PCC Community Wellness Center and Impact Behavioral Health Partners (Chicago, Illinois), Harbor Care (Nashua, New Hampshire), and Lincoln Community Health Center and the UNC Center for Excellence in Community Mental Health (Durham, North Carolina) are offering employment services to individuals with a range of mental health and substance use disorders. These employment services are being evaluated in the BEES study, described below.

There is some evidence that the Individual Placement and Support (IPS) model can help people with low incomes find employment. The model focuses on rapid job search and placement services plus integrated supports. Originally designed in the early 1990s for individuals with serious mental illness, it has since gained interest as a strategy to promote employment for a variety of disadvantaged populations seeking jobs. This profile focuses on IPS programs at three Federally Qualified Health Centers (FQHCs)—federally funded, community-based health care centers that offer services to individuals in underserved communities, regardless of their ability to pay. The IPS services these centers offer focus on patients with mental health and substance use disorders who express interest in employment services.

PCC Community Wellness Center and Impact Behavioral Health Partners. Located in Chicago, Illinois, the two nonprofit organizations are partnering to serve patients receiving behavioral health services and who are seeking employment. PCC Community Wellness Center, an FQHC with locations in Chicago’s West, Northwest, and South Side communities, provides over 50,000 people annually with primary care and behavioral health services, including treatment for substance and opioid use disorders. Impact Behavioral Health Partners, a social service agency and IPS provider, offers employment services, clinical support, and permanent housing services to communities in the Chicago metropolitan area.

Harbor Care. Based in Nashua, New Hampshire, Harbor Care is an FQHC and IPS provider with extensive experience offering individuals employment services as well as primary health, behavioral health, and residential services. Harbor Care provides low-cost health care to more than 4,000 people a year.

Lincoln Community Health Center (LCHC) and the UNC Center for Excellence in Community Mental Health. UNC in Carrboro and Raleigh, is partnering with LCHC, located in Durham,
North Carolina, to provide IPS services to LCHC clients receiving behavioral health services and who are seeking employment services. LCHC provides primary and preventative outpatient health care services to the medically underserved in Durham. UNC’s Center for Excellence in Community Mental Health provides prevention, treatment, training, research, and community education to persons with mental illness in North Carolina. They have been offering IPS services for eight years and have served approximately 300 IPS clients.

THE EVALUATION

MDRC, in partnership with Abt Associates and MEF Associates, is conducting an evaluation of the IPS programs being implemented in the three FQHCs: PCC, Harbor Care, and Lincoln Community Health Center. The Office of Planning, Research, and Evaluation (OPRE) within the U.S. Department of Health and Human Services is funding the study through the Building Evidence on Employment Strategies (BEES) project. BEES is part of OPRE’s Innovative Strategies for Addressing Employment Barriers Portfolio, which seeks to rigorously evaluate the next generation of employment strategies for people with low incomes, and is partnering with the Social Security Administration on select evaluations, including this one. The IPS Employment Center, developer of the IPS model, is advising on delivery of IPS services.

Several rigorous studies have demonstrated the success of IPS in increasing employment rates among individuals with serious mental illness, particularly those served by community mental health centers. The BEES study will assess the use of IPS with a new population—individuals receiving behavioral health services at an FQHC. This is the first time the model is being evaluated in this setting. The evaluation presents an opportunity to see whether and how individuals receiving IPS services in this environment benefit from the model, including its impact on employment and earnings as well as on job tenure and overall health and well-being.

The evaluation will include an impact analysis, a cost study, and an implementation study:

- The impact analysis will use a randomized controlled trial design, which evaluates the effectiveness of a program by assigning individuals at random to a program group offered the services, or to a control group not offered the services but who can access existing services in the community. The two groups will be compared over an approximately 15-month follow-up period to determine whether IPS improved outcomes for program group participants.

- The cost study will estimate the costs of implementing IPS in the FQHC setting.

- The implementation study will use various data sources, such as interviews with clients and staff, to document and better understand program goals and operations and inform the interpretation of findings from the impact analysis.

LOOKING AHEAD

Study enrollment began in 2021 and will continue into 2023. The evaluation team will collect administrative data to assess participants’ employment, earnings, and applications for disability benefits. The team will also administer a follow-up survey approximately 15 months after study enrollment to both program and control group members, covering domains such as service receipt, health, and material hardship. Interviews with program staff and participants will provide insights into how the program is being implemented. Data collection and analysis will continue through 2024. The evaluation team anticipates releasing findings based on these analyses in 2025.

Anticipated Timeline of Project Activities

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<th>Year</th>
<th>Program services</th>
<th>Study enrollment</th>
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