

## **Governor's Mental Health Planning Service Council**

### **Vocational Subcommittee 2014**

#### Accomplishments

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 other service providers serving other disability populations; thereby, potentially adding another funding source.

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

The Subcommittee encouraged implementation of Individual Placement and Support- Supported Employment by all CMHCs in Kansas. There are currently 12 EBPSE sites.

#### 2013 and 2014 Goals

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

Recommendation #1: Educate CMHCs and other service providers about the availability of the Benefits Planning Academies. The Benefits Planning Academies are designed to train interested individuals in the various Social Security Administration work incentives in order to enable them to provide consumers with accurate benefits information.

Recommendation #2: Educate CMHC's for better clarification of billing Medicaid for Employment services.

Recommendation #3: Send out dates of Benefit Planning Academies to all CMHCs and encourage participation.

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

New 2014: All MCO'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 #1: Provide outcome information about CMHCs that implement Supported Employment IPS model. Incentivize the system for better employment outcomes.

Recommendation #2: 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 #3: 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 #4: Require CMHC's that do not meet their employment outcome standard implement IPS-SE as part of their performance improvement plan.

Recommendation #5: 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 #6: 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 #7: 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 2014. 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 service delivery at the local and state levels.

**Goal #4:** Encourage KDADS and Vocational Rehabilitation Services to support the Johnson and Johnson – Dartmouth Community Mental Health Family Advocacy Project. The project encourages family members of individuals with severe and persistent mental illness and wants to work to seek out IPS-SE programs to help their loved ones obtain employment. Family members will also be involved in advocacy efforts to encourage agencies that have not implemented IPS-SE to consider adopting this well researched model.

New 2014: 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.