



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

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

# TOOLKIT

■ IPS-25 Fidelity Scale

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# ACKNOWLEDGEMENTS

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## 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

## IPS-25 FIDELITY SCALE

Formerly called the Supported Employment Fidelity Scale (1/7/08). See end of document for key.

**Rater:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **TOTAL SCORE:** \_\_\_\_\_

**Directions:** Circle one anchor number for each criterion.

STAFFING		
Criterion	Data Source	Anchor
1) <b>Caseload Size:</b> IPS specialists have individual employment caseloads. The maximum caseload for any full-time IPS specialist is 20 or fewer clients.	MIS, DOC, INT	<b>1</b> = Ratio of 41 or more clients per IPS specialist. <b>2</b> = Ratio of 31-40 clients per IPS specialist. <b>3</b> = Ratio of 26-30 clients per IPS specialist. <b>4</b> = Ratio of 21-25 clients per IPS specialist. <b>5</b> = Ratio of 20 or fewer clients per IPS specialist.
2) <b>Employment Services Staff:</b> IPS specialists provide only employment services.	MIS, DOC, INT	<b>1</b> = IPS specialists provide employment services less than 60% of the time. <b>2</b> = IPS specialists provide employment services 60-74% of the time. <b>3</b> = IPS specialists provide employment services 75-89% of the time. <b>4</b> = IPS specialists provide employment services 90-95% of the time. <b>5</b> = IPS specialists provide employment services 96% or more of the time.

## STAFFING

Criterion	Data Source	Anchor
<p><b>3) Vocational Generalists:</b> Each IPS specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner.</p> <p><i>Note: It is not expected that each IPS specialist will provide employment benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity. See Item #1 "Services."</i></p>	MIS, DOC, INT, OBS	<p><b>1</b> = IPS specialist only provides vocational referral service to vendors and other programs.</p> <p><b>2</b> = IPS specialist maintains caseload but refers clients to other programs for vocational services.</p> <p><b>3</b> = IPS specialist provides one to four phases of the employment service (e.g., intake, engagement, assessment, job development, job placement, job coaching, and follow-along supports).</p> <p><b>4</b> = IPS specialist provides five phases of employment service but not the entire service.</p> <p><b>5</b> = IPS specialist carries out all six phases of employment service (e.g., program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).</p>

## ORGANIZATION

Criterion	Data Source	Anchor
<b>1) Integration of rehabilitation with mental health treatment through team assignment:</b> IPS specialists are part of up to two mental health treatment teams from which at least 90% of the IPS specialist's caseload is compromised.	MIS, DOC, INT, OBS	<p><b>1</b> = IPS specialists are part of a vocational program that functions separately from the mental health treatment.</p> <p><b>2</b> = IPS specialists are attached to three or more mental health treatment teams. <u>OR</u> Clients are served by individual mental health practitioners who are not organized into teams. <u>OR</u> IPS specialists are attached to one or two teams from which less than 50% of the IPS specialist's caseload is comprised.</p> <p><b>3</b> = IPS specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the IPS specialist's caseload is comprised.</p> <p><b>4</b> = IPS specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the IPS specialist's caseload is comprised.</p> <p><b>5</b> = IPS specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the IPS specialist's caseload is comprised.</p>
<b>2) Integration of rehabilitation with mental health treatment through frequent team member contact:</b> IPS specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. IPS specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. IPS specialists help the team think about employment for people who haven't been referred to services.	MIS, DOC, INT, OBS	<p><b>1</b> = One or none are present.</p> <p><b>2</b> = Two are present.</p> <p><b>3</b> = Three are present.</p> <p><b>4</b> = Four are present.</p> <p><b>5</b> = Five are present.</p> <hr/> <p><b>All five key components are present:</b></p> <ul style="list-style-type: none"> <li>• IPS specialist attends weekly mental health treatment team meetings.</li> <li>• IPS specialist participates actively in treatment team meetings with shared decision-making.</li> <li>• Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.</li> </ul>



## ORGANIZATION

Criterion	Data Source	Anchor
		<ul style="list-style-type: none"> <li>IPS specialist's office is in close proximity to (or shared with) their mental health treatment team members.</li> <li>IPS specialist helps the team think about employment for people who haven't yet been referred to supported employment services.</li> </ul>
<b>3) Collaboration between IPS specialists and Vocational Rehabilitation counselors:</b> The IPS specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals.	DOC, INT, OBS, ISP	<p><b>1</b> = IPS specialists and VR counselors have client-related contacts (phone, email, in person) less than quarterly to discuss shared clients and referrals. <u>OR</u> IPS specialists and VR counselors do not communicate.</p> <p><b>2</b> = IPS specialists and VR counselors have client-related contacts (phone, email, in person) at least quarterly to discuss shared clients and referrals.</p> <p><b>3</b> = IPS specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals.</p> <p><b>4</b> = IPS specialists and VR counselors have scheduled, face-to-face meetings at least quarterly, <u>OR</u> have client-related contacts (phone, email, in person) weekly to discuss shared clients and referrals.</p> <p><b>5</b> = IPS specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, email, in person) weekly to discuss shared clients and referrals.</p>



## ORGANIZATION

Criterion	Data Source	Anchor
<p><b>4) Vocational unit:</b> At least 2 full-time IPS specialists and a team leader comprise the vocational unit. They have weekly client-based group supervision following the IPS supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.</p>	MIS, INT, OBS	<p><b>1</b> = IPS specialists are not part of a vocational unit.</p> <p><b>2</b> = IPS specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.</p> <p><b>3</b> = IPS specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. <u>OR</u>, If a program is in a rural area where IPS specialists are geographically separate with one IPS specialist at each site, the IPS specialists meet 2-3 times monthly with their supervisor by teleconference.</p> <p><b>4</b> = At least 2 IPS specialists and a team leader form a vocational unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. <u>OR</u>, If a program is in a rural area where IPS specialists are geographically separate with one IPS specialist at each site, the IPS specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the IPS specialist with activities such as taking someone to work or picking up job applications.</p> <p><b>5</b> = At least 2 full-time IPS specialists and a team leader form a vocational unit with weekly client-based group supervision based on the IPS supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed.</p>

## ORGANIZATION

Criterion	Data Source	Anchor
<p><b>5) Role of IPS supervisor:</b> IPS vocational unit is led by an IPS team leader. IPS specialists' skills are developed and improved through outcome-based supervision. All five key roles of the IPS supervisor are present.</p>	MIS, INT	<p><b>1</b> = One or none are present.  <b>2</b> = Two are present.  <b>3</b> = Three are present.  <b>4</b> = Four are present.  <b>5</b> = Five are present.</p> <hr/> <p><b>Five key roles of the IPS supervisor:</b></p> <ul style="list-style-type: none"> <li>• One full-time equivalent (FTE) supervisor is responsible for no more than 10 IPS specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than 10 IPS specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an IPS supervisor responsible for four IPS specialists may be devoted to IPS supervision half time.)</li> <li>• Supervisor conducts weekly IPS supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.</li> <li>• Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.</li> <li>• Supervisor accompanies IPS specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.</li> <li>• Supervisor reviews current client outcomes with IPS specialists and sets goals to improve program performance at least quarterly.</li> </ul>

## ORGANIZATION

Criterion	Data Source	Anchor
<p><b>6) Zero exclusion criteria:</b> All clients interested in working have access to IPS services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during IPS services too. IPS specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally.</p>	DOC, INT, OBS	<p><b>1</b> = There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.</p> <p><b>2</b> = Most clients are unable to access IPS services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).</p> <p><b>3</b> = Some clients are unable to access IPS services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).</p> <p><b>4</b> = No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. IPS specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.</p> <p><b>5</b> = All clients interested in working have access to IPS services. Mental health practitioners encourage clients to consider employment, and referrals for IPS are solicited by many sources. IPS specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.</p>

## ORGANIZATION

Criterion	Data Source	Anchor
<p><b>7) Agency focus on competitive employment:</b>            Agency promotes competitive work through multiple strategies. Agency intake includes questions about the interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and IPS services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff.</p>	DOC, INT, OBS	<p><b>1</b> = One or none is present.  <b>2</b> = Two are present.  <b>3</b> = Three are present.  <b>4</b> = Four are present.  <b>5</b> = Five are present.</p> <hr/> <p><b>Agency promotes competitive work through multiple strategies:</b></p> <ul style="list-style-type: none"> <li>• Agency intake includes questions about interest in employment.</li> <li>• Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews.</li> <li>• Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and IPS services, in lobby and other waiting areas.</li> <li>• Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.</li> <li>• Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff.</li> </ul>

## ORGANIZATION

Criterion	Data Source	Anchor
<b>8) Executive team support for IPS:</b> Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with IPS implementation and sustainability. All five key components of executive team support are present.	DOC, INT, OBS	<p> <b>1</b> = One or none is present.  <b>2</b> = Two are present.  <b>3</b> = Three are present.  <b>4</b> = Four are present.  <b>5</b> = Five are present.         </p> <hr/> <ul style="list-style-type: none"> <li>Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based IPS supported employment.</li> <li>Agency QA process includes an explicit review of the IPS program, or components of the program, at least every 6 months through the use of the IPS-25 Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve IPS implementation and sustainability.</li> <li>At least one member of the executive team actively participates at IPS leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services.</li> <li>The agency CEO/Executive Director communicates how IPS services support the mission of the agency and articulates clear and specific goals for IPS and/or competitive employment to all agency staff during the first six months and at least annually (i.e., IPS kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.</li> <li>IPS program leader shares information about barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.</li> </ul>

## SERVICES

Criterion	Data Source	Anchor
<b>1) Work incentives planning:</b> All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes Social Security Administration (SSA) benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits, and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits.	DOC, INT OBS, ISP	<p><b>1</b> = Work incentives planning is not readily available or easily accessible to most clients served by the agency.</p> <p><b>2</b> = IPS specialist gives client contact information about where to access information about work incentives planning.</p> <p><b>3</b> = IPS specialist discusses with each client changes in benefits based on work status.</p> <p><b>4</b> = IPS specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.</p> <p><b>5</b> = IPS specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.</p>
<b>2) Disclosure:</b> IPS specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.	DOC, INT, OBS	<p><b>1</b> = None is present.</p> <p><b>2</b> = One is present.</p> <p><b>3</b> = Two are present.</p> <p><b>4</b> = Three are present.</p> <p><b>5</b> = Four are present.</p> <hr/> <ul style="list-style-type: none"> <li>IPS specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.</li> <li>IPS specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. IPS specialists describe how disclosure relates to requesting accommodations and the IPS specialist's role communicating with the employer.</li> </ul>

## SERVICES

Criterion	Data Source	Anchor
		<ul style="list-style-type: none"> <li>IPS specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers.</li> <li>IPS specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.)</li> </ul>
<b>3) Ongoing, work-based vocational assessment:</b> Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers.	DOC, INT, OBS, ISP	<p><b>1</b> = Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.</p> <p><b>2</b> = Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs, agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).</p> <p><b>3</b> = IPS specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, etc., and do not routinely analyze job loss (or job problems) for lessons learned.</p> <p><b>4</b> = Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. IPS specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems, and job successes. They do not document these lessons learned in the vocational profile, <u>OR</u> The vocational profile is not updated on a regular basis.</p> <p><b>5</b> = Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. IPS specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems, and job successes.</p>



## SERVICES

Criterion	Data Source	Anchor
<b>4) Rapid job search for competitive job:</b> Initial employment assessment and first face-to-face employer contact by the client or the IPS specialist about a competitive job occurs within 30 days (one month) after program entry.	DOC, INT, OBS, ISP	<p><b>1</b> = First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average 271 days or more (&gt;9 mos.) after program entry.</p> <p><b>2</b> = First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.</p> <p><b>3</b> = First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.</p> <p><b>4</b> = First face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.</p> <p><b>5</b> = The program tracks employer contacts and the first face-to-face contact with an employer by the client or the IPS specialist about a competitive job is on average within 30 days (one month) after program entry.</p>

## SERVICES

Criterion	Data Source	Anchor
<p><b>5) Individualized job search:</b> IPS specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.</p>	DOC, INT, OBS, ISP	<p><b>1</b> = Less than 25% of employer contacts by the IPS specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p><b>2</b> = 25-49% of employer contacts by the IPS specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p><b>3</b> = 50-74% of employer contacts by the IPS specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.</p> <p><b>4</b> = 75-89% of employer contacts by the IPS specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.</p> <p><b>5</b> = IPS specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, IPS specialists provide information about a range of job options in the community.</p>

## SERVICES

Criterion	Data Source	Anchor
<p><b>6) Job Development – Frequent employer contact:</b> Each IPS specialist makes at least 6 face-to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an IPS specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. IPS specialists use a weekly tracking form to document employer contacts.</p>	DOC, INT, OBS	<p><b>1</b> = IPS specialist makes less than 2 face-to-face employer contacts that are client-specific per week.</p> <p><b>2</b> = IPS specialist makes 2 face-to-face employer contacts per week that are client-specific, <u>OR</u> Does not have a process for tracking.</p> <p><b>3</b> = IPS specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the IPS supervisor on a monthly basis.</p> <p><b>4</b> = IPS specialist makes 5 face-to-face employer contacts per week that are client specific, and uses a tracking form that is reviewed by the IPS supervisor on a weekly basis.</p> <p><b>5</b> = IPS specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, IPS specialist uses a tracking form that is reviewed by the IPS supervisor on a weekly basis.</p>
<p><b>7) Job development – Quality of employer contact:</b> IPS specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the IPS program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each IPS, then calculate average and use the closest scale point.)</p>	DOC, INT, OBS	<p><b>1</b> = IPS specialist meets employer when helping client to turn in job applications, <u>OR</u> IPS specialist rarely makes employer contacts.</p> <p><b>2</b> = IPS specialist contacts employers to ask about job openings and then shares these “leads” with clients.</p> <p><b>3</b> = IPS specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.</p> <p><b>4</b> = IPS specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths, and asks employers to interview clients.</p> <p><b>5</b> = IPS specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the IPS program offers to the employer, describe client strengths that are a good match for the employer.</p>

## SERVICES

Criterion	Data Source	Anchor
<b>8) Diversity of job types:</b> IPS specialists assist clients in obtaining different types of jobs.	DOC, INT OBS, ISP	<p><b>1</b> = IPS specialists assist clients obtain different types of jobs less than 50% of the time.</p> <p><b>2</b> = IPS specialists assist clients obtain different types of jobs 50-59% of the time.</p> <p><b>3</b> = IPS specialists assist clients obtain different types of jobs 60-69% of the time.</p> <p><b>4</b> = IPS specialists assist clients obtain different types of jobs 70-84% of the time.</p> <p><b>5</b> = IPS specialists assist clients obtain different types of jobs 85-100% of the time.</p>
<b>9) Diversity of Employers:</b> IPS specialists assist clients in obtaining jobs with different employers.	DOC, INT, OBS, ISP	<p><b>1</b> = IPS specialists assist clients obtain jobs with the different employers less than 50% of the time.</p> <p><b>2</b> = IPS specialists assist clients obtain jobs with the same employers 50-59% of the time.</p> <p><b>3</b> = IPS specialists assist clients obtain jobs with different employers 60-69% of the time.</p> <p><b>4</b> = IPS specialists assist clients obtain jobs with different employers 70-84% of the time.</p> <p><b>5</b> = IPS specialists assist clients obtain jobs with different employers 85-100% of the time.</p>
<b>10) Competitive Jobs:</b> IPS specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., transitional employment positions. Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.)	DOC, INT, OBS, ISP	<p><b>1</b> = IPS specialists provide options for permanent, competitive jobs less than 64% of the time, <u>OR</u> There are fewer than 10 current jobs.</p> <p><b>2</b> = IPS specialists provide options for permanent, competitive jobs about 65-74% of the time.</p> <p><b>3</b> = IPS specialists provide options for permanent, competitive jobs about 75-84% of the time.</p> <p><b>4</b> = IPS specialists provide options for permanent, competitive jobs about 85-94% of the time.</p> <p><b>5</b> = 95% or more competitive jobs held by clients are permanent.</p>

## SERVICES

Criterion	Data Source	Anchor
<p><b>11) Individualized follow-along supports:</b> Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and IPS specialist. IPS specialist also provides employer support (e.g., educational information, job accommodations) at client's request. IPS specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties.</p>	DOC, INT, OBS, ISP	<p><b>1</b> = Most clients do not receive supports after starting a job.</p> <p><b>2</b> = About half of the working clients receive a narrow range of supports provided primarily by the IPS specialist.</p> <p><b>3</b> = Most working clients receive a narrow range of supports that are provided primarily by the IPS specialist.</p> <p><b>4</b> = Clients receive different types of support working for a job that are based on the job, client preferences, work history, needs, etc. IPS specialists provide employer supports at the client's request.</p> <p><b>5</b> = Clients receive different types of job support based on the job, client preferences, work history, needs, etc. IPS specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The IPS specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members.</p>
<p><b>12) Time-unlimited follow-along supports:</b> IPS specialists have face-to-face contact within 1 week before starting a job, within 3 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 desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. IPS specialists contact clients within 3 days of learning about the job loss.</p>	DOC, INT, OBS, ISP	<p><b>1</b> = IPS specialist does not meet face-to-face with the client after the first month of starting a job.</p> <p><b>2</b> = IPS specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.</p> <p><b>3</b> = IPS specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.</p> <p><b>4</b> = IPS specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.</p> <p><b>5</b> = IPS specialist has face-to-face contact during the week before, and within 3 days after, starting a job; weekly for the first month; and averaging at least monthly for a year or more, for clients working steadily and who desire contact. Clients achieving steady employment subsequently transition to step down job supports from a mental health worker. IPS specialist contacts clients within 3 days of hearing about the job loss.</p>

## SERVICES

Criterion	Data Source	Anchor
<b>13) Community-based services:</b> Employment services such as engagement, job finding, and follow-along supports are provided in natural community settings by all IPS specialists. (Rate each IPS specialist based upon their <u>total</u> weekly scheduled work hours, then calculate the average and use the closest scale point.)	DOC, INT, OBS	<b>1</b> = IPS specialist spends 30% time or less in the scheduled work hours in the community. <b>2</b> = IPS specialist spends 30-39% of total scheduled work hours in the community. <b>3</b> = IPS specialist spends 40-49% of total scheduled work hours in the community. <b>4</b> = IPS specialist spends 50-64% of total scheduled work hours in the community. <b>5</b> = IPS specialist spends 65% or more of total scheduled work hours in the community.
<b>14) Assertive engagement and outreach by integrated treatment team:</b> Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by IPS specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue IPS services, the team stops outreach.	MIS, DOC, INT, OBS	<b>1</b> = Evidence that 2 or less strategies for engagement and outreach are used. <b>2</b> = Evidence that 3 less strategies for engagement and outreach are used. <b>3</b> = Evidence that 4 less strategies for engagement and outreach are used. <b>4</b> = Evidence that 5 less strategies for engagement and outreach are used. <b>5</b> = Evidence that all 6 strategies for engagement and outreach are used: i) Service termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by IPS specialist with integrated team member. vi) Connect with family, when applicable.

### Data sources:

**MIS** Management Information System

**DOC** Document review: clinical records, agency policy and procedures

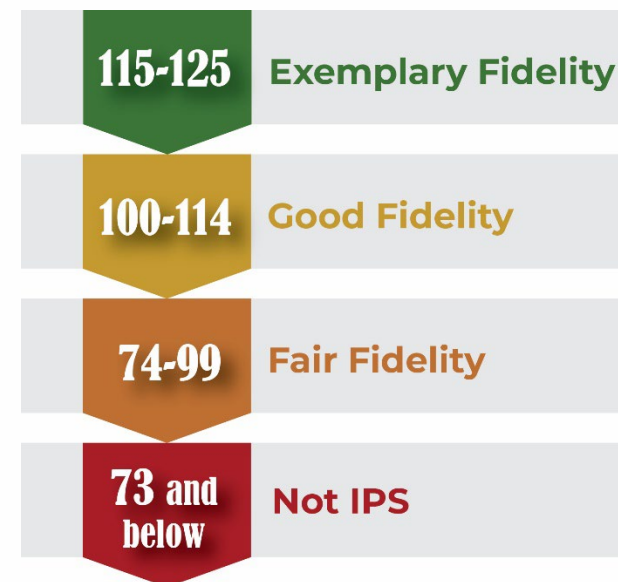
**INT** Interviews with clients, IPS specialists, mental health staff, VR counselors, families, employers

**OBS** Observation (e.g., team meeting, shadowing employment specialists)

**ISP** Individualized Service Plan

## IPS-25 SUPPORTED EMPLOYMENT FIDELITY SCALE SCORE SHEET

STAFFING		
1.	Caseload size	Score:
2.	Employment services staff	Score:
3.	Vocational generalists	Score:
ORGANIZATION		
1.	Integration of rehabilitation with mental health thru team assignment	Score:
2.	Integration of rehabilitation with mental health thru frequent team member contact	Score:
3.	Collaboration between IPS specialists and Vocational Rehabilitation counselors	Score:
4.	Vocational unit	Score:
5.	Role of IPS supervisor	Score:
6.	Zero exclusion criteria	Score:
7.	Agency focus on competitive employment	Score:
8.	Executive team support for IPS	Score:
SERVICES		
1.	Work incentives planning	Score:
2.	Disclosure	Score:
3.	Ongoing, work-based vocational assessment	Score:
4.	Rapid search for competitive job	Score:
5.	Individualized job search	Score:
6.	Job development—Frequent employer contact	Score:
7.	Job development—Quality of employer contact	Score:
8.	Diversity of job types	Score:
9.	Diversity of employers	Score:
10.	Competitive jobs	Score:
11.	Individualized follow-along supports	Score:
12.	Time-unlimited follow-along supports	Score:
13.	Community-based services	Score:
14.	Assertive engagement and outreach by integrated treatment team	Score:
<b>Total:</b>		





## ACKNOWLEDGEMENTS

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### SAMHSA Staff

- **Mogens Bill Baerentzen\***, Ph.D., CRC, LMHP, *Center for Mental Health Services*
- **Abdallah Ibrahim\***, DrPH, CPH, *Center for Mental Health Services*
- **Gavin Kirkpatrick\***, PHR, *Center for Mental Health Services*
- **Jennifer Salach\***, MPH, *National Mental Health and Substance Use Policy Laboratory*

\*Member of the SAMHSA IPS Toolkit Planning Team.

### Subject Matter Experts

- **Deborah R. Becker, M.Ed., CRC**, *Research Foundation for Mental Hygiene, Inc., Retired*
- **Gary R. Bond, Ph.D.**, *Chancellor's Professor Emeritus, Indiana University Indianapolis*
- **Sarah J. Swanson, M.S., CRC**, *IPS Center Director, Research Foundation for Mental Hygiene, Inc.*

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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.

1-877-SAMHSA-7 (726-4727) ● 1-800-487-4889 (TTY) ● [www.samhsa.gov](http://www.samhsa.gov)