



# **NATIONAL COALITION *for* HOMELESS VETERANS**

## **Implementation of Supported Employment for Homeless Veterans With Psychiatric or Addiction Disorders: Two-Year Outcomes**

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### Quick Takeaways

- Measures at both the client-level and site level suggest IPS implementation was successful at most, but not all, sites.
- Comparison of participants in the two phases on baseline measures showed that participants in phase 2 had fewer lifetime years of homelessness, were more likely to have worked in the previous three years (but not in the previous 30 days), and had fewer psychiatric symptoms and better physical health.
- Although at follow-up veterans in phase 2 had a greater average number of days housed than veterans in phase 1, there were no significant differences in other clinical outcomes on any other measure (mental health status, psychiatric symptoms, substance abuse, general health, and social support).

### Summary

This study examined a low-intensity training approach for implementing the individual placement and support (IPS) model at nine Department of Veterans Affairs (VA) programs for homeless veterans. It compared client outcomes before (phase 1) and after (phase 2) the program was implemented.

IPS emphasizes rapid job placement, a focus on competitive jobs, ongoing support without a time limit, client choice of jobs, integration of vocational support and clinical care, and openness to all who want to work, regardless of clinical status or past work experience. The study aimed to determine if the cohort that was offered IPS services (phase 2) would have superior outcomes for days of competitive employment, compared with the comparison cohort.

### Findings

Measures of both client-level service delivery and site level conformity to IPS suggest that implementation was successful at most, but not all, sites. Overall, compared with veterans in the phase 1 group, those in the phase 2 group had a better long-term work history at the time of program entry. When the analyses controlled for baseline differences, the mean number of competitive employment days per month over the two-year follow-up period was 15% higher for veterans in phase 2 and the mean number of days housed during follow-up was also higher in phase 2, but there were no differences for other outcome measures.

Comparison of participants in the two phases on baseline measures showed that participants in phase 2 had fewer lifetime years of homelessness, were more likely to have worked in the previous three years (but not in the previous 30 days), and had fewer psychiatric symptoms and better physical health. However, the groups did not differ in major psychiatric diagnoses or substance abuse problems.

Site level results show small differences in days of competitive employment favoring IPS at eight of nine sites. The researchers did find different reporting results from self-reported data (from veterans) and at the site level (notated throughout report where differences arise). Although at follow-up, veterans in phase 2 had a greater average number of days housed than veterans in phase 1, there were no significant differences in other clinical outcomes on any other measure (mental health status, psychiatric symptoms, substance abuse, general health, and social support).

The researchers focused additionally on transitional employment, since the VA has a well-established system.

In locations where IPS was available, although most veterans went directly into competitive employment, some veterans entered transitional employment before or after entering competitive employment.

### Conclusion

This study found that IPS improved employment outcomes and achieved more rapid housing placement. This study also suggests that IPS can be implemented in an organization with no previous experience with this model through a modestly intensive, but sustained, training effort guided by an outside expert in IPS. The researchers recommend more intensive, on site training and performance monitoring to optimize dissemination of IPS and other evidence-based practices.