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Employment First Task Force

Mental Health Workgroup

May 7, 2019

**Committee Members in Attendance**

1. Cristi Blalock - Frontier Health (phone)
2. Jeremy Norden-Paul- DIDD
3. Carrie Hobbs Guiden – The Arc Tennessee
4. Dr. Jeffrey Stovall – Vanderbilt Psychiatric
5. Nichole Phillips- Statewide IPS Trainer
6. Cassie Belter – Statewide IPS Trainer
7. Sebby Edwards – Statewide IPS Trainer (phone)
8. Janet Shouse – TennesseeWorks (phone)
9. Naveh Eldar – BlueCare (phone)
10. Mary Fultineer – Frontier Health (phone)
11. Melanie Randolph – Park Center
12. Christopher Morant – TennCare
13. Amber Cockings – TennCare
14. Ruth Brock – DHS/VR
15. Mark Liverman – DMHSAS
16. **Welcome**
17. **Connect goals with current activities** 
    1. **Highlights from the previous meeting were shared.**
       1. Defined expansion of IPS services by the number of employment specialists – The goal of adding 10 additional employment specialists (ES) was set
          * Two new HT teams in the state – equating to two new ES’s
          * Frontier used there SunTrust Lighting the Way grant to fund an additional ES
          * There are two new JJ grants funded through DMHSAS which will have an ES each
          * There is a new initiative entitled Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) housed at CMI in Memphis and there will be one SEES attached to this team. The CHR-P program is designed to prevent the onset of psychosis or to lessen the severity of psychotic disorders for youth and young adults ages twelve (12) to twenty-five (25) at clinical risk for psychosis.
          * One new Supported Employment Education Specialist (SEES) has been added to the Helen Ross McNabb Center, Chattanooga FEPI team.

TOTAL 7so far that are funded and positions are either filled or actively being sought.

* + 1. Dual diagnosis – Cristi Blalock will present at the Mega Conference this year about the dual diagnosis population. One client found employment with Food City when we last met.
    2. There was discussion about the interagency agreement currently in place between DMHSAS and VR and how the Employment First State Leadership Mentoring Program – Vision Quest (EFSLMP – VQ) goal this year is to add Medicaid through TennCare to the agreement, as a billable option.
    3. The IPS Trainers provided NAMI with a quick fact sheet about the benefits of IPS and how this model looks in TN.
    4. Mary shared the challenges of hiring VR eligible ESs, given the guidelines of the LOA
    5. Chris provided an explanation for groups 7 & 8 of ECF Choices
    6. There was discussion about whether focusing on a dual diagnosis population distracts attention from using IPS to serve populations who have a behavioral health or co-occurring diagnosis.
  1. **A review of the workgroup goals and how they align with current activities was discussed.**
     1. *Increase access to IPS Supported Employment* – this has happened already this year – 7 additional positions are funded and can potentially serve 140 more people in their search for work
     2. *Increase access to competitive integrated employment for those individuals who do not have access to an IPS program* –
        + One of the EFSLMP goals this year is to help American Job Centers (AJCs) and in that work, we are hoping to provide AJC staff with better tools and education about how they can effectively support all people with disabilities.
        + Also, as IPS continues to grow in the state, the IPS trainers, you all, Ruth, and I partner with new VR staff and behavioral health providers and they are becoming more aware of the benefits of IPS. In a sense we are creating advocates each time we educate others about IPS.
        + The overall concept of Employment First is to emphasize employment in the general workforce as the first and preferred option for individuals with disabilities receiving assistance from publicly-funded systems. In that sense we each on a daily basis advocate for people with disabilities to have increased assess to competitive integrated employment.
        + How else can this goal be accomplished:
          1. Create better methods for identifying those who want to pursue competitive integrated employment. This can be done with current IPS providers by requiring they submit data to state agencies about those “who want to work.”
          2. Use the systems we have in place to improve access to IPS and supported employment. Those systems include: Disability Pathfinder, ensure WIOA have accurate information about supported employment programs in the state, create interactive methods to obtain info on DMHSAS and VR websites.
          3. Ensure established social media mediums have information about how to access IPS or create Facebook, Twitter, and Instagram accounts share information about IPS.
          4. Use established 800 numbers to get information about supported employment or create numbers for people to easily find information about IPS.
        + Workgroup members were asked to bring with them to the next meeting, at least one idea of how to access supported employment. These ideas will be summarized into one document for the purpose of sharing with those who are looking for supported employment.
     3. *Increase access to employment for individuals who have a dual diagnosis (behavioral health diagnosis and intellectual developmental disability)*
        + The workgroup discussed whether there should be less of a focus on those who have a dual diagnosis, to allow for more time to discuss supporting those with a behavioral health diagnosis or co-occurring disorder.
          1. Mark emphasized the importance of focusing on both populations, those with primarily a mental health diagnosis and those with dual diagnosis as previously defined.
          2. Cassie noted it is often difficult to determine who the best provider will be.
          3. Carrie commented about the challenge of determining who should fund the support of people with a dual diagnosis.
          4. Chris mentioned that many ECF Choices providers have license to serve both populations.
          5. Ruth mentioned the importance of having more pilots to serve the dually diagnosed and from that experience we can learn the best billing methods.
        + With the diversity of vocations on the workgroup, we can make this a workable goal. To do so effectively, we can use lessons learned from the support being provided by Frontier health that helps people who have a dual diagnosis with their career goals.

1. **EFSLMP – VQ updates** 
   1. Doug Crandell, the subject matter expert (SEM) for the grant will visit in June and August – June 13th and 14th
      1. The plans for the two days in June are:
         * June 13th – 2.5 hours TA for VQ in the morning beginning at 9:00 a.m.
           1. Attend Employment First Task Force meeting in the afternoon for 2 hours
         * June 14th – 5 hours TA for Core State with a lunch between 2.5 hour beginning at 9:00 a.m. with a lunch in between.
      2. The plans for the two days in August are:
         * August 15th – 2.5 hours TA for VQ in the morning
           1. 2.5 hours TA for Core State after lunch
         * August 16th – 2.5 hours TA for Core State in the morning
   2. During the last monthly call, the future vision and things we need to “stop doing” were discussed
   3. The “Future Vision” ideas follow:
      1. Addressing ways agencies could increase their funding as we look towards sustaining and growing our programs could also include recommendations for seeking funding outside state agencies.
         * Discussion from workgroup – Most DIDD providers use state funding. Other ideas for funding include Ticket to Work, agency fundraising, self-funding through other programs at the agency, set employment specialist VR income expectations, United Way.
         * Amber gave an example from another state, to make the employment of people the goal and not the funding.
         * The workgroup agreed the best method to ensure income is generated for an IPS team is to first be committed as an agency to have an IPS team. From that commitment find the funding through multiple sources…DMHSAS, VR, private funders, other methods mentioned above.
      2. Ensure an adequate number of VR counselors and a stable workforce of counselors – addressed in “reduce employment staff turnover” below.
      3. Ensure SSI is revised so that individuals with disabilities are able to earn an acceptable wage without the fear losing their health care, supports, and services.
         * Benefits counseling is provided to those who receive IPS services and amongst the DIDD providers.
         * Carrie commented how great it would be if we all had the mentality to support people in a such a way that they feel confident about exploring work without the worry of losing needed health benefits, or even working such that the clients reliance on benefits decreases.
   4. The “stop doing” comments follow:
      1. Focus less on dual diagnosis population. It seemed a bit premature and has taken energy and resources away from the general mental health population - addressed earlier in the minutes under dual diagnosis goal.
      2. As such focus on strengthening and expanding mental health employment programs before focusing on other populations – same as above…addressed earlier.
      3. Reduce employment staff turnover – the following ideas were discussed.
         * Workgroup members shared the most common reason people leave their job:
           1. They do not like their boss.
           2. Pay
           3. Burnout
           4. No way to grow professional

1. **Dual diagnosis pilot update**
2. Cristi provided an update about clients served, placement rates, place of employment, etc.
   1. Five people currently working, and one may be moving away from the area of service
   2. One is employed at Food City, will successfully close with VR in two weeks
   3. Some of the places where job contacts have happened include: Food City, Dominos, Popeye’s, area motels, hospitality venues, NCG
   4. Job coaches are still involved, but the needs for interventions have lessened. Job development, job carving, and job coaching remain the significant difference for serving this population.
3. When this pilot began, Frontier targeted clients who had attempted employment previously, but had not been successful or clients who had not been employed at all. Much of the time spent when services begin, is helping clients decide on an employment goal.
4. Cristi will present at this year’s Mega Conference about what Frontier has learned with using IPS to support clients with a dual diagnosis.
5. **Updates from TennCare** 
   1. Conversation, collaboration, and steps are currently happening toward discovering methods to use Medicaid in TN for IPS supported employment.
   2. Supported Employment is a billable service through Medicaid, but currently no agency in TN is using this option.
6. **Questions, comments, and identify next meeting date**

* Doodle poll will be sent to schedule next meeting which will occur in July or early August.