

Planning Cycle Workbook DSAMH SE/IPS

Revision date is: November 2018

For

Utah Department of Human Services Division of Substance Abuse and Mental Health Supported Employment / Individual Placement and Support Plan (DSAMH SE/IPS Plan)

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Note: DSAMH SE/IPS Action Plans and the Environmental Scan Appendix are found in separate documents

Purpose and Worth of the Planning Effort

Problem Statement

A planning problem statement challenges key decision makers and opinion leaders to have a clear and concise understanding of the **current condition** of DSAMH SE/IPS planning, the **pain** associated with the current condition, and agreement as to the **desired condition** of DSAMH SE/IPS planning. Writing a problem statement is critical to the overall process because it tells the key decision makers or opinion leaders the extent, depth or meaning of the current planning condition (current condition), the consequences of failing to take action as well as a means to measure success (pain), and it provides a basis for a vision or description of success (desired condition).

DSAMH SE/IPS December 2015 problem statement (make adjustments for 2018):

Currently, the unemployment rate in Utah is at 3.5% (Utah DWS, June 2015), and the challenge for people with disabilities seeking employment is formidable with an unemployment rate of 10.4%. According to SAMHSA (2012) Uniform Reporting System, 80.7% of individuals with mental illness in Utah are unemployed and approximately 60% want to work. Our pain is that individuals with mental illness who are not working in integrated, competitive and meaningfully employment, have an increased risk of isolation, marginalization, poverty and stigma. People with mental illness, who are not gainfully employed in integrated and competitive work settings, may have a diminished sense of purpose, lowered self-worth, and lack social acceptance. Our desired condition is for community and agency partners working together to ensure people with mental illness and co-occurring substance use disorders receive supported employment IPS services and engage in meaningful employment.

Purpose Statement

A purpose statement answers the question—*why DSAMH SE/IPS wants to develop a plan?* Writing a purpose statement ensures that key decision makers and opinion leaders can articulate a planning purpose to any stakeholder.

A problem statement was not written for the December 2015 plan.

DSAMH SE/IPS 2018 purpose statement (if applicable)

Outcomes Statements

*****DSAMH SE/IPS 2015 Plan Requirement**—“SAMHSA requires DHS/DSAMH to develop a strategic plan with action steps to implement, expand, and financially sustain the SE services in Utah.”

Outcomes statements articulate what it is we expect from the planning effort—*what DSAMH “gets” when the work is complete*. Outcomes grow out of the pain identified in the problem statement and become a means to measure success. Writing an outcomes statement helps key decision makers and opinion leaders to focus on end results and this in turn adds credibility to purpose.

DSAMH SE/IPS 2015 Planning Outcomes Statements (Make adjustments for 2018. *Note:* this plan was developed around these outcome statements and any changes made here require changes to related strategic issues and strategies.)

1. Access sustainable funding to provide SE services;
2. Establish a permanent training program on the SE/IPS model for providers involved in service delivery using in-person and virtual platforms;
3. Modify state policies, procedures, and processes that are needed to advance SE/IPS services across the state, and ensure alignment with principles of the individuals with IDEA, WIOA, and Utah Employment First legislation;
4. Develop, recruit and train culturally and linguistically diverse SE/IPS teams including Employment Specialists and Peer Support Specialists; and
5. Provide support to employers regarding the obtainment and retention of employment with people with mental illness.

Scope of the Planning Effort

Purpose and Role of the DSAMH SE/IPS Team (and SECC Member/Affiliations)

*****DSAMH SE/IPS Plan Requirement**—is to “ensure full participation of culturally and linguistically diverse persons with lived experience in planning, service delivery, and evaluation of SE programs that emerge from this initiative.”

DSAMH SE/IPS 2015 Purpose and Role Statement (make adjustments for 2018)

The DSAMH SE/IPS Plan Requirement is to ensure full participation of culturally and linguistically diverse persons with lived experience in planning, service delivery, and evaluation of SE programs that emerge from this initiative.

The purpose of the Supported Employment Coordinating Council (SECC) team is to assist in the planning effort, creation and implementation of a Strategic Sustainability Plan to secure sustainable funding for on-going community SE services. The Utah SECC members will develop policy and financing strategies to expand and sustain SE/IPS beyond the federal funding period. Once the plan is complete, the SECC members, under the direction of the SE Program Director and Manager, will implement, maintain, and sustain the planning efforts statewide.

SECC will be charged with aligning current efforts of Utah HB 296, “Social Services-Employment First Priority” law and mandating collaboration across multiple departments listed in the law to collaborate on a statewide plan for increasing competitive employment for individuals with disabilities.

SECC Team Member Affiliations (make adjustments for 2018)

- Division of Substance Abuse and Mental Health (DSAMH)
- Local Mental Health Authorities (LMHA-SE/IPS Program Sites)
- Department of Human Services (DHS)
- Utah State Office of Rehabilitation (USOR)
- Director of Governors Committee on Employment of People with Disabilities and Business Relations (GCEPD)
- Utah Work Incentive Planning Services (UWIPS)
- Utah State Office of Education (USOE)
- Utah Department of Health Medicaid (Utah DOH Medicaid)
- Utah Department of Workforce Services (DWS)
- Veterans Affairs (VA)
- Utah State University (USU)
- Division of Services of People with Disabilities (DSPD)
- Utah Defendant Offender Workforce Development (UDOWD)

- Utah Mental Health Planning Council (MHPC)
- Utah Mental Health Block Grant Planner
- Utah National Alliance on Mental Illness (NAMI)
- Utah Support Advocates for Recovery Awareness (USARA)

Overseeing the Plan and Administrative Support (make adjustments for 2018)

The person responsible to oversee the DSAMH SE/IPS Plan is Sharon Cook, SE Program Manager. Sharon has direct responsibility for all “day-to-day” planning efforts. Duties may include:

- Overseeing the implementation and progress of the Plan
- Consulting, negotiating and problem solving
- Being a buffer among members and stakeholders
- Offering advice and providing facilitation services
- Developing understanding of the Plan with all possible stakeholders
- Overseeing the accountability functions of the Plan (i.e., post plan to website, manage process to analyze and update action plans, etc.)
- Overseeing the planning cycle

Administrative support—is in the form of a recorder for all meetings and otherwise does work to maintain the Plan and related documents. The administrative support persons are Sharon Cook and Pam Bennett.

Planning Subcommittee Members (make adjustments for 2018)

- Division of Substance Abuse and Mental Health—Pam Bennett, Administrator for Adult Mental Health/SE Project Director and Sharon Cook, SE Program Manager
- Division of Services of People with Disabilities—Tricia Jones-Parkin, Program Administrator
- Utah State Office of Education—Susan Loving, Transition Specialist
- Utah State University—Tim Riesen, Research Assistant Professor, Special Education and Rehabilitation
- Utah State Office of Rehabilitation—Rachel Anderson, Transition and Supported Employment Coordinator
- Utah State Office of Rehabilitation—Leah Lobato, Director of Governors Committee on Employment of People with Disabilities and Business Relations

Communications (make adjustments for 2018)

*****DSAMH SE/IPS Plan Requirement**—is to have “collaboration with state partners to ensure that policy and financing mechanisms will support long-term implementation.”

This process recognizes the vital importance vigorous nature of consistent communication regarding the development, logic, basis and changes to the Plan. The SECC planning team is encouraged to participate in the development and implementation of the Plan. Planning team members work to ensure continuous communications regarding this planning work with key stakeholders.

The key stakeholders include people with mental illness receiving SE services, Peers with lived experience, parents, guardians, families, LMHAs, provider agencies, community partners, advocacy organizations, USOR, USOE, DSPD, DWS, USU, DOH-Medicaid, VA, UDOWD and DSAMH leadership and staff.

While this project is designed to address the needs of adults (aged 18 and older) with mental illness, the concept and practice of supported employment for people with mental illness and co-occurring disorders should be considered during transition planning for youth with behavioral health needs.

“A growing trend is to help young adults with mental illness start their careers using the IPS supported employment approach. Examples are programs that serve transition-age youth or people experiencing a first episode of psychosis. Researchers and trainers from Dartmouth PRC and University of Massachusetts Medical School and colleagues from Maryland are collaborating on a 5-year study to evaluate IPS for transition-age youth.” (Dartmouth Newsletter, page 2, summer 2015)

Integration and Allocation of Resources (no statement was written for 2015)

This plan will likely require ***organizational integration***. Integration is a shift in how people think about their work, their communities, and their partners. Integration is refocusing on outcomes and results, rather than activity and process. It is about optimizing human resources and funds, and prioritizing partners, projects, and target marks and it typically requires comprehensive organizational alignment to move from coordination to integration. For example, we may be challenged to discover how an employee who works for one operational "silo" allocates time and effort to a variety of different projects, none of which directly relate to the work of the operational "silo".

DSAMH SE/IPS 2018 Resource statement (if applicable)

Sustainability (2015 statements—and make adjustments for 2018)

Sustainability from SECC Members:

SECC will assist with the development, implementation, growth, and tracking of outcomes by spending time working on the SE/IPS planning process. The salaries and other expenditures required for this effort will be found in the members' normal operating budgets. Support from leadership is required to allow members to perform planning duties and adhere to their planning responsibilities.

Sustainability of SE/IPS Core Principles:

It is the position of DSAMH that the SE/IPS model is an essential component of recovery. Fidelity reviews will be conducted to assess the implementation of this model and to ensure the SE/IPS providers are adhering to core IPS Principles. These Principles and other value statements are found in the Plan; the section title is ***DSAMH SE/IPS Principle and Value Statements***.

Sustainability for Administration of the SE/IPS Plan:

The administration of the SE/IPS Plan will call for funding to pay for operation of the SE/IPS Program after the succession of the SAMHSA grant monies. Therefore, expenditures such as maintaining a website, printing materials, training, community education, maintaining salaries of hired SE Program Manager, Employment Specialists and Supervisors, will require a budget and that budget will require approval and a means to access funding—all in accordance with established funding protocols.

Performance Periods (2015 statements—and make adjustments for 2018)

The work that is required to develop the DSAMH SE/IPS Strategic Plan will begin during April 2015 and full development of the Plan should be by December 2015.

The planning cycle for this plan is every two years; therefore, the next performance period begins December 1, 2016 and ends November 30, 2018.

Environmental Scan (documents found in a separate appendix to this workbook) (2015 statements—and make adjustments for 2018)

- Background for Supported Employment Strategic Planning
- DSAMH Plan Requirements
- DSAMH Annual Report (Recovery Section-Supported Employment) (See website, 2014, page 76)
- NYAPRS, Inc. SWOT Analysis (January 2016)
- LMHAs Score Cards (Related Employment Activities-DSAMH link)
- Review of LMHAs Monitoring Visits (Related Employment Activities-access TBA)
- IPS Fidelity Scales (May 2016)
- USOR Employment Service Milestones—(Fact Sheet, Rachel Anderson)
- Allan Bergman—Utah Employment First Analysis (Tricia Jones-Parkin)
- SE/IPS Informational PowerPoint (Sharon Cook)

Planning Process

Elements of the DSAMH SE/IPS Plan [This is the agreed upon “planning process” for 2015. If there are changes for 2018, this is where the change is documented. The actual ***content*** should be in the plan. For example, this page states that a part of the “planning process” is a mission statement. On this page, document the process (“***Mission statement***—a mission statement is a declaration of the DSAMH SE/IPS purpose.”). Then—the actual mission statement is found in the plan (page 15).]

The plan will have a ***title page***, a ***table of contents*** and the following elements:

Context statement—is the DSAMH SE/IPS story. It is a succinct description of what any stakeholder might want to know about the DSAMH SE/IPS. A contextual example might be that it is commonplace for a “story” like this to appear on the front page of a Website.

Mission statement—a mission statement is a declaration of the DSAMH SE/IPS purpose.

Vision statement—a description of what the DSAMH SE/IPS will be when it realizes its purpose and otherwise achieves its full potential.

Principle and values statements—are a guide to DSAMH SE/IPS actions and decision-making.

Strategic issue statements—are fundamental policy questions or critical challenges affecting the DSAMH mission, values, mandates, product or service level mix, clients and stakeholders of any kind, costs, financing, structure, processes, or management. Strategic issues imply a need for exploring or creating new knowledge, practices, procedures, programs, etc.

Strategy—may be thought of as a pattern of purposes, policies, programs, actions, decisions, and a resource allocation that defines what the DSAMH SE/IPS is, what it does, and why it does it. A strategy or strategies are developed for each strategic issue statement.

If appropriate, make changes for the 2018 plan.

Action plan—is a detailed means as to how the DSAMH SE/IPS plans to realize the strategy. An action plan is developed for each strategy. Action plans contain the formal means of tracking planning **outcomes**. A DSAMH SE/IPS action plan should detail the following:

- **Mission statement**
- **Strategic issue statement**
- **Strategy statement**
- **Membership** (identification of the people who will form the “team” to work the strategy. This may include membership roles and responsibilities and the identification of a “chair” who has direct responsibility and accountability for the action plan)
- **Expected results and specific objectives and milestones** (these are the measures of success or planning outcomes)
- **Resource requirements** and sources for working the action plan and also the resource requirements and sources needed to implement the action plan and achieve expected results
- **Communications/marketing process** are the means and methods to communicate/market the plan and results to stakeholders
- **Specific tasks** (action steps) and relevant details

Additional considerations—identifying a mission statement, strategic issue statements and strategies is not enough. The changes called for by the adopted strategies must be incorporated throughout the system for these strategies to be brought to life and for real value to be created for DSAMH SE/IPS and its stakeholders. Thinking strategically about implementation and developing an effective implementation plan are important tasks on the road to realizing the strategies.

DSAMH SE/IPS must build into action plans enough sponsors, champions, and other personnel—along with enough time, money, attention, administrative and support services, and other resources—to ensure successful implementation. It must budget the plan wisely to ensure implementation goes well. In inter-organizational or community situations, it is almost impossible to underestimate the requirements for communication, nurturance of relationships, and attention to operational detail.

If appropriate, make changes for the 2018 plan.

DSAMH SE/IPS Plan

Context Statement

Context statement—is the DSAMH SE/IPS story. It is a succinct description of what any stakeholder might want to know about the DSAMH SE/IPS. A contextual example might be that it is commonplace for a “story” like this to appear on the front page of a Website.

Context Statement (2015 statements—and make adjustments for 2018)

DSAMH SE/IPS Program aligns with DSAMH by advocating that prevention works, treatment is effective, and that people can and do recover from mental health and substance use disorders. DSAMH’s continued theme, “Hope, Health, Healing,” promotes a trauma informed approach and evidenced-based recovery-oriented system, resulting in better outcomes, less cost, with less disability. SE/IPS is an evidenced-based practice that has shown to improve employment outcomes (Dartmouth “Evidence for IPS”- www.dartmouthips.org).

Mission Statement

A *mission statement*—is a declaration of purpose. Mission statements vary in length based on their purpose, but they are typically short, and often not more than a punchy slogan. The mission statement should be targeted, activist in tone, and inspiring.

Mission Statement (2015 statements—and make adjustments for 2018)

The DSAMH SE/IPS mission is—to promote health, hope, and healing from mental health and co-occurring disorders through meaningful, competitive and integrated employment utilizing SE/IPS practices.

Vision Statement

A *vision statement*—is a description of what will be when the DSAMH realizes its purpose and otherwise achieves its full potential.

Vision Statement (2015 statements—and make adjustments for 2018)

The DSAMH SE/IPS vision is—every person with mental illness and co-occurring disorders who desires employment will have access to SE/IPS services resulting in individualized career opportunities.

Principle and Value Statements

Principle and value statements—are a guide to actions and decision-making. These statements identify the constraints the members of DSAMH SE/IPS wish to place upon themselves as they conduct business, or in positive terms, the statements provide the guidelines members choose to follow as they work to achieve mission and make progress toward the vision.

Principle and Value Statements (2015 statements—and make adjustments for 2018)

- Competitive employment is the goal (paying at least minimum wage and the wage that others receive performing the same work, based in community settings alongside others without disabilities, and not reserved for people with disabilities).
- IPS Supported Employment is integrated with treatment (Employment Specialists are members of multidisciplinary teams that meet regularly to review client progress).
- Zero Exclusion: Eligibility is based on client choice (every person with mental illness and co-occurring disorders who wants to work is eligible for SE/IPS, regardless of psychiatric diagnosis, symptoms, work history, substance use and cognitive impairment).
- Attention is given to client preferences.
- Provide Works Incentives Counseling (Benefits Counseling) (Employment Specialists connect clients to access ongoing guidance regarding Social Security, Medicaid, and other government entitlements).
- Practice rapid job search (Employment Specialists help clients begin the job search process within 30 days).
- Utilize systematic job development (Employment Specialists develop relationships with employers, based upon clients' work preferences, by meeting face-to-face over multiple visits and learning about the employers' work needs).
- Provide time-unlimited support (follow-along supports are individualized and continued for as long as the client wants and needs the support- once a person has worked steadily (e.g., one year), they discuss transitioning from IPS).
- Development of knowledge, skills, and resources (to make informed choices, exercise self-determination, and maximize self-sufficiency).
- Partnership, collaboration, and coordination among stakeholders.
- Changing cultures, beliefs and expectations (to encourage full participation in the workplace by individuals with mental illness).

Strategic Issue Statements and Strategies

*****DSAMH Plan Requirements**—identified the following *six* outcome related statements.

However, for the 2015 plan, “Establish appropriate performance standards and quality assurance processes for SE services” was merged into the other outcome statements.

- Services and supports (e.g., vocational assessments, job development, assertive engagement and outreach, individual employment plans, job training, rehabilitation services, benefits counseling, and follow-along supports) necessary to implement the SE practice.
- Access sustainable funding to provide SE services (to include “identification of financing strategies that will be used to support long-term implementation”).
- Develop SE workforce including recruitment and training (and to “establish a permanent training program using in-person and virtual platforms”).
- Modify state policies, procedures, and processes that are needed to advance SE programs across the state.
- Establish appropriate performance standards and quality assurance processes for SE services.
- Provide education and support to employers and other stakeholders about SE efforts.

Strategic issue statements—are fundamental policy questions or critical challenges affecting the DSAMH mission, values, mandates, product or service level mix, clients and stakeholders of any kind, costs, financing, structure, processes, or management. The description should not be more than a single paragraph in length. Strategic issues imply a need for exploring or creating new knowledge, policies, procedures, practices, etc. An adequate strategic issue description:

- **Name** the strategic issue,
- **Phrases the issue as a question** the DSAMH SE/IPS can do something about and that has more than one answer,
- Discusses the confluence of **factors** that makes the issue strategic, and
- Articulates the **consequences** of not addressing the issue.

A **strategy**—may be thought of as a pattern of purposes, policies, programs, actions, decisions, and a resource allocation that defines what the DSAMH SE/IPS is, what it does, and why it does it. Therefore, a strategy is an extension of the DSAMH SE/IPS mission, forming a bridge between the DSAMH SE/IPS and its environment. An action oriented strategy or strategies are developed for each strategic issues statement. These statements outline the DSAMH SE/IPS’s response to the challenges it faces—strategic issues show where the bridges are needed, and strategies are the bridges.

General strategies will fail if specific steps to implement them are absent [hence—the reason to develop an action plan for each strategy]. Further, strategies are prone to failure when there is no alignment or consistency among what the DSAMH SE/IPS says what it pays for, and what it does. The definition of strategy offered here—an arrangement to achieve the mission... and create public value—calls attention to the importance of this alignment.

The Initial Draft of the 2015 DSAMH SE/IPS Plan Strategic Issue Statements and Strategies are detailed below and on the following pages. For 2018, eliminate statements, adjust statements or create new statements.

Strategic issue statement is: Access sustainable funding to provide SE services.

Name the strategic issue: **Funding**

Phrase the issue as a question the DSAMH SE/IPS can do something about and that has more than one answer: How do we ensure that providers are utilizing current Medicaid funding codes, waivers and other funding to provide SE/IPS services? How do we develop new funding streams, e.g., new Medicaid state plan amendments, waivers, braided resources in order to sustain SE/IPS services?

Discuss the confluence of factors that makes the issue strategic: Dependent on the Local Mental Health Authorities (LMHAs) infrastructure, LMHAs may not be familiar with the State's current billing codes for SE, or may not be confident as to when billing codes can be used appropriately. Currently, the State does not provide a Medicaid reimbursement option specific to the IPS model, which allows billing for provision of rehabilitative supports for persons with mental illness and co-occurring disorders who need assistance developing skills to maintain employment. Utah has been known for providing Supported Employment services and these services have assisted Utah's job seekers. However, the current Supported Employment approaches have created "pockets of excellence", and makes standardizing an approach such as IPS a challenge. Many of the core principles have been implemented as stand-alone approaches. SE/IPS providers are not maximizing funds for provision of employment supports by not utilizing milestone funding opportunities with Utah State Office of Rehabilitation (Vocational Rehabilitation).

Articulate the consequences of not addressing the issue: If methodologies are not restructured in a way to fund employment outcomes, providers of SE/IPS will not have access to additional funds that will allow for flexibility to serve larger numbers of individuals. People with mental illness and co-occurring disorders will not receive services, resources or supports in obtaining and maintaining competitive, integrated, and meaningful employment.

Strategy or strategies:

Develop funding methodologies which create and demonstrate effective outcomes when providing competitive, integrated and meaningful employment supports using the IPS model.

Strategic issue statement is: Establish a permanent training program on the SE/IPS model for providers involved in service delivery using in-person and virtual platforms.

Name the strategic issue: ***Training***

Phrase the issue as a question the DSAMH SE/IPS can do something about and that have more than one answer: How would a permanent training program on the SE/IPS model for providers impact SE/IPS services?

Discuss the confluence of factors that makes the issue strategic: There is an urgent timeframe in which an SE/IPS model training program needs to be delivered to managerial, front-line staff, stakeholders, community partners, advocates, and providers. A Scope of Work has been created, focusing on the contextual environment in which the training would occur. There is currently a lack of SE/IPS services statewide. The current SE/IPS grant encourages statewide implementation of the SE/IPS model. The unemployment rate for individuals with mental illness in Utah is 80.7%. Individuals with mental illness and co-occurring disorders are at an increased risk of isolation, marginalization, poverty and stigma.

Articulate the consequences of not addressing the issue: Without an SE/IPS training program, SE/IPS services will not be provided. This will impact IPS fidelity improvement, decrease employment outcomes and system alignment will not occur. A lack of a permanent training program may result in provider turnover; therefore, people with mental illness and co-occurring disorders will not be served. This will result in the continuum of the 80.7% unemployment rate for individuals with mental illness.

Strategy or strategies: Develop and implement a permanent training program on the SE/IPS model for providers involved in service delivery using in-person and virtual platforms. The training program will utilize a multiphase series of training statewide. Webinars and on-site instruction will be used for the delivery of the evidence-based SE/IPS model. Subject matter experts will provide interactive training on SE/IPS topics to providers. The SE/IPS Statewide Trainer will provide base-line training and technical assistance to agency and state leadership, providers, community agencies, stakeholders, LMHAs, and advocates. An on-going training engagement program will improve fidelity, increase job development and placement, and sustain people with mental illness and co-occurring disorders in jobs of their choosing. SE/IPS providers will participate in fidelity reviews to assess the implementation of this model and the extent to which providers are following the IPS principles. The fidelity reviews will be conducted on-site with a focus on quality improvement.

Strategic issue statement is: Modify DSAMH’s procedures and processes that are needed to advance SE/IPS services across the state, and ensure alignment with principles of the individuals with IDEA, WIOA, and Utah Employment First legislation.

Name the strategic issue: ***Modify DSAMH’s Procedures and Processes.***

Phrase the issue as a question the DSAMH SE/IPS can do something about and that has more than one answer: How do current DSAMH’s procedures and processes support and/or create barriers to employment opportunities for individuals with mental illness and co-occurring disorders?

Discuss the confluence of factors that makes the issue strategic: In some areas of the State, there appears to be a culture-belief that SE/IPS is not valued as an integral part to recovery. With the exception of two sites, LMHAs are not implementing SE/IPS services. The collaboration of SE/IPS providers and clinical staff is essential in the delivery of the SE/IPS evidence-based model. SE/IPS providers are expected to participate in integrated Mental Health treatment meetings, maintain communication with members of the treatment teams and engage in shared clinical services. This matter of integration is addressed in fidelity reviews. Outside of the grantee sites, LMHAs are not well-rehearsed in the SE/IPS model. LMHAs SE services are not aligned with WIOA, IDEA, and Utah Employment First legislation.

Articulate the consequences of not addressing the issue: If continued culture-belief is that persons with mental illness and co-occurring disorders cannot obtain and retain employment, we increase the risk of poverty and stigma. If there is a lack of collaboration between SE/IPS providers and clinical staff, people with mental illness will not be successful in finding gainful employment in integrated and competitive work settings. This may result in individuals with mental illness and co-occurring disorders having diminished sense of purpose, lowered self-worth, and a lack of social acceptance. DSAMH’s contract language may not be aligned with Utah’s Employment First legislation.

Strategy or strategies: Review DSAMH’s procedures, and processes. Develop new DSAMH procedures and processes as needed to advance SE/IPS services statewide. New procedures and processes will be presented to the Utah Behavioral Health Committee (UBHC). Review DSAMH contracts and amend as needed to remove barriers.

Strategic issue statement is: Develop, recruit and train culturally and linguistically diverse SE/IPS teams including Employment Specialists and Peer Support Specialists.

Name the strategic issue: *Employment Specialists and Peer Support Specialists*

Phrase the issue as a question the DSAMH SE/IPS can do something about and that has more than one answer: How can the DSAMH SE/IPS program support LMHA's and providers in developing, recruiting and training culturally and linguistically diverse SE/IPS teams that include Peers with lived experience?

Discuss the confluence of factors that makes the issue strategic: LMHA administrators and staff may not be bilingual and may not provide written materials in individuals' native language. Attitudes toward mental illness vary among individuals, families, ethnicities and cultures [including race, color, religion, gender, age, national origin, disability, veteran status, gender identity, & sexual orientation] and may also vary across rural, suburban, and urban settings. In some cultures, mental illness is considered a personal weakness and mental health professionals are viewed with skepticism. Medicaid compensation rates for Certified Peer Support Services are significantly lower than other support services, such as targeted case management. Peers may struggle to obtain employment if they are not able to pass a background check.

Articulate the consequences of not addressing the issue: When LMHA administrators and staff are not knowledgeable or aware of cultural differences, persons with mental illness and co-occurring disorders may not have access to the full array of supports and services needed to be successful in community-based employment. Without competitive compensation or if there are issues passing a background check, LMHAs may be discouraged from hiring Peers.

Strategy or strategies: Develop and implement recruiting procedures designed to attract culturally and linguistically diverse team members; develop and implement cultural awareness training for SE/IPS providers, employers, community members, state and local agencies. Develop strategies to increase Medicaid rates for Certified Peer Support Specialists. Develop strategies to allow the Comprehensive Review Committee (CRC) to review the background of Certified Peer Support Specialists.

Strategic issue statement is: Provide support to employers regarding the obtainment and retention of employment with people with mental illness.

Name the strategic issue: *Support*

Phrase the issue as a question the DSAMH SE/IPS can do something about and that has more than one answer: How can DSAMH SE/IPS provide support to employers regarding the obtainment and retention of employment for people with mental illness and co-occurring disorders?

Discuss the confluence of factors that makes the issue strategic: Staff burnout and turnover is a concern in the mental health field, as well as in the Supported Employment arena. Many employers are concerned about the cost and feasibility of providing necessary accommodations that would allow a person with mental illness and co-occurring disorders to work. Research indicates employers are less likely to hire people with mental illness into executive positions. Employers may be operating out of “charity,” rather than understanding the value of the prospective employee.

Articulate the consequences of not addressing the issue: Inconsistent staffing patterns, lack of disability awareness, and low expectation of the employee, results in diminished relationships with employers and will negatively impact persons with mental illness and co-occurring disorders.

Strategy or strategies: Develop and provide training to SE/IPS sites (train the trainer format), who will disseminate information about SE/IPS service delivery to employers.