

## **Governor's Behavioral Health Services Planning Council**

### **Vocational Subcommittee 2015**

#### Accomplishments

A major strategic goal of the Vocational Sub-Committee (VS) has been to encourage implementation of the Individual Placement and Support (IPS) model of supported employment. Developed and researched through Dartmouth Psychiatric Research Center, this evidence-based model provides successful strategies to empower persons with mental health disabilities to achieve competitive, integrated employment. The Committee is pleased to report the following important initiatives pertaining to this goal that are underway throughout the mental health system:

- Currently there are 12 IPS sites. The University of Kansas, School of Social Welfare provides a strong resource to these programs with ongoing technical assistance and monitoring of fidelity measures.
- The Kansas Department of Aging and Disability Services (KDADS) received a \$4 million, five-year grant from the US Substance Abuse Mental Health Services Administration (SAMHSA) to expand the IPS employment services model to individuals with severe mental illness, including those with a mental illness and co-occurring substance disorder. With the award of this grant, IPS Supported Employment Services was implemented at two Community Mental Health Centers; Compass Behavioral Health and Comcare of Sedgwick County. Both implementation sites augmented the IPS Supported Employment model by expanding the target population to include uninsured adults with a severe mental illness and those with a co-occurring mental illness and substance use disorder and by employing peers (persons with lived experience) in their IPS teams. Both implementation sites will convene local supported employment steering committees to address barriers for employment services in their communities and to develop resources or collaborations to enhance their services. The GMHPSC Voc Subcommittee was identified to also serve as the Supported Employment Coordinating Committee (SECC) for the SAMHSA Grant to coordinate activities across state departments and consult the grantee or statewide infrastructure measures that will promote and sustain supported employment.
- End-Dependence Kansas will be launched in 2015. It emphasizes the use of evidence-based practices, including IPS, to empower Kansans with disabilities to become employed. The five state agencies partnering in this initiative are the Departments for Children and Families (DCF), Aging and Disability services (KDADS), Commerce, Health and Environment (KDHE) and Corrections. Rehabilitation Services/DCF, the states vocational rehabilitation agency, will lead the initiative. Through a Request for Proposals to be issued in 2015, community partners, including community mental health centers (CMHCs), will have the opportunity to apply for funding to implement and sustain evidence-based practices to increase

employment outcomes of people with disabilities. Substantial training and technical assistance will be provided.

Previously, the Vocational Subcommittee (VS) undertook the task of educating itself on the new Ticket to Work (TTW) Program. We wanted to find the means and methods to make the program more available to community mental health centers and providers serving other disability populations; thereby, potentially adding another funding source.

The VS was able to educate CMHCs and other service providers about the availability of the Benefits Planning Academies. These Academies are designed to train interested individuals in the various Social Security Administrations work incentives.

The VS provided information regarding on-line training from Dartmouth as a low-cost option for training vocational and supported employment staff across the state.

#### 2014 and 2015 Goals

**Goal #1:** Mental health centers will use available resources to support getting consumers to work.

Recommendation #1: Educate CMHC's for better clarification of billing Medicaid for Employment services.

**Goal #2:** The IPS Supported Employment model is the model of choice for the Kansas mental health system and should be made available at every Community Mental Health Center.

Recommendation #1: All CMHC's will use the IPS Principles whether they are an IPS site or not. Any new employment initiative will apply the IPS Principles as listed:

1. Eligibility is based on client choice.
2. IPS supported employment services are closely integrated with mental health treatment services.
3. Competitive jobs are the goal.
4. Employment contact begins rapidly after clients enter the program.
5. Employment specialists build relationships with employers based upon client job interests
6. Job Supports are continuous.
7. Consumer preferences are honored.
8. Benefits planning (work incentives planning) is offered to all clients who receive entitlements.

Recommendation #2: Provide outcome information about CMHCs that implement Supported Employment IPS model. Incentivize the system for better employment outcomes.

- More than 50% of the CMHC's do not offer IPS

- Of those CMHC's that offer IPS, only one-third of the target population has access to the program
- 60% of this target population have a desire to work
- 85% of individuals with serious mental illness are unemployed

Recommendation #3: Allocate funding from the Mental Health Initiative to make sure resources are in place to make IPS possible, with a commitment to job development.

Recommendation #4: Amend the state's 1115 waiver to include Personal Care Services for Employment. Personal Care Services are authorized, defined, and periodically updated in the Federal Register (1997); such services are further defined in Section 4480 of the State Medicaid Manual (Health Care Financing Administration, 1999). Developing an IPS service array under the Personal Care Service Codes would end the confusion about what kinds of employment services can and cannot be billed under the 1115 waiver. CMHCs would have assurance of providing services that are authorized as IPS-SE that are consistent with the definitions contained in the Personal Care Services. Target population and Employment Services definitions suited to the IPS model would need to be operationalized. Expand eligibility for Personal Care Services to include those uninsured consumers who do not have access to Social Security benefits and whose income is less than 150% of the Federal Poverty level. This strategy is borrowed from other states like Wisconsin and Iowa.

Recommendation #5: Require CMHC's that do not meet their employment outcome standard implement IPS-SE as part of their performance improvement plan.

Recommendation #6: Require that CMHC's survey consumers a minimum of twice per year to evaluate interest in achieving competitive employment using the Need for Change Scale.

Recommendation #7: Consider providing mental health agencies grants from the State General Funds to offset costs to initiating and implementing IPS services in rural and frontier counties.

Recommendation #8: Encourage mental health centers to participate in the state's upcoming initiative designed to increase the use of the IPS evidence-based model and increase competitive, integrated employment outcomes. Requests for Proposals will be issued by Rehabilitation Services in the Kansas Department for Children and Families (DCF) in 2015. The initiative is a collaborative effort of DCF, the Department for Aging and Disability Services, the Department of Health and Environment, the Department of Commerce, and the Department of Corrections. The five-year initiative emphasizes building capacity of both traditional and non-traditional community service providers. The initiative will include data-sharing across agencies to identify consumers receiving services from multiple programs, to track individual and aggregate outcomes, and to evaluate the effectiveness of the initiative.

**Goal #3:** Training and collaboration opportunities will be available across the state, to address areas of consistency of services and proper mental health and vocational rehabilitation training for all providers of supported employment services.

Recommendation #1: Joint meetings with mental health supported employment providers and local Rehab Service staff at least quarterly to strengthen collaboration and shared understanding of each other's roles.

Recommendation #2: Explore mechanisms to improve systems integration of MH & VR that will improve the state's overall goal of implementing IPS statewide.

**Goal #4:** Encourage and offer clients and family members the opportunity to attend SE Leadership Meeting at their local CMHC with an established employment program for individuals with SPMI.