

Governor's Mental Health Planning Service Council

Vocational Subcommittee 2013

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 IPS Supported Employment by all CMHCs in Kansas. There are currently 12 EBPSE sites.

2012 and 2013 Goals

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

Recommendation #1: Assertively educate CMHCs, other service providers serving other disability populations, and consumers about the benefits of work and becoming more self-sufficient and how the Ticket to Work (TTW) Program could benefit them.

Recommendation #2: Emphasize consumer choice and provider choice regarding whether to become a TTW employment Network (EN) and choices around assigning of the ticket.

Recommendation #3: 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 #4: Educate CMHC's for better clarification of billing Medicaid for Employment services.

New 2013 – Send outdates 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.

Recommendation #1: These principles are adopted statewide:

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.

New 2013 Proposed recommendation #1: Allocate funding from the Mental Health Initiative to make sure resources are in place to make IPS possible, with a commitment to job development.

New 2013 Proposed recommendation #2: 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.

New 2013 – Require that CMHC's meet minimal standards of fidelity as measured by the IPS-SE Fidelity Scale.

New 2013 – Require CMHC's that do not meet their employment outcome standard implement IPS-SE as part of their performance improvement plan.

New 2013 – 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.

New 2013 – 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.

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: Access Dartmouth's supported employment training on-line to reduce costs of training. The cost to IPS sites is \$200.00 but is refundable after successful completing the trainings.

Recommendation #3: Explore mechanisms to improve systems integration of MH & VR that will improve service delivery at the local and state levels.

New 2013 – Initiate meeting between VR and KDADS to develop a system to identify clients that are receiving VR and MH services.

Goal #4: Encourage the Kansas Departments of Mental Health 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 EBPSE programs to help their loved ones obtain employment. Family members will also be involved in advocacy efforts to encourage agencies that have not implemented EBPSE to consider adopting this well researched model.

New 2012 – Proposed recommendation #1: Encourage clients and family members to attend SE Leadership Meeting at their local CMHC.

The GMHPC-VSC will support the Johnson & Johnson – Dartmouth Community Mental Health Program that is inviting applications from the J&J states to join the ten participating states (Connecticut, District of Columbia, Illinois, Kentucky, Maryland, Missouri, Ohio, and Oregon).