

Employment Works!



This issue focuses on funding strategies for IPS supported employment. Because a single, clearly identified funding source does not exist for IPS in the United States, many program administrators blend together two or more sources of funding.

Federal Financing Report on Employment Services

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in conjunction with the Federal Employment Workgroup on Disability commissioned a review of the federal financing mechanisms used by state agencies to implement the evidence-based employment model known as Individual Placement and Support (IPS) and customized employment, a



conceptually convergent approach. The review identified strategies for improved access to federal financing of IPS supported employment and customized employment through case studies of current state and local practices. Four states used a variety of methods to provide IPS services and customized employment for people with serious mental illness through braided state general funds,

Vocational Rehabilitation (VR) funds, Mental Health (MH) block grants, and Medicaid funds (rehabilitation option and/or through waivers). The four states' experiences showed that coordination of state agencies, including

Stronger federal policies in conjunction with steady federal funding are needed to provide employment support to individuals with serious mental illness

MH, VR, and Medicaid, was vital in organizing a viable and successful plan for funding IPS supported employment and customized employment services. The case studies also pointed to a number of concerns about improving the flow of funds to local levels. These concerns include the following:

- Collaboration in most states between state mental health and vocational rehabilitation offices is less than ideal for supporting implementation of IPS and customized employment.
- Access to VR services can be an important challenge for people with mental illness.

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Vermont's Experience with the Ticket to Work

James Smith, Budget and Policy Manager
Vermont Division of Vocational Rehabilitation

Employment is a service that is typically underfunded and not given priority in mental health agencies. Therefore, it is critical to use all sources of funding available for IPS supported employment including Social Security Administration's Ticket to Work program*. The Ticket to Work is a funding source that is not being utilized to full effect by mental health agencies or state vocational rehabilitation agencies.

States have the option to use various models of the Ticket to Work, one of which is called Partnership Plus. In this arrangement, when a person is working with an IPS program and a VR counselor, neither can access Phase I payments. Instead, VR collects cost reimbursement for expenditures made on that particular case, but only if the person works at least nine months above substantial gainful activity (earnings of at least \$1,000 each month). After VR case closure, the IPS program can bill for Phase II milestones. The reality, however, is that for most cases, neither VR nor the IPS program will be paid under the Partnership Plus model because most people are eligible for only Phase I payments, while fewer are eligible for Phase II payments. This is because as people try to go back to work, they may not work for long periods at their first job."

At the Division of Vocational Rehabilitation in Vermont, we did our own cost analysis and found that we would make three times more in reimbursements if our state VR agency became an employment network and used the Milestone Outcome Payment model. Then we decided that if we wanted our community mental health partners to work with us wholeheartedly on this project, we should

split the Ticket payments with them 50-50. The result has been that we have generated twice as much revenue as the traditional cost reimbursement model and the amount of

Ticket payments to our agency continues to go up—we really don't know where it will level off.

The take home message is that when IPS programs and VR work collaboratively on the Ticket and share the payments, both are substantially better off. Some recommendations for IPS programs include the following:

Look into the Ticket and consider becoming an employment network. If you are serving people without VR funding, try using the Ticket as a supplemental source of funding.

If your IPS program primarily serves people with VR funding and your state VR is using the Partnership Plus model, try to re-open a discussion with VR

about having a different type of Ticket arrangement.

The more that you focus on trying to use the Ticket, the more you will bill. As your Ticket program grows, you might consider forming a coalition with other mental health agencies so that one position (or a part-time position) can handle the administrative work for all of the IPS programs in the coalition. ♦

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*To find out more about the Ticket to Work, go to:

<http://ssa.gov/work/aboutticket.html>

Grants and HUD Funding for IPS Supported Employment

Eric Morse, Chief Operating Officer, MHS, Inc., Cleveland, Ohio

Our agency started an IPS program with a grant from a local foundation for about \$50,000 to pay for our IPS supervisor and a small part of one employment specialist position. We felt that it was important to have a supervisor who could be a champion for IPS and who could focus exclusively on implementing the evidence-based practice. As part of our planning process, we also wrote a business plan that included various sources of revenue to support the program when the local grant ended. We knew that Vocational Rehabilitation would not be able to serve all of our clients, so as part of the



business plan, we continued to pursue any grant opportunity that could conceivably support IPS. A website (www.grants.gov) helps us scan for grants related to employment and IPS.

Rather than building services around the most readily available funding, we try to decide upon the services we think are most important, such as IPS supported employment, and then focus on finding revenue to support those services. We believe that grants are critical to help fund services so a number of administrators at MHS devote time to this effort, in addition to a full-time grant writer on staff. It's important to

make a decision to find the time to apply for grants.

Because MHS, Inc. serves people who have been chronically homeless, we receive some Housing and Urban Development (HUD) funding. When we looked at our HUD funded services, we realized that our Life Skills Workers could actually bill their services to Medicaid, rather than using HUD funding. That allowed us to use some of the HUD funding for IPS positions. Those employment specialists work only with clients who qualify for HUD funding. We recently obtained a Substance

Abuse and Mental Health Services Administration (SAMHSA) "Services in Supportive Housing Grant". The purpose of the grant is to augment the services HUD provides through their Supportive Housing Grants. One of the goals of our grant is to increase employment for the people served in our HUD programs, therefore, the grant will help to support our IPS services.

Using a business plan to think about the various sources of revenue for IPS has allowed us to increase our program from a team of two, to six full-time positions over a three-year period. ♦

We believe that grants are critical to help fund services so a number of administrators at MHS devote time to this effort.

One Program's Experience with Ticket to Work

Annette Harvey, Director, Supported Employment Program
Green Door, Washington, D.C.

Our IPS program has been using the Ticket to Work since October 2008. We are our own employment network and serve only people with serious mental illnesses who are receiving services from the Department of Mental Health. In the past two years, we have been able to bill in excess of \$80,000. We have managed the pa-

perwork and administration of the Ticket in-house. Although that takes time, the monetary gain is worth the effort to us. We've been able to create one new employment specialist position and have also created a part-time position to help with the administration of the Ticket program. ♦

Vocational Rehabilitation Partnerships

*Claire Courtney, M.S., C.R.C., Senior Rehabilitation Program Consultant
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Vocational Rehabilitation (VR) can be a funding source for IPS supported employment, however, VR has more to offer than funding. Programs that wish to engage with VR should be prepared to enter into a partnership in which VR counselors and



IPS practitioners share their expertise and work together with consumers. Ideally, the VR counselor, employment specialist and consumer would meet to talk about the employment plan and progress on goals. VR counselors would prefer to be involved in the employment planning as

early as possible. To help VR counselors open cases quickly (for a rapid job search), employment specialists can help provide up-to-date documentation of the person's disability so that VR counselors can make eligibility decisions quickly.

Each state VR agency, and sometimes each local VR office, has different ways of purchasing services from providers, such as IPS programs. For example, in Minnesota, our IPS providers have said that they need to be able to predict how to budget and support the staff that does this work. Therefore, we have used annual VR grants to support our providers. Other states



pay for services based upon individual clients achieving particular milestones such as starting a job or keeping a job for 90 days.

To ensure a strong partnership between VR and your IPS program, consider asking for monthly meetings that involve the mental health clinical supervisor, IPS supervisor and local VR manager. These positions have direct input into how their staff operates and interacts with each other. Agencies in Minnesota that have used this approach have developed strong buy-in for the IPS approach. ♦

Evidence-based supported employment

is also known as individual placement and support (IPS). These are the same practices and use the same procedures, scales and approaches. Often the term "supported employment" is used in a generic sense and is not synonymous with evidence-based supported employment or individual placement and support.

Programs in the Johnson & Johnson-Dartmouth Learning Collaborative Receive Awards

At the annual Johnson & Johnson-Dartmouth Community Mental Health Program meeting in Burlington, Vermont, representatives from three IPS supported employment programs accepted engraved crystal bowls and \$10,000 awards for their agencies.

Annette Harvey from Green Door in Washington D.C. accepted an award along with Edmund Neboh, Rehabilitation Services Administration, D.C. Green Door was nominated for the award because of a significant improvement in the number of people receiving high fidelity IPS supported employment services, as well as an employment rate of 51%.

Diana Compton accepted the award for Four County Mental Health Center in Independence, Kansas. Four County Mental Health Center won the award for achieving an employment rate that varied between 45% and 55% in a rural area of Kansas that has one of the highest unemployment rates in the state. Also notable about Four County Mental Health Center is that the IPS program serves 65% of the adults with severe mental illness who receive mental health services from the Center.

Diana McNeil, EBP Manager from Humanim in Columbia, MD accepted an award with Jessica Hawes, Vocational Rehabilitation supervisor, Annapolis, MD. Humanim was honored for significant improvement in the number of people receiving high fidelity IPS supported employment services. ♦



Annette and Edmund Neboh accept award



Diana Compton accepts award



Diana McNeil and Jessica Hawes accept award

1915i State Plan Option for Medicaid in Wisconsin

Kenya Bright, Section Chief, Division of Mental Health and Substance Abuse Services, Madison, WI
Bob Meyer, Supported Employment Trainer, Madison, WI

Although service providers in some states use the Rehab Option for medically necessary services that occur within the context of helping a person with employment, other state administrators have chosen to pursue the 1915i state plan option for Medicaid. The 1915i option is similar to waivers, but is the first opportunity to include non-medical services for targeted populations, including people who have mental illnesses.

Recently, some state Medicaid office personnel have worked with the Centers for Medicare and Medicaid Services to include this option as a way to pay for IPS supported employment. For example, in Wisconsin, the state Medicaid plan now includes a definition of IPS services, including IPS practice principles. By including a good definition of IPS in the plan, programs are encouraged to develop services based upon the evidence-based practice. Services that can be billed under the Wisconsin option include intake and assess-

ment, job development for a specific person, work-related symptom management, employment crises support and follow-along services. In Wisconsin, when a client is open to Vocational Rehabilitation (VR), VR is required to pay for employment services for which the client is eligible. In these cases, the Medicaid 1915i option can only be used to pay for services that VR does not cover, including services after VR closes the case, or while a person is on a wait list for VR services.

We are finding that agencies and programs that had not provided IPS supported employment in the past are now interested in developing IPS programs because they know that they can use the state plan to help support those services.

Note: Services that are billable under Medicaid vary from state to state. It is important to check with your state Medicaid Office to understand what is allowable in your state. ♦



IPS Supported Employment Practice Principles Expand

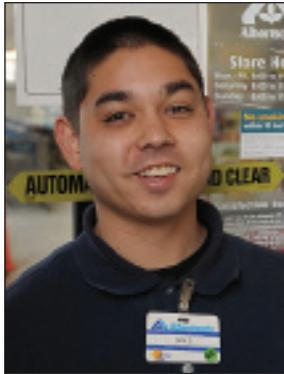
The latest principle involves building relationships with employers. Employment specialists ask to meet with employers who may have the types of jobs that their clients prefer, whether or not those businesses currently have job openings. They are encouraged to spend time every week meeting with employers to learn about their businesses and understand their hiring practices. Employment specialists view each employer as a customer whom she can help by introducing job applicants who have the right skills and strengths for that particular business.

1. Every individual who wants to work is eligible.
2. IPS supported employment services are integrated with mental health treatment.
3. Competitive jobs are the goal.
4. Personalized benefits counseling is offered to all program participants.
5. The job search begins soon after a person expresses interest in working.
6. Employment specialists systematically develop relationships with employers based upon their client's job preferences.
7. Job supports are continuous.
8. Individual preferences are honored. ♦

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Nick's Story

Nick was only in his sophomore year of high school when he was diagnosed with mental illness. His family was confused and worried as he became increasingly angry and unreasonable. Nick reports that getting the right treatment was difficult and that at one point he stopped taking medication and spent an entire year in the house and avoided people. He said, "I had given up on the medications. I just didn't feel like dealing with life anymore." Ultimately, though, he got into an argument with his parents and the police became involved. As a result, Nick began to receive mental health treatment, including medications, again. At that point, however, he was so sedated from the medications, that when he met an employment specialist at Options for Southern Oregon, she said that he had a difficult time speaking, "I worried about finding an employer who would hire Nick because he seemed like he could barely stay awake. But he kept showing up every week to ask for help to find a job."



While they were working together looking for employment, Nick's medications were adjusted so that he was more alert, and he eventually found a job in a grocery store, as well as a part-time cleaning job. "I work as a courtesy clerk. That includes bagging groceries, helping customers, bringing in carts...there is always something to do. I like all of the people I work with and enjoy helping the customers. It makes me feel good to know that I am doing something—I've got responsibilities and people rely on me. I take pride in my work."

Nick reports that his employment specialist was essential to his success. "She made a huge difference. My employment specialist made contacts with employers and that, along with her constant encouragement, was invaluable. If I had just gone in there on my own, I don't think that I would have gotten the job. But working makes me feel like an adult. I enjoy being part of something that matters." ♦

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Federal Financing Report... *continued from page 1*

- VR's focus on case closure is not aligned with IPS principles.
- Ticket-To-Work payments are not aligned with IPS principles.
- One-Stop Employment Centers do not have the expertise to serve people with mental illness.

Stronger federal policies in conjunction with steady federal funding are needed to provide employment support to individuals with serious mental illness. Based on the case studies and discussions with leading experts, two primary federal funding possibilities were identified: Medicaid and Department of Education funding for state vocational rehabilitation services, as well as several secondary funding sources, including mental health block grants funded by the Substance Abuse and Mental Health Services Administration, One-Stop Employment Centers funded by the Department of Labor, and Ticket to Work funding from the Social Security Administration.

As noted throughout the report, the main funding source for IPS services has been Medicaid. Medicaid has limitations, not the least of which is that it covers only those who are Medicaid eligible, leaving others without these critical employment services. Medicaid is extremely limited as a funding source for early interventions that might favorably change the long-term course of individuals who have had a first episode of serious mental illness. The research identified four primary options for state-level funding for supported employment services through the existing Medicaid infrastructure: (1) the Rehabilitation Option, (2) the Targeted Case Management option, (3) the 1915(c) Home and Community-Based Services Waivers, and (4) the 1915(i) Home and Community-Based Services option. The full report is available at <http://aspe.hhs.gov/daltcp/reports/2011/supempFR.htm> ♦

