



SAMHSA
Substance Abuse and Mental Health
Services Administration

Individual Placement and
Support (IPS): An Evidence-Based
Supported Employment Model

TOOLKIT

■ Introduction

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ACKNOWLEDGEMENTS

Acknowledgements

Individual Placement and Support (IPS) – An Evidence-Based Supported Employment Model Toolkit was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS283201700074I/75S20319F42002, Reference Number: 283-17-7402 by the Logistics Contract for the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Lora Fleetwood served as the Contracting Officer's Representatives.

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Recommended Citation

Substance Abuse and Mental Health Services Administration: *Individual Placement and Support (IPS) – An Evidence-Based Supported Employment Model Toolkit*. Publication No. PEP25-01-002, Substance Abuse and Mental Health Services Administration, 2025.

Originating Office

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857. SAMHSA Publication No. PEP25-01-002. Released 2025.

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Publication No. PEP25-01-002

Released 2025

MESSAGE FROM THE DIRECTOR

Center for Mental Health Services

Substance Abuse & Mental Health Services Administration



As the Director of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA), I am pleased to present Individual Placement and Support (IPS) – An Evidence-Based Supported Employment Model Toolkit. This Evidence-Based toolkit is designed to assist a variety of stakeholder groups with implementation. Following new research findings and advances in implementation the toolkit is a significant update to the Supported Employment toolkit that we published in 2009. It consists of 20 documents, including an in-depth training guide, a fidelity scale for maintaining service standards, a guide for data monitoring, an annotated bibliography, and implementation support for diverse stakeholders.

In recent years there has been a concerted effort at the SAMHSA Center for Mental Health Services to understand how to best treat persons with serious mental illness and how to best help them live meaningful inclusive lives. We define recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. We know that employment promotes better health and provides many other benefits, such as earning money, structured daily activity, a way to contribute to society, a place to have friends, and more. The qualities that come from having a job or going to school often is what separates a life of illness and dependence from a life of health and productivity.

I encourage all stakeholders to utilize this toolkit to implement IPS effectively and maximize employment outcomes for individuals with serious mental illness. The Individual Placement and Support (IPS): An Evidence-Based Supported Employment Model Toolkit reflects our commitment to advancing comprehensive, person-centered recovery support for individuals experiencing mental health and substance use challenges.

Anita Everett, M.D., DFAPA

Director of the Center for Mental Health Services (CMHS)
Substance Abuse and Mental Health Services Administration

INTRODUCTION



Individual Placement and Support (IPS) is an evidence-based supported employment practice that is effective in helping people with mental health conditions gain and keep competitive employment. This toolkit provides information about IPS and tools to implement it.

Employment is a social determinant of health, that is, employment promotes better health. Working provides many benefits, such as earning money, structured daily activity, a way to contribute to society, a place to have friends, and more. This is true for the general population as well as for people living with disabilities, including people living with mental health conditions and substance use disorders.

IPS was developed in the early 1990s to address the problem that people with mental health conditions were either told that they were not able to work because of their illness or steered toward day treatment programs, vocational evaluations, and even sheltered workshops. Many surveys over the years have shown that people with mental health conditions want to work. And over the last three decades IPS has demonstrated that employment is a cornerstone of recovery.

History of IPS

In the early 1990s, Deborah Becker and Robert Drake developed IPS because they believed that people with mental health conditions could benefit from working in competitive employment. They recognized that their center, like most other community mental health centers, offered little or no vocational assistance. IPS was created initially as an alternative to a day treatment program in a rural community mental health center in New Hampshire. The day treatment program was discontinued and replaced with the first pilot study of IPS. The evaluation of this pilot project was that not only did people prefer support going to work rather than attending day treatment groups and activities, but also their competitive employment rates increased dramatically. Soon after, IPS was compared to a popular vocational model in a randomized controlled trial. IPS helped significantly more people to work in competitive integrated employment (jobs open to the general public rather than reserved for people with disabilities). Over the next three decades, IPS studies have been conducted in urban and rural areas, with older and younger adults, different racial and ethnic groups, and consumers with co-occurring substance use disorders, all showing positive results. Over 28 randomized controlled trials have been completed, all showing positive competitive employment outcomes favoring IPS. IPS has expanded across the United States, Europe, Asia, and Oceania (Australia and New Zealand).

Note: The term Supported Employment is used differently by different systems. To avoid confusion, we use the name of the evidence-based practice, which is Individual Placement and Support – IPS.

The development of the International IPS Learning Community facilitates the expansion of IPS. As of 2024, 28 US states and the District of Columbia, and seven countries have joined the IPS Learning Community. The IPS Employment Center now located at the Research Foundation for Mental Hygiene in New York City runs the International IPS Learning Community and provides a website with vast information and materials about IPS, online and in-person training, technical assistance, data-sharing, and dissemination information (Drake et al., 2020).

Core Features of IPS

IPS assists people with mental health conditions gain employment and develop careers. IPS is defined by eight core principles, including:

- **Eligibility is based on consumer choice** – Eligibility is driven by consumer choice without assessments for readiness.
- **Focus on competitive jobs** – Consumers are assisted in finding regular jobs in the community that are available to qualified work candidates including members of the general public.
- **Employment services are integrated with mental health treatment** – Services are coordinated with other service providers through a team-based approach.
- **Attention to consumer preferences** – Services follow the preferences of consumers, including job type, hours, support, etc.
- **Personalized benefits planning** – Consumers are offered individualized benefits counseling to determine how their benefits (i.e., disability payment, health insurance, and other government benefits) will be impacted by employment.
- **Job search starts soon after consumer expresses interest in working** – Consumers are supported in seeking

employment without requirements for preliminary vocational assessments and evaluations.

- **Build employer relationships** – IPS specialists build relationships with employers that have positions consistent with consumers' job preferences. Over repeated visits IPS specialists learn about the hiring needs of employers and introduce qualified workers to employers.
- **Individualized long-term job support** – Individualized supports are provided for as long as consumers benefit and want supports to succeed in their jobs or career advancement.



The IPS Toolkit

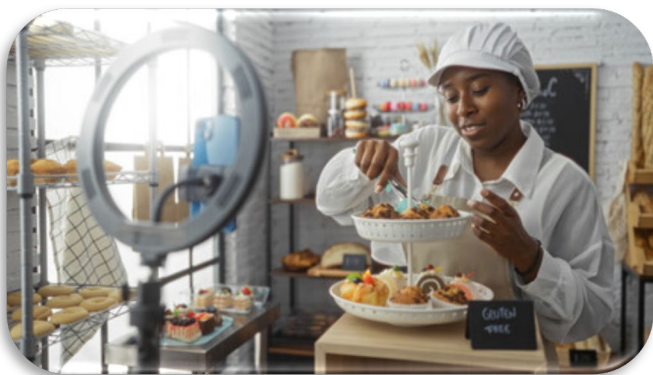
The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the original toolkit of materials and resources (SAMHSA, 2010). SAMHSA is now supporting the update of the IPS Toolkit following new research findings and advances in implementation.

This document, *Introduction*, provides information about the IPS toolkit, material in the toolkit, and who will benefit from using the toolkit. Information is provided on setting up an IPS program, sustaining the program, and expanding the program in your state or region. We provide *Resource Guide* in this toolkit for a

central location to find other resources that are not listed in this IPS toolkit. In addition, at the end of this document we provide a glossary of terms used in the toolkit.

Research shows that giving written educational materials to practitioners alone does not change practice (Fixsen et al., 2005). The toolkit, therefore, includes materials in various formats for a wide array of stakeholder groups, including:

- Slides for PowerPoint Presentations
- Brochures and Information Sheets
- Suggestions for Online Videos
- Practice Workbook and Exercises
- Program Guidelines.



What is the IPS Toolkit?

The IPS Toolkit is a collection of educational tools and resources that are designed to assist a variety of stakeholder groups with IPS implementation. The IPS model in 2024 maintains its original principles first formulated in the early 1990s and described in the first addition of the SAMHSA Support Employment Toolkit. However, the IPS research has grown enormously over the last three decades, as has been the spread of IPS services worldwide. IPS is the best researched of any employment model in existence. SAMHSA is interested in staying current with the IPS literature, research, and current practices to ensure that people with mental health conditions and substance use

disorders are provided the best services to obtain meaningful employment and opportunities for further education and training for career advancement. This IPS toolkit provides updated information from the original toolkit. The goal is to periodically update the toolkit as new information and practices are developed and backed by research. The IPS toolkit includes the following documents/booklets:

- *Introduction*
- *Program Training Guide*
- *Using the IPS-25 Supported Employment Fidelity Scale*
- *Using Data to Monitor IPS*
- *Annotated Bibliography*
- *Resource Guide*
- *IPS Supported Employment and State VR Crosswalk*
- *Implementation Guide for Agency Leaders*
- *Implementation Guide for State Leaders*
- *Practical Strategies for Financing*
- *Information for Mental Health Practitioners and Supervisors*
- *Information for People with MH Conditions and their Families*
- *Information for VR Counselors, Supervisors, and Administrators*
- *Information for Employers about Hiring People with MH Conditions*
- *Information for Legislators – Fillable Form*
- *Information for Legislators – Business Card*
- *IPS Introductory PPT*
- *State Data Systems to Track IPS Program Performance PPT*
- *Using Multimedia to Introduce IPS*
- *Resource Guide.*

Note on terms: We use the term *consumers* to refer to people living with a mental health condition and receiving public mental health services. We use the term *family* to include other close supporters of consumers.



Who will use the IPS Toolkit?

We welcome interested people to read all the materials but some of the material is designed for specific roles and positions. For example, *Practical Strategies to Finance IPS* may be most pertinent for state mental health, Vocational Rehabilitation, and Medicaid leaders, local agency leaders, and IPS team leaders.



The IPS toolkit has information that benefits the following people:

- Behavioral health, Vocational Rehabilitation, and Medicaid leaders
- Employers
- People living with a mental health condition/substance use disorder
- Families and other supporters
- Provider agency staff, including mental health practitioners, IPS specialists and supervisors
- Legislators
- Community members

What is the process for IPS Implementation, Sustainment, and Expansion?



1) Setting Up an IPS Program

Educating Stakeholders about IPS

A basic summary that includes the IPS principles and practice, how consumers benefit from participating in this service, and a brief overview of research findings of this evidence-based practice gives stakeholders introductory information and helps to build consensus for IPS implementation.

Using Multimedia to Introduce IPS provides IPS information through an Introductory PowerPoint, Information Sheets, and suggested Online Videos. The PowerPoint was developed to be presented by people knowledgeable about IPS to local agency leaders and staff, consumers, families, government leaders, and community members. Individual Information Sheets are geared to specific stakeholders: consumers and families, agency practitioners and supervisors, Vocational Rehabilitation (VR) leaders and staff, employers, and legislators. These documents describe the evidence-based practice and highlight features of the practice most pertinent to the stakeholder being addressed. We provide suggestions for accessing online videos that include information about IPS and testimonials of people who have benefited from IPS and gaining employment.

The annotated bibliography of IPS research is a selected review of IPS literature with brief summaries for each reference. Included in this section is a published article summarizing the history of IPS, research findings, cost-effectiveness, implementation and model fidelity, and extensions to new populations.

Implementation Guide for Agency Leaders provides practical guidance for agency program

leaders on how to implement IPS. It includes strategies for building consensus in organizations preparing for change and tips on how to develop policies and procedures to support the practice.

Implementation Guide for State Leaders provides practical guidance on how to provide incentives and remove barriers to implementation of IPS. Advice is given based on the experiences of mental health systems and rehabilitation systems that have been successful implementing the practice. This document emphasizes the importance of consensus building, creating incentives for change in practitioner and agency behavior, and identifying and removing barriers to change.

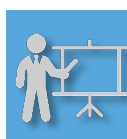


Identifying IPS Funding Sources

Currently there is no single funding source for IPS. State mental health, Vocational Rehabilitation, and Medicaid leaders develop financing plans that enable local agencies to finance IPS. *Practical Strategies to Finance IPS* is a guide that includes funding sources and ways to finance IPS. *Implementation Guide for State Leaders* addresses funding issues from the state leader perspective and *Implementation Guide for Agency Leaders* provides financing tips for local agency leaders and IPS supervisors. Local leaders want to be sure that they have mechanisms to sustain and even expand their IPS programs and state leaders want to be sure that their financing plan will allow for expansion of IPS in their state.

Developing Partnerships Between the IPS Program, the Mental Health Agency, and VR Counselors and Supervisors

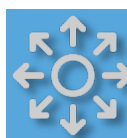
Evidence suggests that collaboration between the IPS program, mental health agency, and local VR agency results in coordinated services with better employment outcomes. *IPS Supported Employment and State Vocational Rehabilitation: A Crosswalk* demonstrates how the two agencies and systems have similar philosophies and goals and provides tips for working together.



2) Training Staff

IPS Staff Training

IPS Program Training Guide is a guide for how IPS program leaders and supervisors train IPS staff as well as other practitioners. IPS is a team-based service and therefore all staff need to know how to support consumers in their quest for employment, further training, and career advancement. The guide includes exercises that gives staff experiential learning opportunities. It emphasizes the knowledge and skills practitioners need to provide IPS.



3) Sustainment & Expansion

Tracking Outcomes and Monitoring Program Implementation

Tracking simple employment outcomes is a feedback mechanism for practitioners, supervisors, and administrators. Simple employment and education outcomes are identified that can be monitored as part of routine clinical practice. In addition, monitoring how faithfully the IPS program is implemented to the evidence-based practice of IPS is critical. Using this information will help to develop a quality improvement plan. A *Guide to Using Data to Monitor IPS Services* is a

guide to track simple employment outcomes and monitor IPS implementation with the IPS-25 Supported Employment Fidelity Scale. IPS teams and local agencies use data for quality improvement and training needs. State leaders use the information to help determine training needs and other implementation needs for sustainment and potential expansion. A PowerPoint on state data systems is included. *Using the IPS-25 Supported Employment Fidelity Scale* explains how the IPS fidelity scale is used to monitor the level of IPS implementation. Research indicates that the quality of implementation of the practice, that is adherence to the principles of the model, strongly influences outcomes. IPS service use data, employment, and education outcome data, and IPS fidelity scale scores can give policy makers and legislators information that will help with sustainment and IPS expansion.



Summary

IPS is a team-based approach that requires coordination and support from multiple stakeholder groups. *IPS Toolkit Introduction* lays out the tools and resources available with recommendations for different people. Everyone benefits from being educated about IPS. An overview of IPS is provided through the Introductory IPS PowerPoint, Information Sheets created for different stakeholder groups, and online videos about IPS. When setting up an IPS program, developing a financing plan is essential. State mental health, VR, and Medicaid leaders are key to identifying funding sources for local agency leaders. At the same time, local agency leaders build consensus for implementing IPS and identifying the support roles of practitioners and families. IPS staff are hired and trained to provide IPS services. To help ensure quality services IPS specialists receive ongoing mentoring from their IPS supervisor. To know that IPS is implemented well, the IPS supervisor and the IPS team develop a plan for conducting routine IPS-25 supported employment fidelity reviews. IPS fidelity is correlated with employment outcomes, that is, the closer the implementation is to the fidelity scale, the better the employment outcomes. Tracking simple employment and education outcomes gives you information on how well the IPS program is functioning. Is the IPS program assisting people in moving forward in their recovery through employment and education? State leaders and legislators will want to have this information to make plans to help sustain the program with funding and policies, which become a framework for expanding IPS in their state or region. A favorite saying for many is, Work is everybody's business!

GLOSSARY

Age of Majority: The age children are legally considered to be adults. The age of majority is 18 in most states in the United States.

Assertive Community Treatment (ACT): A multidisciplinary team approach with shared caseloads, frequent staff meetings, intensive community-based services, and a focus on assistance with daily living skills. ACT teams provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious mental illness. Services include case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance use services, and other services and supports critical to an individual's ability to live successfully in the community. Most ACT teams have eligibility criteria based on need for intensive services.

Benefits Planning: Refers to helping a person review all of her entitlements (e.g., Social Security benefits/disability benefits, medical benefits, food stamps, housing subsidies, Veterans Administration benefits) to determine the impact of earned income upon those benefits. Also called work incentives planning.

Career: This term may be used to describe a series of steps to help an individual with an employment goal. For example, a career could include job training or education before employment, or a succession of jobs in which an individual gains skills and experience to move to positions with more responsibility and better salary.

Career Profile: A document in which the IPS specialist records work preferences, work history, education history, strengths, legal history, and other important information pertinent to a person's employment and education goals. This tool is used to help develop a job search plan and job support plan.

Case Manager (or Care Manager): Practitioner who assesses which services people may need and refers them for assistance. This person may also provide help directly with housing, family intervention, and other needs.

Competitive Employment: Part-time and full-time jobs that anyone can apply for rather than jobs set aside for people with disabilities, except when employers follow federal guidelines to take affirmative action to hire a percentage of qualified people with disabilities. Competitive jobs pay at least minimum wage and people receive the same pay as others receive performing the same work. Employees in the work setting do not consist exclusively of people with disabilities. The jobs do not have artificial time limits imposed by the social service agency. Wages are paid directly by the employer to the employee.

Disclosure: Refers to disclosing information about one's disability (or other personal information) in the workplace. Some people choose to share information about a disability so they can ask for accommodations (e.g., a quiet workspace or different job duties) or because they are proud of having overcome barriers to employment. Other people do not disclose a disability because they are concerned about stigma or do not believe that their disability is pertinent to working a job.

Employment Specialist or Employment and Education Specialist (SEE): See IPS Specialist

Evidence-Based Practice: Refers to a well-defined practice that has been validated by rigorous research conducted by at least two different research groups. The practice has been shown to be effective, safe and (ideally) cost effective. The practice has guidelines that describe the critical components.

Fidelity Scale: A fidelity scale is a tool to measure the level of implementation to the standards for an evidence-based practice. The IPS-25 Supported Employment Fidelity Scale defines the critical elements of IPS to differentiate between programs that follow the approach from those that do not use the evidence-based practice.

First Episode Psychosis Programs: Teams of mental health and IPS practitioners who provide intensive support to young people who are experiencing psychosis for the first time. Mental health practitioners provide education about psychosis and its treatment as IPS practitioners assist with education and employment. Peer specialists are sometimes part of the teams. In the United States, these programs are now often called coordinated specialty care teams.

IPS Specialist: The position also known as employment specialist, job specialist, or supported employment and education specialist (SEE). The IPS specialist is the primary person responsible for helping people consider career options, explore school and training programs, conduct job searches, retain desired employment, and plan for career development.

IPS Supervisor: Also referred to as IPS team leader, IPS program leader. In large agencies with multiple IPS team, the IPS program leader is a separate role from the IPS team leader and is typically more of a managerial position with IPS team leaders reporting to the IPS program leader.

Mental Health Treatment Team (or Multidisciplinary Team): A group of mental health practitioners such as counselors, case managers, service coordinators, nurses, substance abuse counselors, medication prescribers, peer specialists, or others. May also include IPS specialists, state vocational rehabilitation counselors, housing specialists, or others.

Peer Specialist: Peer specialists are practitioners who have similar experiences to those served. For example, a peer specialist in a transition age youth program may be a person who was in foster care when she was young. Peers share how they accomplished goals despite of mental illnesses, substance use disorders, legal histories, or other problems. Peers are not part of every IPS team because research has not demonstrated their effectiveness related to increased numbers of people working in competitive jobs. However, a growing number of IPS programs include peer specialists because of their unique ability to engage and inspire young IPS participants.

Practitioners: The people who deliver mental health services. This term refers to clinicians, case managers, nurses, psychiatrists, therapists, etc., except when referring to the specific role of IPS specialist.

Randomized Controlled Trial (RCT): RCT is a form of scientific experiment in which participants are assigned randomly to one of two (typically) interventions. RCT often compares a new service treatment against a standard service treatment. The purpose of random assignment is to make two groups approximately equal except for the variable being studied, which helps to determine cause and effect. RCT can provide compelling evidence that the study treatment makes a difference and is effective. RCT is the gold standard in health research.

Rehabilitation Agency: An agency or center that provides employment services and other types of non-treatment services such as social activities or housing assistance.

Sheltered Employment: Sheltered workshops hire people with disabilities to complete contracts for other businesses. For example, people with disabilities may be paid a piece-rate wage to assemble garden hose spigots for a company that makes garden hoses. Typically sheltered workshops are segregated settings in which all employees (except supervisory-level staff) are people with disabilities. In the United States, sheltered workshops are regulated by the U.S. Department of Labor and typically pay subminimum wage rates. Sheltered workshops are not consistent with the IPS supported employment approach.

Situational Assessment: Short-term work assignments to evaluate work behaviors such as attendance, social skills, and so forth. These assessments may also evaluate a person's ability to perform a particular type of work. Situational assessments are sometimes paid positions (e.g., subsidized through the state office of vocational rehabilitation) but can also be unpaid positions. Situational assessments are not consistent with the IPS supported employment approach.

Steering Committees: Sometimes referred to as advisory committees or leadership teams. A group of stakeholders for IPS supported employment that meets to discuss implementation efforts and develop goals for better implementation and program sustainment. Steering committees typically include a variety of stakeholders, including several of the following: the IPS supervisor, IPS program participants, family members, state vocational rehabilitation counselors and supervisors, agency executive director, quality assurance director, clinical director or other administrators, area chamber of commerce representatives, and local college and high school equivalency program staff.

Strengths-based Approach: Practitioners focus on a person's skills, interests, values, experiences, and abilities for working a job as well as their needs. During practitioner meetings, consumers are referred to in a respectful manner. Practitioners focus on what is most important for each person and convey hope for reaching goals.

Vocational Rehabilitation (VR): Each state, as well as the District of Columbia and U.S. Territories, supports a division of vocational rehabilitation that has offices throughout the state to provide vocational rehabilitation services for individuals with disabilities. vocational rehabilitation counselors help people find gainful employment related to each person's "strengths, resources, priorities, concerns, abilities, capacities, interests, and informed choice." Vocational rehabilitation counselors work collaboratively with IPS programs. They provide expertise about disabilities and jobs, and sometimes help with costs related to work clothing, transportation, or education when those are related to the person's employment goal. The specific name for the state vocational rehabilitation agency differs from

state to state (e.g., Department of Rehabilitation Services (DORS), Bureau of Vocational Rehabilitation (BVR)).

Vocational Unit: IPS specialists, their supervisor, and (possibly) IPS peer specialists, form the IPS team. They participate in group supervision to discuss how to help people on their caseloads with school and work goals and share employer contacts. They provide backup and support for each other.

Work Incentives (or Benefits Counseling): Special rules that make it possible for people with disabilities receiving Social Security or Supplemental Security Income (SSI) to work and still receive monthly payments and Medicare or Medicaid. For more information go to www.socialsecurity.gov and search for Red Book.

ACKNOWLEDGEMENTS

Individual Placement and Support (IPS) – An Evidence-Based Supported Employment Model Toolkit was developed by a group of subject matter experts with significant input from SAMHSA staff.

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Publication No. PEP25-01-002

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SAMHSA's mission is to lead public health and service delivery efforts promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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