CABHI: SOAR and IPS Pilot Check-in

Call Summary

November 29, 2016

Link to Adobe recording: <http://prainc.adobeconnect.com/p77jlcsqzj2/>

# State Updates

## Arizona

No updates provided on this call

## Colorado

Stacey Teegardin reported on behalf of Pablo Sandoval that they are still working on IPS at CCH (Colorado Coalition for the Homeless), and they have appointed a specialist to use the IPS model. They are still waiting on an update from them. Pablo met with The Independence Center in Colorado Springs, but implementation is slow going. Summit Stone in Fort Collins has started tracking SOAR clients and individuals experiencing homelessness and the supervisor thinks they can go back and track numbers from the beginning of the program. They are still working with Mind Springs in Grand Junction, but they aren't continuing with the CABHI No Cost Extension.

## Connecticut

No updates provided on this call

## Illinois

Jordan Durrett reported that they have two pilot organizations (Trilogy and Cornerstone). Jordan has done training for both organizations. She was very excited to report that there were 20 people at the Cornerstone training. She is not sure about barriers because they are just getting started on applications. Once they move from theoretical to implementation they'll know what they are facing

Lore Baker reported on some new policy decisions. Illinois recently submitted an 1115 demonstration waiver targeted to behavioral health consumers that includes IPS as a Medicaid requested and allowable service so they can expand IPS services for people with SMI (serious mental illness) or SUD (substance use disorders). Also within the application was a request for Supportive Housing (SH) services. They are doing work with the Medicaid Innovation Accelerator program grant that is looking at other populations that could benefit from the services and supports that they have already requested (with 1915C waivers). They are looking at adding IPS and SH to those waivers as well. They are hoping to hear late next year.

## Massachusetts

Michael Stepansky, Director of Employment, reported that their initiative has stalled because the original provider was defunded after the beginning of the pilot period. However, they have some training capacity for IPS in Massachusetts. He is still waiting on a response from them. Massachusetts remains interested in participating in the pilot as a learning opportunity.

## Michigan

No updates provided on this call

## Mississippi

No updates provided on this call

## Nevada

Ambrosia Crump reported that not much has changed. They are still in a learning capacity. They did get a no cost extension for their CABHI Enhancement grant, but their employment support is not specifically IPS.

## Ohio

Katherine Williams, the CABHI Mental Health Administrator, had no new updates for IPS. They are still encouraging CABHI participants to engage in supported employment throughout the rest of the grant, with SOAR. They are making strides with having participants volunteering to engage with IPS services.

## Tennessee

Jenna Robl reported that they have 5 CABHI sites, and they are mostly dealing with busting the myths with consumers. Knoxville is doing well (full update from Matt Largent during the Spotlight). The other sites are furthering discussions with clients. They are having slow, but steady movement. She is confident they will have some more success down the road.

## Utah

Phyllis Sharples shared that they are doing well in Utah, concentrating on their CABHI teams and working toward fidelity with the teams and IPS. They are working individually with team specialists. They are trying to get them working for 65% time with employment and disability rather than other case management responsibilities. They are still working on myth-busting. They are marrying IPS and disability well with their CABHI teams. They do have some employed people applying for disability!

## Wisconsin

Rand Hahn reported that their program is moving along and IPS is gaining ground in Wisconsin. They have 30 sites in Wisconsin. North Central Healthcare has been part of IPS since the beginning. He is field staff, with WDVA and they have been working without a manager for some time. Lori Kirchgatter has recently joined the team as their manager. She was a SOAR case manager in Texas and then became a SOAR trainer and she knows SOAR well. She will be in their department and will help them accomplish their SOAR goals, helping to organize them.

# Knoxville Spotlight

**Matt Largent, CABHI Grantee Program Manager, Helen Ross McNabb Center, Knoxville, TN**

Matt reported that they have had great success getting clients involved with SOAR and IPS. They make sure that they train case managers about all of the principles for IPS and SOAR. They talk about the benefits of IPS when they have the first meeting with clients. They continue the conversation even when situations change. They tell the clients that they can have a benefits to work counselor and then answer questions about how work will affect their benefits. This helps set them at ease. They share that finding employment will result in income a lot faster than waiting on benefits. They make sure that case mangers dispel myths. They have gotten feedback because clients worry that they will get stuck in any open job at the time. He explained that it is important to emphasize the IPS philosophy to secure jobs that the client is interested in and will be successful at. IPS and SOAR specialists work together to support the clients. It goes a long way when the SOAR specialist tells the client “you are allowed to work.” Many clients assume that the IPS worker would just say that because it is their job. They have a graph that they use with clients to show them how much they can earn (They use the SOAR tool on the website.)

*From Matt’s PowerPoint presentation:*

Process:

* Cross-staff training – All agency staff are knowledgeable of IPS and SOAR principles alike.
* Case managers are encouraged to begin discussions with their clients about IPS and the program benefits early in their relationship and continue the conversation, even if the client is initially hesitant.
* Educate clients on the realities of working while receiving, or applying for benefits. Refer them to a “Benefits to Work Counselor” for more reassurance if needed.
* Encourage clients by reminding them that employment will result in faster income than the disability process. ☺

Challenges:

* It is a widely held myth that one cannot work while applying for or receiving benefits.

- Case manager’s job to dispel this myth

* Local referral sources discuss SOAR with clients, but have little knowledge of IPS so it’s rarely mentioned.

- Important for case managers to discuss all the services CABHI provides during their first client meeting.

* Clients fear they will be stuck at a job they do not like.

- Important aspect of the IPS philosophy is securing jobs clients are interested in and will be successful at. This needs to be effectively communicated by case managers.

Successes:

* It is a widely held myth that one cannot work while applying for or receiving benefits.

- Case manager’s job to dispel this myth

* Local referral sources discuss SOAR with clients, but have little knowledge of IPS so it’s rarely mentioned.

- Important for case managers to discuss all the services CABHI provides during their first client meeting.

* Clients fear they will be stuck at a job they do not like.

- Important aspect of the IPS philosophy is securing jobs clients are interested in and will be successful at. This needs to be effectively communicated by case managers.

# Spotlight on Sustainability

**Bill Hudock, Senior Public Health Advisor, CMHS, SAMHSA**

Bill started his presentation with 3 punchlines. He explained: You are going to need to look for multiple funding sources to pay for the services that you need to do. We have to figure out how your state is going to do it. Each state gets to do it differently. Because every state is different, the key to success is getting them to want to. He explained how important it is to lay out the value proposition and the evidence that this is something that we want to do. We have to sell the state on the need for and effectiveness of the services. Sustainable funding is accomplished when there is alignment of these principles.

Bill covered the employment data first. There is a big disjoint in what is needed and what is offered.

* The national unemployment rate for individuals receiving public mental health services is approximately 80 percent.
* 60-70% percent of the 7.1 million people receiving public mental health services nationwide want to work
* 1.7% receive supported employment opportunities provided by states

Housing numbers also speak volumes:

* Estimates of the extent of the problem vary:
  + 20-25% of homeless have some form of serious mental illness – SAMHSA
  + 26% of homeless were seriously mentally ill at any given point in time - HUD
  + 33% of homeless have serious mental illness – Treatment Advocacy Center
* ½ of mentally ill homeless also have substance use disorder

Supported housing and supported employment services work:

* 75 percent of homeless people with mental illness or other serious disabilities (including those who have been homeless for long periods) who entered supportive housing as part of such a study remained through the study’s end (usually 18 to 24 months).
* 11 Randomized controlled trials have shown that IPS supported employment achieves 60% employment levels, with close to half retaining employment for 10 years

So how do you pay for services? States have 6 or 7 different ways to pay for services. The recent election has shown us that there are concerns about the overall costs of Medicaid. Some states want to ensure that Medicaid is only available to those that really need it. Supportive housing and supported employment helps to address those concerns. They help to move people beyond their reliance on benefits and moves people to “tax-paying” from “tax-consuming” citizens.

* + Medicaid can pay for outreach and support services
    - States may choose to pay for some or all of this
    - Evidence demonstrates cost effectiveness
    - Remaining concerns over cost and entitlement
  + HUD can pay for housing and some services
  + SAMHSA grants can help
    - PATH for people at-risk
    - Block Grant for people with SMI
  + Private Grants provide start-up funding
    - Infrastructure development
    - Initial service delivery
  + State appropriations can fill gaps

Being aware of these funding sources can help you raise them with other people who need to know about the fact that they exist. It is more helpful when someone comes forward and says, “I work on this, I know I can get people employed and off of benefits, we can be successful.”

Resources:

* + <http://www.csh.org/wp-content/uploads/2015/05/A-Quick-Guide-To-Improving-Medicaid-Coverage-For-Supportive-Housing-Services1.pdf>
  + <http://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>
  + <https://www.dol.gov/odep/pdf/FFSECEPMI.pdf>
  + <https://www.medicaid.gov/federal-policy-guidance/downloads/smd10008.pdf>
  + <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-09-16-2011.pdf>

**Darius McKinney, IPS Project Manager, Illinois Department of Human Services/Division of Mental Health**

Darius shared that they have been using IPS in Illinois since 2005. They have maintained and grown IPS in the last 11 years. They have 70 teams across the state and 40% of everybody in IPS is working. The challenge is maintaining services. In order for a state to be successful, you must have a partnership with VR. They are working more closely with local DRS offices. 90% of the teams are funded by their braided system, i.e. VR milestone payments and Medicaid billing for MH providers. They also fund 2 teams in Chicago with the SAMHSA Mental Health Transformation Grant. The state lead for WIOA is experimenting with those funds. There is a team using WIOA funds from the Department of Labor. Current Medicaid Rehab Option billing is for ACT and Case Management teams, all medically necessary. Mental health professionals can provide some of the employment services in their care plans. They receive milestone payments and medical necessity payments.

*From Darius’ PowerPoint presentation:*

IPS SE in Illinois:

* Approximately 70 IPS teams geographically distributed.
* 2,430 consumers received IPS services in FY2016.
* Outcomes – 72% VR Closure rate. About 40% of the people work.
  + The DMH/DRS IPS Partnership now produces the best employment outcomes within DRS – better than any other disability group. Historically the DRS SMI population had amongst the lowest outcomes of any group.
* Penetration Rate: IL is 2.8%. National is < 2%.

Current Illinois funding Streams:

* IL Medicaid Rehabilitation Option and IL Division of Rehabilitation Services [VR] Milestone Payments make up braiding/sequencing funding for individual IPS agencies
* SAMHSA Mental Health Transformation Grant
* Illinois Department of Commerce & Economic Opportunity [DCEO] Disability Employment Initiative Grant from U.S. Department of Labor [WIOA Title I]
* Current employment related services under IL Medicaid Rehabilitation Option [MRO] for IL Division of Mental Health Providers:
  + Community Support, ACT, Case Management cover all medically necessary interventions to help get and keep employment including building natural supports, developing skills to manage one’s illness, helping someone learn to use community resources, linkage. The workplace is considered a natural setting.
  + As of 2014, about 25% of an IL employment specialist work activities can be billed under the IL MRO [interventions need to be tied to the client’s treatment plan]:
    - Symptom Management
    - Independent Community Living and Integration
    - Independence in Activities of Daily Living
    - Socialization
    - Health and Nutrition
    - Economic Self-Sufficiency
* IL Division of Rehabilitation Services [VR] Milestone Payments:
  + IPS Providers with DRS Milestone Contracts will receive milestone payments from VR once a client starts a competitive job in the community. Current DRS rates are;
    - 15 day Milestone payment = $1,354
    - 45 day Milestone payment = $2,032
    - 90 day Milestone payment [successful closure] = $3,386 [TOTAL = $6,772]
    - If client still needs VR support because the job is still in jeopardy, two additional Milestone payments of $700 at 120 day and $700 at 150 day can occur. [Possible TOTAL payment of $8,172]

Potential future IL funding streams:

* Application submitted for an 1115 Research and Demonstration Waiver: Particular emphasis into housing and employment to address the larger needs of behavioral health consumers**.**
* Managed Care Organizations [MCO’s]: IL moving to MCO’s as the future payer of behavioral health services. MCO’s may pay for Evidence-Based Practices -- IPS/SE.
* “Higher rates of unemployment cause more illness and premature death.”\*\*
* *\*\*Social Determinants of Health: The Solid Facts***,** [Richard G. Wilkinson](https://www.google.com/search?tbo=p&tbm=bks&q=inauthor:%22Richard+G.+Wilkinson%22), [M. G. Marmot](https://www.google.com/search?tbo=p&tbm=bks&q=inauthor:%22M.+G.+Marmot%22), World Health Organization, 2003

When talking to MCOs you can argue that they should pay for evidence based practices (EBP) and IPS is an EBP. Social determinants of health are a good argument.

**Missy Bogart-Starkey, Housing and Homelessness Coordinator, Kansas Department for Aging and Disability Services**

Missy shared that in July the state of Kansas restructured their homeless programs. They are working to merge employment and homeless programs at a state and community mental health level. They have been able to do that with CABHI and PATH programs. One example is in Dodge City, a rural/frontier area. A barrier for them was communication to other counties that they served. They took an IPS staff person and trained them in SOAR so they are doing street outreach together. The staff person serves as a boundary spanner and a benefits grant person. They are supposed to communicate with Vocational Rehabilitation—a hub of knowledge for the frontier areas. Dodge City is a model program to the other counties. The team presents on new funding opportunities that might be available to consumers. Another program example is Wichita, which is a more metro area. They are training PATH outreach workers to be trained in SOAR, so they can do applications on the street. They are also training two homeless parole officers to assist with DOC cases. SOAR is in the state hospitals. They are training benefits and employment boundary spanners for the hospital system. They have lots of grants and cooperative agreements and are trying to build up local and regional areas that follow the SOAR Local Lead model. As they are creating teams that include SOAR, IPS and PATH, the teams are model teams to be taken statewide.

**Korrie Snell, CABHI Project Coordinator, Kansas Department for Aging and Disability Services**

Korrie shared that CABHI just hit the 1-year mark in Kansas. She joined the team in July. Her background is in SOAR. She’s been working on getting the CABHI providers trained on SOAR. They are focused on work incentives. On the CABHI teams, they have an IPS staff member and SOAR staff member on every team. Rather than 100% cross training, the staff all work together. They are working on documentation because of concern about the IPS notes being counter-evidence to the SOAR application. They are trying to make sure that they can show why their work is necessary for the person to get employment. They are working with the SOAR provider to interview the IPS worker to talk about what barriers need to be addressed for the individual to be able to work.

# Gathering Data for 6-Month Report Out

**Jen Elder, National Policy and Partnerships Coordinator**

Jen shared that the time has come for the first outcomes report out. She reminded the group about the process for our two-pronged evaluation. She reassured everyone that there is no pressure about what outcomes you have, we just want to see where you are and how you are progressing.

From Jen’s PowerPoint presentation:

Evaluation goals:

Two-pronged evaluation:

* Process
  + What best practices and efficiencies can we identify through the new assessment and referral processes?
  + What systemic challenges do we need to address?
* Results
  + Measure increase in number of individuals exploring work while applying for or receiving SSI/SSDI
  + Measure increase in number of individuals receiving income from both employment and disability benefits
  + Housing stability of individuals served

Key data to collect:

* Number of individuals assessed for income support services
  + Number utilizing SOAR-only, IPS-only, and both services
* SOAR and IPS outcomes
  + SOAR: application outcomes including approval rates and days to decision
  + IPS: number of new job starts and number in competitive employment
  + Both: amount of monthly income (for those using SOAR and employment, specify pre- or post- award of disability benefits) and housing status
* Collaborative process: frequency of meetings between SOAR and IPS staff and case collaborations, challenges in the process you are working to overcome, success stories

Data tracking process:

* For the pilot, we’ll be collecting data at 6 months (December 2016) and at 12 months (June 2017)
* Excel spreadsheet to compile key indicators for the pilot
* While we formally collect data at 6 and 12 months, each state will be informally reporting outcomes to the group on monthly check-in calls

Outcome tracking systems:

Homeless Management Information System (HMIS)

* Connection to income
* Housing status of individuals served

SOAR Online Application Tracking System (OAT)

* SOAR application outcomes
* Income received from employment before/after disability application

Dartmouth Quarterly Outcomes Report

* Number of IPS intakes, individuals accessing competitive employment, and new job starts

Submitting Data

* We understand you may not have detailed information or data for all of the questions
* Please try to fill out the data sheet as comprehensively as you can and provide explanations for any missing data. *If you didn’t track numbers monthly, that is fine, you can include totals for the 6-month period, the columns are just provided there for you in case you did choose to track them monthly.*
* Everything you provide will be useful for our evaluation!

Please submit your data form to Jen Elder at [jelder@prainc.com](mailto:jelder@prainc.com) by December 20th *(3 weeks from 11/29!)*

# Next Call:

**January 31, 2017 from 3-4:30pm ET**