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 The IPS Employment Center at Rockville institute Westat, 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. KDADS is looking into ways to provide ongoing technical assistance and monitoring of fidelity measures to ensure that the quality of these programs supports achievement of the desired outcomes.

- 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 access and use of the IPS employment services model to individuals with severe mental illness, including those with a co-occurring substance disorder and by employing peers (persons with lived experience) in their IPS teams. 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 Governor’s Behavioral Health Services Planning Council Vocational Subcommittee (GMHPSC) also serves as the Supported Employment Coordinating Committee (SECC) for the SAMHSA Grant. This committee coordinates activities across state departments and consults the grantee or statewide infrastructure measures that will promote and sustain supported employment.

- Kansas Rehabilitation Services, the state’s vocational rehabilitation program in the Department for Children and Families (DCF), demonstrated support for the priority to implement IPS through its End-Dependence Kansas (EDK) initiative. IPS was included as one of the evidence-based models and promising practices to be implemented through EDK. As of July 2016 community service providers have been awarded contracts to deliver IPS to Vocational Rehabilitation consumers. The goals of End-Dependence Kansas include:
  1. Increased competitive, integrated employment options and outcomes for Kansans with disabilities.
  2. Further development and sustainability of evidence-based employment practices.
3. Collection of the data necessary to establish a sustainable cost structure for VR-funded services that allows services to be maintained after EDK ends and allows provider partners to succeed in the delivery of services.

In addition to DCF, four other state agencies are supporting the implementation of EDK. They are Health and Environment, Commerce, Corrections, and Aging and Disability Services.

- 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.

2017 and 2018 Goals

**Goal #1:** Recommend that the State use their KanCare 2.0 renewal application to implement a 1915(i)-“like” waiver to provide employment supports and other services for individuals with behavioral health issues. An 1115 Demonstration Waiver, the federal authority under which KanCare operates, provides states with an opportunity to test whether a program works before making a long term commitment. Including a 1915(i)-“like” pilot as part of KanCare 2.0 would allow the State to test, over a five-year period, whether the supports provided through a 1915(i) result in an increased number of individuals becoming employed and living as independently as possible. If post program evaluation indicates that this pilot was not successful, the State would not have to continue it beyond the five-year demonstration period.

**Goal #2:** Mental health centers will use available resources to support getting consumers to work.

Recommendation #1: Encourage integration of Peers into employment services at the CMHC’s

Recommendation #2: Statewide educational campaign to dispel the myth of working and losing benefits and decrease the barrier for consumers wanting to work.

**Goal #3:** 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 CMHC’s that implement Supported Employment IPS model. Incentivize the system for better employment outcomes.

- More than 50% of the CMHC’s do not offer IPS
- Currently, 40% of the individuals with SPMI do not have access to IPS services.
- 60% of this target population have a desire to work
- 85% of individuals with serious mental illness are unemployed

Recommendation #3: Require CMHC’s that do not meet their employment outcome standard implement IPS-SE as part of their performance improvement plan.

Recommendation #4: 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. Have field staff work with individual Centers.

Recommendation #5: Actively seek out and provide grants to the CMHC’s from the State General Funds to offset costs to initiating and implementing IPS services in rural and frontier counties.

**Goal #4:** 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: In SFY 2017, KRS in collaboration with KDADS will seek the participation of one or more community mental health centers to develop and pilot improved referral procedures and documentation, cross-training, and collaborative meetings.
Recommendation #2: Explore mechanisms to improve systems integration of MH & VR that will improve the state’s overall goal of implementing IPS statewide.

- Faster referral process
- Increased and timely communication

**Goal #5:** Increase engagement of stakeholders, consumers, families and employers.

Recommendation #1: KDHE or KDADS require agencies implementing IPS to create opportunities for assertive outreach and engagement for consumers and families.

Recommendation #2 MCO’s do more to engage stakeholders with the implementation and sustainability of IPS.

Updated 6/16/2017 MA