



Missouri Coalition of Community Behavioral Healthcare and Psychiatric
Rehabilitation Employment Pre-Conference
September 24, 2014 – Kansas City, MO

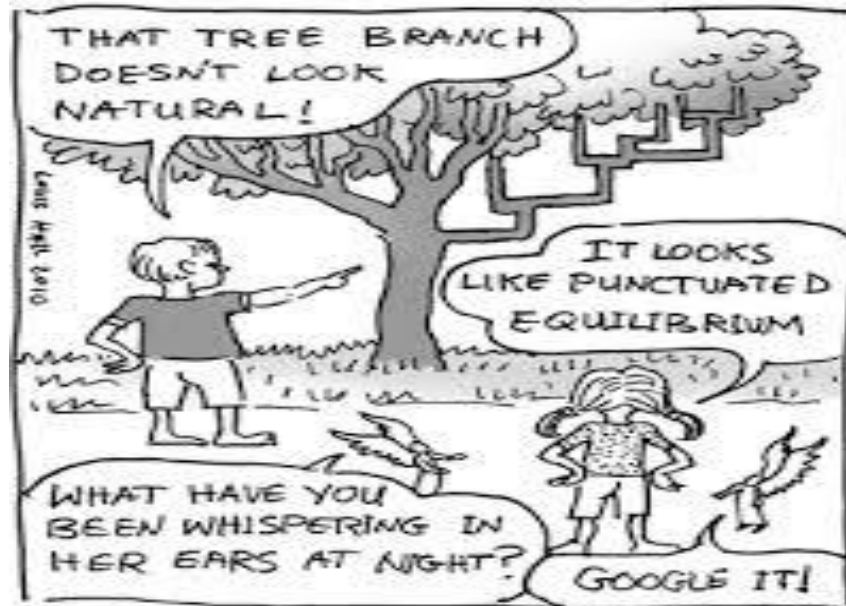
Maryland Mental Health Employment Systems Transformation

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System Transformation: Conceptual Framework of Punctuated Equilibrium

(Harburger, Stephan, & Kaye, 2013)



“Characterized by extended periods of evolution and incremental change marked by discrete periods of revolution where transformational change occurs”

Evidence-Based Practice in Supported in Maryland: Demonstration

- Maryland was one of three original states (OR, KS, MD) to adopt EBP SE as part of the National Implementing Evidence Based Practices “Demonstration” Project, sponsored by the New Hampshire-Dartmouth Psychiatric Research Center and the Substance Abuse and Mental Health Services Administration (SAMHSA).
- This Project was designed to study EBP implementation within states and to test the effectiveness of the Implementation Resource Kits (IRKs).



EBP in Maryland: J&J



- Joint Mental Hygiene Administration (MHA)/ Division of Rehabilitation Services (DORS) application for funding to Johnson & Johnson Foundation for Dartmouth Community Mental Health Program in Supported Employment.
- Maryland was one of six states and the District of Columbia to be selected to participate in the Dartmouth/Johnson & Johnson Community Mental Health Program learning collaborative.

Public Mental Health Academic Partnership In Maryland

- Long-standing collaborative partnership with the University of Maryland School of Medicine Department of Psychiatry of more than 25 years duration.
- Supported interactively by three Centers which comprise the Mental Health Systems Improvement Collaborative:
 - Evidence-Based Practice Center (purveyor)
 - Mental Health Services Training Center (system-level training)
 - Systems Evaluation Center (program evaluation/research)

Statewide Dissemination and Implementation Strategies

- Inform consumers and family members so they know what services to request.
- Change financial incentives to reinforce EBP.
- Provide clinicians, practitioners, and agencies with training, consultation and ongoing feedback to enhance provider skill and organizational capacity for SE.
- Focus both on practice improvement and organizational change.
- Bring policy and regulations into alignment with EBP

Demand Side Strategies

- Social marketing, outreach, and targeted training to consumers and family members on the role of employment in recovery, work incentives, and access to and availability of supported employment and benefits counseling.
- Dartmouth/ J&J Family Advocacy Team – identification and training of employment resource staff at selected NAMI-MD affiliates to provide information and referral to SE; inclusion of SE within Family to Family training curricula; presentations at statewide conferences and local affiliate meetings.
- Peer Employment Recovery Counselor employed by On Our Own of Maryland, Inc. and deployed at provider site to provide peer counseling and to address consumer-identified barriers to competitive employment and economic self-sufficiency.

History of Vocational Rehabilitation (VR) Collaboration in Maryland

- Collaborative relationship between MHA and DORS which demonstrates the shared vision and central value of employment for individuals with Serious Mental Illness (SMI).
- Memorandum of Understanding (MOU) for Supported Employment between MHA and DORS for more than 20 years, which outlines joint funding of SE –precedent for braided funding.

Vocational Rehabilitation (VR) Collaboration in Maryland

- Integrated cross training of DORS and SE agency staff (Quality Rehabilitation Training (QRT) for new DORS Counselors, and integrated on-site EBP training for DORS Counselors and Supervisors.
- DORS Psychiatric Affinity Group brings together VR technical specialists in MH/ MH agency liaisons and SE provider agencies for networking, cross-training, and collective problem-solving.

Supported Employment Systems Transformation

Frank and Ernest



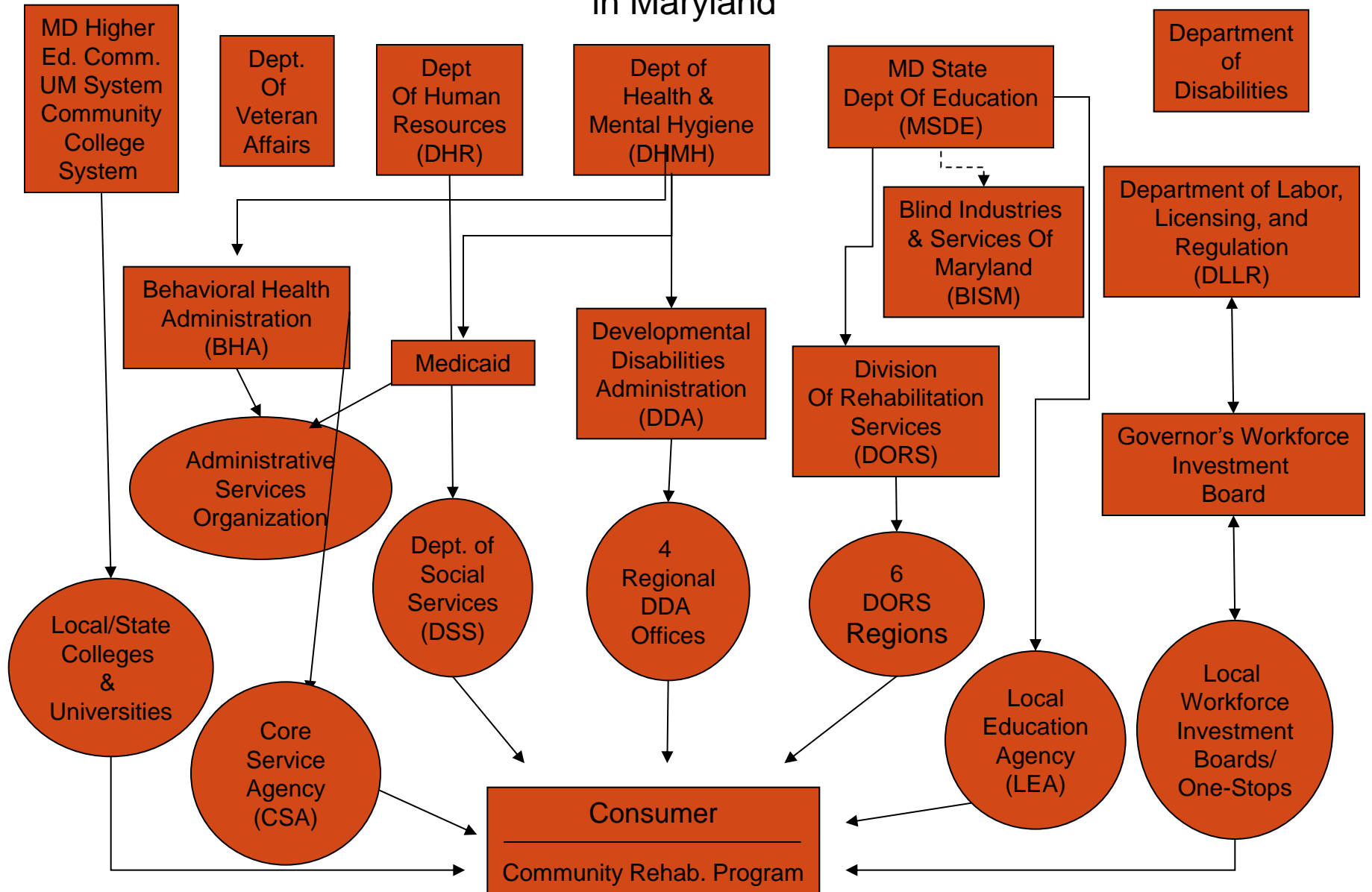
Paradigm of Contradictory Messages for Consumers



“For too many Americans, the services and supports they need remain fragmented, disconnected, and often inadequate, frustrating the opportunity for recovery.... ”

Achieving the Promise: Transforming Health Care in America

Navigating the Training/Employments Systems in Maryland



Paradigm of Contradictory Messages for Consumers

- “Incompatibility of missions, goals, practices, and impacts across agencies at the state and federal level ...creates confusion.”

Economic Engagement: An Avenue to Employment for Individuals with Disabilities (2004) Report to CMS by ICI, UMASS, Boston

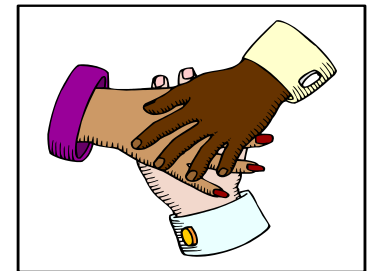
Thematic Features of Transformed System Design

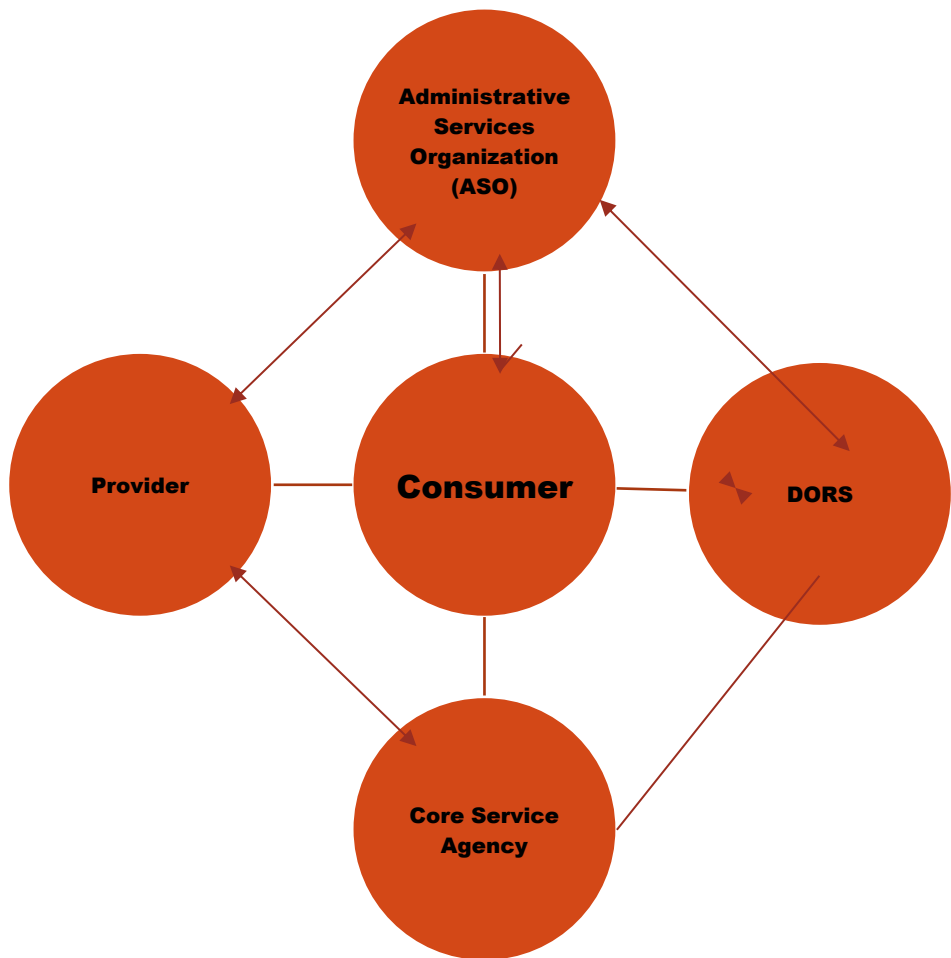
- *Simplicity**
- *Individualized**
- *Integrated**
- *Combining Resources**
- *Outcome-Driven**
- *Incentives**

**Economic Engagement: An Avenue to Employment for Individuals with Disabilities
(2004) Report to CMS by ICI, UMASS, Boston**

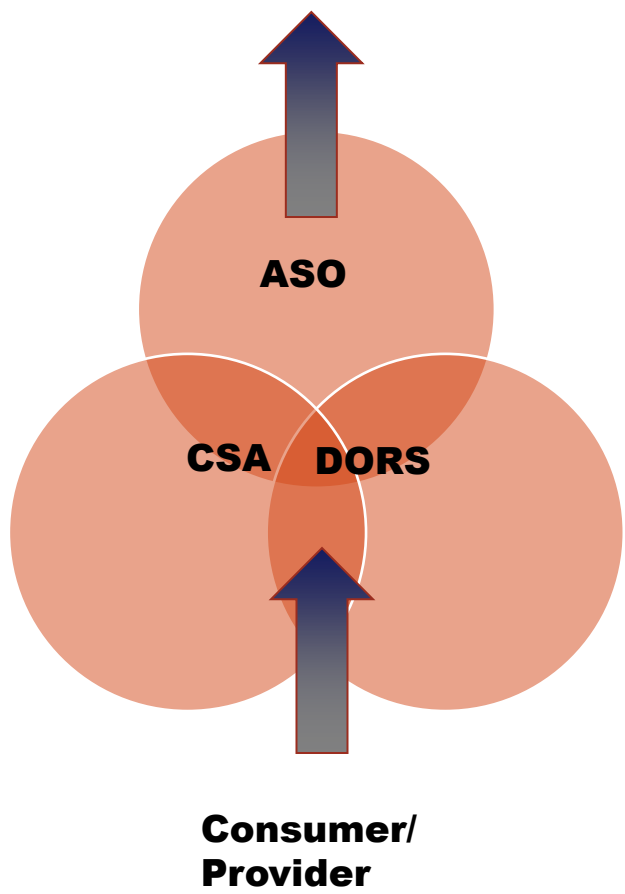
Employment Systems Transformation Partners

- Johnson & Johnson –
Dartmouth Community Mental Health Program
- SAMHSA Mental Health Transformation Grant
- CMS Medicaid Infrastructure Grant
- University of Maryland Mental Health Systems Improvement Collaborative (purveyor)
- Maryland Mental Hygiene Administration
- Maryland Division of Rehabilitation Services
- Maryland State Medicaid Authority
- Maryland Department of Disabilities
- On Our Own of Maryland (OOOMD)
- NAMI, Maryland



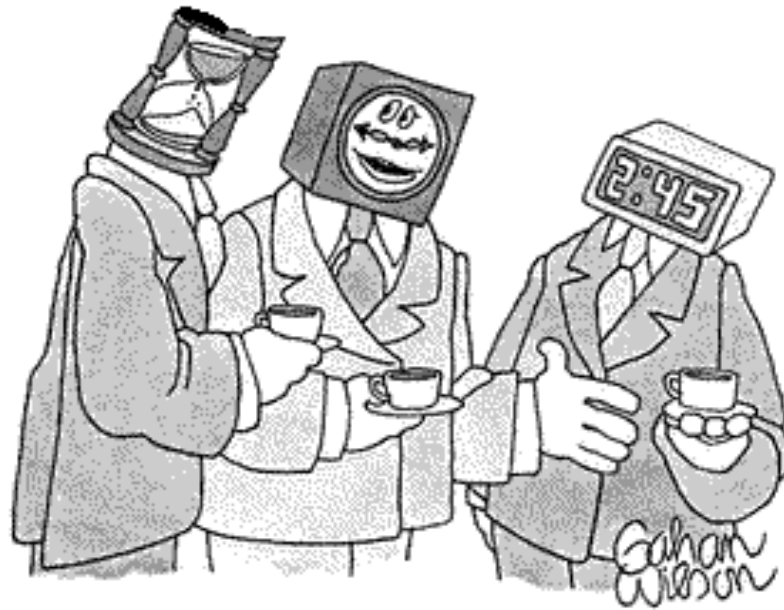


Supported Employment Before Systems Transformation



Supported Employment After Systems Transformation

So How Come We Don't Understand Each Other?



"Basically, we're all trying to say the same thing."

DORS/MHA System Transformation

- Shared definitions and outcome expectations.
- Clear and consistent message from State Mental Health Authority and State Vocational Rehabilitation Agency reinforcing the value of EBP and employment.
- Joint policy statement/ User-friendly MOU (as below) which provides policy and operation guidance to SE providers, DORS counselors, and stakeholders.
- Align policy, regulations and protocol with EBP.

<http://www.dors.state.md.us/DORS/RehabResources/agreements.htm>

Product of ICI/UMASS-Boston Consultation, funded in part by Medicaid Infrastructure Grant and through US DOL Systems Change Grant to MD WorkFORCE Promise)

Joint Policy Statement

- “We Are Agents of Change”

" We believe that recovery is possible for all individuals with mental illness and that employment is a central element in recovery. Our collaboration and partnership is based upon the belief that federal and state resources must be directed to services that research demonstrates to be effective and efficient. Therefore, in recognition of National Disability Employment Awareness Month, we hereby commit to the residents of Maryland that quality employment and support services for individuals with mental illness are a high priority; that service delivery will be consistent with evidence-based practices; and that ongoing examination of our policy and procedures will continue to support transformation for improved service outcomes. "

Approved by MHA and DORS October 2006

Critical Policy Catalysts -MHA

- MHA mandate of referral to DORS for SE, which leverages DORS funding for Public Mental Health System (PMHS) consumers. (COMAR 10.21.28).
- MHA decision to direct SE funding exclusively to competitive, integrated employment and not agency-sponsored employment.
- MHA decision to monitor fidelity, reimburse EBP SE providers for clinical coordination, and establish an enhanced rate structure for EBP SE programs that meet established EBP fidelity standards.
- MHA decision to grant guest access to MH system.

Critical Policy Catalysts - DORS

- DORS counselor with dedicated mental health caseload co-located at EBP SE provider agency (member of leadership and treatment teams).
- DORS decision to grant deemed status approval for supported employment for Mental Health Programs approved by DHMH, Office of Health Care Quality.
- DORS decision to presume eligible at the most significant level of disability for VR services consumers who have been determined eligible and authorized for SE in the Public Mental Health System.

Key Features of SE Service Design

- Braided funding mechanism leverages three funding sources: MA through MA Rehabilitation Option, state general funds to MHA through legislative appropriation, and DORS Vocational Rehabilitation funds.
- Deemed status of single SE provider to deliver discrete, and mutually exclusive services in MH and VR system.

Key Features of SE Service Design

- Single point of entry to MH and VR system (one authorization request; DORS application embedded in Administrative Services Organization (ASO) care management system.
- SE applicants are presumed eligible and to have a most significant disability for VR services
- Reduction of administrative process burden through integration of DORS referral, application, and eligibility determination processes.
- System designed to be seamless to the provider and transparent to the consumer.

Key Features of SE Service Design

- Guest access to ASO for DORS counselor to consumer rehabilitation and treatment information.
- Appropriation of funding source is at the system level not the provider level (tied to authorization and CPT codes).
- Financing strategy which incentivizes EBP based on SE fidelity which is a proxy for outcomes (enhanced rate for EBP and reimbursement for clinical coordination).

Quality Improvement

- Two MHA fidelity assessors monitor fidelity to SE and two other EBPs annually.
- Approved by Office of Health Care Quality to provide both Psychiatric Rehabilitation Program (PRP) & Mental Health Vocational Program (MHVP) -SE services in compliance with COMAR 10.21.21 and COMAR 10.21.28.
- Receive training and technical assistance through a MHA approved training program and demonstrate required competencies and fidelity to EBP—SE model.
- Meet or exceed state-established fidelity threshold on annual fidelity assessments to retain eligibility to bill the EBP rate for SE; all other SE programs may bill the standard rate.

FY13 Employment Rate By Service Type (UI data with PMHS claims data)



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