

2022

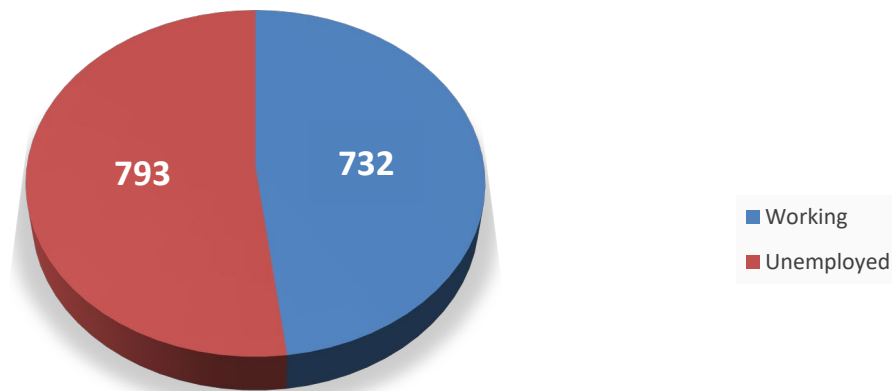
Michigan Department of
Health and Human Services
Evidence-Based Practice
Individual Placement &
Support (IPS)
Report



Fiscal Year 2022

Individual Placement and Support Employment rate hits 48%

Unduplicated Individuals Working in Competitive Employment at Any Time During the Quarter



Executive Summary:

Fiscal year (FY) 2022 was newsworthy as Michigan IPS reached a 48% employment rate in the third quarter. In addition, Saginaw Community Mental Health Association (CMHA) and Lapeer Community Mental Health Services Programs (CMHSPs) achieved fidelity late in the fourth quarter and are now recognized IPS sites.

IPS continues to have a profound impact on many individuals across Michigan, making a significant difference in not only their lives but the lives of their families. This is the seventh Evidence-Based Practice/Individual Placement and Support (IPS) report completed for the Michigan Department of Health and Human Services/Behavioral and Physical Health and Aging Services Administration (MDHHS/BPHASA) representing the currently recognized 23 statewide IPS programs. (Note: The two additional sites that achieved baseline recognition in the fourth quarter of FY 2022 did not participate in the third quarter of 2022 reporting period). The purpose of this report is to continue building on the foundational process, reporting mechanism, and progressive longitudinal observation of data trends for IPS programs in Michigan's public mental health system to shape future recognition, publications, and promotion of the IPS practice.

Michigan has been implementing the Evidence-Based Practice Supported Employment – IPS model since 2004. Prior to this report, published reports were initiated in 2017 occurring on an annual basis with data representation and evaluation of third quarter data as reported by IPS sites. The annual reports were preceded by an unpublished pilot report in 2016 in the formation of a standardized tracking mechanism for IPS providers and stakeholders to collect, share, and uniformly measure outcomes for statewide observation. This (seventh) report continues capturing longitudinal data in observation of Michigan's IPS

programs. The data will provide information to guide IPS program growth in Michigan and identify organizational aspects about recognized IPS programs, which vary across the state.

The report describes the current status of programmatic characteristics and conditions under which IPS programs serve Michigan residents through local Community Mental Health Services Programs (CMHSPs) or contracted providers. Information encompasses employment data, outcome measures, model adherence, business/consumer/employment staff interviews, and implications of the findings from these data. Retention benchmarks continue to be tracked of individuals that obtained and maintained competitive employment reaching milestones of 90, 180 and 365 days at work during the time-period of April 1, 2022, to June 30, 2022.

It should be noted that data reflected in this report represents services provided during the unprecedented global pandemic resulting from the novel coronavirus, commonly referred to as COVID-19. IPS providers and services remained intact, but accommodations were made. IPS providers and their governing bodies made decisions on how to best provide services for individuals within their own service area. This resulted in IPS providers conducting services in a variety of fashions which could include both face-to-face meetings, or virtual communication platforms.

It is assumed that readers of this report have a baseline fundamental understanding of the IPS model, core principles, and measurements of model adherence based on the fidelity scale with this seventh published and publicly available report occurring in 2022. If baseline information is desired, please visit www.IPSWorks.org site and click on the “What is IPS” tab.

Clarifying Definitions and Data Considerations:

Employment is defined as an individual employed in an integrated community job who receives a paycheck of competitive wages for performing job functions.

Delimitations:

The information provided in this report is delimited to data obtained from 23 Michigan IPS programs in the State of Michigan that are recognized by BPHASA as IPS providers with various levels of adherence to fidelity of the IPS model. It is assumed that the information and data collected from the IPS service providers or organizations are valid and reliable. Additionally, the information provided is reflective only of programs with at least one external fidelity review. As reflected in the executive summary, during this reporting period IPS providers were subject to job-duty modifications resulting from Executive Order 2020-42 (COVID-19) and the COVID-19 pandemic.

Supporting historical data as reported by each recognized IPS program may be found at: [Mental Health IPS FY22 Historical Data](#).

For further information, e-mail MDHHS-CPI-Section@michigan.gov.

IPS Summit:

Michigan held its fourth annual IPS Summit during 2022. This event was conducted via a virtual platform and in-person because of the COVID-19 pandemic. In total, 140 individuals representing the 23 IPS programs in Michigan, partners from Bureau of Services for Blind Persons (BSBP), and Michigan Rehabilitation Services (MRS) participated in the event. Highlighted below are slides reflecting key points and takeaways from the 2022 IPS Virtual Summit.

The Eric Karbowski IPS LEADERSHIP AWARD 2022 Recipient

The Eric Karbowski IPS Leadership Award is presented annually to a member of the IPS community that displays outstanding leadership, perseverance, and dedication to the IPS model and the future advancement of its efforts in Michigan. The 2022 recipient of the Eric Karbowski IPS Leadership Award was Belal Elkadri from Arab Community Center for Economic and Social Services (ACCESS) Community Health and Research Center.

Overview:

As previously noted, this is the seventh Evidence-Based Practice IPS report completed for the MDHHS/BPHASA representing the current 23 statewide IPS programs. Prior reports were published, printed, and distributed to participating programs, stakeholders, and posted on the Michigan Department of Health and Human Service's website: [2021 Michigan Department of Health and Human Services Evidence Based Practice Individual Placement & Support \(IPS\) Report](#) to share program data and outcomes for statewide consideration. This report builds on previous reports and continues the longitudinal observation of reported data from Michigan's IPS programs. The data will provide information to guide IPS

program growth in Michigan and identify organizational aspects about IPS programs, which vary across the state. The report describes the status of programmatic characteristics and conditions under which IPS programs serve Michigan residents through local CMHSPs or contracted providers. Information encompasses employment data, outcome measures, model adherence, business/consumer/employment staff interviews, and implications of the findings from this data.

Method:

Data collected for this report is from program supervisors, or designated IPS staff for agencies that do not currently have an IPS supervisor. All programs that participated in this report identify themselves as providing IPS services and at minimum had an external baseline fidelity review before fiscal year 2022. External fidelity reviews considered for this report were completed by the IPS Michigan Fidelity Assistance Support Team (MIFAST) as it utilizes the IPS fidelity scale to assess model adherence. Survey information was distributed and collected through Survey Monkey. This seventh report continues observation of longitudinal data collection to be evaluated and developed accordingly with data collected and feedback from MDHHS/BPHASA, IPS service providers, and stakeholders.

Results/Aggregate Data Responses:

At the time of this report, there were 23 providers recognized as IPS programs. Of the 23 programs, five (5) achieved exemplary fidelity, nine (9) achieved good fidelity, and nine (9) achieved fair fidelity (Figure 3). The reported number of individuals actively enrolled in IPS services during the reporting period was 1,525. This represents a decrease of 57 individuals in relation to the 2021 report.

The employment rate for Michigan sites as tracked by the National IPS Works data site during the third quarter of fiscal year (FY) 22 was 48%. There were 732 individuals (unduplicated) from the IPS supported employment caseload of 1,525 working in competitive employment at any time during the quarter. See Figure 1. This includes individuals working limited hours or days during the quarter as well as individuals working full-time (Figure 1). This 48% is an increase of 3.1% from FY 2021. The increase appears to be a combination of employer demand for workers, as well as a correction for total number of individuals on a caseload by two larger sites.

Unduplicated Individuals Working in Competitive Employment at Any Time During the Quarter

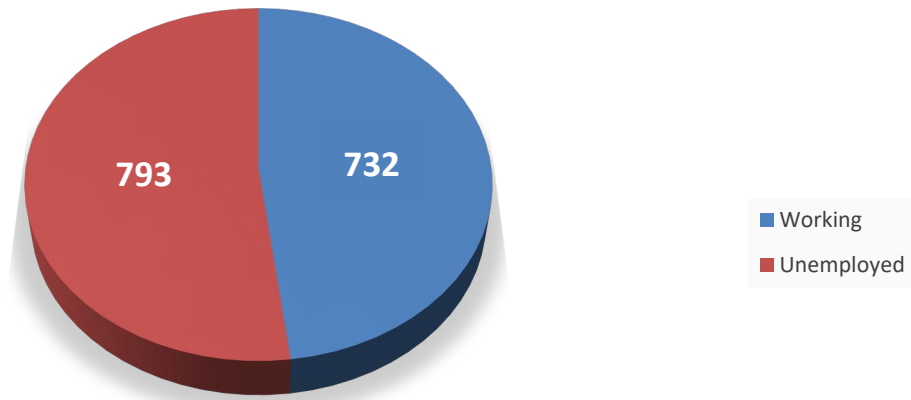


Figure 1

Of the 1,525 actively enrolled consumers, 494 were reported as having the Healthy Michigan Plan Medicaid as their primary form of insurance (Figure 2). This represents 32.3% of all actively enrolled consumers receiving this insurance during April, May, and June of 2022.

Active IPS Consumers with Healthy Michigan Plan Medicaid



Figure 2

The IPS Fidelity Scale has three sections including staffing, organization, and services. Each section has various fidelity items evaluated on a five-point response format with a range of 1 = no implementation, 5 = full implementation, and intermittent numbers representing progressively greater degrees of implementation. The services identified in the fidelity manual as part of the IPS model include intake, engagement, assessment, job placement, job coaching, and follow-along supports before stepping down to less intensive employment support provided by another clinical or mental health practitioner.

There are 83 counties in Michigan. Presently, 21 of the 83 counties in Michigan provide IPS services. Of the 23 providers of IPS services, seven (7) are currently coordinated and staffed within Community Mental Health Service Providers (CMHSPs) and 16 are non-CMHSP contracted service providers. Some of the 21 counties where IPS is represented have more than one IPS service provider (Detroit/Wayne County – eight (8), Oakland County – three (3), Bay County – two (2), Kalamazoo County – two (2)). For the intent of this report, the following color code is used to identify program(s) by level of reported adherence to the fidelity model (Figure 4):

- Rose - Exemplary
- Yellow - Good
- Aqua - Fair
- White - No IPS services offered

Color Coding Key	Exemplary	Good	Fair
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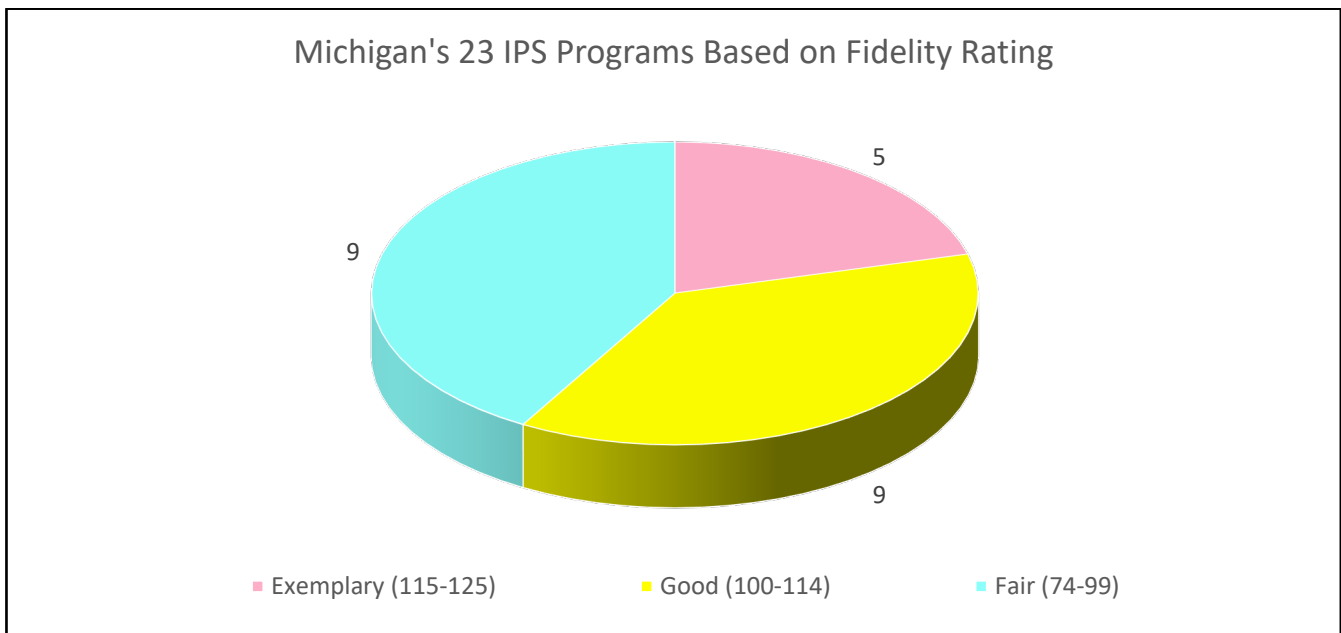


Figure 3

For counties with more than one IPS provider, the overall majority of fidelity model adherence is represented in Figure 4.

As noted in the following information, date ranges may vary given the type of information being gathered. The date range used for reporting the number of job placements for this report was April 1, 2022, through June 30, 2022 (FY 22 – Third Quarter). The total reported number of job placements for IPS programs in the third quarter of 2022 was 367 new job starts. In the 2021 published report, the total new job starts reported was 383, which represents a decrease of 16 job starts from 2021 to 2022. The 367 reported placements represent the total unduplicated count of new job starts. However, this number does not represent an unduplicated number of consumers as some individuals could have reported obtaining more than one job during the three-month timeframe. A breakdown of new job starts by corresponding fidelity score reflects the following: (Table 1, Figure 5.5)

- Five (5) exemplary fidelity programs accounted for 117 placements out of 487 total active consumers in IPS programs, which represent an average of 24% of caseload placed. This represents a 2% decrease for the 2022 fiscal year's report.
- Nine (9) good fidelity programs accounted for 120 placements out of 483 total active consumers in IPS programs, which represent an average of 25% of caseload placed.
- Nine (9) fair fidelity programs accounted for 130 placements out of 555 total active consumers in IPS programs, which represent average of 23% of caseload placed. This represents a 2% decrease for the 2022 fiscal year's report.

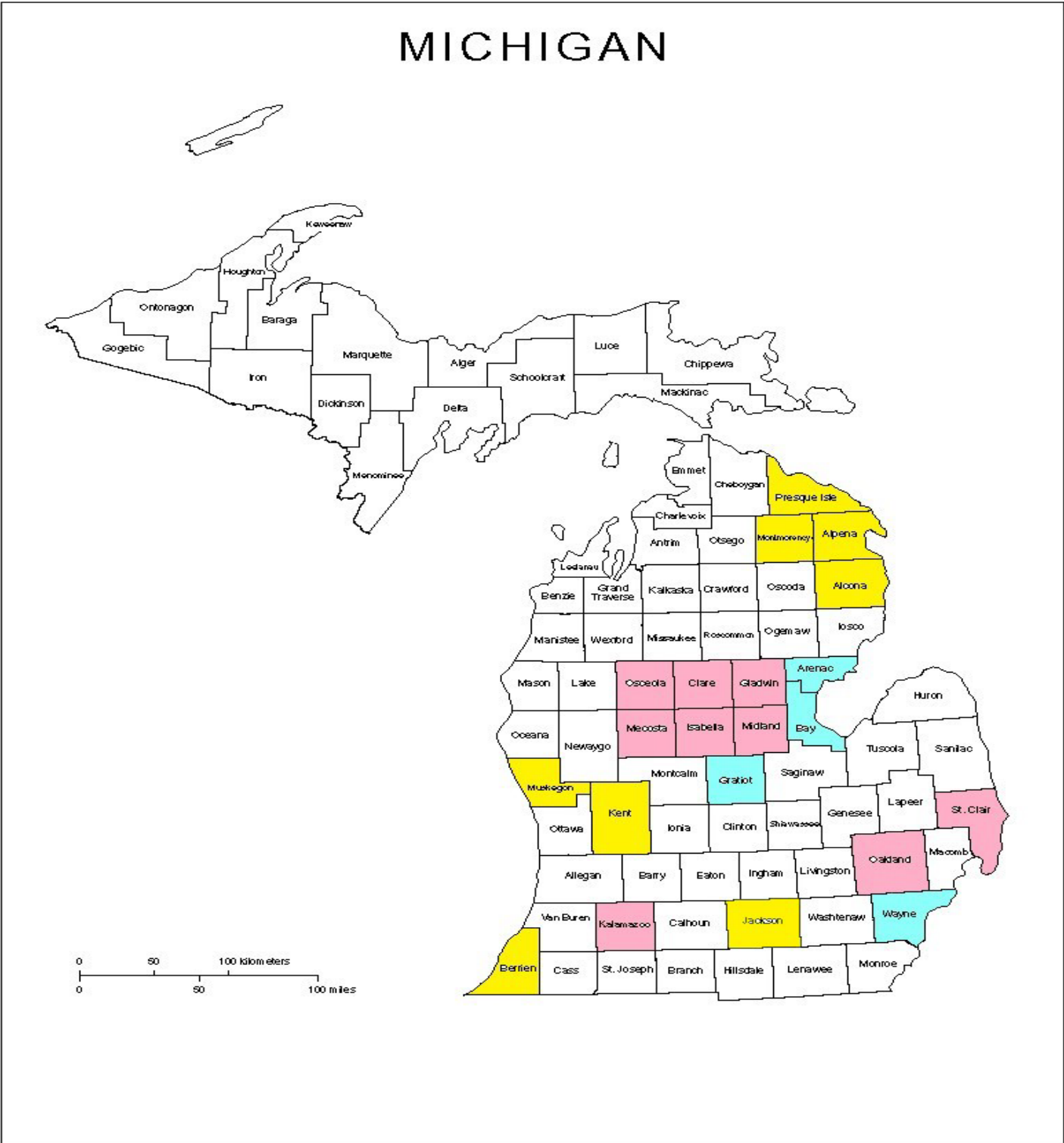


Figure 4
(IPS Sites at CMHSPs with at least a recognized external baseline review)

Color Coding Key	Exemplary	Good	Fair
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Program Fidelity Standing	Number of New Job Starts During 3 rd Quarter	Number of Enrolled Consumers at Time of Report	Percentage of Caseload Employed in New Jobs
Exemplary (5 Programs)	89	516	17%
Good (9 Programs)	96	594	16%
Fair (10 Programs)	92	526	17%
Totals	277	1,636	16.9%

Figure 5.3 (2020 Report Data)

Program Fidelity Standing	Number of New Job Starts During 3 rd Quarter	Number of Enrolled Consumers at Time of Report	Percentage of Caseload Employed in New Jobs
Exemplary (5 Programs)	154	585	26%
Good (9 Programs)	98	468	21%
Fair (9 Programs)	131	529	25%
Totals	383	1,582	24.2%

Figure 5.4 (2021 Report Data)

Program Fidelity Standing	Number of New Job Starts During 3 rd Quarter	Number of Enrolled Consumers at Time of Report	Percentage of Caseload Employed in New Jobs
Exemplary (5 Programs)	117	487	24%
Good (6 Programs)	120	483	25%
Fair (13 Programs)	130	555	23%
Totals	367	1,525	24%

Figure 5.5 (2022 Report Data)

Continued in the 2022 data report is the aggregate collection of each program by fidelity score for “number of consumers enrolled” (Figure 6), and “new job starts” (Figure 7). Figures 6 and 7 describe a point in time reflected in reported data from 2018 to 2022 as reported annually by designated staff from each IPS site. It should be noted that variance exists in Table 1 as reflected in Figures 6 and 7 based on the fluctuation of model adherence over time. This is measured by the fidelity scale applied during this longitudinal perspective for providers.

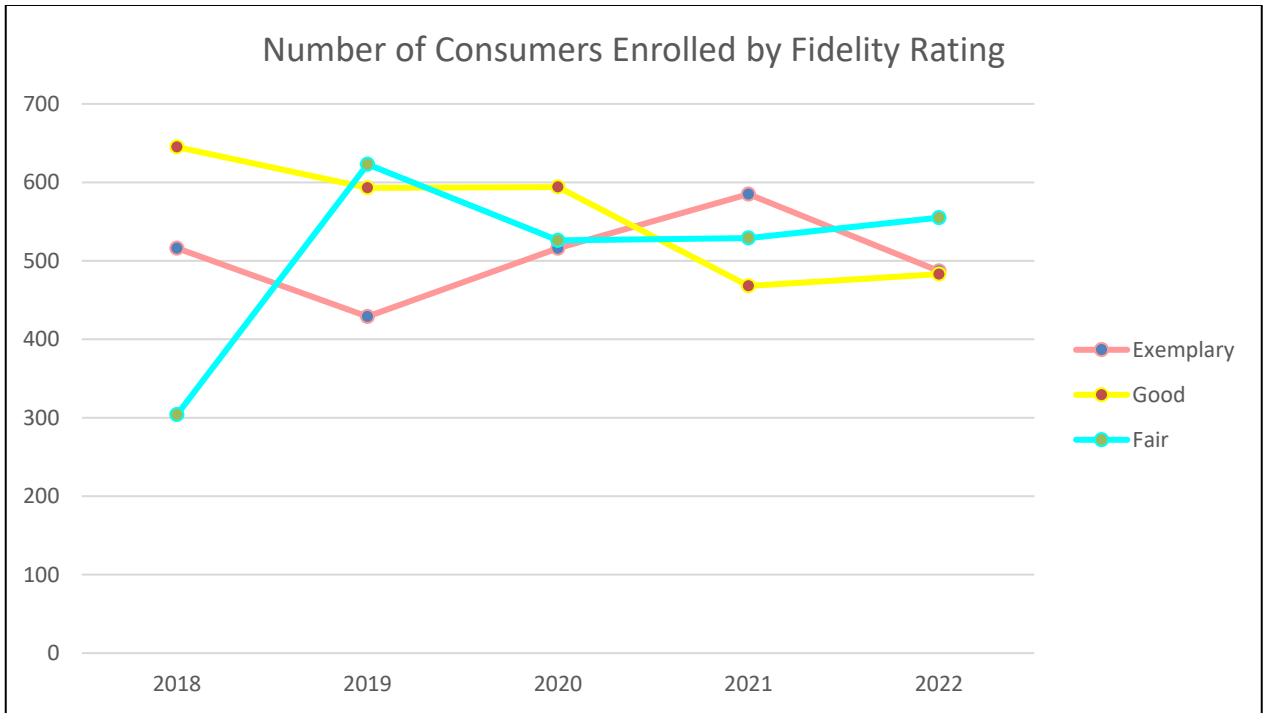


Figure 6

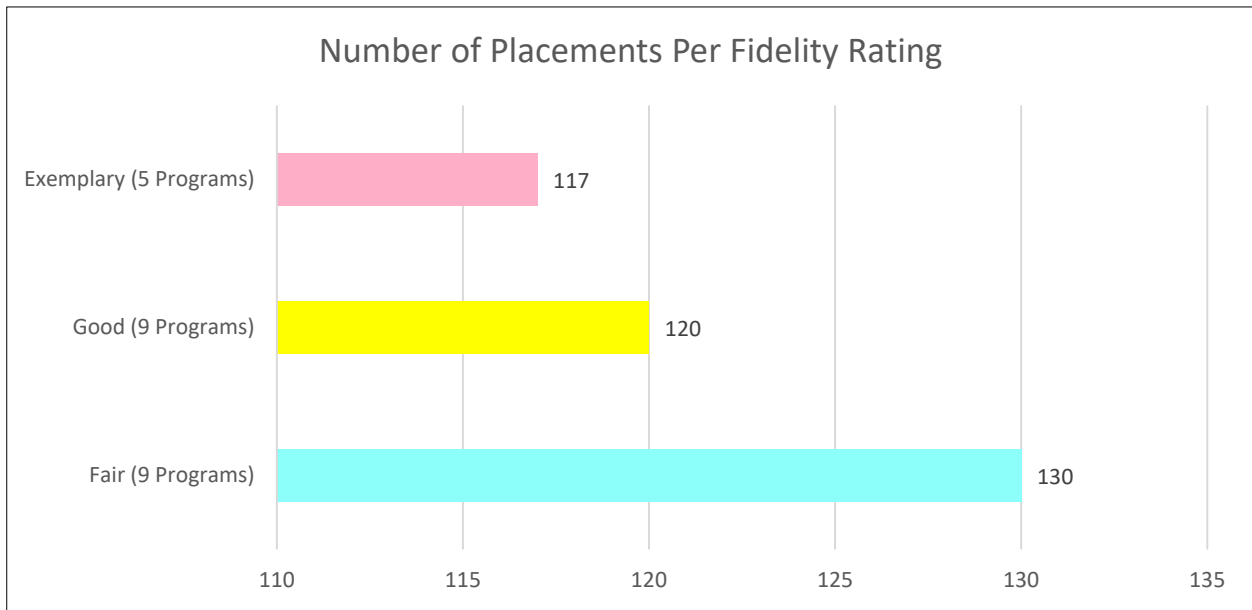


Table 1

Color Coding Key	Exemplary	Good	Fair
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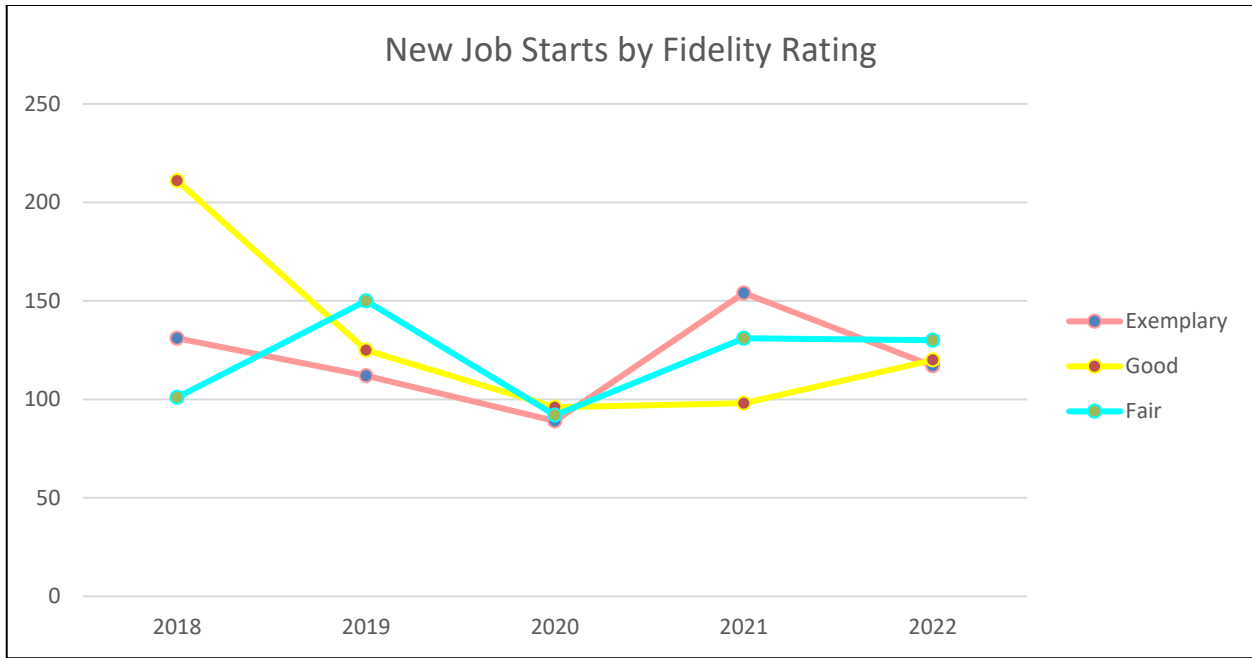


Figure 7

In the 2022 report, the continuation of the number of consumers reaching employment milestones of 90, 180 and 365 days of employment is included (Figure 8). Longitudinal outlooks for employment milestones are represented in (Figure 9, Figure 9.1, and Figure 9.2). The 23 providers participating in the survey all submitted the unduplicated count of consumers reaching these milestones. The total number of individuals reaching 90 days of employment was 131 which represents a decrease of 23 individuals; 180 days of employment was 73 which represents a decrease of eight (8) individuals; and 365 days of employment was 48 which represents an increase of 17 individuals from the 2021 report.

Of the total reaching 90 days of employment, 35 were from exemplary fidelity programs, 43 from good fidelity programs, and 53 from fair fidelity programs. Of those reported as reaching 180 days of employment, 20 were from exemplary fidelity programs, 20 from good fidelity programs, and 33 from fair fidelity programs. Finally, among those reported as reaching 365 days of employment, 14 were from exemplary fidelity programs, five (5) from good fidelity programs, and 29 from fair fidelity programs (Figure 8).

Color Coding Key	Exemplary	Good	Fair
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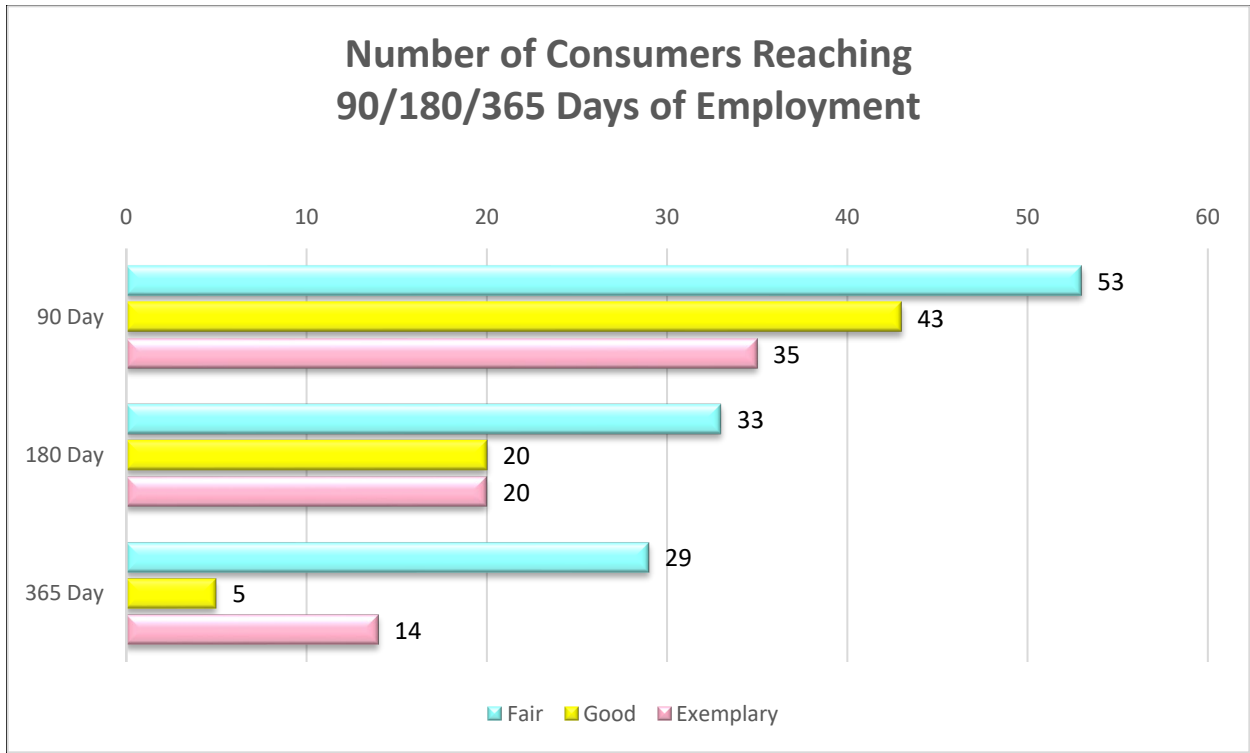


Figure 8

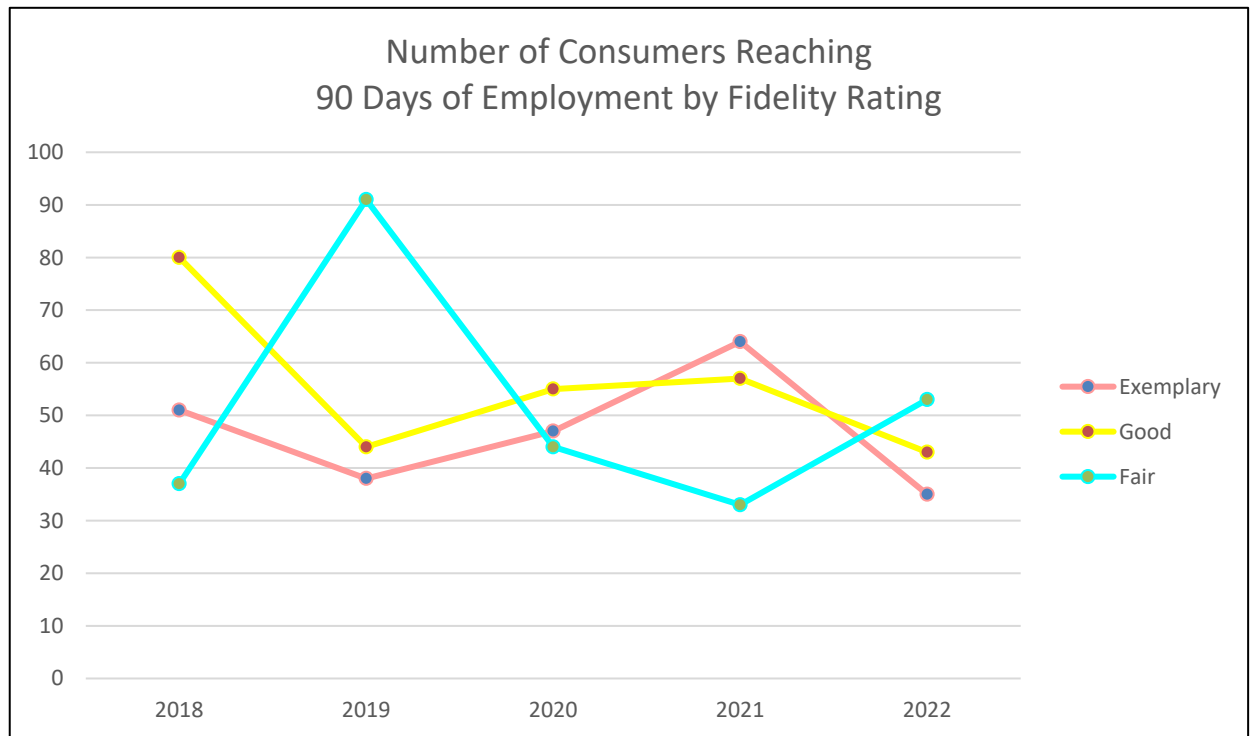


Figure 9

Color Coding Key	Exemplary	Good	Fair
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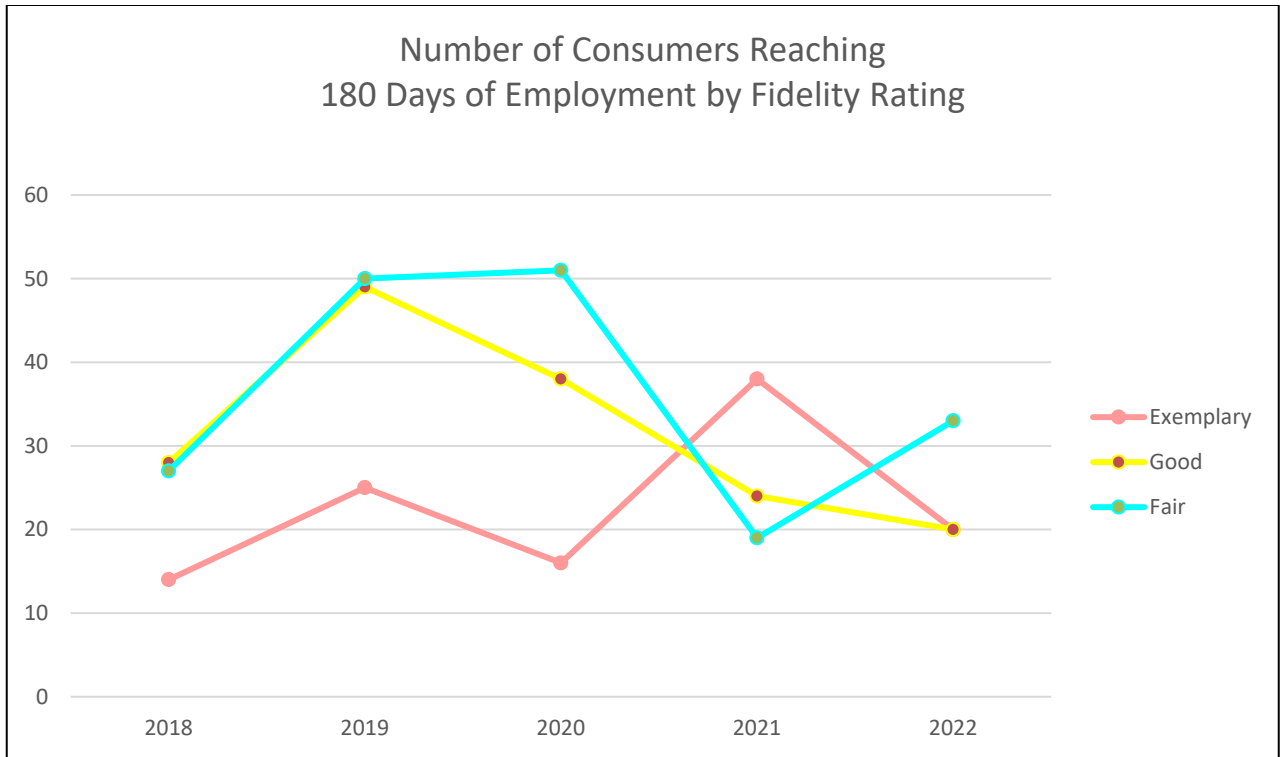


Figure 9.1

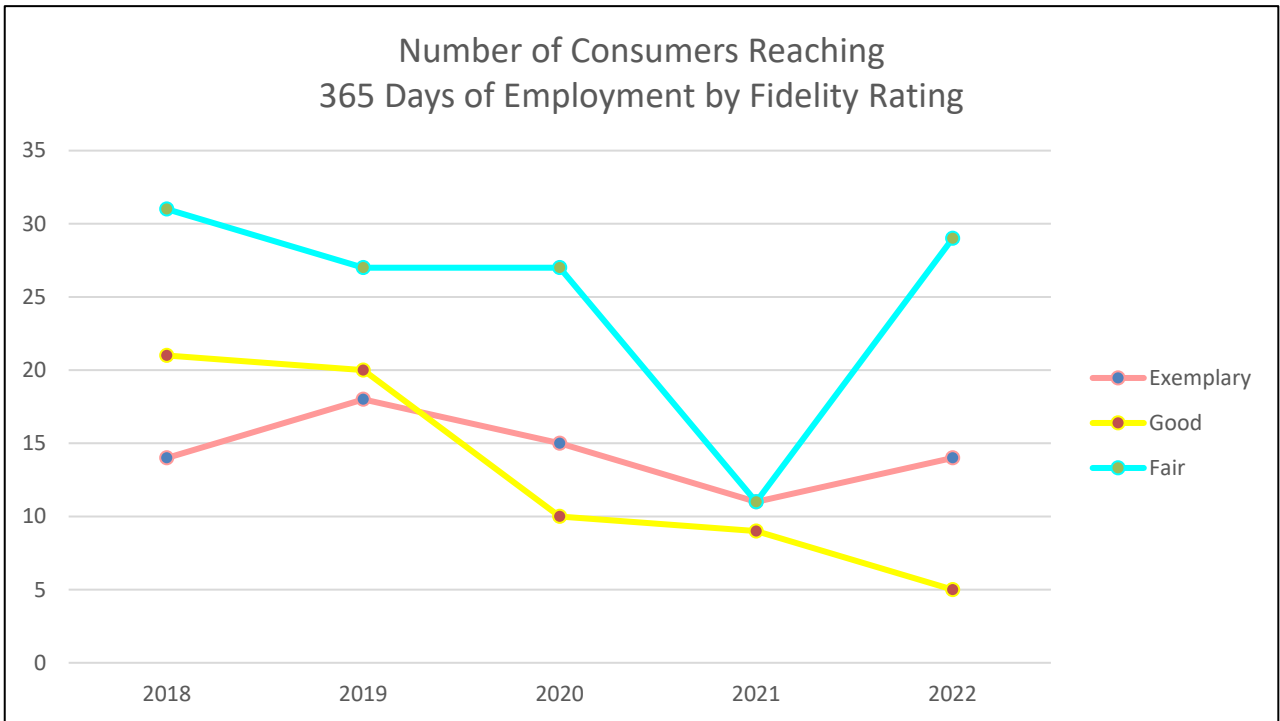


Figure 9.2

Color Coding Key	Exemplary	Good	Fair
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The 23 providers participating in the quarterly data survey all submitted their IPS program’s average wage for employed consumers who were active on IPS staff caseloads from April 1, 2002, through June 30, 2022. The cumulative average wage per hour was \$13.79. This represents an increase of \$1.59 per hour from the 2021 survey. The percent of caseloads placed reported in 2022 decreased by 0.2% from the 2021 report (Figure 5.4, Figure 5.5). The reported average wage of \$13.79 represents \$3.92 per hour above the current Michigan’s minimum wage through 2022 (Table 2 below) with the lowest reported average wage being \$9.87 per hour and the highest reported average wage at \$17.50 per hour. Included in this report is the 2022 longitudinal graph of cumulative average wage (Figure 10) and cumulative average hours (Figure 11). BPHASA leadership initiated a new approach to determine a more accurate method to determine the average hours in 2021 and has continued to utilize this method in 2022. The action impacted and basically reset what is the standard of this average. This methodology will continue to be used in future reports.

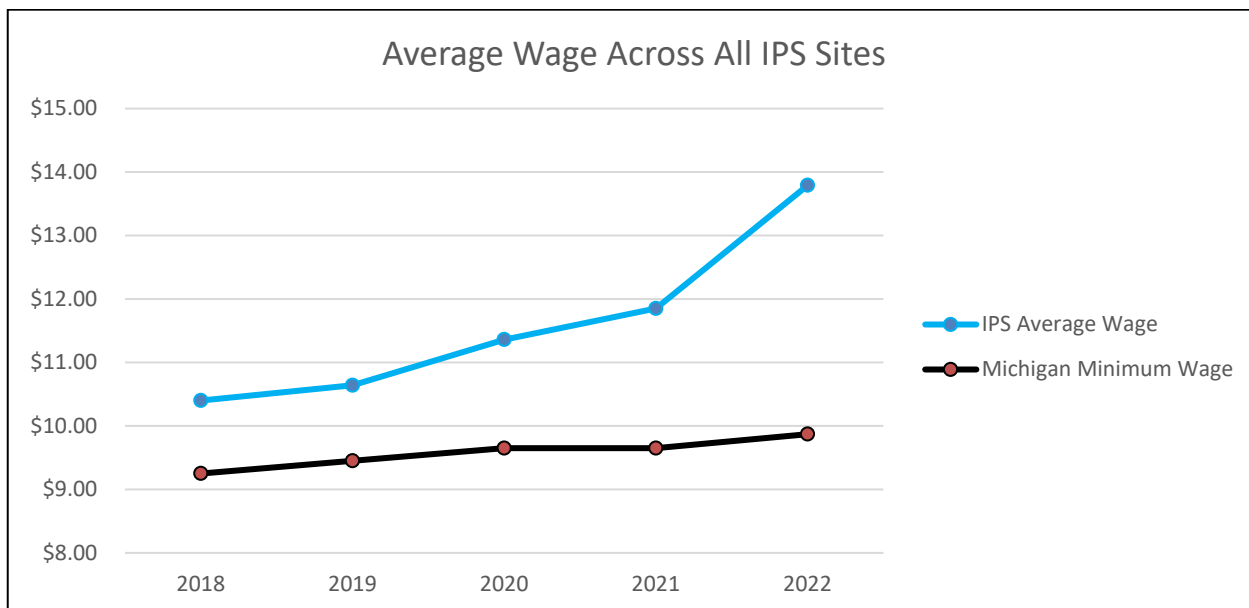


Figure 10

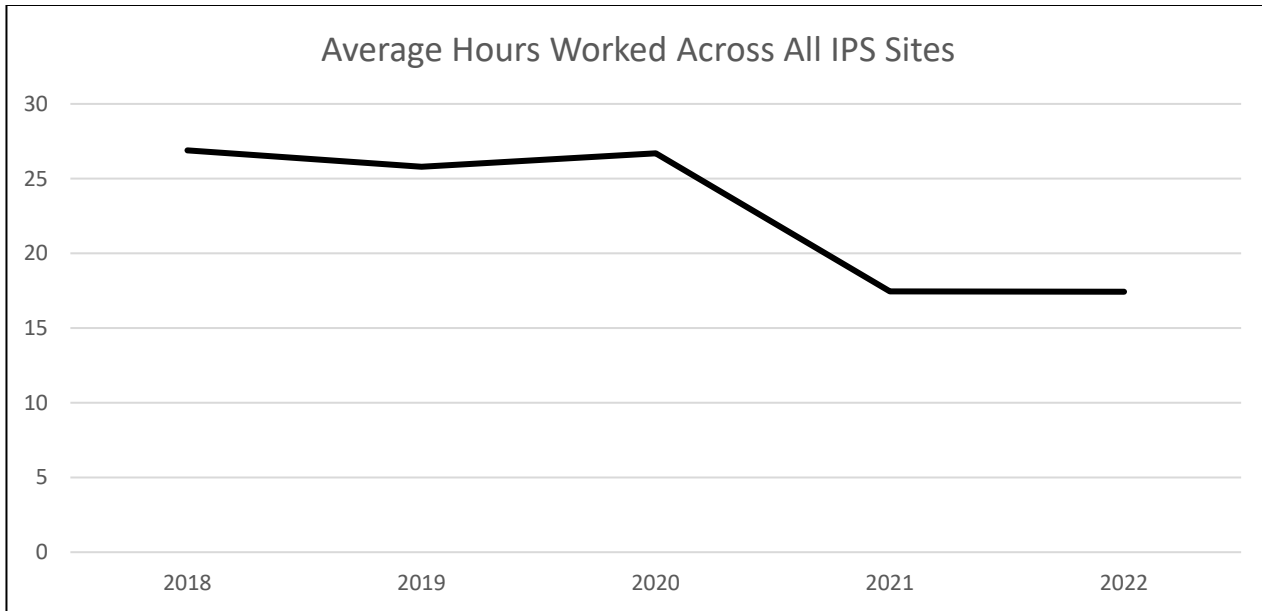


Figure 11
 (BPHASA leadership initiated a new approach in 2021 to determine a more accurate method to determine the average hours.)

Michigan Minimum Wage Rates			
MICHIGAN	Basic Minimum Rate (per hour)	Premium Pay After Designated Hours ²	
		Daily	Weekly
<i>(Applicable to employers of 2 or more employees)</i>	\$9.87		40

² The overtime premium pay is one and one-half times the employee’s regular rate, unless otherwise specified. The State law excludes from coverage any employment that is subject to the federal Fair Labor Standards Act unless the State wage rate is higher than the federal rate. <https://www.dol.gov/whd/minwage/america.htm#Michigan>
 Public Act 368 of 2018 (Legislative Changes Signed into Law 12/14/18)

Effective Date	Minimum Hourly Wage Rate	Tipped Employee Hourly Wage Rate (38% of regular minimum wage)
January 1, 2017	\$8.90	\$3.38
January 1, 2018	\$9.25	\$3.52
End of March, 2019	\$9.45	\$3.59
January 1, 2020	\$9.65	\$3.67
January 1, 2022	\$9.87	\$3.75

Table 2

At the time of data collection, April 1, 2022, through June 30, 2022, seven (7) IPS programs reported a waiting list for services while 16 programs reported having no-waiting list. The total number of consumers reported as waiting for IPS services was 142, which is an increase of 65 individuals from the 2021 report (77). Of those consumers reported as being on a waiting list for IPS services, 44 were waiting for services directly from CMHSP sites and 98 were waiting for services directly from contracted provider agencies (Figure 12). There were 71 total IPS employment specialists throughout all 23 IPS programs (vacant positions and IPS supervisors were not included in the total) that accounted for 67.75 full-time employment (FTE) positions. This represents a decrease of 0.5 IPS employment specialists from the 2021 report. Reported data represents an average caseload size of 22.50 consumers per IPS employment specialist. This represents an increase in caseload size of 0.22 individuals per IPS employment specialist caseload from FY 2021. In relation to the fidelity of caseload size, 22.50 consumers per employment specialist would represent a score of four (4) on the fidelity scale with five (5) being the highest.

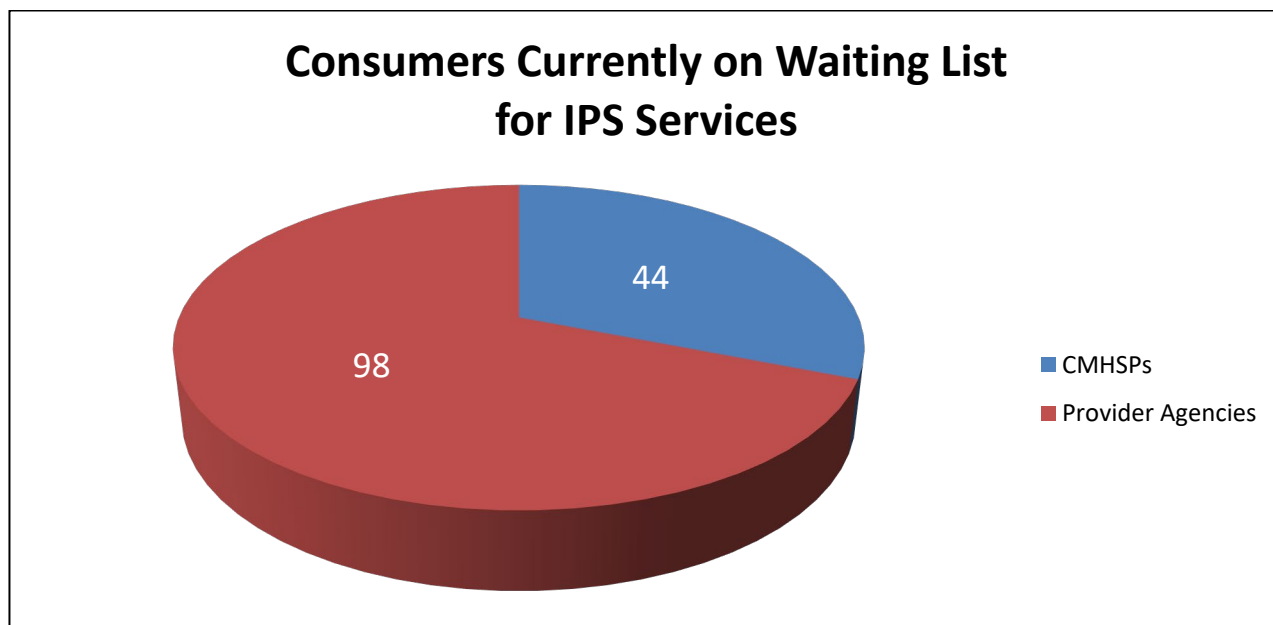


Figure 12

In an effort to continue cultivating staff and program relationships with community partners, IPS providers responded about their working relationship with Michigan Rehabilitation Services (MRS) and the Bureau of Services for Blind Persons (BSBP). Of the 23 participating sites that responded to the supplemental survey, 17 or 73.91%, report having a supportive relationship with MRS (Table 3, Figure 13). This represents an increase of 5.73% identifying as having a supportive relationship with MRS. Of the 23 participating sites, IPS providers, 15 or 65.22%, report not having mutually served consumers with BSBP (Table 4, Figure 13).

How would you describe your IPS programs working relationship with Michigan Rehabilitation Services (MRS)?

Answer Options	Supportive	Neutral	Not Supportive	Currently No Shared Consumer Cases at This Time	Response Percent	Response Count
Supportive	17	0	0	0	73.91%	17
Neutral	0	5	0	0	21.74%	5
Not Supportive	0	0	0	0	0.00%	0
Currently no shared consumer cases at this time	0	0	0	1	4.35%	1

Table 3

How would you describe your IPS programs working relationship with Bureau of Services for Blind Persons (BSBP)?

Answer Options	Response Percent	Response Count
Supportive	21.74%	5
Neutral	8.70%	2
Not Supportive	4.35%	1
Currently no shared consumer cases at this time	65.22%	15

Table 4

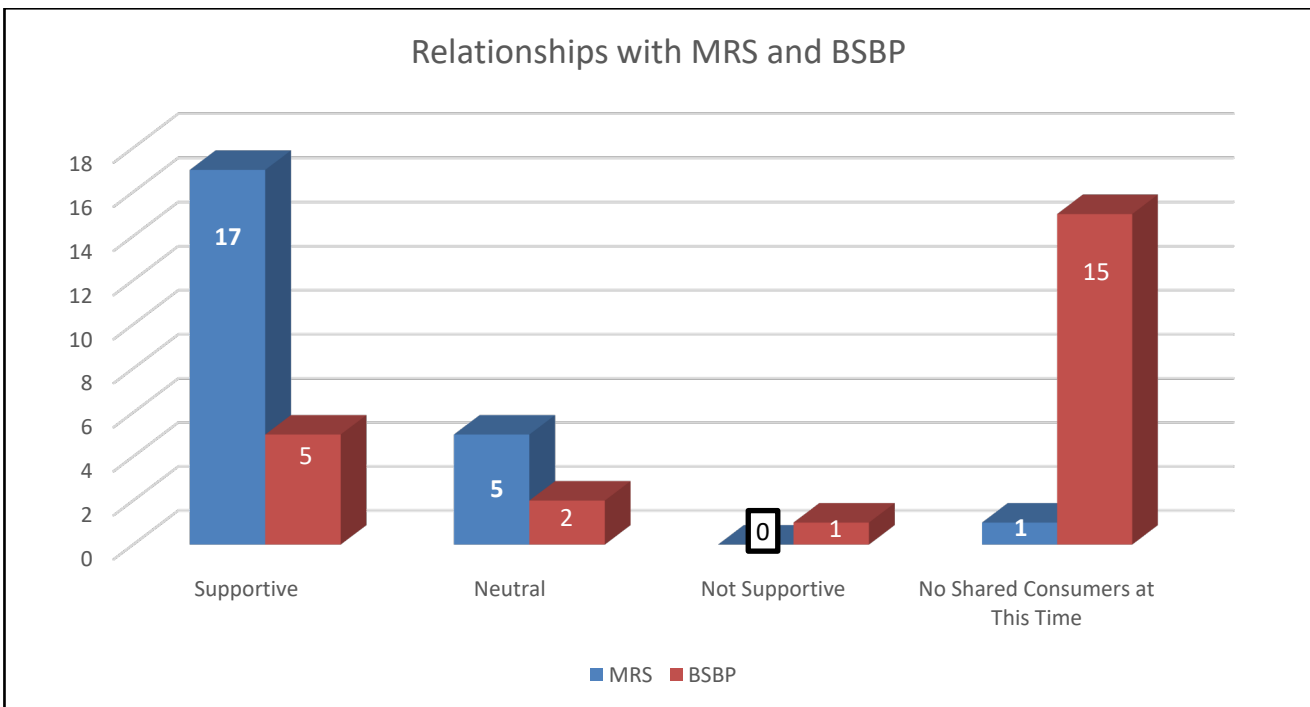


Figure 13

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.