arrows going in both directions between the IPS specialists and mental health practitioners.

Exhibit 2. IPS-AJI enrollment and service delivery pathways

Referral partners in community
Local jails
Mental health or drug courts
Departments of probation or parole
Supportive and transitional housing programs
Recruitment coordinator
Mental health practitioners
Other mental health center service staff
IPS (employment) specialists
Employers
Green pathway = enrollment pathways
Blue pathway = initial service delivery connections
Maroon pathway = subsequent service delivery connections

Participants begin looking for a job during or immediately after development of the career profile. Before participants secure employment, IPS specialists meet with them regularly—typically once a week—to discuss job options and applications. Throughout this process, the IPS specialist connects with employers who might offer opportunities in the participant's area of interest. Specialists are required to make at least six employer contacts per week to build relationships with them, learn about their needs, convey what the program offers to the employer, and describe the strengths of participants who are a good match.

IPS specialists continue to provide IPS-AJI services to participants before and after securing employment until the participant no longer wants services or their mental health case is closed for noncompliance with mental health services. Policies on case closure for noncompliance vary, but

some mental health centers do not strictly enforce their policy. Participants remain in the NextGen study regardless of whether their IPS or mental health case is closed.

After participants begin working, services may include supportive services, assistance with navigating challenges at work and with identifying and obtaining necessary work accommodations, and planning for job changes or career advancement. Though not part of the IPS model, other mental health center staff, such as case managers, often provide wraparound services to IPS participants, such as assistance with housing or transportation. All five mental health centers included in the NextGen Project provide an array of services on site and, when necessary, provide referrals for services. Some also use peer specialists, who help coach participants and share their lived experience as examples of how the program can help people succeed.

3. IPS-AJI Context

The IPS Employment Center, which provides training and technical assistance to IPS programs, assisted Mathematica in selecting the mental health centers to participate in the study. Four of the centers included in this report were selected because they had a history of providing high-quality IPS services to a general population of individuals with serious mental illness and had access to sources of referrals of adults with justice involvement. The fifth, Central Oklahoma Community Mental Health Center, was selected because of its history of collaboration with a local detention center and because the Oklahoma Department of Mental Health and Substance Abuse Services, which funds the center, has successfully facilitated the launch of many new IPS programs across the state.[15] The mental health centers participating in the study are:

- Case Management Incorporated (CMI) in Memphis, Tennessee
- Central Oklahoma Community Mental Health Center (COCMHC) in Norman, Oklahoma
- GRAND Mental Health (GRAND) in Claremore, Oklahoma[16]
- Pee Dee Mental Health (Pee Dee) in Florence, South Carolina
- Transitions Mental Health Services (Transitions) in Moline, Illinois, and Davenport, Iowa

The centers vary in size and provide a range of mental health and other services that could be useful for adults with justice involvement (Exhibits 3 and 4).

Exhibit 3. The IPS-AJI mental health centers

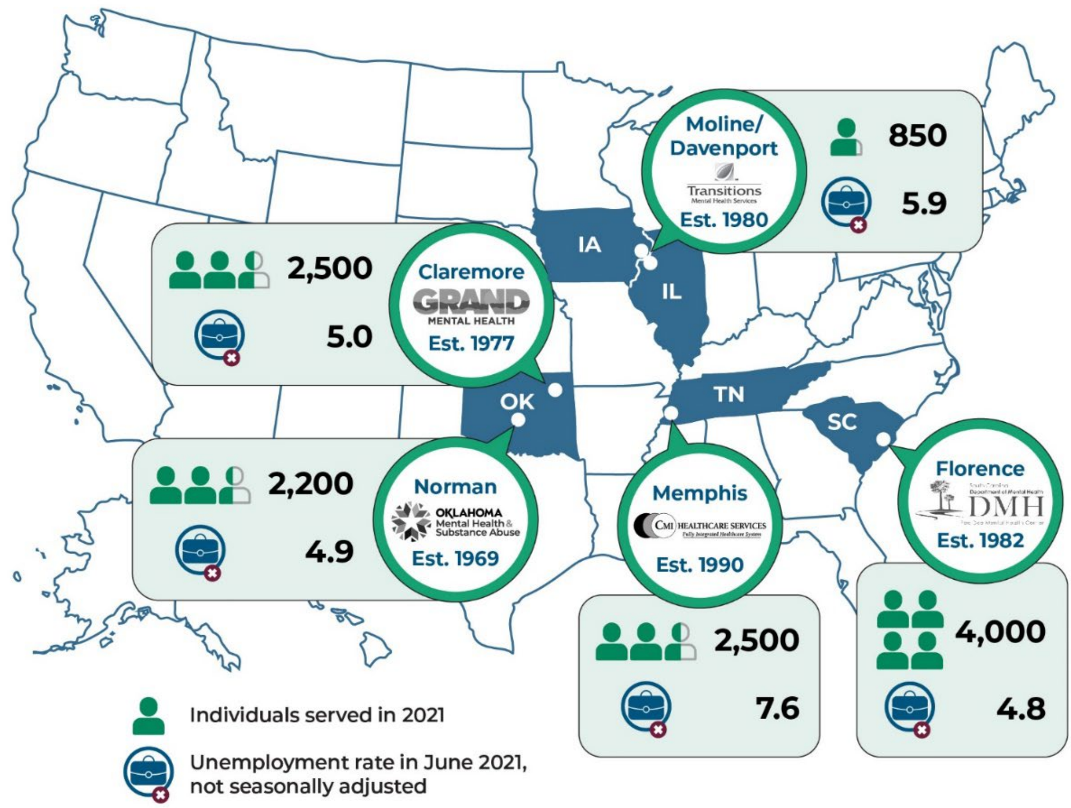


Exhibit 4. Other services provided by the IPS-AJI mental health centers

Service	CMI	COCMHC	GRAND	Pee Dee	Transitions
Primary health care	✓				
Housing assistance	✓	✓	✓	✓	✓
Food pantry	✓				
Substance use recovery	✓	✓	✓		
Transportation assistance				✓	✓

Transportation is a challenge in each of the mental health center service areas. Three of the four centers serve largely rural areas with limited or no public transit. CMI serves Memphis but is located in the outskirts of the city and not convenient to residential areas. COCMHC's service areas is on the outskirts of Oklahoma City and, while public buses there are free and run every day, the routes and times are limited.

Employment services similar to those IPS-AJI provides are limited in the mental health center service areas. Examples include:

- **American Job Centers (AJCs).** Each service area has one or more AJCs, which typically provide career exploration, skills assessment, employment advisement, and potential training opportunities. Many AJCs also offer recruiting events, workshops on resume writing, interviewing skills, and job search activities, but they do not provide the integrated mental health and employment services or the systematic, individualized job development that IPS-AJI does.
- **Departments of vocational rehabilitation.** State vocational rehabilitation programs provide employment preparation and support services to people with a physical or mental impairment that results in a substantial impediment to employment. These programs often have waitlists for services, though, with priority given to those with more significant disabilities; most IPS-AJI participants do not fall into this category. In October 2023, waitlists existed in Iowa, Oklahoma, and Tennessee.[17] Additionally, these programs do not integrate employment and mental health services.
- **Prisoner reentry programs.** In some areas, programs exist to support people reentering the community after incarceration. Many of these programs include employment services, but they do not necessarily emphasize rapid job search with a focus on competitive employment as IPS-AJI does. For example, the Safer Foundation in Illinois provides a time-limited work experience program, occupational training, and education toward a high school degree in addition to mental health and an array of other support services.

The mental health centers began implementing IPS-AJI amidst the public health emergency created by COVID-19 but in a relatively strong labor market. When enrollment for the IPS-AJI study began in June 2021, the unemployment rate ranged from 4.8 percent in the Pee Dee service area to 7.6 percent in the CMI service area. Attitudes toward mental health may have shifted during the pandemic given the surge in mental health issues. According to the World Health Organization, COVID-19 triggered a 25 percent increase in the prevalence of anxiety and depression worldwide.[18]

4. IPS-AJI Participants

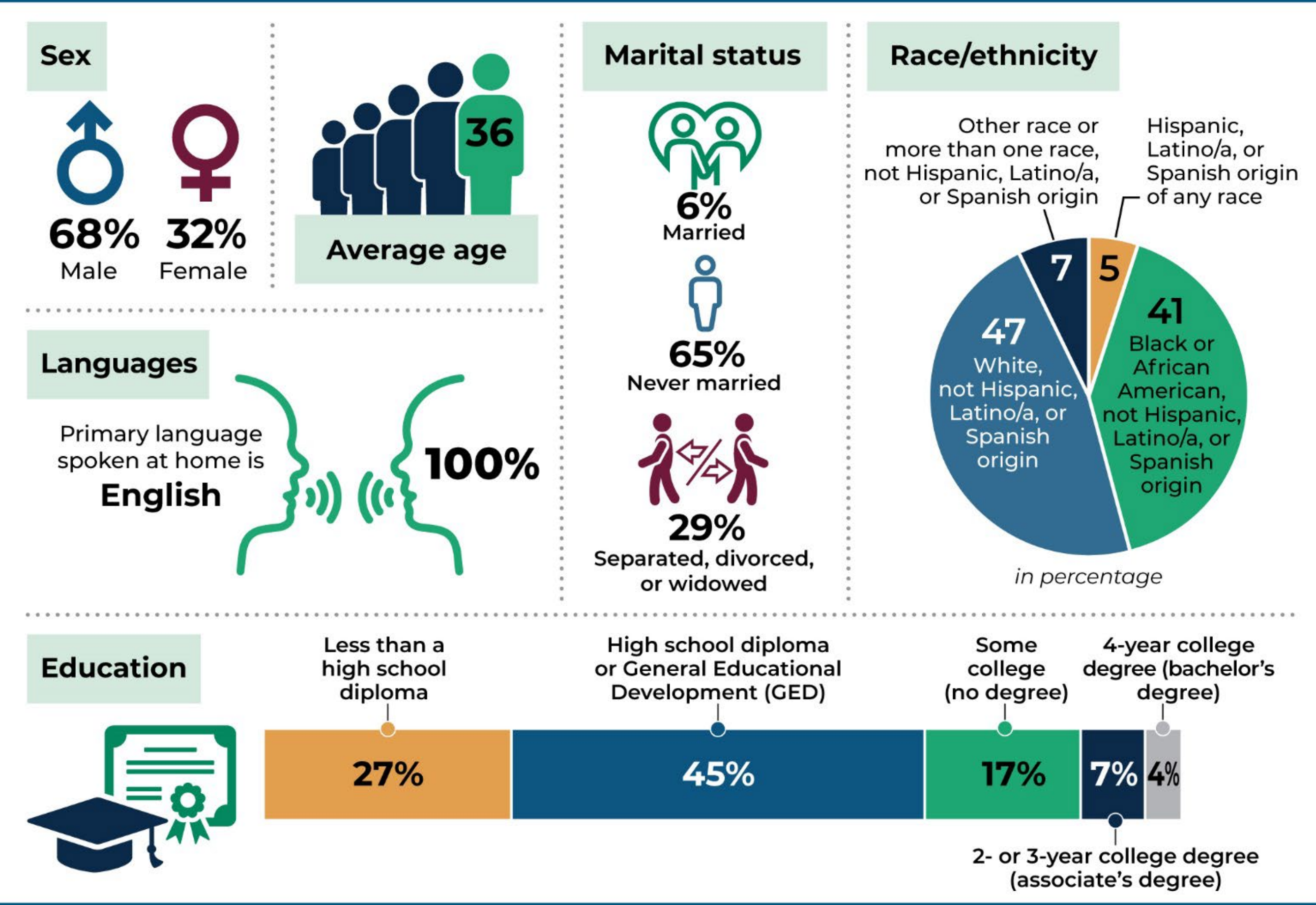
Understanding the characteristics of IPS-AJI participants (that is, members of the study program group) is key to assessing whether the program is attracting the population it intends to serve. It also provides important context for assessing program implementation by shedding light on challenges, that participants face and that programs must contend with, as well as participant strengths they can draw upon. Assessing the characteristics of IPS-AJI participants vis-à-vis participants in typical IPS programs can help explain differences in experiences within mental health centers that operate both types of programs.

Demographic characteristics and justice involvement

IPS-AJI participants are diverse demographically.

About two-thirds are male and one-third are female (Exhibit 5). About a quarter have less than a high school education, 45 percent have a high school diploma or equivalent, and 28 percent have more than a high school education. Somewhat more participants are White than Black, with a small percentage reporting they are Hispanic, Latino/a, or of Spanish origin. Most (94 percent) are unmarried. Participants are 36 years old, on average.

Exhibit 5. Demographic characteristics of IPS-AJI participants at study enrollment

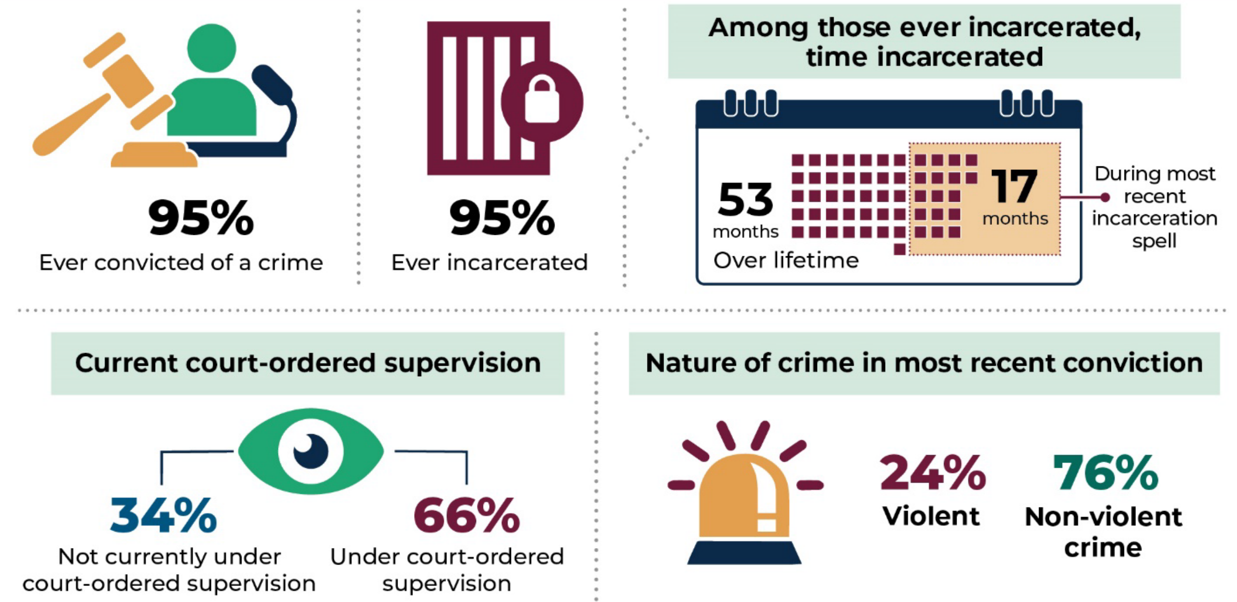


Source: NextGen baseline survey of 192 IPS-AJI participants enrolled in the study as of June 30, 2023 (missing data range from 0 to 2 percent).

Almost all IPS-AJI participants had been convicted of a crime in the past and spent time incarcerated.

For more than three-quarters of participants, the nature of the crime they were convicted of was nonviolent (Exhibit 6). On average, participants had spent just under 4.5 years incarcerated during their lives and 1.5 years in their most recent incarceration spell. Two-thirds were under court-ordered supervision when they enrolled in the study.

Exhibit 6. IPS-AJI participants' justice system involvement at study enrollment



Source: NextGen baseline survey of 192 IPS-AJI participants enrolled in the study as of June 30, 2023 (missing data range from 0 to 3 percent).

Challenges participants faced

IPS-AJI participants' diagnoses may not indicate serious mental illness.

According to the Substance Abuse and Mental Health Services Administration, a serious mental illness is a mental illness that interferes with a person's life and ability to function.[19] IPS-AJI participants were diagnosed with some serious mental illnesses (such as bipolar or major depressive disorder) at about the same rate as typical IPS participants, but were diagnosed with other serious mental illnesses, such as schizophrenia spectrum or other psychotic disorder, much less frequently (Exhibit 7). Instead, a much higher percentage of participants in IPS-AJI had a diagnosis that is not considered a serious mental illness, including anxiety or panic disorder, trauma or stress-related disorder, or substance use or other disorder. Therefore, their needs may be different from the needs of typical IPS participants for whom serious mental illness is more prevalent and whom the mental health centers that operated IPS programs before implementing IPS-AJI were used to serving.

Exhibit 7. Primary mental health diagnoses

Primary diagnosis	Typical IPS participants (%)			IPS-AJI participants (%)
	Study 1	Study 2	Study 3	
Mood disorder (e.g., bipolar, major depressive)	46	34	34	38
Schizophrenia spectrum and other psychotic disorder	49	63	45	13
Other	4	3	21	39
Personality disorder (e.g., obsessive compulsive disorder or borderline personality disorder)	n.a.	n.a.	n.a.	2
Anxiety or panic disorder	n.a.	n.a.	n.a.	10
Trauma or stress-related disorder	n.a.	n.a.	n.a.	12
Substance use or other	n.a.	n.a.	n.a.	16
Missing	0	0	0	9
Sample size	142	681	7,665	192

Source: Mental health center management information systems. Exhibit reports on participants—that is, members of the study program group—who were enrolled in the study as of June 30, 2023. Study 1: Bond and Kukla (2011), using a combined data set from randomized controlled trials of IPS in four sites in the Midwest. Study 2: Bond et al. (2012), using a combined data set from randomized controlled trials of IPS in four urban sites across the United States. Study 3: de Winter et al. (2022), using a combined data set from 32 randomized controlled trials of IPS.[20]

n.a. = not applicable because other diagnoses not specified in the study.

Staff who provide IPS-AJI and other mental health center services to IPS-AJI participants perceived that the mental health needs of adults with justice involvement are different from those of the typical IPS population.

> ***"A lot of people feel they're going to be judged. They've been kicked down so many times, they don't trust. They're afraid to even open up."***
>
> **— IPS-AJI staff member**

Though about one-third of IPS-AJI participants reported symptoms indicating a high level of psychological distress in the baseline survey (Exhibit 8), staff noted that, unlike typical IPS participants who they have served, many IPS-AJI participants did not believe they have mental health challenges or need mental health support. Staff also shared that IPS-AJI participants seem more concerned about stigma around mental health than typical IPS participants. They perceived that IPS-AJI participants are not used to the type of help IPS-AJI offers and that they are more fearful and guarded and have less experience with mental health services than typical IPS participants. Additionally, staff said that IPS-AJI participants tend to have more negative perceptions of themselves and therefore need to focus on rebuilding their self-worth more than typical IPS participants.

Many program staff perceived that, compared to the typical IPS participants they serve, IPS-AJI participants more often do not have strong support networks—that their justice involvement has alienated family and friends and fostered distrust. According to the baseline survey, about half of the IPS-AJI participants had one or two people on whom they could count to help in an emergency, ask to borrow $100, or talk to for help or advice (with 14, 33, and 6 percent of the sample indicating they had no one to turn to for these things, respectively).

Exhibit 8. Other challenges some IPS-AJI participants faced

Source: NextGen baseline survey of 192 IPS-AJI participants enrolled in the study as of June 30, 2023 (missing data range from 0 to 1 percent).

[a] An indicator of psychological distress is based on the total score from the K6 nonspecific distress scale. Six individual items ask respondents how often they have felt the following in the past 30 days: "nervous," "hopeless," "restless or fidgety," "so depressed that nothing could cheer you up," "that everything was an effort," and "worthless." Scores range from 0 to 24, with higher scores indicating higher levels of psychological distress. A cut point of 13 is used to screen for serious mental illness, with scores above the optimal cut point indicating a higher likelihood of clinical diagnosis of serious mental illness.[21]

[b] Unstable housing includes arrangements, such as emergency or temporary housing, group homes, halfway houses, and living with friends or relatives and not paying rent. Stable housing arrangements include owning or renting a home or apartment or living with friends or relatives and paying rent.

[c] Hazardous drinking and alcohol use disorders are identified by the total score on the Alcohol Use Disorders Identification Test-Concise (AUDIT-C), a commonly used brief screening tool. Three individual items ask respondents about the frequency and amount of current alcohol use. Scores range from 0 to 12, with higher scores indicating more hazardous drinking. A cut point of 4 for males and 3 for females is used to screen for hazardous drinking or active alcohol use disorders.[22]

[d] Problems with drug use are based on the total score on the Drug Abuse Screen Test (DAST-10), a commonly used brief screening tool. Ten individual items ask respondents about their experiences of consequences related to drug use in the past 12 months, such as feelings of guilt, neglecting family members, withdrawal symptoms, and medical problems. Scores range from 0 to 10, with higher scores indicating more problematic use. Scores correspond to five categorical indicators of the degree of consequences related to drug use—none, low, moderate, substantial, and severe.[23]

Consensus among program staff was that three key challenges to employment are more prominent among IPS-AJI participants than typical IPS participants:

- **Housing.** Program staff shared their perception that many adults with justice involvement lack required identification documents for leases, and many landlords will not accept tenants with justice involvement. Indeed, Public Housing Authorities which run the Public Housing and Housing Choice Voucher programs have broad discretion in whether to impose restrictions for applicants with criminal backgrounds.[24] Availability of affordable housing is also an issue. According to the baseline survey, almost two-thirds of the IPS-AJI participants were unstably housed in the month before study enrollment (that is, living in emergency or temporary housing, group homes, or halfway houses, or with friends or relatives and not paying rent).
- **Substance use.** According to the baseline survey, more than one-quarter of IPS-AJI participants provided responses indicating a hazardous drinking and alcohol use disorder at the time of study enrollment. Their responses regarding drug use indicated participants were somewhat evenly divided between those with (1) no problems (38 percent), (2) low or moderate problems (34 percent), and (3) substantial or severe problems with drug use (27 percent). A particularly

high prevalence of co-occurring mental health and substance use disorders may be expected in participants in IPS-AJI programs, given that (1) some mental health centers recruit from drug courts that serve people whose crimes are associated with substance use disorder or addiction, and (2) people who come in contact with the justice system have a much higher prevalence of substance use disorders than the general population.[25]

- **Transportation.** Travel to and from the mental health centers (largely in rural areas that offer limited or no public transportation) is challenging for IPS-AJI participants, who often do not have their own form of transportation or money for taxis or other ride services, or—depending on their offense—have had to forfeit their driver's license.

Participants' strengths

Program staff also described IPS-AJI participants as having some key strengths:

- **Substantial work experience.** All but five of 192 IPS-AJI participants reported in the baseline survey that they had ever worked for pay; 46 percent were working for pay in the month before their arrest and 27 percent had worked for more than six months in the year before their arrest.
- **Motivation.** Program staff said that many IPS-AJI participants have strong internal or external motivation to find work. An internal motivator might be wanting to "get back to the mainstream of life." An external motivator might be requirements of a court program or probation.

> ***"I'm open to anything that helps, that will get me where I need to go. I'm trying to get my life back on track, make it a lot better and be more part of society. I was in for 10.5 years, so there's still a lot of things that have changed if you can imagine."***
>
> **— IPS-AJI participant**

> ***"For the most part [the IPS-AJI] people are young enough and healthy enough and motivated and want to go out to work… [they] are motivated to satisfy parole officers and stay on the right path."***
>
> **— Employer (a staffing agency)**

- **Adaptability, intelligence, resilience, and resourcefulness.** Some staff members described individuals enrolled in IPS-AJI in this way:

> ***"Adaptable… They're a product of their environment. For some, this is the first time they have been sober in 20–30 years and they're adapting to a new lifestyle. Many clients are tired of their old lifestyle, and they welcome the opportunity to have support in changing that lifestyle."***

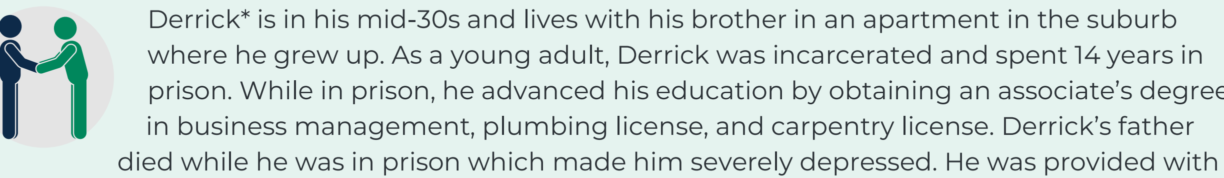
> ***"A lot of clients have resiliency where they can bounce back after facing hardship. On Monday they could have something terrible happen to them but by Friday they're ready to look for a job."***

> ***"Very intelligent... You have to be a mastermind to pull off some of the things they have done. [The research coordinator] sometimes tells guys, 'If you have done this, you can make the transition to working.'"***

> ***"Very resourceful... because they've had to be. They have learned how to...get their needs met."***

The story in Box 3 illustrates some of these characteristics.

Box 3. Derrick's story



Derrick* is in his mid-30s and lives with his brother in an apartment in the suburb where he grew up. As a young adult, Derrick was incarcerated and spent 14 years in prison. While in prison, he advanced his education by obtaining an associate's degree in business management, plumbing license, and carpentry license. Derrick's father died while he was in prison which made him severely depressed. He was provided with a mental health center counselor in prison, with whom he continues to work with now that he has been released. A week after his release, Derrick took his sister's car to be washed at a car detailing shop. After Derrick gave the attendant suggestions on the areas of the car he could have cleaned better, the manager gave him a job on the spot. Derrick quickly became their top employee, receiving a raise and greater responsibility after one month of work. To help reintegrate himself into the community and combat his anxiety, Derrick got another job working at a fast food chain, explaining, "I guess [social interaction] is what made me have anxiety when I first got out. It kind of built me up when you talk to people coming through the drive through and take orders and try to be a people's person all over again like that. I really tried to do the drive through so I can open up and just see how people would react to me; just being out and interacting with people." Derrick started working at the fast food chain from 6 p.m. to midnight after his 8 a.m. to 5 p.m. shift at the car detailing shop. Derrick wanted to be proactive about seeking better employment opportunities, so he left these jobs to participate in the NextGen study. His mental health counselor connected him to IPS-AJI where he works with an IPS specialist to find jobs that pay better and are more in line with his interests. With the help of the IPS specialist, Derrick started working full time cleaning the machines at a food manufacturing company. Without having transportation of his own and limited access to public transportation, Derrick organizes rides to and from work with his brother, other coworkers, and mental health center staff. Despite being employed, Derrick continues to attend job fairs and communicate with employers to find jobs that can help him meet his career goals and increase his earnings.

* Information as reported to the NextGen team as part of in-depth participant interviews. Participant's name and some details have been changed to protect participant privacy.

5. IPS-AJI in Practice: Key Implementation Findings

The mental health centers implemented IPS-AJI under the NextGen Project with fidelity to its program model (see Chapter 2) and positive feedback from partners and participants. The mental health centers participating in the NextGen Project experienced several challenges and successes implementing IPS-AJI. This chapter presents key takeaways from the implementation experience that other organizations can use as lessons in implementing their own programs for adults with justice involvement. They are organized by common factors that can serve as barriers or facilitators to implementation, as identified by implementation science literature: organizational partnerships; staffing and staff development; recruiting and engaging the target population of interest; service delivery; and leadership and organizational structure and culture.[26]

Organizational partnerships

A recent shift toward stronger relationships between law enforcement and mental health providers laid the groundwork for IPS-AJI, which entailed obtaining buy-in at multiple levels within the justice system.

A shift in recent years toward stronger relationships between law enforcement and mental health providers laid the groundwork for IPS-AJI. Three of the four mental health centers included in this report had longstanding experience serving adults with justice involvement, and some had preexisting partnerships with justice organizations. For example, two centers (GRAND and COCMHC) recently began providing law enforcement officers with iPads to keep in their patrol cars to alert a mental health provider immediately if these officers encounter someone experiencing a mental health crisis; therapists and clinicians then join law enforcement officers on the scene. Another center (Pee Dee) recently convened a Criminal Justice Coordinating Council that includes community and justice system organizations to collaborate on strategies for improving the lives of individuals they serve in common. Pee Dee, Grand and COCMHC all have crisis teams that meet law enforcement on scene when warranted, and COCMHC has an outreach staff member who travels with local police routinely to build stronger relationships between law enforcement and mental health providers. These partnerships set the stage for (1) law enforcement officers seeing the value in a program like IPS-AJI, and (2) the centers being able to more easily access jails to recruit participants into the program.

Despite preexisting relationships, establishing recruitment and referral processes required obtaining buy-in for IPS-AJI at multiple levels within the justice system. Obtaining this buy-in took several months to several years, depending on the center. Ultimately, buy-in for IPS-AJI was universal at the higher levels but inconsistent at the field staff level (that is, among correction officers or probation and parole officers). When field staff did not support IPS-AJI, it was almost always because they believed IPS-AJI required participants to jump through too many hoops before they could secure employment. They cited frequent appointments and mental health counseling that was sometimes redundant, given what individuals were doing through a drug court. The most successful message to combat this perception was promoting the potential of IPS-AJI to reduce

> ***“It felt like we were on ‘The Bachelor’ on this study. We talked [with justice system organizations] for 18 months before they told us we [had a partnership]. Every time we got off a call and they told us we made it to the next round, I felt like I was getting a rose.”***
>
> **— IPS-AJI staff member**

recidivism, given its attention to participants' individual needs and interests. Additionally, partnership development was an ongoing process. Even when justice organizations were on board, IPS-AJI staff had to refresh their knowledge of the program and the study every so often and solicit buy-in each time they encountered new correctional officers, probation and parole officers, or specialty court judges due to staff turnover.

Staffing and staff development

Hiring program staff for IPS-AJI took more time than anticipated.

Each of the mental health centers hired IPS specialists for IPS-AJI, but workforce shortages in the aftermath of COVID-19 made finding strong staff challenging. Each center operated an existing IPS program but lacked staff capacity to serve additional participants through the NextGen Project. Administrators in all of the centers noted that the community mental health field is understaffed and many people are leaving community mental health work to open private and/or virtual mental health practices so they can work from home. The centers also had trouble attracting and retaining talent because the salaries they could offer were capped by the state (in the state-supported mental health centers) or not competitive with other public sector opportunities, such as the school system.

> ***"The pay was under $12 an hour. We got it up to $15/16 an hour for employment specialist. We have great benefits for employment specialists, but the salary right now is $38,000."***
>
> **— IPS-AJI program lead**

Program managers and supervisors noted that finding staff with specific attributes is more important than finding staff with previous IPS experience.

Training for IPS specialists is extensive and entails a combination of webinars, online sessions with the IPS Employment Center, supervised practice engaging employers, and shadowing experienced specialists before engaging directly with participants. Additionally, some states require IPS specialists to hold or obtain a clinical credential. Thus, while previous experience with IPS is advantageous, it is not necessary. Program managers, supervisors, and staff shared several other characteristics that support their successful implementation of IPS:

- Lived experience and demographic characteristics that reflect the target population are incredibly valuable to staff members' ability to connect with participants. Most IPS specialists and research coordinators who recruited participants had some type of lived experiences upon which to draw. Some program staff noted that they sometimes disclose their own mental

> ***"Most [participants] are Black males. They have questions about [the recruitment coordinator] for [the recruitment coordinator] like 'Why did you go to school? What did you go to school for to work at [the mental health center]?' because they identify with him."***
>
> **— IPS-AJI staff member**

> ***"Both have caring personality and lived experience. [The IPS specialist] is able to connect in a way that is special. Having the lived experience is not something that can be taught. Lived experience has set her apart."***
>
> **— Mental health center executive director**

health, employment, and financial challenges to participants as a way of finding common ground and showing them that being fallible is accepted and expected. According to the staff survey, the racial/ethnic makeup of program staff generally matched that of IPS-AJI participants, but only 18 to 20 percent of all program staff (and IPS specialists specifically) were male (though 68 percent of participants were male) (see Appendix Exhibit B.2).

- Ideal IPS specialists bring a combination of (1) counseling experience (useful in helping participants with the communication and coping skills necessary for obtaining and maintaining employment), and (2) business marketing experience necessary to sell IPS-AJI to employers and partners.
- Experience in or knowledge of the criminal justice system is valuable, particularly for staff involved in recruiting and community outreach. Staff noted that it can be difficult to learn legalese without having been previously immersed in it.

Recruiting and engaging the population of interest

Recruiting adults with justice involvement into IPS-AJI was difficult.

Enrollment of participants was much slower than anticipated, and research coordinators faced multiple challenges. Some of the challenges were related to the COVID-19 pandemic. When enrollment began in mid-2021, jails in the mental health center service areas prohibited in-person visitors, so the centers that planned to rely primarily on jails for recruitment had to develop alternative strategies for reaching adults with justice involvement. Regardless of COVID-19, the mental health centers experienced other challenges recruiting and enrolling adults with justice involvement:

- **Uncertainty around release from jail.** Uncertainty around release dates and times makes recruiting from jails tricky. In some cases, individuals were released before anticipated and before IPS-AJI recruiters who had been engaged with them could set up enrollment meetings. In others, individuals remained incarcerated longer than anticipated, prolonging the amount of time recruiters needed to maintain relationships with inmates and sustain their interest in the program.
- **Lags during enrollment.** Lags in the enrollment process can lead to some attrition among those who need jobs quickly to cover immediate financial obligations such as restitution, court fees, or fines. Lags between the informational meetings, mental health center intake, and the study enrollment meeting sometimes occurred because of scheduling constraints or lack of availability of mental health providers for diagnostic appointments. Completing the mental health center's intake process sometimes took several sessions and, even though the enrollment meeting could occur on the same day an individual received a diagnosis, it was often scheduled for up to a week later.
- **Program requirements.** It can be difficult for adults with justice involvement to manage IPS requirements in addition to those imposed by the justice system, especially if the IPS program requires participation in mental health counseling as a condition of receipt of employment services; in some programs, the mental health participation requirement can be met through medication management by a psychiatrist. This issue also contributed to early participant attrition after enrollment.

> ***"People pretty much immediately need to get a job. It's not like they can wait 2, 3, 4 weeks with all these appointments to get them in the system and program."***

> ***"The way I understood it was that I'd be referring them for employment services. But in order for them to participate in NextGen, [the mental health center] was wanting them to, you know, go to the doctor, do other services that [the center] provides. (A) my individuals have those appointments with drug court, and (B) initially it was like six appointments they had to make in a week."***

— Justice system staff members

- **Current events.** Widely publicized instances of police brutality occurred during the first year of the study enrollment period, one of which was in an IPS-AJI mental health center's service community, contributing to a highly charged climate around criminal justice. This environment contributed to the need for even more rapport building between staff and potential program participants as communities developed higher levels of distrust of the criminal justice system. Program staff, particularly those tasked with recruitment and enrollment, had to work hard to distinguish themselves from and assure potential participants they are not affiliated with the justice system.

Some adults with justice involvement were easier to recruit and enroll than others. Staff reported that those with lesser charges or who had spent a relatively shorter amount of time incarcerated were more likely to enroll, perhaps because they had more recent work experience than others and thus less trepidation about going back to work. Adults with justice involvement were also more likely to express interest in the program if employment was a condition of their probation, parole, or an alternative sentencing program, or if they were staying in a residential setting that required employment as a condition of living there. Finally, those who entered the justice system with a mental health diagnosis or received one while incarcerated were easier to enroll because many adults with justice involvement initially minimize their mental health symptoms, perhaps due to the stigma around mental health, or do not believe they have such problems.

The mental health centers found several effective recruitment strategies through trial and error.

Despite limitations on in-person visits at the start of the recruitment period due to COVID-19 and challenges related to uncertainty about release dates, program leaders and staff found some value in recruiting at jails. Visiting jails enabled recruitment coordinators to screen inmates and target their recruitment efforts to those who both met the eligibility criteria and expressed interest in IPS-AJI. Staff also noted that their presence sent a message of support to the inmates and painted the program as authentic.

> ***"Not a lot of agencies go inside of the pods at the jails—they may go to court or leave fliers in the building, but they don't actually go into the pods. [The research coordinator] leads off with that—I am in here with you."***

— IPS-AJI staff member

Midway through the enrollment period, the mental health centers also began co-locating IPS staff in probation offices to screen and recruit people as soon as they registered for probation.

This strategy helped to address the challenge staff reported of being unable to find people they had met in jail after their release. Staff shared some other recruitment strategies they found successful:

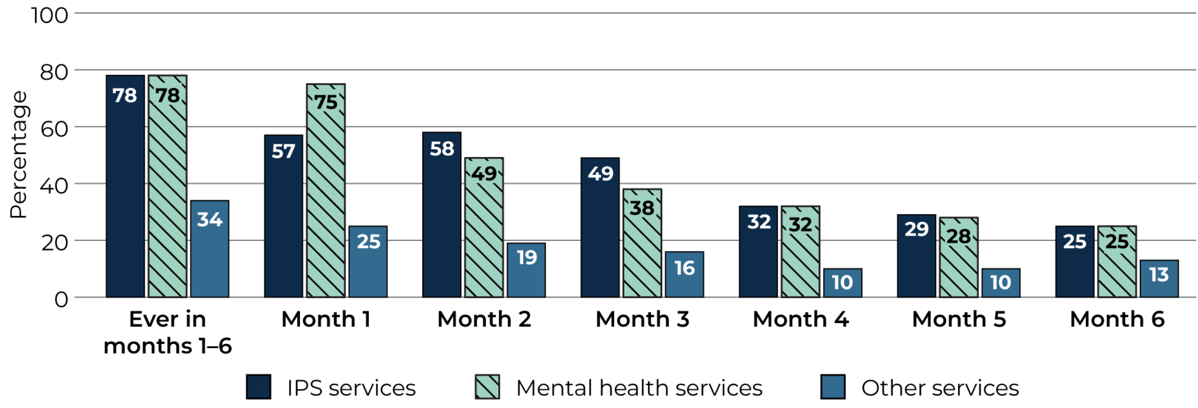
- Marketing IPS-AJI as being able to help participants meet their immediate financial obligations, such as restitution, court fees, and fines.
- Obtaining referrals of individuals with recent justice system involvement who were being served by the mental health center but had not yet enrolled in IPS-AJI.

Changing processes to address lags in the enrollment process also reduced attrition during the recruitment and enrollment processes. For example, GRAND typically requires that an individual complete a master treatment plan with a mental health provider before enrolling in IPS. Because developing the plan can take time, GRAND began allowing individuals to enroll in IPS-AJI before their plan was complete, as long as they had received a mental health diagnosis. Pee Dee plans to hire an intake specialist specifically dedicated to IPS-AJI to ensure mental health intake appointments are available quickly for individuals recruited to enroll in the program.

Program staff found it challenging to engage adults with justice involvement in key aspects of IPS.

Overall, about one-fifth of IPS-AJI participants never received any IPS employment services (Exhibit 9). Some may have gotten jobs before engaging in services and thus did not see the value of IPS-AJI despite its offer of follow-along support. Indeed, the IPS specialist in one mental health center reported that half of IPS-AJI participants found work themselves before engaging in the program. Others may not have complied with the requirement to engage in mental health services and thus were ineligible to receive IPS employment services. Twenty-nine percent of participants were officially discharged from the mental health center within the first six months of their enrollment in IPS-AJI, primarily because they dropped out of or refused mental health treatment (see Appendix Exhibit C.1).

Exhibit 9. Service receipt among IPS-AJI participants over time



Source: Mental health center management information systems data for 134 IPS-AJI participants who had been enrolled in the study for at least six months as of June 30, 2023.

Despite the time-unlimited nature of IPS-AJI, participation in services declined quickly and steadily over time. The vast majority (75 percent) received mental health services in the first month of their participation, likely because they had started, if not completed, an initial intake. In contrast, just over half (57 percent) received IPS employment services in their first month. It may have taken some time for IPS specialists to make connections with the other half, and some of those participants may have

never engaged in employment services. Participation in mental health services declined precipitously after the first month. By the fourth month after study enrollment, only about one-third of IPS-AJI participants were receiving either mental health services or employment services. Relatively few (34 percent) ever received other services at the mental health centers, and the percentage that did so declined over time as well. Other services included any support other than employment or mental health, such as housing or transportation assistance, substance use recovery services, or primary health care. Program staff reported providing IPS-AJI participants with referrals for services not offered at the mental health centers at about the same rate as typical IPS participants.

Staff reported that they found it more difficult to engage adults with justice involvement in the program than typical IPS participants. A key reason is that most enter IPS-AJI before engaging in mental health services—a significant difference from typical IPS programs, where individuals are usually on the mental health services caseload and referred from there to IPS employment services. Staff indicated that engaging adults with justice involvement in mental health services—a requirement for receiving IPS services—is challenging for several reasons. First, and also noted as a challenge during the recruitment process, staff found that many adults with justice involvement minimize their mental health symptoms, perhaps due to the stigma around mental health, or do not believe they have such problems. Second, adults with justice involvement who enroll in IPS-AJI do not always understand what they signed up for; when they learn what is expected of them (regular participation in mental health services), they are no longer interested. Third, when mental health services are provided in person at the mental health center, it can be hard for adults with justice involvement to access them because of transportation challenges. To help address engagement challenges related to stigma and transportation, the mental health centers availed themselves of telehealth services generated by the pandemic, reducing the frequency with which IPS-AJI participants had to come to the center for mental health services. To support telehealth services, one mental health center distributed iPads with Wi-Fi and cell phones to its IPS-AJI participants and other center clients.

Other common reasons IPS-AJI program staff cited for lack of engagement include the following:

- Some IPS-AJI participants feel the need to prioritize immediate needs, such as addressing homelessness or substance use.
- Participants are overwhelmed by the number of appointments they are required to attend.
- Once participants get jobs, they focus solely on those jobs and not on program services.

Box 4 illustrates one participant's challenges engaging in program services.

Data from the centers' management information systems suggest that differences in service receipt by race and ethnicity may be emerging. Specifically, among people who had been enrolled in the study for at least six months as of June 30, 2023, more Black or African American, non-Hispanic, Latino/a, or Spanish participants received IPS employment services than White, non-Hispanic, Latino/a, or Spanish participants (88 compared with 70 percent). Conversely, slightly more White, non-Hispanic, Latino/a, or Spanish participants received mental health services than Black or African American, non-Hispanic, Latino/a, or Spanish participants (82 compared with 78 percent) and substantially more received other program services (49 compared with 10 percent). Too few participants were of other races and ethnicities to draw preliminary conclusions about their level of service receipt relative to others. In the impact analysis, we will explore service receipt by race and ethnicity further, as well as the implications for program impacts.

Box 4. John's story

John* is a 39-year-old male. In 2019, he was working as an HVAC technician at a company where he had worked for seven years. He received multiple raises before moving up to a higher-level role. He enjoyed solving the "puzzles" of repair work. He then was incarcerated because of criminal activity John says was related to his mental health problems. Upon reentry into the community, he faced multiple barriers to getting back on his feet: his vehicle had been stolen and wrecked, he had no place to live, and he was unable to keep up with the pace of jobs, both mentally and physically. When his probation officer told him about IPS-AJI, he contacted someone at the mental health center for help in getting a job. Although his IPS specialist traveled weekly to the homeless shelter where John was living at the time, not having a vehicle made it hard for him to travel to the center for mental health services. Furthermore, John did not like his therapist, whom he felt did not offer support when he shared what he was going through. It was hard for John to keep up with the demands of the program in conjunction with the requirements of his court program, which had him getting other mental health services elsewhere. Eventually, he began to feel helpless and suicidal. His parents took him into their home to help him recover, but that meant he was unable to travel to the center for services.

* Information as reported to the NextGen team as part of in-depth participant interviews. Participant's name and some details have been changed to protect participant privacy.

Service delivery

The mental health centers implemented IPS with fidelity.

The IPS Employment Center conducted fidelity reviews of each IPS-AJI program using the IPS-25. In this scale, programs may receive up to 5 points for each of its 25 items according to how well they implemented each item. Programs that score 74–99 (rated "fair"), 100–114 (rated "good"), or 115–125 (rated "exemplary") are considered to be implementing IPS with fidelity; programs that score 73 and below receive a rating of "not supported employment" and are not considered to be implementing with fidelity. IPS-AJI fidelity ratings in fall 2022 and 2023 for the five mental health centers included in this report ranged from fair (two centers) to good (two centers) to exemplary (one center).

The IPS-AJI mental health centers met fidelity without making modifications to the IPS program model to accommodate the needs and circumstances of adults with justice involvement. Though well specified, the IPS model is also flexible, in part by the nature of its emphasis on individualized, participant-driven services. Considerations about the need for modifications to serve adults with justice involvement will be explored further in the impact analysis, which will assess whether implementation of the model without modifications produced positive employment outcomes, and for which participants.

Fidelity ratings around employer partnerships were particularly strong across the mental health centers.

Development of relationships between IPS specialists and employers is a key component of the IPS program model. To meet fidelity in this area, specialists must make at least six (typically face-to-face) employer contacts per week to learn about the needs and preferences of employers, convey what IPS offers to the employer, and describe the strengths of specific participants that are a good match for the employer. The IPS Employment Center advocates a "three cups of tea" approach to relationship development, whereby specialists begin with cold contacts and then follow up multiple

times to demonstrate their reliability, express interest in a long-term relationship, and progress the conversation from a general introduction to a meaningful conversation about mutual interests (see Box 5). It is based on the notion that employers may be suspicious during the first contact, warm up during the second contact, and be ready to talk about partnership opportunities and potential job applicants during the third.

Box 5. The origin of the IPS "three cups of tea" approach to employer networking is a Balti proverb from Northern Pakistan:

- The first time you share tea with a Balti, you are a stranger.
- The second time, you are an honored guest.
- The third time, you become family.[27]

IPS-AJI specialists conducted job development outreach broadly but, given the target population, focused partnership development for IPS-AJI on "second chance" employers—those willing to hire individuals with a criminal justice record. This narrower focus is necessary because many employers require background checks and will learn about participants' justice system involvement. Many second chance employers are forgiving of drug and alcohol charges but not willing to hire someone with violent charges. The relationship between the business and the nature of the crime also matters; for example, an individual with a history of theft charges likely would not be hired to work in retail or a grocery store.

IPS specialists marketed their services to employers by promoting participants' qualifications and the support they can provide participants on the job. They explained that they can work with participants to avoid conflicts on the job, improve communication and problem solving, and facilitate access to services to overcome logistical and other obstacles to job retention.

Small caseloads ensured that IPS specialists had sufficient time to focus on developing relationships with employers, as well as delivering participant services. The average caseload size was 15, although one IPS specialists had a caseload larger than specified for program fidelity (28 instead of 20) (see Appendix Exhibit B.1).

> ***"If [the IPS specialist] calls and has someone she wants to send over, I know they will meet a certain set of standards because she knows what we're looking for and what we're not, and if they will be qualified. Rarely do the ones she sends us not work out. For the most part [the IPS specialist's] people are young enough and healthy enough and motivated and want to go out to work. Her people are motivated to satisfy parole officers and stay on the right path."***
>
> **— Employer (an international staffing company)**

> ***"We do have very supportive employers willing to work with people with backgrounds. If we have a metal shop and they have very expensive supplies, they may look at the timeline of when those offenses occurred, and if it's within the last year or so they may not be as open to hiring if there was a felony [for] stealing. But for the most part, manufacturers are pretty good about giving second chance opportunities."***
>
> **— Employer (an economic development agency)**

Even though they met fidelity, the mental health centers faced two challenges common in typical IPS programs—integrating employment and mental health services and providing follow-along supports.

Integrating employment and mental health services. IPS Employment Center staff have suggested that integration of employment and mental health services can be one of the most difficult principles of IPS to implement. In one study of 79 typical IPS programs, contact between the IPS team and the mental health team was among the 25 fidelity items with the lowest score; only two fidelity items had lower scores. Just one-fifth of the programs (19 programs) received a high score on this fidelity measure; another one-third (33 programs) received a moderate score, and the remainder (27 programs) received a low score.[28] In another study of 22 IPS programs, one-third received a poor rating on this measure at the time of their first fidelity review; by their third fidelity review, one-quarter were still scoring poorly.[29]

Collaboration and integration of employment and mental health services also was a common trouble spot in IPS-AJI. IPS specialists met directly with participants' mental health practitioners on a regular basis in only one mental health center. At this center, service planning and delivery were extremely collaborative. IPS specialists' and mental health providers' offices were located in close proximity to each other, facilitating extensive informal communication in addition to formal meetings. The center's clinical director attended weekly integrated team meetings, and a psychiatrist regularly visited the IPS offices to conduct participant evaluations, counsel participants, and manage their medications. Additionally, electronic IPS-AJI records were located in the same system as the electronic mental health records, providing all staff easy access to all records.

> ***"If [participants] don't have food in their house, it's going to affect work; transportation and child care can affect their work. Everything is intertwined. IPS specialists try to provide no case management if it doesn't have to do with employment. It's important for them to know what they can do and reach out to the [case manager or mental health provider] for other supports. All mental health treatment plans have employment plans in them."***
>
> **— IPS-AJI staff member from the mental health center that has regular integrated team meetings**

One reason for the lack of regular, formal communication in other centers was that standing meetings interrupted during COVID-19 were never robustly reinstituted. Another was a sentiment

among some mental health staff that communication is necessary only when problems arise. At one center, lack of communication led to some premature case closures. Mental health providers sometimes closed the cases of employed participants who were unable to attend appointments that providers had scheduled with them during their working hours without consulting the IPS specialist or checking whether the participants were meeting with the specialist. Closure of the mental health case automatically triggered closure of the IPS-AJI case.

Providing follow-along supports. The IPS model, and thus the IPS-AJI model, specifies that IPS specialists should check in with working participants according to a prescribed schedule: 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 if desired by the participant. In some mental health centers implementing IPS-AJI, this follow-along support was less robust than intended according to the IPS Employment Center fidelity reviews, with IPS specialists checking on working participants with much less frequency than specified in the program model. In some instances, IPS specialists made multiple attempts to connect with working participants, but participants did not respond to the communication. Typical IPS programs also have trouble implementing follow-along supports. The mean score for this item among the 79 programs in the aforementioned study of typical IPS programs indicated poor fidelity, with about equal numbers of programs receiving high, moderate, and low scores (28, 27, and 24 programs, respectively).[30]

In IPS-AJI, check-ins sometimes led to the provision of work supports through the mental health center or a partner, such as a department of vocational rehabilitation. Examples of work supports included helping participants obtain medical equipment (such as a back brace or eyeglasses), phones, work uniforms/clothing, or state identification documents; assisting participants with transportation issues; and connecting participants to other services (such as benefits counseling or legal assistance).

The NextGen team found little evidence of career development support (such as assistance asking for a promotion, finding a better-paying job, or finding a job that better suited the participant's interests and career goals) or job coaching (such as navigating challenges with employers or co-workers). The team did find some evidence, however, that IPS specialists helped participants who lost jobs (after seasonal layoffs, getting firing, or quitting) to search for new ones.

Box 6 illustrates how one IPS-AJI participant experienced some of these challenges.

Other key aspects of IPS were challenging to implement because of participants' criminal justice involvement.

Disclosure to employers. Justice system involvement adds another layer to the issue of disclosure to employers. In typical IPS programs, disclosure focuses on participants' mental health; in IPS-AJI, disclosure involves the participants' justice involvement as well as mental health. IPS specialists in different mental health centers have different approaches to disclosure. Some let all employers know they serve adults with justice involvement but do not discuss specific individual circumstances without participant consent; others tell employers that they serve adults looking for gainful employment and only raise the justice involvement of those participants who agree to such disclosure in the career profile and separate disclosure consent forms. The former approach can be at odds with the core IPS principle that participants make their own informed decisions about what information to reveal to employers. Most IPS specialists do not reveal to employers that they serve individuals with mental health problems, but employers may easily discern this fact, given that IPS specialists work for a mental health center.

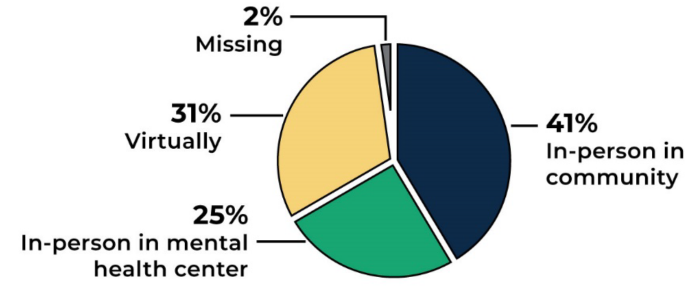
Box 6. Caleb's Story

Caleb* is a man in his late twenties who did not complete high school. Before his incarceration, he worked full time doing packaging at a warehouse, but the job ended when his temporary contract expired. When Caleb first joined IPS-AJI, he met with his IPS specialist about once a week, sometimes virtually using an iPad and sometimes out in the community. In their first few meetings, his specialist had him complete a questionnaire to assess what kind of work he would be interested in and talked with him about what he looks for in a boss and the kind of environment he likes to work in. Caleb's specialist also helped him build a resume. After a few months in IPS-AJI, Caleb found a job on his own as a cook at Burger King because he needed the income. In his words, "I was just trying to have a job for now and something that would work with the hours I needed and give me flexibility for right now." He heard Burger King was hiring and knew they "would take pretty much anyone"—that his criminal history would not be a barrier. Since becoming employed, Caleb has communicated with his IPS specialist much less frequently. His specialist said he would be there to advocate for Caleb if he was having problems on the job and was afraid to talk to the manager by himself, but Caleb hasn't encountered this need, so most communication from the specialist has been just to keep in touch and make sure Caleb's job is going well. Caleb would prefer a job that pays more, ideally in construction, though he is not particular. He currently earns $11 per hour and aspires to make $18-20 per hour. Soon after Caleb took the Burger King job, his IPS specialist found a new job lead for him, but it was at a company where people Caleb was trying to avoid worked, so he told his specialist that he was content where he was for the moment. Now, Caleb says that he needs to get back in touch with his specialist and back on the job search because he wants something better. Caleb also works with a therapist and peer support specialist at the mental health center around his issues of anxiety, depression, and substance abuse. He talks with them about his employment goals but does not know whether they communicate with his IPS specialist. He does praise the mental health center, however, for being understanding of and good at working with people with special needs, saying, "Your mental health team and [IPS specialist], if need be, can work hand in hand."

* Information as reported to the NextGen team as part of in-depth participant interviews. Participant's name and some details have been changed to protect participant privacy.

Community-based employment services. Staff found that providing employment services in community settings to IPS-AJI participants can be difficult to arrange. IPS-AJI participants often do not want to be visited on the job, even if they have disclosed their backgrounds to their employers, because they do not want to disclose their situation to their co-workers. Additionally, one of the mental health centers requires a safety assessment for some participants before allowing staff to meet with them in the community. Until the assessment is complete, all services must be provided over the phone. The assessment may result in no restrictions on in-person meetings or may place limitations on such meetings (for instance, preclude staff from meeting with participants in a car). Assessments are based in large part on the

Exhibit 10. Location of IPS employment services



Source: Mental health center management information systems data on 962 IPS-AJI employment services provided to 134 IPS-AJI participants who had been enrolled in the study for at least six months as of June 30, 2023.

nature of the participant's crime and presentation during the mental health intake; determinations are made by a committee consisting of at least two mental health center administrators.

According to mental health centers' management information systems, 41 percent of all IPS-AJI employment services were provided in person in the community; 25 percent were provided in person in the mental health center; and 31 percent were provided virtually (Exhibit 10). Just over half (55 percent) of IPS-AJI participants ever received IPS services in the community (see Appendix Exhibit C.1). Residual effects of the COVID-19 pandemic may have increased the percentage of services provided virtually relative to in person.

Individualized job development. Adults with justice involvement often need immediate income. Their desire to find a job as soon as possible can be incompatible with the IPS model of supporting them in finding work they really want to do. IPS specialists were well trained to defer to participants' preferences in the job search. Often, their preferences were to take whatever jobs were most readily available rather than take the time to identify those best suited to their interests.

> ***"Participants' priority is on jobs they can get quickly. Clients may not be as interested in the type of work a job offers but will take it because they are mainly concerned with making money as soon as possible."***
>
> **— IPS supervisor**

Leadership and organizational structure and culture

Strong leadership is key to ensuring that IPS-AJI is implemented with fidelity.

What seemed to distinguish the centers that received a good or exemplary rating on the IPS fidelity scale was strong leadership through a combination of executives and an IPS-AJI supervisor who played active roles in monitoring program performance and improving program implementation. Lack of executive-level mental health center support for IPS is not ideal, but a strong IPS supervisor can compensate; it is hard to operate a successful IPS program without at least a strong IPS supervisor. In fact, when the IPS supervisor in one of the mental health centers resigned three months before its initial fidelity review, the center received a rating of "not supported employment" despite demonstrated executive team support for IPS. The combination of hiring a strong supervisor along with other program improvements contributed to a "fair" rating on its follow-up review.

The NextGen team's observations and interviews suggest that one of the most important roles mental health center leaders can play in IPS-AJI is promoting the program externally to help generate participant referrals, and internally to ensure that necessary communications are occurring among mental health center staff concerning IPS. The team's observations and interviews also suggest that, to promote IPS-AJI well and support program staff, leaders must truly understand the model; observing the implementation of IPS-AJI on the ground can facilitate this understanding and help leaders identify how they can facilitate program improvement. According to the survey of mental health center leadership, however, some leaders are more detached from on-the-ground operations. Six of the 15 leaders surveyed observed the work of direct service program staff regularly (at least monthly), one observed them periodically, and eight never observed them. Four reviewed their work regularly (at least monthly), six did so when needed, and five never did (see Appendix Exhibit B.3). An array of interested parties and partners can also help mental health center leadership identify areas for program improvement. According to the survey of center leadership,

most leaders solicited opinions and feedback on IPS-AJI operations and management decisions at least quarterly from program staff, mental health center board members, and IPS-AJI participants. About half solicited input at least quarterly from community partners and funders; most tended to consult community members, employers, and other service providers less frequently (see Appendix Exhibit B.4).

One of the biggest strengths IPS-AJI program leaders and supervisors can bring to their jobs is passion for the IPS program model, particularly the concept that anyone who wants to work can do so. The ability to model hopefulness and promote this strengths-based approach among program staff and in the community is a major asset. Staff noted that, particularly given their perceptions that IPS-AJI participants lack strong support networks, their belief in participants' ability to succeed and their expression of that belief is key to doing their jobs well.

> ***"[The IPS-AJI program lead] is talking to the entire community about finding people placement and getting them career opportunities. She's super passionate. Along with her personality and ability to connect with people, she has that passion for this specific issue. That's what you want in a project director."***

> ***"I don't know if you've spent any time with [the IPS-AJI program lead], but she loves IPS and what IPS does, and you can just tell from what she does and how she speaks how much she believes in the model. That's where she's so valuable."***

— IPS-AJI staff members

> ***"We had buy-in from every level. If you asked our CEO about IPS, he'd be able to answer questions. He knows what it is and the importance."***

— IPS-AJI staff member from the mental health center with an exemplary fidelity rating

6. IPS-AJI Employment Services Cost

The NextGen team estimated the cost of providing IPS-AJI employment services—both overall and per participant. This information may help providers and policymakers determine whether it is feasible from a cost perspective to replicate this program in their setting.[31]

The NextGen team developed a spreadsheet to collect data on the resources needed to deliver only the IPS employment services the mental health centers provided. The team excluded costs of providing mental health services; thus, the reported costs represent the marginal cost of adding IPS services to existing mental health services. The collected data include the salaries of staff, the value of facilities in which the program is delivered, the cost of incentives and resources provided to participants, and overhead and administrative costs. The team also used enrollment and service receipt data to determine the number of IPS-AJI participants who were meaningfully engaged with the program and the duration of their services.[32] The data covered either all 12 months or a six-month period between July 2022 and December 2023, varying by mental health center. For centers with a six-month cost collection period, the team converted that six-month cost to an annual cost, assuming costs are consistent across the year. The data collection period represents the cost of operating the IPS component of an IPS-AJI program in a typical year.[33]

To estimate the overall cost of providing IPS employment services at each mental health center, the team used an "ingredients" approach. [34] The team (1) listed each resource, or "ingredient," required to deliver IPS services, (2) determined the monetary value of each resource, and (3) summed these values to estimate total annual costs.[35] The team also calculated the percentages of the total cost that come from each of the main cost categories: personnel, facilities, contracted services, and other overhead.

The team aggregated the annual program cost across mental health centers to calculate the total annual cost of delivering IPS employment services. To compute a cost per participant per month, the team divided the annual cost by 12 to get an average cost per month and divided this cost by the average number of participants across all centers per month. The team calculated the cost per participant by multiplying the cost per participant per month by the average number of months participants engaged with the program.[36]

Findings

Key cost estimates

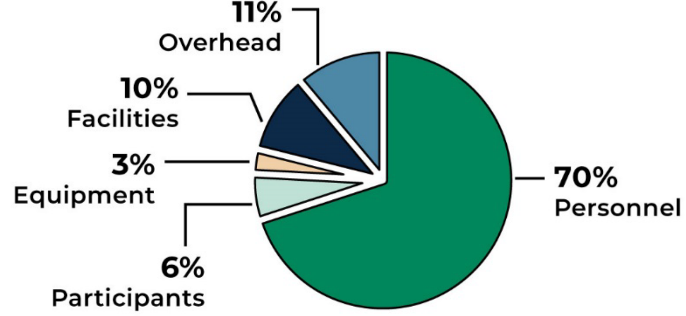
The NextGen team estimated the total annual cost to implement IPS employment services in IPS-AJI across all mental health centers was $693,108.[37] Over this period, on average, 69 people participated in IPS-AJI each month.[38] The participants typically remained active in the program for a little more than six months. The team estimated the cost of the IPS employment services in IPS-AJI per participant per month at $837, and the total cost per participant at $4,776. In comparison, a recent issue brief on IPS reported an average cost per participant of $4,165 for IPS employment services in typical IPS programs.[39]

Program costs by expense type

Examining the breakdown of program costs by expense type can shed light on the program's primary cost drivers. For the IPS employment services in IPS-AJI, personnel costs (staff salaries and fringe benefits) accounted for more than half the total costs (70 percent; Exhibit 11). Eleven percent of total costs covered overhead expenses, such as program supplies, equipment maintenance,

facilities maintenance and cleaning, staff training, office supplies, phone and internet service, and software subscriptions.[40] Ten percent of total costs covered facilities. Participant supports, which consist of incentives and goods or services purchased on behalf of participants, accounted for 6 percent. The remaining costs were for equipment (3 percent).

Exhibit 11. Costs by expense type for the IPS employment services in IPS-AJI



Source: IPS staff completed Excel workbooks on program costs in fall 2023.

7. Implications for the Impact Analysis

The implementation findings presented in Chapter 5 suggest that overall, IPS-AJI was implemented as designed, but programs have room to improve. As programs receive more technical assistance to address the areas of relative weakness and build on the strengths described in Chapter 5, prospects for detecting positive impacts on participant employment outcomes may increase. Key strengths include: (1) IPS specialists who are passionate about and well-trained in IPS-AJI, follow a strengths-based approach, and have small caseloads that enable them to focus intensely on each participant; (2) strong job development and institutional knowledge of the local employer landscape; and (3) implementation of the program model with overall fidelity. Key weakness include: (1) mental health center and program leadership that are less active in IPS-AJI than ideal; (2) inconsistent collaboration between mental health and employment services; (3) limited focus on individual follow-along services; and (4) little provision of and few referrals to supportive services. The remainder of this chapter presents other considerations for the impact analysis.

The distinction was strong between the IPS-AJI employment services offered and employment services otherwise available through the mental health centers or in the community.

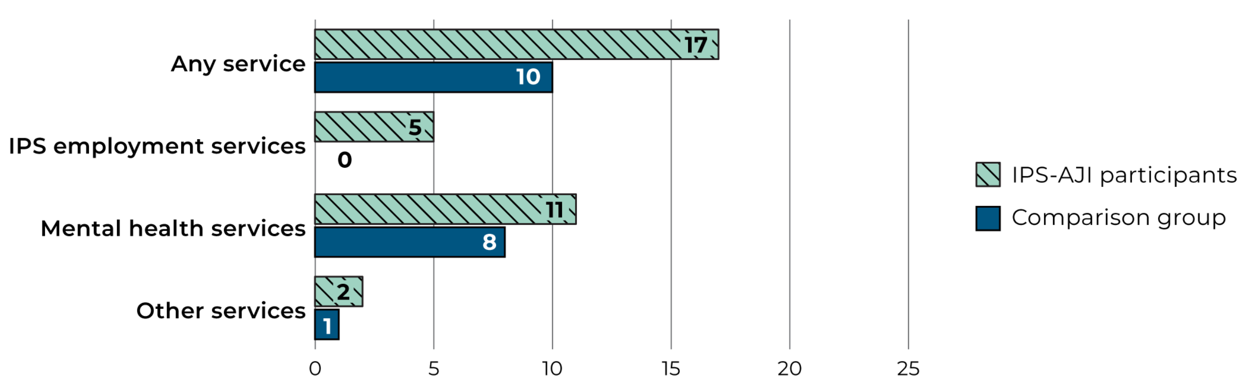
Program impacts are determined by comparing outcomes for adults with justice involvement who are randomly assigned to receive IPS-AJI (the program group) with outcomes of those who do not receive it (the comparison group). The latter may receive any services provided by the mental health center other than the employment services offered by the IPS specialist.

The employment services that members of the comparison group may receive from case managers, peer specialists, or other staff at the mental health centers are much more limited than those IPS specialists provide. IPS specialists identify second chance employers, connect IPS-AJI participants with job opportunities that suit their interests and skills, and help participants prepare for and maintain those jobs. Other mental health center staff may help those not in IPS-AJI to develop a resume or practice interviewing, but do not develop job leads or provide on-the-job support. It is unlikely that comparison group members could access these more intensive employment services elsewhere in the community. Mental health center staff confirmed that employment services similar to those that IPS-AJI offers are very limited outside of the program. Data from NextGen Project surveys about the types and amount of employment services that comparison group members received in the community will be reported in future impact analysis reports.

During the six months after study enrollment, IPS-AJI participants received more services from the mental health centers than comparison group members.

Data from programs' management information systems confirm reports from staff interviews that virtually no IPS-AJI employment services were provided to members of the comparison group (see Appendix Exhibit C.1).[41] In contrast, 78 percent of IPS-AJI participants received IPS-AJI employment services. On average, including those who received no IPS-AJI employment services, IPS-AJI participants received five hours of these services in the six months since study enrollment (Exhibit 12).

Exhibit 12. Hours of services received among IPS-AJI participants (the program group) and the comparison group



Source: Mental health center management information systems data for 134 IPS-AJI participants—that is, program group members—and 139 comparison group members who had been enrolled in the study for at least six months as of June 30, 2023.

In addition to more robust employment services, more IPS-AJI participants received mental health services at the mental health centers than adults with justice involvement who were assigned to the comparison group. In the six-month period after their enrollment in the study, 78 percent of IPS-AJI participants received mental health services at the centers compared to 69 percent of the comparison group (see Appendix Exhibit C.1). Including those who never received mental health services, total mental health service hours received was 11 among IPS-AJI participants and 8 among comparison group members in the six months since study enrollment. The difference may be due to the collaboration between mental health practitioners and IPS specialists that is part of the IPS model. It may also be that specialists encouraged IPS-AJI participants to engage in mental health services, particularly because participation in some form of mental health services is a condition of eligibility for IPS employment services. It is unlikely that processes around random assignment contributed to the difference; the NextGen team noted substantial evidence that, as they were expected to do, research coordinators were regularly connecting people assigned to the comparison group to mental health providers upon random assignment.

> ***“[My IPS specialist] helps me with my [mental health] appointments and makes sure I go to my appointments. That's why I say I’ve got more respect for [my IPS specialist]—because, when I don’t want to do it, she pushes me to do it.”***
>
> **— IPS-AJI participant**

Given early indications from a small sample of early study enrollees that IPS-AJI participants received almost twice as many hours of service at the mental health centers overall than comparison group members (17 versus 10), the NextGen Project may be well poised to detect impacts of IPS-AJI on employment outcomes. The challenge in engaging adults with justice involvement in mental health services, however, may moderate the impacts of IPS-AJI relative to typical IPS programs. Engagement in some form of mental health services is a requirement for receipt of IPS employment services. Yet, by the second month after their enrollment in the program, almost half of IPS-AJI participants were not receiving mental health services, and participation continued to decline thereafter. Unlike in IPS-AJI, individuals in typical IPS programs are already

engaged in mental health services when they enroll in IPS and thus are more likely to remain in these services and, by extension, IPS services.

The high demand for labor during the study period may affect employment-related impacts compared to what IPS-AJI would accomplish under normal economic conditions.

Job openings were at an historic high at the start of IPS-AJI study enrollment and substantially higher than before the COVID-19 pandemic began—between just under 50 percent to just over 100 percent higher in the states where IPS-AJI was implemented (Exhibit 13). Mental health center staff and executives noted that in such an economic climate, getting a job was relatively easy for job seekers—including IPS-AJI participants and members of the comparison group alike.

Despite employers' needs for labor during the study period, their willingness to hire adults with justice involvement varied. Unlike IPS-AJI participants, members of the comparison group may not have had support from professionals, such as IPS specialists, who could help them navigate discussions about their justice system history with employers and advocate for them with employers. The services IPS specialists provided to participants in this regard may counterbalance any dampening effect the economy may have on program impacts.

Exhibit 13. Job openings over time, not seasonally adjusted

Source: U.S. Bureau of Labor Statistics (see https://www.bls.gov/jlt/).

Notes: Vertical line indicates the start of IPS-AJI study enrollment.

Whether or not IPS-AJI yields impacts on participant outcomes, both the mental health centers and participants found value in the program.

Each of the mental health centers hopes to continue operating IPS-AJI beyond the end of the NextGen Project, as they perceive the program as beneficial for both participants and the center. In particular, the mental health centers considered the partnerships they developed with justice system organizations to be of tremendous value and reported that they lay the foundation for other initiatives within the mental health centers. For instance, GRAND has expanded its partnership with the county jail to start providing mental health treatment to people currently incarcerated. Center leaders noted that the study also allowed them to start a broader partnership with the county probation office, which began referring people to GRAND even if they were not eligible to enroll in the NextGen Project.

IPS-AJI participants themselves described their program experiences positively. On a scale of 1 (not at all helpful) to 10 (very helpful), participants who completed in-depth interviews rated IPS-AJI between 8 and 10.[42] They reported that program staff are genuine, uplifting, and communicative, and all agreed that it was invaluable having a "champion in their corner" even if they still had not landed a job or had found one without the program's support.

> ***"They motivate me more. I feel better about things and the direction things are going whereas, beforehand, I felt like I was just spinning my wheels and hitting brick walls. Now it feels like I've got someone on my side at least that is working with me and giving me other ideas and will help me."***

> ***"I've learned to have more confidence in myself. I've learned through my [IPS specialists]."***

> ***"He helped me with building a resume. That was a big one because I didn't think I had anything noteworthy on a resume. He's helped me realize some strengths that I had."***

— IPS-AJI participants

Conclusion

This report described the design, implementation, and cost of IPS-AJI. Overall, we found that the program was implemented as designed and cost $4,776 per participant over approximately six months. Fidelity around employer partnerships was particularly strong. The greatest challenge the mental health centers faced was recruiting adults with justice involvement into the program and engaging them in mental health services, which are required for them to receive IPS-AJI employment services. The strong contrast between the IPS-AJI employment services *offered*—that is, rapid job search focused on competitive employment with integrated mental health and employment services and individualized job development—and employment services otherwise *available* through the mental health centers or in the community makes the NextGen evaluation well-poised to detect impacts on employment and related outcomes. One key driver of those impacts will be the amount of employment services IPS-AJI participants (the program group) received relative to the comparison group. The NextGen team will assess differences in service receipt through follow-up surveys of study enrollees. The first impact report, covering a 6-month follow-up period, is expected to be released in fall of 2026 and a second impact report, covering an 18-month follow-up period, is expected in fall of 2027.

References

Apel, R., and J. Horney. “How and Why Does Work Matter? Employment Conditions, Routine Activities, and Crime Among Adult Male Offenders.” Criminology, vol. 55, no. 2, 2017, pp. 307–343.

Becker, D.R., S.J. Swanson, G.R. Bond, S.L. Reese, and B.M. McLeman. “Evidence-Based Supported Employment Fidelity Review Manual.” Lebanon, NH: Dartmouth Psychiatric Research Center. 2008. https://www.percorsi.abruzzo.it/wp-content/uploads/2024/03/supported-employment-fidelity-review-manual.pdf

Bond, G. “Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment.” IPS Employment Center, 2022. https://docs.google.com/presentation/d/1RFqFrzidP_EwUEb_tgZ57LUJGpodbCM-7oQIQDda1P8/edit#slide=id.p40

Bond, G. “Cost-Effectiveness of Individual Placement and Support.” Advancing State Policy Integration for Recovery and Employment, August 2023.

Bond, G.R., K. Campbell, and R.E. Drake. “Standardizing Measures in Four Domains of Employment Outcomes for Individual Placement and Support.” *Psychiatric Services*, vol. 63, no. 8, 2012, pp. 751–757.

Bond, G.R., S.J. Kim, D.R. Becker, S.J. Swanson, R.E. Drake, I.M. Krzos, V.V. Fraser, et al. "A Controlled Trial of Supported Employment for People with Severe Mental Illness and Justice Involvement." *Psychiatric Services*, vol. 66, no. 10, 2015.

Bond, G.R., and M. Kukla. “Impact of Follow-Along Support on Job Tenure in the Individual Placement and Support Model.” *The Journal of Nervous and Mental Disease*, vol. 199, no. 3, 2011, pp. 150–155.

Bradley K.A., Bush, K.R., Epler, A.J., et al. “Two brief alcohol-screening tests From the Alcohol Use Disorders Identification Test (AUDIT): Validation in a female Veterans Affairs patient population.” *Archives of Internal Medicine*, vol. 163, 2003, pp. 821–829.

Bronson J., J. Stroop, S. Zimmer, and M. Berzofsky. “Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007–2009.” Bureau of Justice Statistics, U.S. Department of Justice, 2017. https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf.

Bush K., D.R. Kivlahan, M.B. McDonell, et al “The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP).” *Archives of Internal Medicine*, vol. 158, 1998, pp. 1789–1795.

Couloute, L., and D. Kopf. “Out of Prison & Out of Work: Unemployment Among Formerly Incarcerated People.” Prison Policy Initiative, July 2018. https://www.prisonpolicy.org/reports/outofwork.html.

Courtney, C. “Individual Placement and Support for Persons with Serious Mental Illness in Minnesota.” Minnesota Department of Employment and Economic Development, 2022. https://mn.gov/deed/assets/ips-report_tcm1045-202259.pdf.

Crutchfield, R.D., and S.R. Pitchford. “Work and Crime: The Effects of Labor Stratification.” *Social Forces,* vol. 76, no. 1, 1997, pp. 93–118. https://doi.org/10.2307/2580319.

Damschroder, Laura, Caitlin Reardon, Marilla Opra Widerquist, Julie Lowery. “The updated Consolidated Framework for Implementation Research based on user feedback.” *Implementation Science,* vol. 17, 2022. https://doi.org/10.1186/s13012-022-01245-0

de Winter, L., C. Couwenbergh, J. van Weeghel, S. Sanches, H. Michon, and G.R. Bond. “Who Benefits from Individual Placement and Support? A Meta-Analysis.” *Epidemiology and Psychiatric Sciences*, vol. 31, 2022, e50. doi:10.1017/S2045796022000300.

Doleac, J. "Strategies to Productively Reincorporate the Former-Incarcerated into Communities: A Review of the Literature." Bonn, Germany: IZA Institute of Labor Economics, 2018.

Drake, R.E., D.R. Becker, and G.R. Bond. "Growth and Sustainment of Individual Placement and Support." *Psychiatric Services*, vol. 71, no. 10, 2020, pp. 1075–1077.

Frederick, D.E., and J.T. VanderWeele. "Supported Employment: Meta-Analysis and Review of Randomized Controlled Trials of Individual Placement and Support." *PLoS One,* vol. 14, no. 2, 2019, p. e0212208. https://doi.org/10.1371/journal.pone.0212208.

Frey, W.D., R.E. Drake, G.R. Bond, A.L. Miller, H.H. Goldman, D.S. Salkever, and S. Holsenbeck. "Mental Health Treatment Study: Final Report to Social Security Administration." Rockville, MD: Westat, 2011. http://socialsecurity.gov/disabilityresearch/mentalhealth.htm.

IPS Employment Center. https://ipsworks.org/index.php/what-is-ips/.

IPS Employment Center. "Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment." https://docs.google.com/presentation/d/1RFqFrzidP_EwUEb_tgZ57LUJGpodbCM-7oQIQDda1P8/edit#slide=id.p1.

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E, Howes, M.J., et al. "Screening for Serious Mental Illness in the General Population." *Archives of General Psychiatry*, vol. 60, no. 2, 2003, pp. 184–189.

Kim, S.J., G.R. Bond, D.R. Becker, S.J. Swanson, and S. Langfitt-Reese. "Predictive Validity of the Individual Placement and Support Fidelity Scale (IPS-25): A Replication Study." *Journal of Vocational Rehabilitation*, vol. 43, no. 3, 2015, pp. 209–216. DOI:10.3233/JVR-150770.

Levin, H.M., and C. Belfield. "Guiding the Development and Use of Cost-Effectiveness Analysis in Education." *Journal of Research on Educational Effectiveness,* vol. 8, no. 3, 2015, pp. 400–418.

Luciano, A., G.R. Bond, and R.E. Drake. "Does Employment Alter the Course and Outcome of Schizophrenia and Other Severe Mental Illnesses? A Systematic Review of Longitudinal Research." *Schizophrenia Research,* vol. 159, nos. 2–3, 2014, pp. 312–321. doi: 10.1016/j.schres.2014.09.010. Epub 2014 Sep 30. PMID: 25278105.

Mortenson, G., and D.O. Relin. Three Cups of Tea: One Man's Mission to Fight Terrorism One School at a Time. 1st Edition. Viking Press. 2006.

National Research Council, J. Travis, B. Western, and S. Redburn (eds). *The Growth of Incarceration in the United States: Exploring Causes and Consequences.* Washington, DC: The National Academies Press, 2014.

Poremski, D., D. Rabouin, and E. Latimer. "A Randomised Controlled Trial of Evidence Based Supported Employment for People Who Have Recently Been Homeless and Have a Mental Illness." *Administration and Policy in Mental Health and Mental Health Services Research,* vol. 44, no. 2, 2017, pp. 217–224.

Rehabilitation Services Administration. https://rsa.ed.gov/about/programs/vocational-rehabilitation-state-grants/order-of-selection-information.

Skardhamar, T., and K. Telle. "Post-Release Employment and Recidivism in Norway." *Journal of Quantitative Criminology,* vol. 28*,* no. 4, 2012, pp. 629–649. https://doi.org/10.1007/s10940-012-9166-x.

Skinner, H.A. "The Drug Abuse Screening Test." Addict Behav., vol. 7, no. 4, 1982, pp.363-371.

Substance Abuse and Mental Health Services Administration (SAMHSA). "Living Well with Serious Mental Illness." SAMHSA, 2023. https://www.samhsa.gov/serious-mental-illness#:~:text=A%20mental%20illness%20that%20interferes,serious%20mental%20illness%20(SMI).

Uggen, C. "Ex-offenders and the Conformist Alternative: A Job Quality Model of Work and Crime." *Social Problems,* vol. 46*,* no. 1, 1999, pp. 127–151. https://doi.org/10.1525/sp.1999.46.1.03x0245k.

The White House. "Expanding Economic Opportunity for Formerly Incarcerated Persons." Blog post. May 9, 2022. https://www.whitehouse.gov/cea/written-materials/2022/05/09/expanding-economic-opportunity-for-formerly-incarcerated-persons/.

World Health Organization (WHO). "COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide." WHO, March 2022. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

Wu, April, Kristen Joyce, Annalisa Mastri, Sheena McConnell, Jody Schimmel Hyde, and Jacqueline Kauff. "Next Generation of Enhanced Employment Strategies Project: Evaluation Design Report." OPRE Report #2024-154. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2024.

Yudko, E., Lozhkina, O., and A. Fouts. "A comprehensive review of the psychometric properties of the Drug Abuse Screening Test." *Journal of Substance Abuse Treatment*, vol. 32, 2007, pp. 189–198.

Appendix A. IPS-AJI Program Model as Designed for the NextGen Project Study

Exhibit A.1. IPS-AJI program model details

Dates covered by study	
Study enrollment period	June 1, 2021–June 30, 2024
Period of service delivery	June 1, 2021–March 31, 2026
Measurement of impacts	Six and 18 months after random assignment
Context	
Organizations implementing intervention	Mental health centers (five are included in this report; six will be included in the NextGen impact analysis)[a]
Location of implementing organizations	Memphis, TN (urban); Claremore, OK (rural); Norman, OK (suburban); Florence, SC (rural); Moline, IL and Davenport, IA (rural)
Population served	Unemployed adults who have recently been involved in the criminal justice system and have a mental health diagnosis
Comparison condition	Any mental health center services other than the employment services IPS specialists offer as well as any other services available in the community
Staffing	
Staff positions	Mental health treatment teams (consist of therapists, psychiatrists, case managers, and others who provide mental health services) Vocational units (consist of an IPS supervisor and two to 10 IPS specialists who carry out all phases of employment services; each of them are part of up to two mental health treatment teams)
Required work experience and education	Varies across mental health centers
Average staff salary	$48,126 for IPS specialists, including the value of fringe benefits
Caseload size	Maximum of 20 for IPS specialists
Frequency of staff interactions	Vocational unit meets weekly; IPS specialists actively participate in weekly mental health treatment team meetings, with shared decision making about participant service plans documented in a single, integrated participant chart or tracking system
Training provided	Webinars, online sessions with the IPS Employment Center, supervised practice in engaging employers, and job shadowing

Service delivery and intensity	
Primary service provided[b]	Work and work-based learning (IPS)
Other services provided[b]	Health services (substance use disorder treatment and mental health services); work readiness activities (job search assistance); employment retention services
Length of program enrollment	Indefinite and participant driven; cases closed after 90 days of no contact after assertive engagement
Frequency of staff-participant interaction pre-employment	Not specified
Frequency of staff-participant interaction post-employment	IPS specialists are expected to have contact with participants within one week before starting a job, within three days after starting a job, weekly for the first month, at least monthly for a year or more of working steadily as desired by participants, and within three days of learning about a job loss
Location of staff-participant interaction	All employment services occur in natural community settings such as the workplace or a public library (that is, not in the mental health center)
Frequency of staff-employer interaction	IPS specialists are expected to make at least six employer contacts per week on behalf of participants looking for work (and for individual participants within 30 days of program entry)
Tools used in service delivery	Career profile (summarizes job preferences, work experience, skills and strengths, work accommodations, and personal contacts); job search plan (indicates the specific steps each person will take to work on the participants' employment goals); job support plan (outlines supports the IPS specialist will provide and steps the participant will take to succeed once employed) Other tools available include a job start form (indicates details of a new job a participant starts); employer contact log (details each communication between an IPS specialist and an employer); and a disclosure form (details the participant's preferences about what program staff may disclose about the participant to employers)
Partnerships	
For recruitment	Primarily jails and prisons, mental health or drug courts, departments of probation and parole, homeless shelters, and supportive or transitional housing programs to which justice system organizations referred offenders
For service delivery	State departments of vocational rehabilitation
Program fidelity and cost	
Fidelity measures	The IPS-25 (a 25-measure scale resulting in rating of "poor," fair," "good," or "exemplary")
Fidelity scores	Fair (one center); good (two centers); exemplary (one center)
Cost per participant	$4,776

[a] The sixth mental health center is not included because it began providing IPS-AJI through the NextGen Project in August 2023, when data collection for this report was largely complete.

[b] Primary and other services were selected from service categories as defined in The Pathways to Work Evidence Clearinghouse (see https://pathwaystowork.acf.hhs.gov/).

Appendix B. Select Results from the Survey of Mental Health Center Leaders and Staff

Exhibit B.1. IPS-AJI staff experience and caseload

Experience/caseload	IPS specialists	Other staff
Number reporting the following years of experience in IPS	**10**	**34**
Less than 1 year	3	9
1 to 2 years	5	10
3 to 5 years	1	11
6 to 10 years	1	1
More than 10 years	0	3
Number reporting the following years of experience doing work similar to IPS	**10**	**34**
Less than 1 year	1	1
1 to 2 years	2	5
3 to 5 years	3	7
6 to 10 years	3	9
More than 10 years	1	12
Reported caseload size among all IPS specialists and other staff	**9**	**27**
Average	15	22
Minimum	6	0
Maximum	28	80

Source: NexGen survey of 44 IPS-AJI program staff.

Notes: Other staff include mental health service providers, case managers, research coordinators, and IPS supervisors. Caseload size is not reported for one IPS specialist who completed the survey but left the mental health center before serving any participants.

Exhibit B.2. IPS-AJI leader and staff demographics and education

Demographic characteristics	Number of leaders	Number of staff
Sex	**15**	**44**
Male	4	8
Female	11	36
Race/ethnicity	**15**	**44**
Hispanic, Latino/a, or Spanish origin of any race	1	0
Black or African American, not Hispanic, Latino/a, or Spanish origin	3	22
White, not Hispanic, Latino/a, or Spanish origin	9	26
Other race or more than one race, not Hispanic, Latino/a, or Spanish origin	2	5
Missing	0	1
Highest level of education	**15**	**44**
Less than a high school diploma	0	0
High school diploma or General Education Development (GED)	0	0
Vocational certificate	0	1
Some college (no degree)	0	4
Two- or three-year college degree	0	0
Four-year college degree (bachelor’s degree)	3	14
Graduate degree	12	25
Other	0	0

Source: NextGen surveys of 15 IPS-AJI program leaders and 44 staff.

Exhibit B.3. IPS-AJI leader observation and review of direct service staff

Supervision responsibilities	Number of leaders
Frequency of observation of direct service staff	**15**
Does not observe direct service staff	8
Periodically, when needed	1
Daily or weekly	3
Twice a month or monthly	3
Frequency of review of direct service staff work (e.g., case review, file audit)	**15**
Does not review the work of direct service staff	5
Periodically, when needed	6
Daily or weekly	3
Twice a month or monthly	1

Source: NextGen survey of 15 IPS-AJI program leaders.

Exhibit B.4. Frequency of IPS-AJI leaders asking opinions or feedback from interested groups when they make key decisions related to IPS-AJI

	Number of leaders who solicit opinions or feedback from the given group					
Type of interested group	Never	Annually	Quarterly	Monthly	Weekly or more	Not applicable
IPS-AJI staff	2	1	3	2	6	0
Board of directors or administrators	1	2	5	4	1	1
IPS-AJI participants	3	3	5	1	2	0
Community members	4	4	3	1	1	1
Employers	5	3	1	3	1	1
Community partners	3	2	3	4	0	2
Funders/grant officers	4	3	4	2	1	0
Service providers	4	2	0	4	1	3

Source: NextGen survey of 15 IPS-AJI program leaders; one did not respond to the survey questions relevant to Exhibit B.4.

Appendix C. Select Results from Analysis of Mental Health Center Management Information Systems Data

Exhibit C.1. Receipt of services in the six months since study enrollment

Services	IPS-AJI participants (Randomly assigned to program group)	Randomly assigned to comparison group
Received IPS services (%)	78	1
Received IPS services in the following location (%)		
In office, in person	56	n.a.
In community, in person	55	n.a.
Virtually	33	n.a.
Average hours of service among those who received service	7	n.a.
Average hours of service among all study enrollees	5	n.a.
Received mental health services (%)	78	69
Average hours of service among those who received service	13	12
Average hours of service among all study enrollees	11	8
Received services other than IPS or mental health services (%)	34	40
Average hours of service among those who received service	5	4
Average hours of service among all study enrollees	2	1
Received any services (%)	95	73
Average hours of service among all study enrollees	17	10
Discharged from the mental health center within first 6 months of study enrollment (%)	29	14
Discharged for the following reason (%)		
Dropped out/refused treatment	55	32
Completed treatment	8	0
Sought treatment elsewhere	8	5
Recidivated	10	5
Deceased	3	5
Unknown	18	53

Source: Mental health center management information systems data for 134 IPS-AJI participants—that is, program group members—and 139 comparison group members who had been enrolled in the study for at least six months as of June 30, 2023. IPS employment services were provided inadvertently to two members of the comparison group.

n.a. = not applicable.

Endnotes

[1] IPS Employment Center. https://ipsworks.org/index.php/what-is-ips/.

[2] Frederick, D.E., and J.T. VanderWeele. "Supported Employment: Meta-Analysis and Review of Randomized Controlled Trials of Individual Placement and Support." *PLoS One,* vol. 14, no. 2, 2019, p. e0212208. https://doi.org/10.1371/journal.pone.0212208; Couloute, L., and D. Kopf. "Out of Prison & Out of Work: Unemployment Among Formerly Incarcerated People." Prison Policy Initiative, July 2018. https://www.prisonpolicy.org/reports/outofwork.html; The White House. "Expanding Economic Opportunity for Formerly Incarcerated Persons." Blog post. May 9, 2022. https://www.whitehouse.gov/cea/written-materials/2022/05/09/expanding-economic-opportunity-for-formerly-incarcerated-persons/.

[3] Damschroder, Laura, Caitlin Reardon, Marilla Opra Widerquist, Julie Lowery. "The updated Consolidated Framework for Implementation Research based on user feedback." *Implementation Science,* vol. 17, 2022. https://doi.org/10.1186/s13012-022-01245-0

[4] Couloute, L., and D. Kopf. "Out of Prison & Out of Work: Unemployment Among Formerly Incarcerated People." Prison Policy Initiative, July 2018. https://www.prisonpolicy.org/reports/outofwork.html; The White House. "Expanding Economic Opportunity for Formerly Incarcerated Persons." Blog post. May 9, 2022. https://www.whitehouse.gov/cea/written-materials/2022/05/09/expanding-economic-opportunity-for-formerly-incarcerated-persons/.

[5] National Research Council, J. Travis, B. Western, and S. Redburn (eds). *The Growth of Incarceration in the United States: Exploring Causes and Consequences.* Washington, DC: The National Academies Press, 2014. Identification of a mental health problem was based on either a clinical diagnosis or treatment by a mental health professional within the past 12 months or having presented with symptoms of a mental disorder based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994); National Academies of Sciences, Engineering, and Medicine. "The Growth of Incarceration in the United States: Exploring Causes and Consequences." Washington, DC: The National Academies Press, 2014. https://nap.nationalacademies.org/catalog/18613/the-growth-of-incarceration-in-the-united-states-exploring-causes.

[6] IPS Employment Center. https://ipsworks.org/index.php/what-is-ips/.

[7] Drake, R.E., D.R. Becker, and G.R. Bond. "Growth and Sustainment of Individual Placement and Support." *Psychiatric Services*, vol. 71, no. 10, 2020; Bond, G. "Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment." IPS Employment Center, 2022. https://docs.google.com/presentation/d/1RFqFrzidP_EwUEb_tgZ57LUJGpodbCM-7oQIQDda1P8/edit#slide=id.p72.

[8] Frederick, D.E., and J.T. VanderWeele. "Supported Employment: Meta-Analysis and Review of Randomized Controlled Trials of Individual Placement and Support." *PLoS One,* vol. 14, no. 2, 2019, p. e0212208. doi: 10.1371/journal.pone.0212208. PMID: 30785954; PMCID: PMC6382127. Frederick and VanerWeele (2019) is a meta-analysis of 25 randomized controlled trials, two follow-up studies that extended the period of observation of a previous trial, and three secondary analyses of previous trials.

[9] Bond, G. "Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment." IPS Employment Center, 2022. https://docs.google.com/presentation/d/1RFqFrzidP_EwUEb_tgZ57LUJGpodbCM-7oQIQDda1P8/edit#slide=id.p40

[10] Bond, G.R., S.J. Kim, D.R. Becker, S.J. Swanson, R.E. Drake, I.M. Krzos, V.V. Fraser, et al. "A Controlled Trial of Supported Employment for People with Severe Mental Illness and Justice Involvement." *Psychiatric Services*, vol. 66, no. 10, 2015; Doleac, J. "Strategies to Productively Reincorporate the Former-Incarcerated into Communities: A Review of the Literature." Bonn, Germany: IZA Institute of Labor Economics, 2018; Poremski, D., D. Rabouin, and E. Latimer. "A Randomised Controlled Trial of Evidence Based Supported Employment for People Who Have Recently Been Homeless and Have a Mental Illness." *Administration and Policy in Mental Health and Mental Health Services Research,* vol. 44, no. 2, 2017, pp. 217–224.

[11] Becker D.R., S.J. Swanson, G.R. Bond, S.L. Reese, and B.M. McLeman. "Evidence-Based Supported Employment Fidelity Review Manual." Lebanon, NH: Dartmouth Psychiatric Research Center. 2008. https://www.percorsi.abruzzo.it/wp-content/uploads/2024/03/supported-employment-fidelity-review-manual.pdf.

[12] Luciano, A., G.R. Bond, and R.E. Drake. "Does Employment Alter the Course and Outcome of Schizophrenia and Other Severe Mental Illnesses? A Systematic Review of Longitudinal Research." *Schizophrenia Research,* vol. 159, nos. 2–3, 2014, pp. 312–321. doi: 10.1016/j.schres.2014.09.010. Epub 2014 Sep 30. PMID: 25278105.

[13] Apel, R., and J. Horney. "How and Why Does Work Matter? Employment Conditions, Routine Activities, and Crime Among Adult Male Offenders." Criminology, vol. 55, no. 2, 2017, pp. 307–343; Crutchfield, R.D., and S.R. Pitchford. "Work and Crime: The Effects of Labor Stratification." Social Forces, vol. 76, no. 1, 1997, pp. 93–118. https://doi.org/10.2307/2580319; Skardhamar, T., and K. Telle. "Post-Release Employment and Recidivism in Norway." *Journal of Quantitative Criminology,* vol. 28, no. 4, 2012, pp. 629–649. https://doi.org/10.1007/s10940-012-9166-x; Uggen, C. "Ex-offenders and the Conformist Alternative: A Job Quality Model of Work and Crime." *Social Problems,* vol. 46, no. 1, 1999, pp. 127–151. https://doi.org/10.1525/sp.1999.46.1.03x0245k.

[14] This eligibility criterion is included because reduced need for SSI/SSDI is an anticipated short-term outcome of the IPS-AJI program activities and services (as depicted in Exhibit 1).

[15] A sixth mental health center, HOPE Community Services (HOPE), began providing IPS-AJI through the NextGen Project in August 2023. This report does not include data from HOPE because it began when data collection for the report was largely complete and because it was still addressing implementation start-up issues when the report was being drafted. Data about HOPE participants will be included in the NextGen Project impact report.

[16] In March 2023, Grand expanded IPS-AJI services to other northeastern counties in Oklahoma. This report does not include implementation experiences or outcomes from the expansion because it occurred when data collection for the report was largely complete. Data about all Grand participants will be included in the NextGen Project impact report.

[17] Rehabilitation Services Administration. https://rsa.ed.gov/about/programs/vocational-rehabilitation-state-grants/order-of-selection-information.

[18] World Health Organization (WHO). "COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide." WHO, March 2022. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

[19] Substance Abuse and Mental Health Services Administration (SAMHSA). "Living Well with Serious Mental Illness." SAMHSA, 2023. https://www.samhsa.gov/serious-mental-illness#:~:text=A%20mental%20illness%20that%20interferes,serious%20mental%20illness%20(SMI).

[20] Bond, Gary R., and M. Kukla. "Impact of Follow-Along Support on Job Tenure in the Individual Placement and Support Model." *The Journal of Nervous and Mental Disease*, vol. 199, no. 3, 2011, pp. 150–155; Bond, G.R., Kikuko Campbell, and R.E. Drake. "Standardizing Measures in Four Domains of Employment Outcomes for Individual Placement and Support." *Psychiatric Services*, vol. 63, no. 8, 2012, pp. 757–757; de Winter, L., C. Couwenbergh, J. van Weeghel, S. Sanches, H. Michon, and G.R. Bond. "Who Benefits from Individual Placement and Support? A Meta-Analysis." *Epidemiology and Psychiatric Sciences*, vol. 31, 2022, e50. doi:10.1017/S2045796022000300; Courtney, C. "Individual Placement and Support for Persons with Serious Mental Illness in Minnesota." Minnesota Department of Employment and Economic Development, 2022. https://mn.gov/deed/assets/ips-report_tcm1045-202259.pdf.

[21] Kessler, R.C., P.R. Barker, L.J. Colpe, J.F. Epstein, J.C. Gfroerer, E. Hiripi, M.J. Howes, et al. "Screening for Serious Mental Illness in the General Population." *Archives of General Psychiatry*, vol. 60, no. 2, 2003, pp. 184–189.

[22] Bradley, K.A., K.R. Bush, A.J. Epler, et al. "Two brief alcohol-screening tests From the Alcohol Use Disorders Identification Test (AUDIT): Validation in a female Veterans Affairs patient population." *Archives of Internal Medicine*, vol. 163, 2003, pp. 821–829; Bush, K., D.R. Kivlahan, M.B. McDonell, et al "The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP)." *Archives of Internal Medicine*, vol. 158, 1998, pp. 1789–1795.

[23] Skinner, H.A. “The Drug Abuse Screening Test. Addict Behav 7(4), 1982, 363-371. Yudko, E., O. Lozhkina, A. Fouts. “A comprehensive review of the psychometric properties of the Drug Abuse Screening Test.” *Journal of Substance Abuse Treatment*, vol. 32, 2007, pp. 189–198.

[24] See https://www.hudexchange.info/faqs/programs/housing-choice-voucher-program/eligibility-determination-and-denial-of-assistance/background-screening/are-applicants-with-felonies-banned-from-public-housing-or-any-other/

[25] Bronson, J., J. Stroop, S. Zimmer, and M. Berzofsky. “Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007–2009.” Bureau of Justice Statistics, U.S. Department of Justice, 2017. https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf.

[26] Damschroder, Laura, Caitlin Reardon, Marilla Opra Widerquist, Julie Lowery. “The updated Consolidated Framework for Implementation Research based on user feedback.” *Implementation Science,* vol. 17, 2022. https://doi.org/10.1186/s13012-022-01245-0

[27] Mortenson, G., and D.O. Relin. Three Cups of Tea: One Man's Mission to Fight Terrorism One School at a Time. 1st Edition. Viking Press. 2006.

[28] Kim, S.J., G.R. Bond, D.R. Becker, S.J. Swanson, and S. Langfitt-Reese. “Predictive Validity of the Individual Placement and Support Fidelity Scale (IPS-25): A Replication Study.” *Journal of Vocational Rehabilitation*, vol. 43, no. 3, 2015, pp. 209–216. DOI:10.3233/JVR-150770

[29] Frey, W.D., R.E. Drake, G.R. Bond, A.L. Miller, H.H. Goldman, D.S. Salkever, and S. Holsenbeck. “Mental Health Treatment Study: Final Report to Social Security Administration.” Rockville, MD: Westat, 2011. http://socialsecurity.gov/disabilityresearch/mentalhealth.htm.

[30] Kim, S. J., G.R. Bond, D.R. Becker, S.J. Swanson, and S. Langfitt-Reese. “Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study.” *Journal of Vocational Rehabilitation*, vol. 43, no. 3, 2015, pp. 209–216. DOI:10.3233/JVR-150770.

[31] The cost information reported here is specific to the IPS-AJI program implemented by CMI, COCMHC, GRAND, Pee Dee, and Transitions. It is useful for an organization considering implementing the program. However, the team acknowledges that it represents the average cost of delivering services only for those programs in the study. It might not generalize to other mental health centers.

[32] Enrollment data came from the study’s Random Assignment, Participant Tracking, Enrollment, and Reporting (RAPTER®) tracking system and service data came from each mental health center’s management information system.

[33] The data collection period was defined individually for each site to ensure it represented a steady state period of program operations. The data collection period for CMI and Transitions was July 2022–June 2023. The data collection period for GRAND and Pee Dee was January–June 2023. The data collection period for COCMHC was July – December 2023.

[34] Levin, H.M., and C. Belfield. “Guiding the Development and Use of Cost-Effectiveness Analysis in Education.” *Journal of Research on Educational Effectiveness,* vol. 8, no. 3, 2015, pp. 400–418.

[35] For sites with six-month data collection periods, the team multiplied their total estimated program costs by two, to derive an annual total cost estimate.

[36] The average duration of participation was derived by averaging participation duration at each mental health center, weighting by number of participants at each.

[37] The values reflect 2023 dollars and were not adjusted for inflation.

[38] The number of total participants in the cost study calculations includes only program group members who were meaningfully engaged with the program. We define meaningful engagement as receiving one or more services from an IPS specialist within the last 90 days.

[39] Bond, G.. “Cost-Effectiveness of Individual Placement and Support.” Advancing State Policy Integration for Recovery and Employment, August 2023. The average per participant cost was based on six U.S. studies. The reported average per participant cost was $4,000 in 2022 dollars; for comparability, we report this finding in 2023 dollars.

[40] For COCMHC, some overhead cost information was unavailable and consequently not included in this cost estimate. Thus, the overhead cost estimate – and therefore the total cost – is likely an underestimate of the true program cost.

[41] IPS employment services were provided inadvertently to two members of the comparison group.

[42] In the impact analysis, the NextGen team will analyze data from the baseline survey on program satisfaction from a much larger group of people assigned to the IPS-AJI program group.