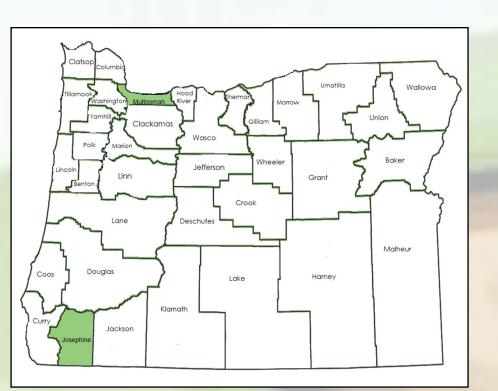
The State of Oregon

Walking the path of IPS

Oregon in 2002...

In 2002, 3 programs located in Multnomah and Josephine Counties applied for a SAMHSA grant that brought IPS Supported Employment to the state of Oregon



Oregon in 2008...



In 2008 a Medicaid expansion occurred in the state of Oregon, allowing programs to bill Medicaid for IPS

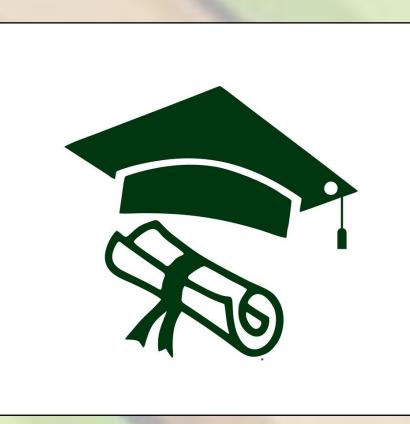
OSECE

services. This expanded IPS across the state to 14 counties. This is also the year that OSECE was founded to help advocate for IPS.

Oregon in 2013...

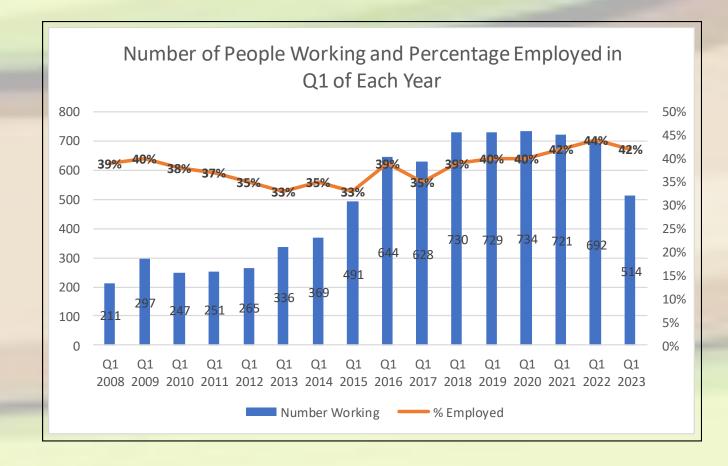
In 2013 the Oregon Center of Excellence for Assertive Community Treatment was founded. This helped spearhead the integration of ACT and IPS throughout the state, expanding services to even more participants.





Oregon in 2018...

In 2018 the first version of the Supported Education manual was published in Oregon with the assistance of Trevor Manthey and Karen Unger. This expanded services even more to help individuals pursue their educational goals, leading to fulfilling careers.



Oregon Today...

OSECE has continued to serve the population of Oregon and to help advocate for IPS around the state. There has been a focus on helping people achieve their education and employment goals and to really lift folks out of poverty through career advancement. Oregon has maintained steady employment outcomes since 2002, despite the setback that was COVID and some of the strictest COVID protocols in the country. **Since 2008** when data started being tracked there have been 19,488 referrals to the SE programs of Oregon! In the most recent quarter we had over 100 people graduate successfully.

On average, there are 1200-1500 Oregonians being served in employment services and 100-150 being served in education services each year. In the most recent quarter of data, the average GPA of students served by Supported Education was 3.32 with nearly 300 credits earned by students.

Areas for future growth in the state include continued integration with other evidence-based practices such as ACT and EASA, inclusion of Peers in service delivery, and working with folks who have substance use disorders as their primary diagnosis.

