

Revised 9/10/04

Behavioral Health Reform Supporting Employment

Approved 9/10/04

*Developed by the Employment Team of the Behavioral Health
Reform Strategic Planning Effort*

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

Our appreciation to the Employment Team members for their contributions to the creation of this strategic planning and continuing efforts toward implementation of changes to improve employment opportunities for persons having serious mental illnesses or substance abuse problems who are or have been committed to the state for inpatient services.

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Target Population:

Primary: Persons with serious mental illness or substance dependence who are or have been committed to the state for inpatient services, are already living outside the hospital, adjusted to medications, adjusted to community living, and want to work.

Secondary: Persons with serious mental illness or substance dependence who are at risk of being committed to the state for inpatient services, are living outside the hospital, adjusted to medications, adjusted to community living, and want to work.

Barriers to employment for the target population that this plan focuses strategies and action steps to reduce:

1. Need for additional sites in Nebraska where employment is supported through coordinated, consumer-driven responses following principles of effective mental health employment programs.
2. Consumer concerns about loss of medical and pharmaceutical support pose a significant disincentive to employment. Consumers may not want to risk losing the Medicaid eligibility that pays for necessary medications and health care services that affect their mental and physical stability and well being. Currently, consumers who qualify for Medicaid through SSI or SSDI lose their disability designation and, therefore, their categorical eligibility for Medicaid when they reach earnings that are identified by the Social Security Administration as Substantial Gainful Activity (SGA). The current SGA amount is \$810 per month.
3. Although Nebraska's Ticket-to-Work program offers some incentives to return to work and retain Medicaid coverage, the incentives are difficult to understand and are underutilized.

ACTION PLAN

➤ **GOAL:** By July 1, 2005—

Increased Employment Opportunities for Persons with Serious Mental Illness or Substance Dependence who are or have been committed to the state for inpatient services.

➤ **GOAL MEASUREMENT/SUCCESS CRITERIA:**

❖ **Ten Principles that Support Effective Mental Health Employment Programs**

- (1) Community Partnerships
- (2) Long-term Supports
- (3) Belief in Work
- (4) Consumer Choice
- (5) Integration of Services
- (6) Real Work
- (7) Flexibility
- (8) Employer Needs
- (9) Consumer Needs
- (10) Developmental Model

See Appendix A: [Ten Principles Document](#)

See Appendix B: [Supported Employment Defined](#)

❖ **Implementation of this goal will involve coordination with:**

- Medicaid Infrastructure Grant (especially Medicaid Buy In & Ticket to Work)
- HHS Office of Mental Health, Substance Abuse, & Addiction Services
- HHS Office of Economic and Family Support
- Department of Education, Division of Vocational Rehabilitation
- Department of Labor
- Others identified as the work unfolds

Strategy #1 of 4 to be Action Planned in Pursuit of this Goal:

By July 1, 2005--

Expand existing employment programs within their respective communities.

Criteria:

▪ **Readiness Indicators:**

- already living outside the hospital
- adjusted to medications
- adjusted to community living
- want to work
- are willing to take the risk of losing some/all entitlements

▪ **Existing programs:**

- Community Alliance, Omaha
- Liberty Center, Norfolk
- Goodwill Industries of Greater Nebraska, Grand Island & Kearney
- Cirrus House, Scottsbluff

Action Step	Deliverable	Who	When	Special Notes
1. Conduct community provider employment forums (as with <i>Employment 2003</i>). Scheduled in Norfolk 9-14-04.	Increased access to employment for consumers working in the Norfolk area.	Frank Lloyd	9/14/04	All stakeholders, i.e. employers, consumers, and providers, discuss what is involved in successful employment programs.
2. Expand existing employment for communities with Day Rehabilitation services present, sizeable to impact greater numbers of potential consumers, and with opportunities for employment. Determined Columbus as potential site.	Increased access to employment for consumers working in the Columbus area.	Frank Lloyd and Jim Harvey	6/30/05	All stakeholders, i.e. employers, consumers, and providers, discuss what is involved in successful employment programs.

Strategy #2 of 4 to be Action Planned in Pursuit of this Goal:

By July 1, 2005--

Expand employment programs into other communities.

Criteria:

▪ **Readiness Indicators:**

- already living outside the hospital
- adjusted to medications
- adjusted to community living
- want to work
- are willing to take the risk of losing some/all entitlements

Action Step	Deliverable	Who	When	Special Notes
1. Expand programs that support employment opportunities to other communities. Must Have: --Day Rehabilitation services present, --Sizeable community to impact greater numbers of consumers, --Opportunities for employment.	Programs that support employment opportunities shall be developed in additional communities in Nebraska such as: ▪ North Platte ▪ Lincoln	Frank Lloyd and Jim Harvey	6/30/05	It is very challenging to expand these services quickly—it involves several systems working together. Major sponsors need to 1 st make the commitment at local levels – Voc. Rehab. and local providers. Then about one year of time to implement.
2. Convene a group of stakeholders in North Platte area to determine feasibility and if desired pursue planning and implementation. --Meeting Scheduled for Sept. 16, 2004. --Contact employers regarding working with our target population.	Determine North Platte community interest in developing programming to support employment and potential for taking next steps.	Frank Lloyd	6/30/05	Contact employers and employer associations such as Chamber of Commerce, to address their needs as well as addressing consumer needs.

CONTINUATION OF:

Strategy #2 of 4 to be Action Planned in Pursuit of this Goal:

By July 1, 2005--

Expand employment programs into other communities.

Criteria:

▪ **Readiness Indicators:**

- already living outside the hospital
- adjusted to medications
- adjusted to community living
- want to work
- are willing to take the risk of losing some/all entitlements

<p>3. Contact Lincoln's Club House Program for initial discussion of interest and further planning</p> <p>--Schedule a meeting of stakeholders.</p> <p>--Contact employers regarding working with our target population.</p>	<p>Determine Lincoln community interest in developing programming to support employment and potential for taking next steps.</p>	<p>Frank Lloyd</p>	<p>6/30/05</p>	<p>Contact employers and employer associations such as Chamber of Commerce, to address their needs as well as addressing consumer needs.</p>
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Strategy #3 of 4 to be Action Planned in Pursuit of this Goal:

By July 1, 2005--

Increase understanding of Consumers, Providers, & Advocates on how to use current work incentives available to them.

Criteria:

Existing resources:

- SSI Office Benefits Specialist—Susan Lewis
- Vocational Rehab. Office
- Easter Seals Benefits Analysis
- HHS Central Office—Joni Thomas

Action Step	Deliverable	Who	When	Special Notes
1. Enhance marketing campaign of Medicaid Infrastructure Grant to target Seriously Mentally Ill consumers/providers/ Advocates. --Target HHS. --Social Security Admin. --General population.	Increased awareness.	Joni Thomas, Jim Harvey and Susan Lewis	4/30/05	Add these strategies to the HHS application for the 2 nd round Medicaid Infrastructure Grant (MIG)
2. Develop the network of providers and DOL career center sites for information dissemination --Contact mail list, email group lists, or list serves.	Established methods of communication flow and increased collaboration.	Jim Harvey	3/31/05	--Once accomplished this requires ongoing maintenance. --Dept. of Labor also has 21 career center sites for distributing information.
3. Develop a network of consumers for information dissemination. --Contact mail list, email group lists, list serves, peer-to-peer information sharing.	Established methods of communication flow, utilizing natural information channels and increased consumer involvement in solutions.	Richard Ellis and Jim Harvey	3/31/05	--Once accomplished this requires ongoing maintenance. --Provider lists can forward information on to their lists of consumers.

CONTINUATION OF:

Strategy #3 of 4 to be Action Planned in Pursuit of this Goal

By July 1, 2005--

Increase understanding of Consumers, Providers, & Advocates on how to use current work incentives available to them.

Criteria:

Existing resources:

- SSI Office Benefits Specialist—Susan Lewis
- Vocational Rehab. Office
- Easter Seals Benefits Analysis
- HHS Central Office—Joni Thomas

4. Contact providers and consumer networks with accurate information.	Information is disseminated to providers and consumers.	Melissa Sebek and Susan Lewis	4/30/05	--Enhance current consumer network on MIG to be more inclusive of those with Serious Mental Illness or Substance Dependence. --Work will be ongoing.
5. Increase the number of trained benefit analysis counselors in Nebraska.	Increase access to benefits analysis.	Frank Lloyd	6/30/05	Will take funds not currently identified.
6. Conduct a benefits analysis for each consumer.	Benefits analysis for informed decision-making and appropriate use of the incentives already in place for consumers.	Frank Lloyd	6/30/05	--Will take funds not currently identified. --May expand contracts currently in place.

Strategy #4 of 4 to be Action Planned in Pursuit of this Goal:

By July 1, 2005--

Explore and implement policies, policy changes or strategies that would enable continued medical supports for working persons in NE with Serious Mental Illness beyond the established Substantial Gainful Activity (SGA) limit of earnings.

Criteria:

- Current SGA level is \$810/month.
- Must be allowed through federal Medicaid law/rules.
- Cost and benefit considerations.

Action Step	Deliverable	Who	When	Special Notes
1. Review current policies, potential policy changes in Medicaid.	Determine best course of action.	Cec Brady	1/31/05	Include policies, state plan, current waivers, state statutes and regulations.
2. Dedicate resources and staff (or a contractor) to complete the 1115 Waiver application (policy team decision).	Complete 1115 Waiver that would allow addressing the ongoing access to needed medical services for working persons beyond the SGA for the defined population.	David Cygan	2/28/05	--May require Medicaid contractor. --May require actuarial study. --CMS approval may take 18 months.

Appendix A: Ten Principles Document

June 30, 2004

Developed by the Employment Team of the Behavioral Health Reform Strategic Planning Effort

Ten Principles That Support Effective Mental Health Employment Programs

Work is the best way to integrate the social, emotional, self-worth and economic needs of people in our society. Community employment contributes to a person's financial stability, security and independence in a way that cannot be achieved if the person has to depend on others, including government agencies, for their livelihood. This is particularly apparent for people who experience severe and persistent mental health issues and have endured years of unemployment, poverty and rejection.

While work can satisfy many of our needs, for people with mental illness, many supports will be necessary, including, housing, transportation, medical treatment and psychosocial supports. Effective employment programs must integrate consumer needs, services and supports into a coherent delivery system. While effective programs may be structured differently, and managed from various points of view, most rely on a shared set of principles that help assure their success.

Many of the following ten principles will be consistently applied in the more effective employment program for people who experience severe and persistent mental illness.

1. **Community Partnerships** – Build community partnerships and consensus with agencies, employers and community supports. Look to day programs, shelters, faith-based groups, and local mental health providers to be the focal point by which the various groups can coordinate services on behalf of each consumer. The entity that provides housing or day services is a natural place through which partnerships and collaboration can occur.
2. **Long-term Supports** – Plan for Long-term support because of the cyclical nature of mental illness. Face-to-face communication and encouragement are necessary in preparing for work. Support will be needed at the worksite and off the worksite during non-work hours. Peer support can be extremely effective in helping a consumer prepare for, obtain, and maintain employment.
3. **Belief In Work** – Establish among all partners and service providers an unwavering belief that with support people with mental illness can be productive workers. This must be a shared belief and modeled by staff. Create a natural sense of hope for the consumer.
4. **Consumer Choice** – Respect a consumer's desire to choose to work and be independent. Provide opportunity for continuous consumer input. The consumer should be involved, engaged and develop a strong sense of ownership for their employment goal. Provide complete information to the consumer so they can make decisions that best meet their needs, interests and abilities.
5. **Integration of Services** – Integrate services and supports through a shared philosophy, clear communication and agreed upon goals. Since employment will depend on the services and supports of more than one partner, a clear understanding of an agreed upon approach is critical.
6. **Real Work** – Create opportunities for real work. Work should be community based, competitive, in a normalized setting, involving multiple employers that can lead to increased financial stability and security. As much as possible provide employment experiences in the natural work setting – not sheltered settings.
7. **Flexibility** – Assure that services and supports are flexible. This is critical because of the cyclical nature of mental illness. Traditional employment programs place a heavy emphasis on being “work ready”. Mental health employment programs need to be flexible and start employment opportunities at the lead of the consumer, perhaps before they would be considered “work ready”. People who experience mental illness may do better with a place and support model rather than a traditional train and place model.
8. **Employer Needs** – Respond to employer's needs. Employers have a right to expect an employee to do a good job. Even though consumers may require reasonable accommodation, employers should not be expected to hire a consumer out of sympathy. If the consumer does not meet the employer's requirements, reasonable

accommodations should be considered. Thus, finding another way to meet the employer's needs. If the consumer is not the right match for the job other work opportunities should be considered.

9. **Consumer Needs** – Structure continuous evaluation and planning into your program. Meaningful work must be built on the broad range of interests, concerns, desires and abilities of the consumer. Continually evaluating and planning with the consumer will assure that their changing needs and concerns are being met.
10. **Developmental Model** – Establish a program build on a developmental philosophy. If provided the right support, consumers will learn through practice, reinforcement of skill and responsibilities, which will lead to real work expectations. The model must support the belief that consumers can develop and change in ways that will lead to successful employment.

Appendix B: Supported Employment Defined

June 30, 2004

Developed by the Employment Team of the Behavioral Health Reform Strategic Planning Effort

**Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
US Department of Health and Human Services**

**Community Mental Health Services Block Grant
Application Guidance and Instructions
FY 2005 – 2007**

**DRAFT (as of January 26, 2004)
DEFINITIONS: (page 79)**

Supported Employment:

Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs can use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to the public), in normalized settings, and utilize multiple employers. The SE team has a small client:staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.