

EFM Coalition 2/12/16

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Corey facilitating a discussion on strategic plan prep and development of action plan for EFM going forward

Action plan components: Action Step, Implications for Policy, Data needs, What's Missing, Who?, Next Steps, and Date

Action plan template is attached. Can we break down our work into this format today?

Discussion:

At assessment – data needs – who is using AT currently at work?

Training needed re AT? A prompt for AT in the employment planning process, to spot AT needs and address them.

How to recognize people for this work? Nurturing emerging leaders? Can't pay enough!

Changing cultures or work places can't happen with just one person! Make it part of the air of the organization.

Good odep, anchor trainings are available but few undertake them. Who wants it? How to get to people where they are at?

Transformation (versus conversion) – go from 2 to 5 employment staff, bring in new money. Before take something away, add something.
How to get from there to here? Dev employ spec numbers etc.

If you build it they will come? No. how to make people believe in employment? Reality is that some large provider organizations are making money on services as currently structured. How to make employment a priority in this environment? How to make agencies believe in employment?

Club houses are all about work. Everyone is employ specialist focused. Larger Kennebec Behavioral Health culture has changed as a result of the club house principles infusing all the agency's work. We have 24 staff preaching employment to the larger agency! How to make inroads in other places? In part, growing out of daily living supports etc.
Payment incentives – dropped employ work in PA as day hab paid better. We've identified this many times: Need to modify reimbursements and build in incentive for organizations to change.

Braided funding. Develop budgets that double grants and other funding to augment employment, step away from traditional funding sources.
Econm dev dollars out there, not just a dis issue

Exempt/nonexempt issue – overtime

Re trainings we've id'd – which don't exist yet and which do?

Creating culture change – not really available
Strategic planning – no
Include development of new agencies who do customization only ?
Blending/braiding – limited
Whole life supports – wrap – sporadic
Career planning and Discovering Personal Genius – exists
SSA work incentives – exists, but no ongoing funding?
Customized employment – tech assistance til November?
Job development/carving – employment specialist certification covers a bit
Strat to neg e employers – a bit
Financial literacy, asset development – new ventures?
Evidence based independent placements and supports – none now
No specialized training for act teams?

Provider survey was first thing we did, 60 responses. This was what providers said they needed, this tech support etc.

Corey: way to work with the willing?...work with good programs that are identified as leaders?
Or spend time to bring others along?

Even within CRPS – not connected with everyone. Big differences among them.

Debbie: tried doing “just the willing” before. Hate the idea of it depending where you live in Maine as to whether you get this support.

Lisa – helpful recommendation to 3 depts. But who else should be helping? Providers should not be looking to State to be only ones providing this. Agencies before took the initiative and brought in training, tech assist. That approach has gone away? Now look to state only? Recommendation for opening that up...responsibility on providers as partners. General responsibility beyond state depts.

Major problem: Trainings are offered but people can't afford to show up for. Medicaid restricts in the field work.

Pat Deegan, in the mental health universe, makes the point that recovery without something to look forward to is pointless. Goal for people who may be away from work readiness. Need to flip this – not wait to pursue work when people are well.

Other major problem: Overwhelming time spent helping people deal with poverty.

Corey: way to capture in policy a culture of employment?

Data requirements: perhaps need to report on how promoting employment, and if not, get technical assistance.

Our Number 13 recommendation: create data report card. Lisa Mills last time said we need departments and others looking at common data elements. Definitions to ask of providers. Then report numbers out. PWD can look at data, assess who is doing well when they are seeking support services.

Other missing data piece: Data re where people are, what their days look like. Need that info.

Lisa: big challenge re mind set. Out pat therapists, etc. see clients 9-3 during the day, so you can't work doing those times. Expectation issue/training issue. This is a daily struggle in mh world.

Training issue: when does natural support come in to make work support happen?

David Huff focus. Once a quarter he's here w/ job coach training

Corey: issue is facilitated support vs natural. Identifying a mentor etc.

Also, not to forget role of AT in supports.

Elaine: Wish there was greater opportunity for skills trainings – focusing on help with boundaries, relationship skills, all these things that spill over to employment realm. Issue of skillfully handling confrontations, trust, etc.

It would be helpful to have training on mindfulness, dealing with negative thinking patterns, some trauma focus. No chance to learn these things now.

This is part of the changing what we pay for. Not paying for the old ways means money is available for training and skill development.

How to address the need, during transition phase, to continue to fund things that don't work, while you add new services. Still pay group employment, sub minimum, but also pay customization, DPG, etc. That will free up money?

Not considering supported employment work as para-professional is problem.

Constant pressure and goal to grow organizations, and pressure from boards to expand income, can run counter to important role of fading support.

How to address the lack of knowledge about the role of employment and recovery. Elaine's story re break down is so helpful. Challenges – experience of doing it

Major hurdle: Gatekeepers. "Dr. said I need to get on disability." Gate keepers often play role of dis-incentivizing work. How to educate them and change that role they play? How to make the advocates for employment, encouraging opportunities?

Lisa: need MaineCare to get employment services, to get them to work and off MainCare!

Gail: EFM 101 curriculum – need to expand who we're reaching – lots of providers, lots of gatekeepers. Educating educators, family members

Dick: re brain injury waiver. Waiver offers opportunity to create work clubhouses. None established, little activity. Resource that exists that needs development.

Wioa update: pre-employment transition services – VR told to work w/ kids at younger age. Funding unclear. Is a vehicle to work w DOE. Start earlier. Consider as recommendation.

Christine: re funding, not just make a wish list. Make it more realistic, how it could be made to happen. Need analysis of where we are spending money currently? What are we funding that isn't leading to employ outcomes? How do we allocate funds?

Job coach credentialing: need more job coach training? Purpose to re-establish a credential. Before 2011 had a credential, and employment specialist credential, state went to higher standard of ACRE. Kind of done.

Recommendation: DOE has no job coach credential. Will DOE establish a cred?
Christine: how to reduce cost of credentialing? Is expensive.

VR mandated credentialing. If came a time that DHHS required it, would be very cost prohibitive. Now can be done on line, is free, if moved to higher stand cred, would be problem re cost

Review of high priority recommendations:

5. re sub-min wage certificates

WIOA angle – caused confusion for the committee

Conflict of interest issue – paid by Medicaid provider

Jeanie: re sub min – need to see federal law change

6. enclaves/crews: Medicaid pays for small group employment - Phase out?

Lisa Soucie: re small group work – opportunity came up re public work jobs, 4 people in town employment. Would be high percentage of people w disabilities in work force.

Lisa S: Per Lisa Mills: opportunity in hcbs transition plan to say that we're closing door to new people but allows service to continue for people in it. Small window – 2 years

Debbie – group recomm for action step...recomm dhhs adpts opportunity in transition plan

7. State plan amendment re waiver – this group should recommend that state do it, actually submit it!

Draft application out for public comment soon?

8. CMS services to integrated employ services – hcbs transition plan provides opportunity to focus on this and make it happen

Current waivers have to come into compliance w settings rule.

9. DOE, Labor, SAMHS, DHHS – develop annual report re people served on path to employment.

10. ?

11. Mentoring program to design and support agency directors in transformations.

Have to be paid for mentoring. If State department sponsored the mentoring program, would have teeth.

Jay: require mentoring as part of expectation. 11 would follow if 8 really happened
Easier to mentor in another state?

Add RFP'ing for new agencies? Tied to report cards? How to assure that services are available, data elements are collected. As new agencies established figure out how to support them.

PA clubhouses have dropped from best to worst. Not standards meeting

Need incentives, consequences for performance

Debbie: how to incentivize? Move that money? Is that a data element? Only 1% spent on long-term employment?

Gail: how to move the demand? People asking for day activities versus people asking for employment?

Corey: Once identified top 4 providers, bring in money – revenue stream to support them.
Tried it but had no mentees!

Part of provider report card: how many people w PCPs have employment actually as part of plan

Tenn regs: if not on a path to employment, get 12 hrs a week. If on path, 30. If employed, 40 hrs of service, etc. comprehensive services – under a managed care model. 7 day a week whole life model.