

IPS Research Update & U.S. Landscape

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Agenda

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- 3 Research Update
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 - IPS for Other Populations
- 4 Adaptations
- 5 New Frontiers
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Work Matters

Work Matters

Work is the # 1
unmet need

Employment =
better physical
& mental health

Unemployment
= **worse**
physical &
mental health

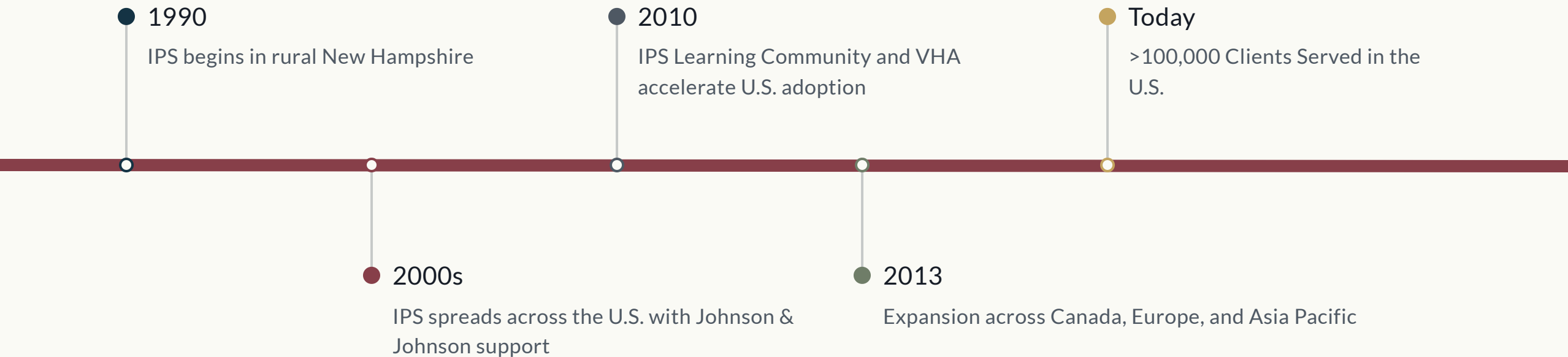
**Low
employment
rates reflect
barriers —
not lack of
motivation.**





IPS History and U.S. Landscape

IPS Implementation Has Expanded From U.S. Innovation to Global Employment Policy



IPS began in rural New Hampshire in 1990 and now operates in every U.S. state and in approximately 30-40 countries.

Scaling Up IPS in the United States

IPS has grown from a small demonstration model to more than 1,000 U.S. programs, but reach remains far below demand



Source: Mascayano et al (2025)

IPS Learning Community Members



Learning communities create the implementation infrastructure needed to move evidence-based employment practices across states.

IPS Global Implementation



IPS by the Numbers: Evidence, Reach, and Scale

Studies Published 2025-2026

> 80

Worldwide

Countries Represented

14+

In research

> 100,000

CLIENTS SERVED IN THE U.S.

IPS

Broader

New Populations

IPS

Younger

New Evidence

IPS

Global

New Regions

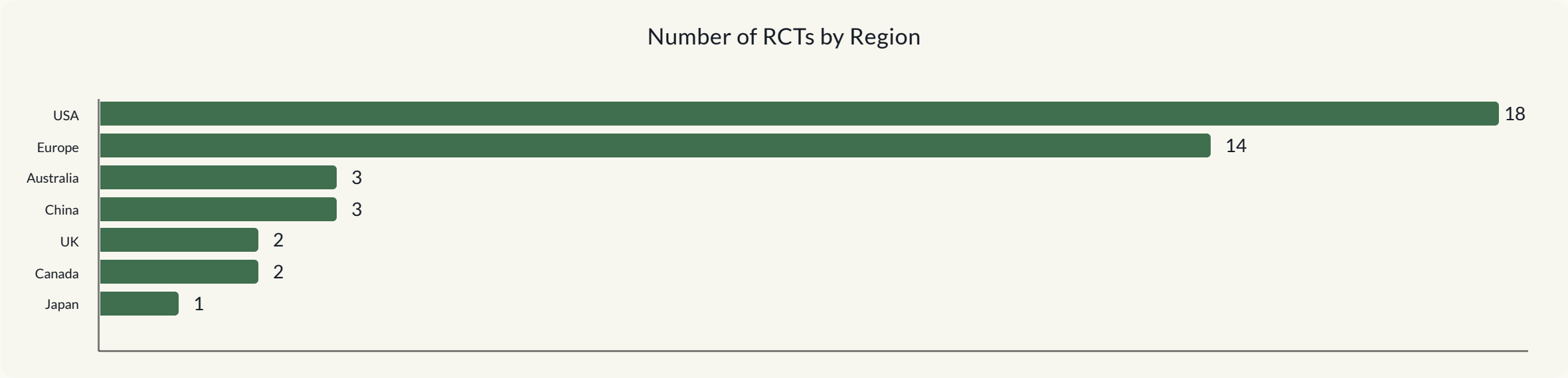
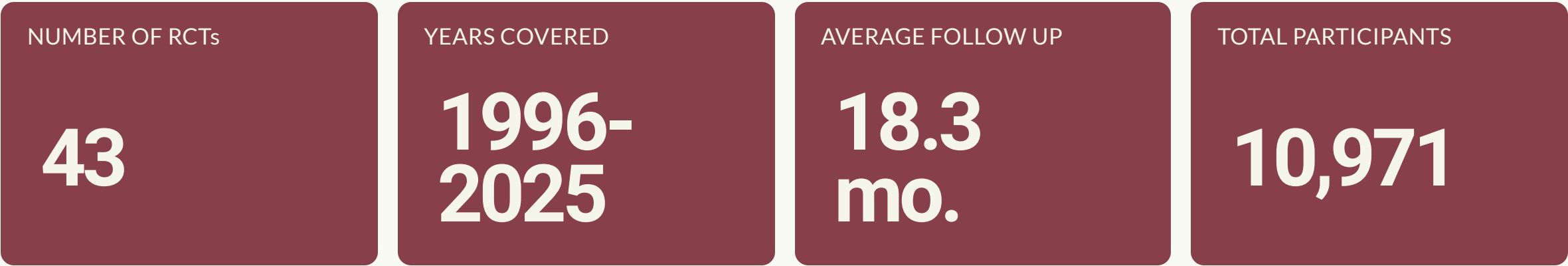
The next challenge is not only proving that IPS works, but building the systems that make access routine.



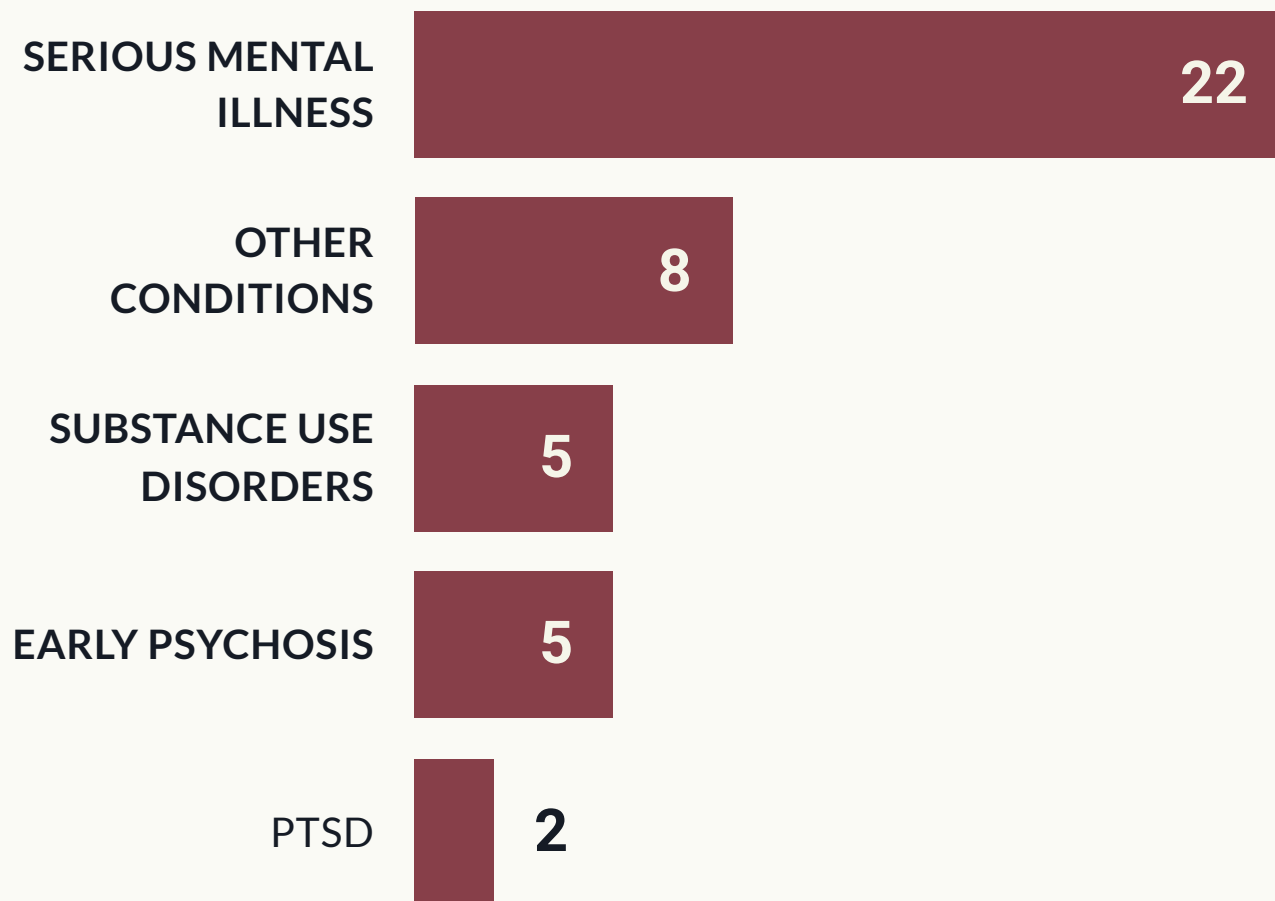
Research Update

IPS RCT Evidence Base: Snapshot

The evidence base supports IPS as a mature CIE strategy, especially for people with serious mental illness.

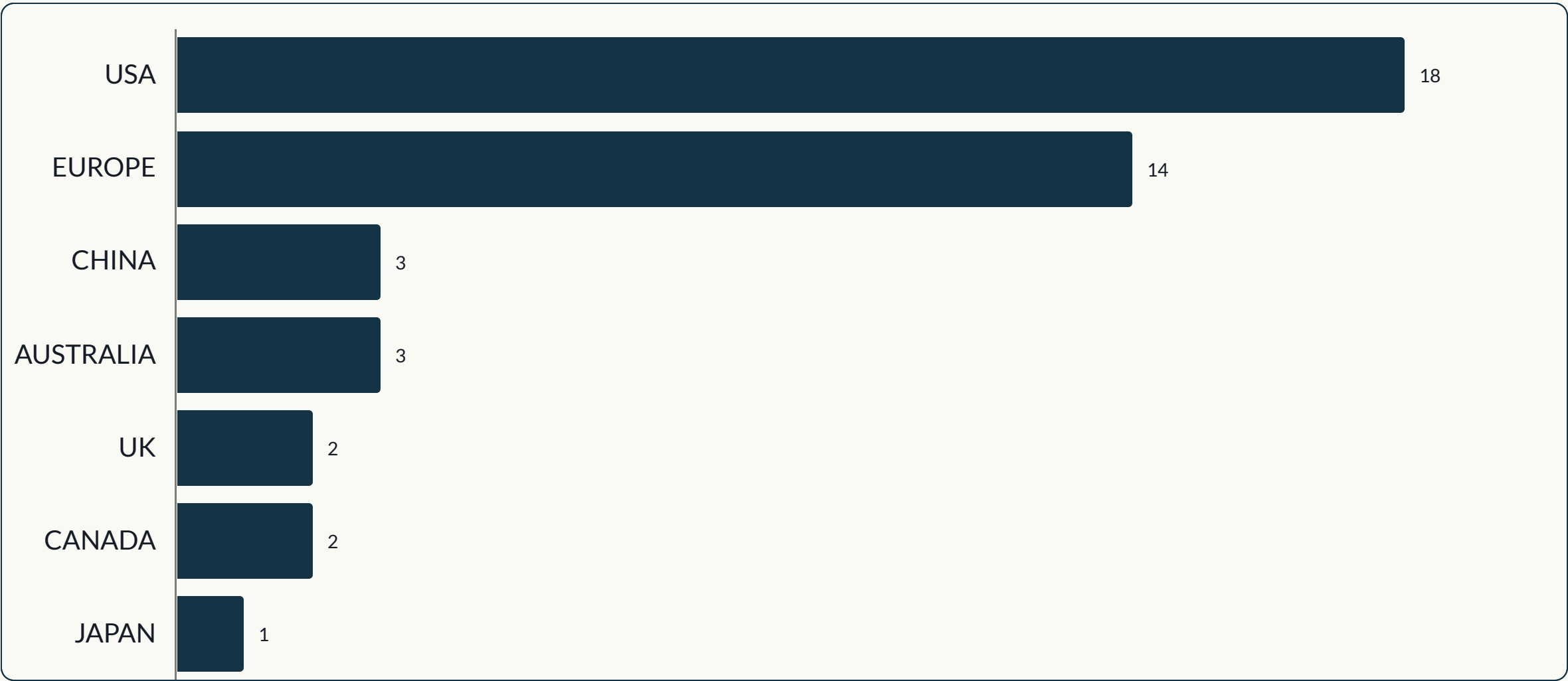


IPS RCTS BY POPULATION 1996-2025 (N=43)



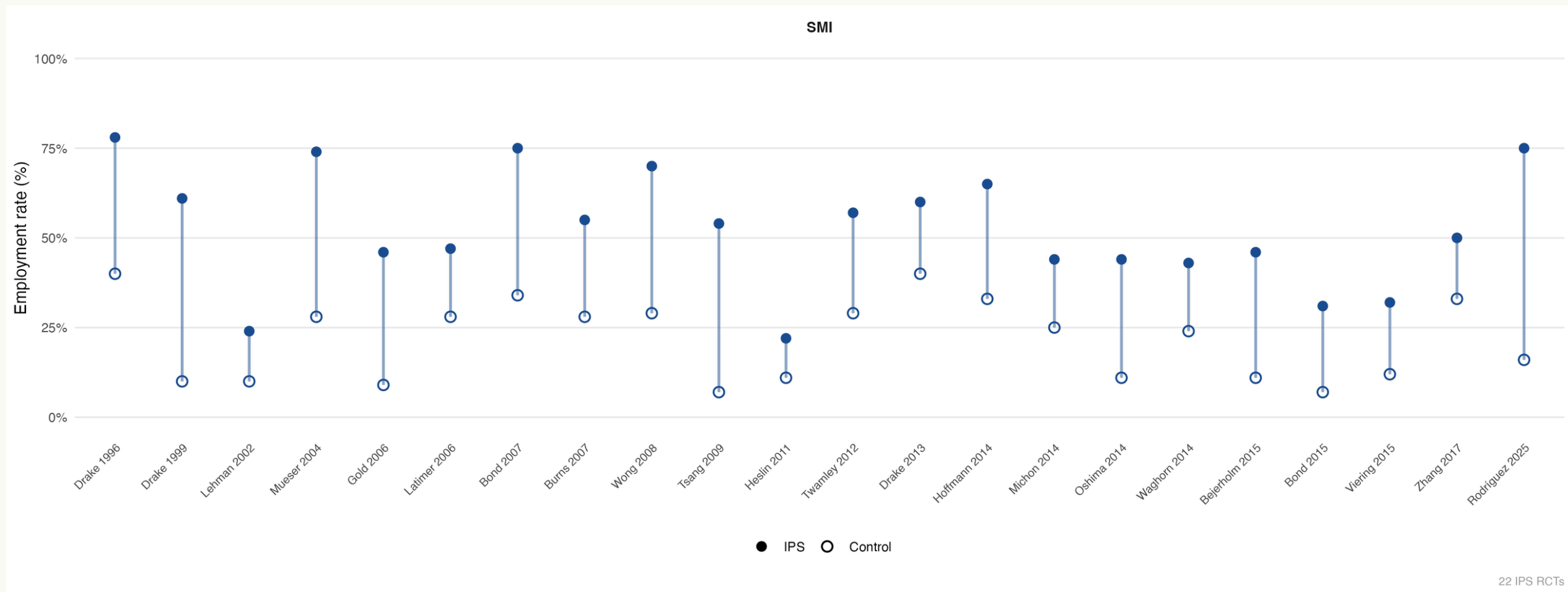
N = 43 RCTS *Christensen (2019) excluded as it combines SMI + Early Psychosis

IPS RCTS BY REGION



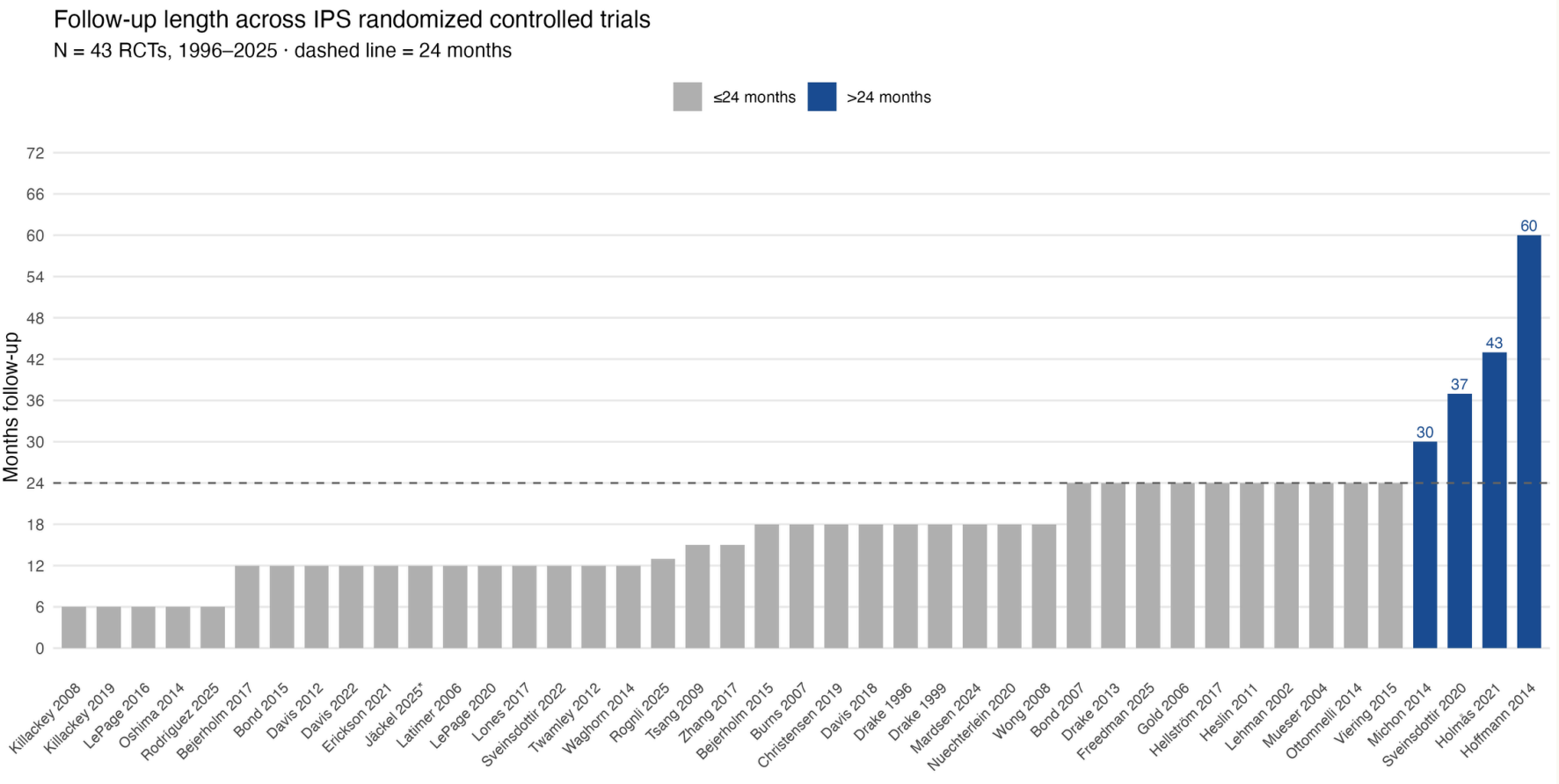
IPS for Serious Mental Illness

The strongest evidence base



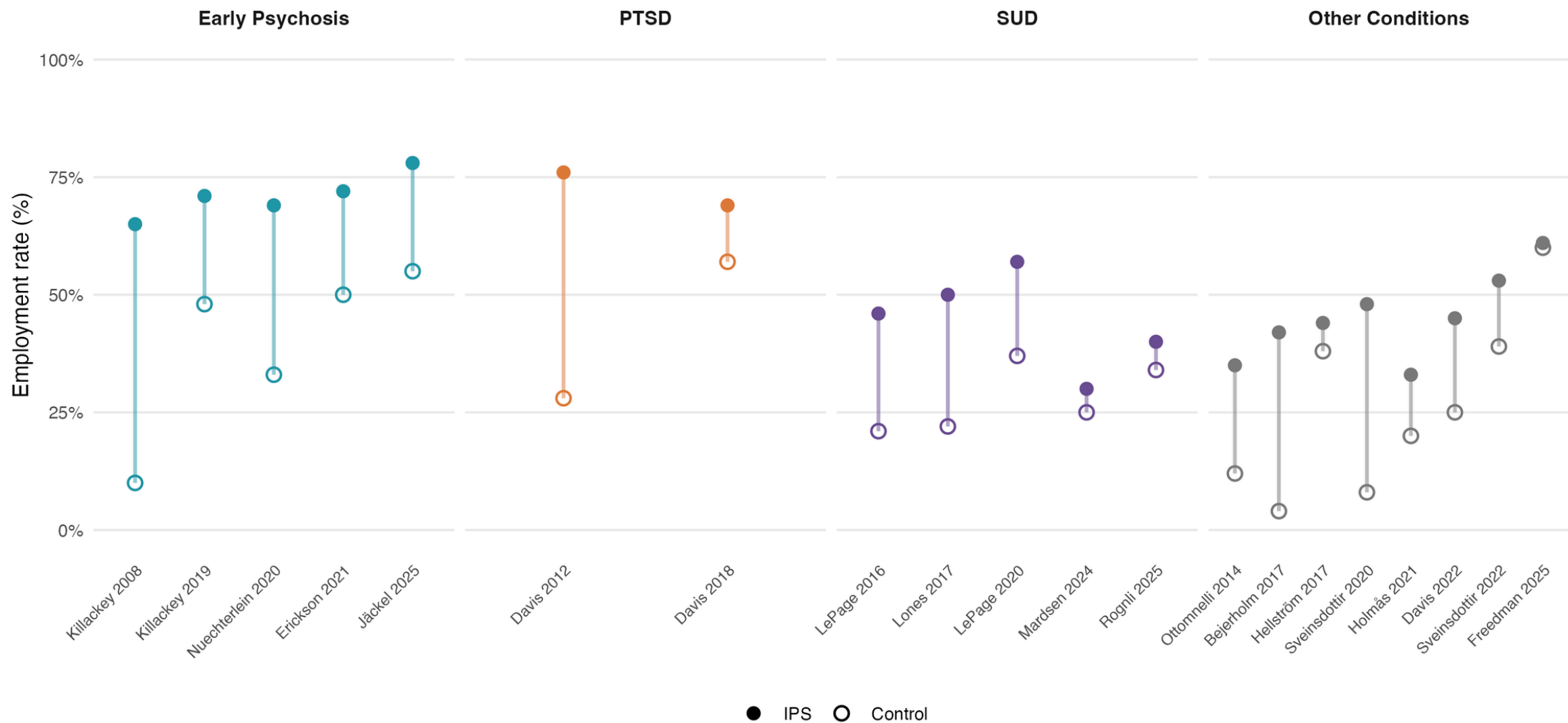
*Employment rates vary in definition across trials; figures illustrate the consistent advantage for IPS over active controls

Length of Follow Up in IPS Studies



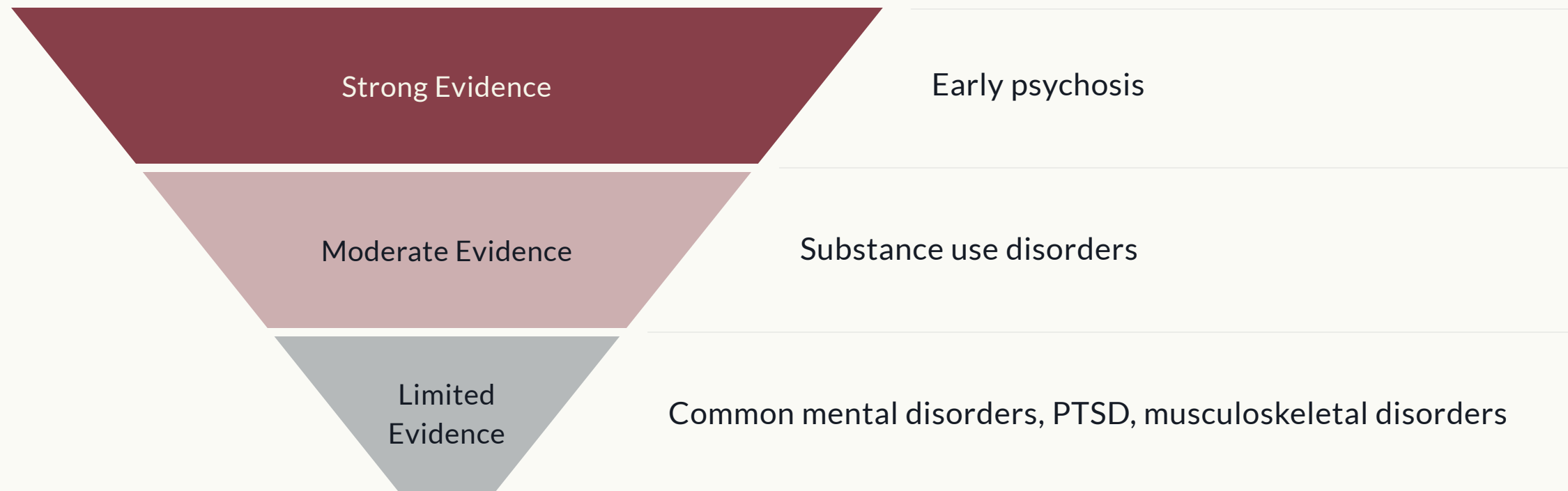
Studies ordered by length of follow-up

IPS - Conditions Other than Mental Health Disorders



IPS Evidence Beyond Serious Mental Illness Is Promising but Uneven

Expansion should be paired with careful adaptation, implementation support, and outcome monitoring



Trials underway: long-term homelessness, obsessive-compulsive disorder, autism, recent incarceration, FQHC-based IPS, and other community health settings

IPS for Young Adults: Evidence Is Strongest in Early Psychosis

RCTs

7 Studies in meta-analysis

4 RCTs + 3 Subgroup Analyses

Competitive Employment



Job duration

$g = 0.34$

6 of 7 studies favored IPS; $p < .01$

Employment

$RR = 1.69$

95% CI 1.43-1.99; $p < .001$

Education

$RR = 1.33$

Pooled effect favored IPS; no RCT was significant



IPS Adaptations

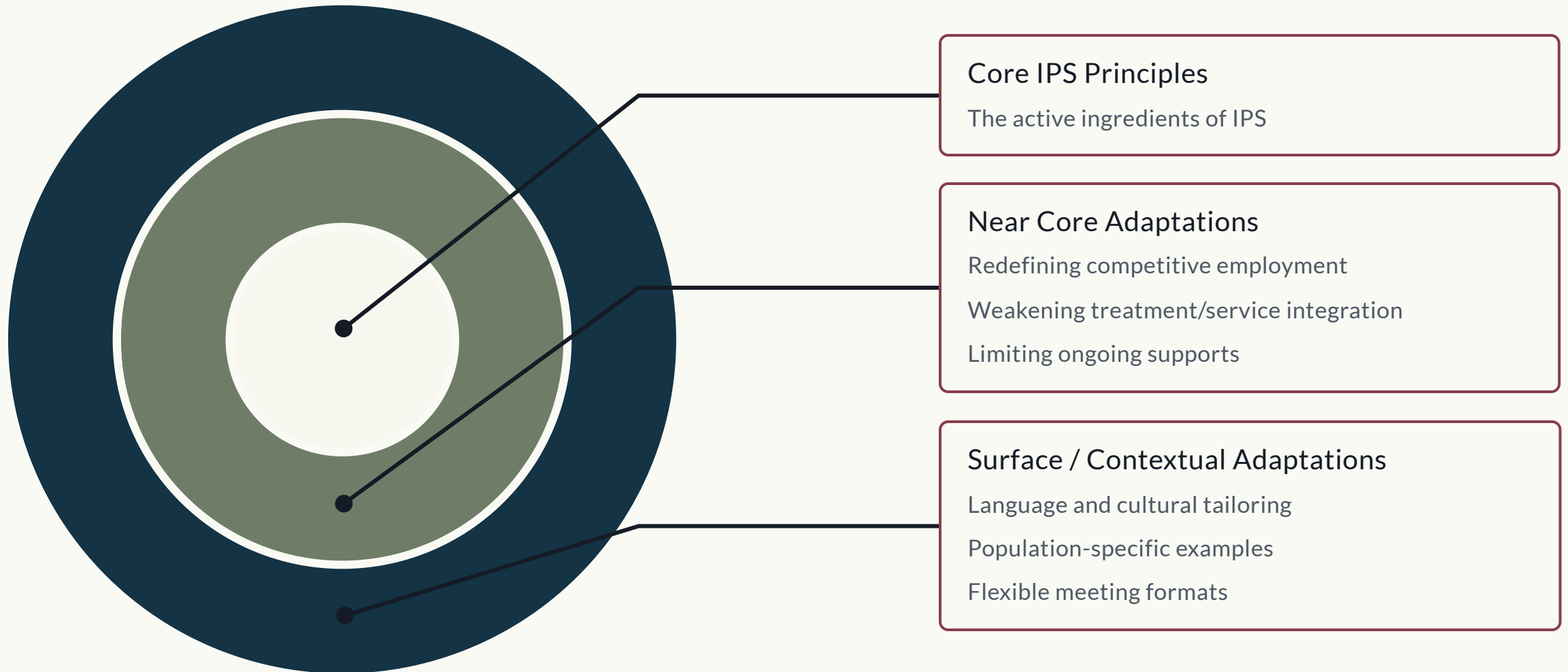
IPS Has Expanded Across Service Settings

IPS Expansion Requires Cross-System Alignment



IPS Adaptations Must Preserve Core Principles

Adaptations should extend access to CIE while protecting the core practices that make IPS effective



IPS Research Is Moving Toward Real-World Systems Learning



1

Identify Meaningful Gaps

Stakeholders, lived experience, families, providers, researchers

2

Pilot in Real-World Settings

Test practical questions in actual IPS programs

3

Refine or Adapt

Modify the approach based on feasibility, outcomes, and stakeholder feedback

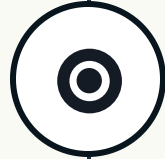
4

Scale or Restart

Move to larger studies, revise further, or start over

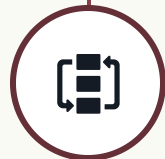
Substance Use Disorders

IPS Adaptations



What Stays Core

- Zero exclusion
- Competitive employment
- Rapid job search
- Client preferences



What Needs SUD-Specific Adaptation

- Treatment integration
- Stigma-sensitive employer engagement
- Relapse-aware job matching
- Flexible communication and pacing
- Longer in-work support

Sources: Aas et al. (2026); Neale et al. (2026); Neale et al. (2026); Nightingale et al. (2026)

The Policy Barrier Is Funding, Not Demand or Evidence

People want to work

>60%

of adults with disabilities want to work

Work is a top unmet need

#1

across 204 international studies

Estimated U.S. access among eligible clients

2% --> 2016
5% --> 2026

IPS works

50%

of IPS clients gain CIE

IPS is widely adopted

All U.S.
states

and 30+ countries

Main Barrier: fragmented,
unstable funding



New Frontiers

New Technologies are Reshaping IPS Implementation

Technology Can Help Scale IPS

Client Tools	Training & Delivery Tools	Information Systems
AI-assisted resumes and applications	Remote training and technical assistance	Rapid data collection
Virtual reality interview practice	Remote fidelity reviews and quality assurance	Timely feedback loops
Employment support apps	Scalable support for small implementation teams	Learning health systems and learning communities



New & Ongoing Studies

New & Ongoing IPS Studies in the U.S. and LMICs

IPS & Supportive Housing

PI: Justin Metcalfe

Setting: Los Angeles

Population: Unhoused

Design: RCT

IPS & OCD

PI: Sapana Patel

Setting: New York State

Population: Adults with OCD

Design: Pilot RCT

IPS & Autism

PI's: Ana Florence

Setting: Kentucky

Population: Autistic Adults

Design: RCT

IPS LMICs

PI's: Ana Florence; Franco Mascayano

Settings: Mexico, Peru, Uganda

Population: SMI & Young Adults

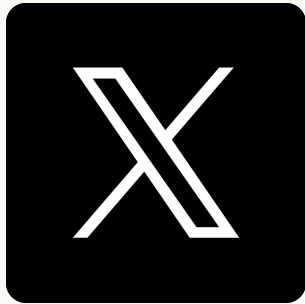
Design: RCT & Pilot RCT



“It is about a search, too, for daily meaning as well as daily bread, for recognition as well as cash, for astonishment rather than torpor; in short, for a sort of life rather than a Monday through Friday sort of dying,,

Studs Terkel. *Working*, The New Press, 2011, pp. xi-xxiv

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Thank you!



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