

**Alaska Mental Health Trust Authority Beneficiary
Employment Policy Review**

Submitted by

Institute for Community Inclusion

University of Massachusetts Boston

June 30, 2014

Revised November 5, 2014

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Introduction

Despite the clear intention of policy shifts over the past few decades that underscore the value of community employment for individuals with disabilities, national employment trends show little progress. According to the U.S. Census Bureau, the national employment rate, also referred to as the employment to population ratio for individuals with disabilities, is 34.3%, as compared to 71.8% for those without disabilities. The disparity in Alaska reflects this national trend with 46.2% of individuals with disabilities participating in the workforce as compared to 73.6% without disabilities (American Community Survey five-year estimates, 2008-2012). While on a statewide basis Alaska has outperformed the national figures for both individuals with and without disabilities, these data make it clear that employment of people with disabilities is a major societal challenge, both in Alaska and nationally. These numbers reflect a statewide average over a five-year period, and do not clearly address employment disparities among urban, rural, and remote areas of Alaska.

The impact and ripple effects are obvious and extensive. For individuals, lack of employment results in lives lived in poverty and isolation, and the attendant socio-economic challenges typical of such an existence. On a larger societal scale, the fiscal impact of limited economic participation through employment by such a substantial portion of the population is huge. This is measured in terms of the costs of public assistance and public programs – a combined total of over \$425 billion annually in federal and state funds, 95% of which is for income maintenance (e.g., Supplemental Security Income and Social Security Disability Insurance) and health care (Stapleton, Livermore, 2011). There is growing concern over the increasing number of working-age individuals receiving SSDI or SSI. There are currently 14.5 million individuals between 18-64 on SSDI or SSI (7.4% of the population), with 23,000 of these individuals living in Alaska (5% of the population). This has resulted in calls for reform of this system, and increasingly greater scrutiny by the public.

Growing recognition and actions regarding employment of people with disabilities

With these ongoing challenges, there has been a growing recognition both of the extent of the problem of unemployment of individuals with disabilities, and the need not to continue simply with a “more of the same” approach to public policy and employment supports. Examples in this regard include the following:



- A June 2012 Government Accountability Office Report, “Employment for People with Disabilities: Little is Known About Effectiveness of Fragmented and Overlapping Programs,” that identified 45 different federal programs that assisted individuals with disabilities with their employment needs, however with limited ability to determine the effectiveness of these programs.
- A 2012 Senate HELP Committee Report, “Unfinished Business: Making Employment of People with Disabilities a National Priority,” calling for increasing the employment of people with disability by one million individuals by 2015.
- Two reports from the National Disability Rights Network, “Segregated and Exploited” published in 2011 and 2012, stated that the public service system has failed in its ability to provide employment services and supports.
- Under the leadership of its chair, Governor Jack Markell of Delaware, the National Governors Association undertook a year-long 2012–2013 “Better Bottom Line Initiative.” This initiative called on states and businesses to expand their efforts to employ people with disabilities.
- The U.S. Department of Justice (DOJ) has ongoing actions in several states, requiring states to focus resources on supporting individuals with significant disabilities in integrated employment settings, rather than services that segregate. Among the states where DOJ has taken action are Georgia, North Carolina, Virginia, Oregon, and Rhode Island.
- In 2011 the Centers for Medicare and Medicaid Services (CMS), the primary federal funding source for long-term community supports, issued guidance to the field that highlights “CMS’s goal to promote integrated employment options through the waiver program,” and establishes “individual integrated community-based employment” as an intended outcomes of waiver services. CMS has begun to review the extent to which waiver applications meet this standard. CMS is also in the midst of providing additional, more specific guidance in this regard.
- There are increased efforts by the Federal Government to employ workers with disabilities through streamlining the Schedule A hiring authority. Schedule A allows for waiving of some of the standard hiring procedures for individuals with specific types of disabilities, including behavioral health and intellectual and developmental disabilities (IDD). Several states have also undertaken similar initiatives for state government hiring, including Alaska. Alaska Statute 39.25.150 states that the granting of employment preferences to individuals with severe disabilities includes “the right to provisional appointment without competitive assessment for periods up to four months and the granting of eligibility to an individual with a severe disability provisionally appointed under the rules who demonstrates their ability to perform the job for permanent appointment without competitive assessment.”
- The requirements for federal contractors to undertake affirmative efforts to recruit and employ individuals with disabilities, under Section 503 of the Rehabilitation Act, have increased. These strengthened regulations went into effect in March 2014.
- The Alliance for Full Participation, a coalition of disability advocacy organizations, established employment as the priority for its 2011 national summit, attended by over 1,250 people. This marked the mid-point in a campaign to double employment for people with IDD by 2015 (Walsh, 2011).

- The Administration on Intellectual and Developmental Disabilities issued multi-year system change grants to support states (including Alaska) in cross-system collaboration to increase employment outcomes for youth and young adults, as well as grants to establish community of practice opportunities for states engaged in Employment First practices.
- A new competitive grant program, Promoting Readiness of Minors in Supplemental Security Income (PROMISE), was launched by the Obama administration to improve the education and career outcomes of low-income children with disabilities receiving Supplemental Security Income (SSI). The program is designed to serve children with disabilities, ages 14-16, and their families, who are receiving SSI.

The Employment First movement

In addition to these specific initiatives, the Employment First movement is an overarching effort that has grown over the last several years. Employment First is based on the concept that employment in the general workforce is the first and preferred outcome in the provision of publicly funded services for working-age citizens with disabilities (APSE, 2010). Under Employment First, policies, services and resources are aligned, with a primary focus on community employment. While Employment First does not necessarily exclude other service options (e.g., facility-based or non-work day supports), the intent is that services that support individuals in employment in the general workforce will be the preferred option.

Employment First strategies consist of a clear set of guiding principles and practices promulgated through state statute, regulation, and operational procedures that target employment in typical work settings as the priority for state funding and the purpose of supports furnished to persons with disabilities during the day. Employment First policies anchor a service delivery system, focusing funding, resource allocation, training, daily assistance, and even the provision of residential supports in the overall objective of employment (Moseley, 2009). Employment First represents a commitment by states to the propositions that all individuals with disabilities (a) are capable of performing work in typical integrated employment settings, (b) should receive employment-related services and supports as a priority over other facility-based and non-work day services as a matter of state policy, and (c) should be paid at minimum or prevailing wage rates.

The last five years have seen tremendous growth in Employment First activity in states. As of July 2014, 26 states can be identified as having legislation, a formal policy directive, or other official state mandate addressing employment as a priority outcome in the delivery of day and employment services for people with disabilities. Alaska passed cross-disability Employment First legislation in the spring of 2014. Eleven other states have also passed legislation: California, Delaware, Illinois, Kansas, Maine, North Dakota, Pennsylvania, Texas, Utah, Virginia, and Washington. The other fifteen (Arkansas, Colorado, Connecticut, District of Columbia, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, Ohio, Oklahoma, Oregon, Rhode Island, and Tennessee) have introduced the initiative through non-legislative actions including policy directives, Executive Orders, or similar official policy statements (Hoff, revised July 2013). New York State's Governor Andrew Cuomo recently



issued an Executive Order promulgating an Employment First policy in that state on September 17, 2014.

APSE, the only national organization exclusively focusing on integrated employment, has issued a series of policy papers emphasizing the importance of integrated employment, including a statement of principles on Employment First, and has formally changed its name and logo to the “Association of People Supporting Employment First.” In support of Employment First efforts at the national level, the National Association of Councils on Developmental Disabilities released a report entitled “The Time is Now: Embracing Employment First” in conjunction with the Alliance for Full Participation summit. Further, the Office of Disability Employment Policy at the U.S. Department of Labor (2009) has issued policy statements and developed grant opportunities and communities of practice to support implementation of Employment First in several states.

The implementation of Employment First policies requires that significant changes be made in the structure and funding of traditional systems in order to extend employment supports to all. The success of Employment First goals rests on a state’s ability to create flexible person-centered options for people with the most complex needs; implement support alternatives that lead individuals along a path toward integrated employment; and foster personal and social development, active community engagement, and social participation. Systems change requires that substantive improvements be made in day and non-work services based on a commitment to ensuring people with intensive needs receive appropriate supports to make meaningful contributions through real work.

Specific Needs: Behavioral Health and IDD

While disability as a concept is extremely diverse, two major groups who are chronically under- and unemployed, and that often require the highest level of support and assistance, are individuals with behavioral health needs, and individuals with intellectual and developmental disabilities (IDD).

Every state, including Alaska, has specific agencies dedicated to providing assistance and support to these respective populations. While serving different populations, both behavioral health and IDD agencies share common challenges in terms of providing employment assistance:

- Employment support is just one of many services provided by these agencies as part of their comprehensive whole life array of services (others include residential supports, crisis management, family support, aging services, etc.). As a result, prioritizing employment is often a challenge, particularly as other services such as residential services and crisis assistance are perceived as more critical.
- Both behavioral health and IDD agencies traditionally have been caretaker agencies, operating in line with the medical model of disability. As a result, the services they provide often reflect this paradigm. It has only been relatively recently that there has been an effort to shift towards the social model of disability, with the intent of publicly funded supports to empower the individual and maximize integration and inclusion. The role of

services and staff becomes that of facilitators of access to and use of existing community supports, with professional supports used as a supplement as necessary. Employment in the general workforce is an important component of this model. However, the evolution of this cultural shift has been slow, and as a result many public agencies send mixed messages to service providers, families, and most importantly, individuals with disabilities, regarding the overall intent of the system. The ongoing support for congregate group settings and programs that reinforce existing stigma and stereotypes of people with disabilities are indicative of this problem.

The expectations of both behavioral health and IDD agencies in terms of employment generally are limited. Employment is often seen as optional, and part-time, marginal employment is seen as an acceptable outcome. The following section discusses issues specific to the employment needs of individuals with behavioral health issues, and individuals with IDD. There is a separate section of this report entitled *Some Issues Specific to Individual Agencies or Groups* that provides more information as well as recommendations unique to Alaska.

Behavioral Health Issues and Employment

Few things are more harmful to a person's physical and mental health than long-term unemployment. Numerous studies show significant correlations between long-term unemployment and negative personal outcomes, such as increased hospitalizations, increased substance abuse, higher incidence of depression, lower self-esteem, and increased anxiety (Bruffaerts, Sabbe, & Demyttenaere, 2004; Comino, Harris, et al., 2000; Darity, Jin, Shah, & Svoboda, 1995). Thus it is surprising that so much discussion in behavioral health circles centers around the stressors associated with working (with little evidence supporting this view). Given the negative impacts of not working, it is disheartening that there is almost no discussion on the need to avoid long-term unemployment.

There is a deep research base in the employment and behavioral health fields that supports the development of effective strategies for people with significant psychiatric disabilities, including those with co-occurring substance abuse problems. Perhaps most notable in this area is the work of the Dartmouth (NH) Psychiatric Research Center (Haslett, Drake, et al., 2011; Bond, 2004) and the development of the Individual Placement and Support (IPS) model. The last decade has seen greater attention paid to recovery, evidence-based practices, mental health transformation, and Medicaid disincentives issues. Consequently, there has been more emphasis devoted to this aspect of psychiatric services that falls more under the purview of community mental health. "As Rapp et al. (2005, p. 351) noted: 'The bedrock of policy makers' efforts is the establishment and codification of client outcomes. They are the ends for which the service system is designed and for which consumers, providers and others work. Achieving consistently positive outcomes is at the heart of Evidence Based Practice' (Goldman & Azrin, 2003, p. 901)."

Yet, overall employment outcomes for people with serious mental illness have not increased significantly. Nationally less than 17% of adult public mental health consumers are employed at any level (SAMHSA, 2012). More disturbingly, the number of people who access evidence-based supported employment through public mental health programs is less than two percent

(SAMHSA, 2012). While the Alaska behavioral health system reports slightly higher labor force participation rates than the national average as reported by SAMHSA, the data shows an unemployment rate appreciably higher for people with psychiatric or substance abuse histories than for the general populations, and the data within the Alaska system is not exactly comparable in definition to that expected by SAMHSA.

Innovative and Collaborative State Practices

While employment continues to be named as a cornerstone of recovery within behavioral health, public vocational rehabilitation (VR) remains a crucial resource for interagency partnerships, funding, training, and policy development. This need for collaboration in no way detracts from the expectation that behavioral health systems must accept primary responsibility for assisting individuals they serve to pursue employment. The Institute for Community Inclusion (ICI) at UMass Boston has done case study work that highlights innovative practices in VR and MH collaboration that serve as exemplars in the use of multiple resources, skills, and service models to produce better employment results.

Delaware offers an example of a public VR-Mental Health agency partnership that emphasized coordinating supported employment services across state agencies. Maryland demonstrated how two state agencies and local service delivery funding and delivery structures could align policies and procedures through system integration. Oregon focused on creating a sustainable partnership by utilizing a Medicaid billing code as a stable source of funding for supported employment (SE) services in conjunction with VR and state behavioral health funding.¹ Delaware reflects a state where VR has been in many ways the lead in developing a sustainable partnership; Maryland demonstrates a state where the mental health commitment has been solidified by a willing partner (VR) that has committed to actively supporting this initiative, and Oregon VR and Mental Health Departments have created a joint partnership to jumpstart the employment efforts concurrently throughout.

Restoring people with mental illnesses to community life after detention in jail is fraught with added significant challenges. Among these is the particular challenge of seeking gainful employment and financial support for day-to-day life. This challenge is intensified when individuals return from jail to impoverished communities where employment prospects are already limited for residents and where either a criminal record or a mental illness creates additional barriers to work. Psychiatric symptoms, addiction, and the lack of productive social connections are individual-level factors that affect employment, but the most significant impediments are generally rooted in policy, community structures, stigma, and other social and economic realities (Baron, Draine et al., 2013; Tschopp, Perkins et al., 2007). Individuals with criminal justice involvement take longer to access supported employment services. Important

¹ Each of these states received consultation and assistance from several resources in varying degrees of intensity including from both Dartmouth under its Johnson and Johnson (J & J) project (Drake, Becker, Goldman, & Martinez, 2006) and ICI through paid consultation arrangements as well as local universities.

factors that affect access include competing challenges such as mental health probation, adverse impact of incarceration on individuals' psychosocial functioning, social networks, and consumers' relationships with practitioners (Frounfelker, Gover et al., 2010).

Individuals with Intellectual and Developmental Disabilities and Employment

For people with intellectual and developmental disabilities (IDD) as compared to the general population, the disparity in labor market participation is great. The most recent data from the National Core Indicators Project suggest that only 14% of working-age adults with IDD are employed in integrated employment (HSRI 2012), both individual jobs and group employment. Nationally only an estimated 19% of individuals receiving day supports from state IDD agencies participated in integrated employment services during FY2011 (Butterworth et al., 2013). Growth in day and employment services has primarily been in non-work services, with participation in facility-based or sheltered work declining slightly (Domin & Butterworth, 2013), suggesting that employment services continue to be viewed as an add-on service rather than a systemic change.

States also vary widely in the magnitude of resources that they invest in employment, and an increasing number of states are establishing integrated employment as a priority outcome. States reported a dramatic variation of between 5% and 87% of individuals with IDD participating in integrated employment. There were a number of states reporting that 40% to 60% of individuals participate. These data suggest that state policy and strategy can have a significant influence on employment outcomes.

The introduction of Employment First policies can make an important contribution to raising expectations, improving outcomes, and increasing self-sufficiency for individuals with intellectual and developmental disabilities. However, research suggests that while the existence of a policy is important to provide a vision for practice and expectations, the existence of the policy by itself does not guarantee that more people with disabilities will become employed. More than a decade of research by the Institute for Community Inclusion at the University of Massachusetts Boston has found that employment outcomes only improve if all policies and practices are realigned to support employment as the goal for all service recipients (for additional information on research projects and findings, see the *Access to Integrated Employment* project page: http://www.communityinclusion.org/project.php?project_id=54).

Researchers from the ICI examined 13 state IDD agencies that in 1999 reported more than 30% of individuals in integrated employment, and then conducted in-depth case study research in three states (CO, NH, and WA). This led to the development of a theoretical model that identified how contextual factors, system-level strategies, and system goals support integrated employment outcomes (Hall, Butterworth, Winsor, Gilmore, and Metzler, 2007). The model illustrates the common strategies and approaches found across states with high levels of integrated employment outcomes, identifying seven characteristics of high performing states.

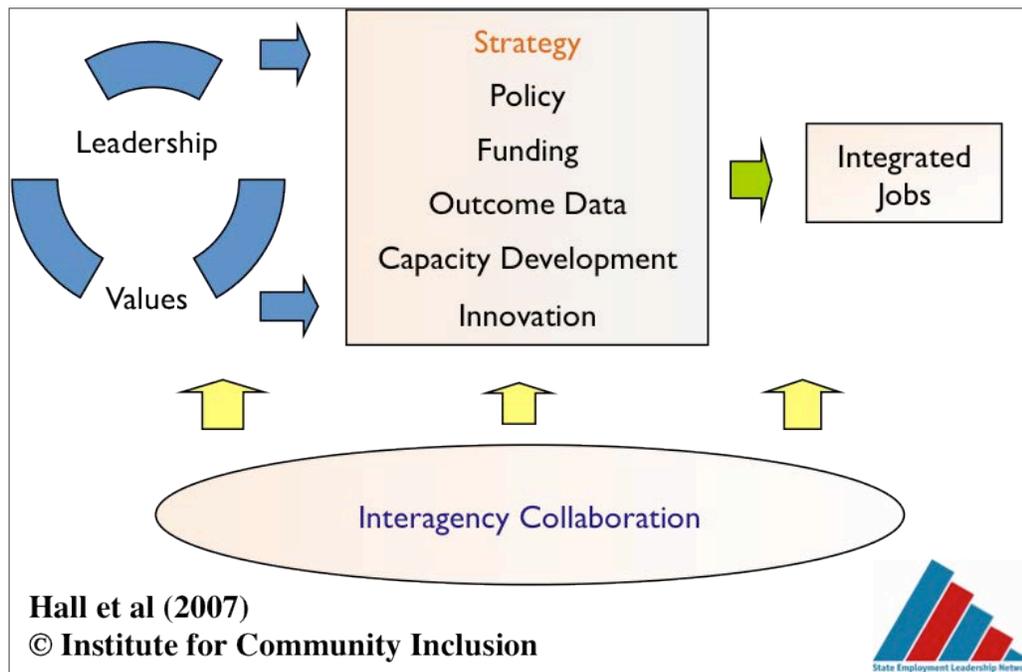
Taken in its entirety the High Performing States Model (Figure 1) suggests that each element contributes to systems change: leadership, strategic goals and operating policy, training and



technical assistance, interagency collaboration and partnership, services and service innovation, and performance management and data management.

Evidence drawn from states participating in the State Employment Leadership Network (SELN, a joint project of ICI and the National Association of State Directors of Developmental Disabilities Services) supports the need for a comprehensive system of support for integrated employment and the utility of the High Performing States model. Between 2004 and 2009, SELN states reported a 23% increase in the number of individuals in integrated employment services, compared to a 7% increase in non-SELN states in the same time period.

Figure 1. High-Performing States Model



The High-Performing States Model provides states with a framework in which to strategically implement system changes to support individual integrated employment as an outcome of day and employment services. This model provides a format for identifying the critical aspects of states' Employment First agendas and strategies for implementation. While there is no one-size-fits-all approach, the High-Performing States Model identifies the essential elements for successful Employment First implementation.

Table 1. *Elements of High Performing States*

Element	Description
Leadership	Local and state-level administrators are clearly identifiable as “champions” for employment.
Strategic goals and operating policy	State mission, goals and operating policies emphasize employment as a preferred outcome.
Financing and contracting methods	Funding mechanisms and contracts with providers emphasize employment as the preferred outcome.
Training and technical assistance	There is a sustained and significant investment in employment-related training and technical assistance.
Interagency collaboration and partnership	Through interagency agreements and relationships, provider collaboration, and outreach to stakeholders, employment is shared as a common goal.
Services and service innovation	The state agency works to create opportunities for providers, individuals, and families to make optimum use of the resources available for employment; includes disseminating information related to creative strategies to support individuals in employment.
Performance measurement and data management	Comprehensive data systems are used as a strategic planning tool to further the state’s goals of increasing employment.

AMHTA Beneficiary Employment Initiative: Project Methodology

In analyzing issues and challenges for individuals with disabilities within the state, the Alaska Mental Health Trust Authority (AMHTA) recognized the need for a strong emphasis on employment, resulting in the Beneficiary Employment Initiative. To support this effort, AMHTA contracted with the Institute for Community Inclusion (ICI) at UMass Boston to conduct a comprehensive analysis of the current employment service system and supports for Alaskans with disabilities, and to recommend to AMHTA strategies for increasing workforce participation. This report documents the results of this analysis.

This report was developed via a comprehensive analytical approach. Specific data collection activities of the project included the following:

1. Two rounds of site visits and interviews (March 2014 and May 2014) were held with key informants from over 30 different organizations throughout the state. Interviews were conducted with organizations in the following locations: Anchorage, Wasilla, Fairbanks, Juneau, and Bethel. The intent of these site visits was to meet with representatives (staff/AMHTA beneficiaries) from the full range of organizations in the state that assist individuals with disabilities with their employment needs. These meetings included public agencies (VR, Behavioral Health, IDD, Public Assistance, Employment Security), service providers, tribal agencies, the Mental Health Court, ex-offender programs, and advocacy groups. Interviews were conducted with the goal of obtaining a comprehensive understanding of each entity and its efforts to assist individuals with disabilities. The end result was a clear understanding of the wide range of services and supports for individuals with disabilities in Alaska, the system's strengths, as well as ongoing challenges in advancing employment.
2. A systematic and comprehensive review was conducted of a wide range of documents that provided extensive background information on the current status of employment in Alaska, previous and current capacity-building efforts, and the structure of the current service delivery system, including definitions and data. Documents reviewed included policies, existing MOUs, Medicaid state plans and waivers including service definitions, outcome data, project reports from past work funded through the Alaska Medicaid Infrastructure Grant and the Integrated Employment Initiative, and state program reports. Please see Appendix B for more information.
3. In addition to data in Alaska documents, data were compiled on employment outcomes and services from public and ICI databases including the ICI National Survey of IDD Agency Day and Employment Services, the Rehabilitation Services Administration 911, the American Community Survey, SAMHSA, and the Social Security Administration (see Appendix D).
4. In May 2014, initial findings by ICI and the AMHTA work team were presented at an AMHTA Beneficiary Employment Initiative Stakeholder Planning Meeting with an array of stakeholders. During the course of this gathering, feedback was received



regarding ICI's observations and potential next steps, in order to initiate a more formal strategic planning framework and system change process for 7/1/14 and beyond (see Appendix C for recommended action steps).

This array of consultative efforts has resulted in this comprehensive analysis of Alaska's experience, strengths, and needs in the employment arena, and recommendations intended to comprehensively advance employment for Alaskans with disabilities. The comprehensive approach undertaken, with broad participation from Alaskan stakeholders, will help ensure a sustainable implementation plan that can contribute to greater employment opportunities for the Trust beneficiaries. This plan will become the basis for moving ahead with activities to enhance employment activities serving the Trust beneficiaries over the next few years. Ultimately, any recommendations or plan of action must meet the needs of the Trust in terms of its expectations and goals for its targeted resources for the Beneficiary Employment Initiative.

The efforts undertaken with AMHTA have been informed by ICI's work over the past two years with Alaska's Integrated Employment Initiative (AIEI). AIEI is an interagency and cross-stakeholder project funded by the federal Administration on Intellectual and Developmental Disabilities to address systems change for agencies that support individuals with intellectual disabilities. ICI, under the direction of John Butterworth, is the training and technical assistance center for these projects, met with stakeholders and agency personnel in March 2013 as part of a review of Alaska policy and strategy, and has provided recommendations for areas of focus.

As noted, ICI's High-Performing States Model (Hall, Butterworth, Winsor, Gilmore, & Metzler, 2007) served as the framework for the project's activities, analysis, and development of this report. While this model was originally designed for services to the IDD population, it has been used in states with cross-disability initiatives and provides significant overlap with the technical assistance and systems change initiatives that ICI staff have used in assisting state Behavioral Health and VR systems. The information gathered and analysis undertaken was buttressed by earlier efforts in Alaska in which ICI has been involved with both Behavioral Health (Marrone) and the Alaska Integrated Employment Initiative (Butterworth: Governor's Council on Disabilities and Special Education, SDS, and other partners), as well as by the continuing efforts currently being undertaken by the U.S. Department of Labor-funded Disability Employment Initiative project.

State of the State: Alaska Employment Services and Outcomes

Overall Employment and Economic Trends

This section will include data from the American Community Survey and state workforce reports. The American Community Survey (ACS) is a national survey designed and administered by the U.S. Census Bureau to better understand changing communities. The ACS collects information from all 50 states and D.C. on topics such as disability, age, race, income, commute time to work, home value, veteran status, and other demographic and personal data (www.census.gov). To gather information on people with disabilities, the Census Bureau asks six questions on long-lasting conditions and functional impairments. Any person who indicates having at least one of these conditions or functional impairments is coded as having a disability. The questions address presence of a hearing disability, vision disability, cognitive disability, ambulatory disability, self-care disability, and independent living disability. These data will focus on cognitive disability, defined as a person who has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition.

Alaska Working-Age Population and General Employment Trends

Alaska had an estimated population of 732,298 in July 2012 (52 percent male and 48 percent female), and has grown steadily including a 1.3% increase between July 2011 and July 2012 (DOLWD, 2013). Data from the American Community Survey suggest a working-age population of just under 500,000, including almost 50,000 individuals who report a disability (Table 2).

*Table 2. Working-age adult population in Alaska and the nation**

Group	Nation		Alaska	
	Number	Percent	Number	Percent
Non-institutionalized population 16-64	200,528,528	100.0%	468,727	100.0%
Any disability	19,721,641	9.8%	49,951	10.7%
Cognitive	8,275,234	4.1%	18,230	3.9%
Physical	9,949,868	5.0%	23,457	5.0%
Hearing	4,043,678	2.0%	16,204	3.5%
Visual	3,415,309	1.7%	8,071	1.7%
Self-care	3,525,574	1.8%	8,067	1.7%
Independent living	6,857,518	3.4%	12,805	2.7%

*Source: 2008-2012 American Community Survey 5-year Estimates

The statewide unemployment rate in Alaska stayed fairly stable over the past decade and outperformed the U.S. unemployment rate from 2008 through 2013. Local and regional rates however varied widely, from as low as 4.3% to as high as 25.8% in March 2014.



Workforce development reports reviewed for this project, including the Alaska Population Overview Data, do not include summary data or a focus on disability including disability population estimates, labor market participation for individuals with disabilities, and unemployment rates for individuals with disabilities (November 2013).

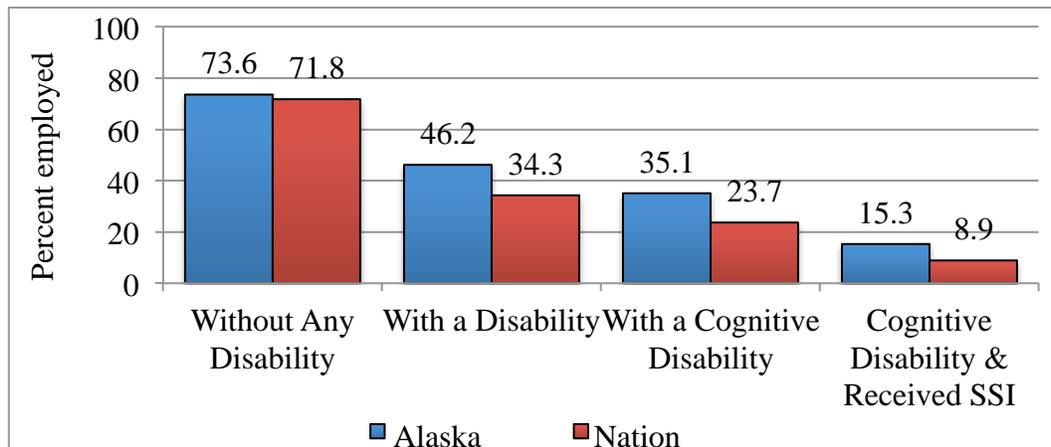
Figure 2. Unemployment rates (Alaska DOLWD)



Disability employment trends

Overall, data from the American Community Survey suggests that working-age adults with disabilities are employed at a much lower rate than those without disabilities.

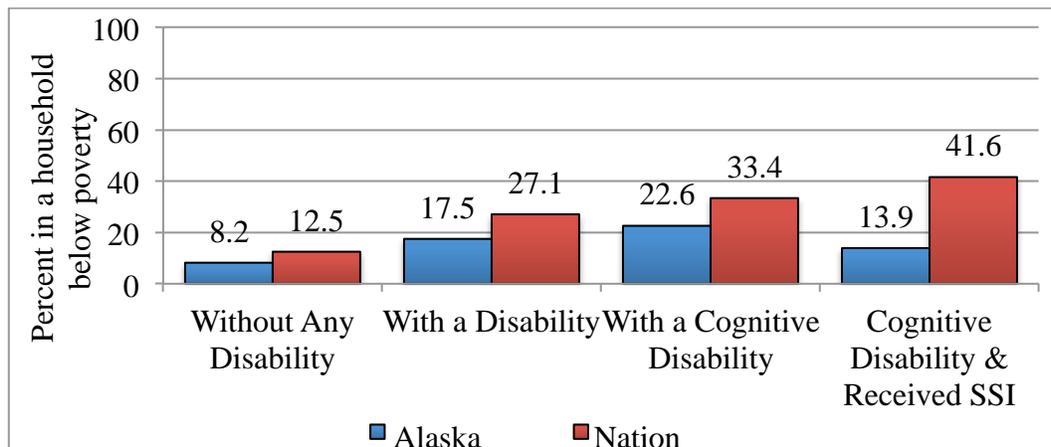
Figure 3. Percent of working-age adults employed*



*Source: 2008-2012 American Community Survey 5-year Estimates

Individuals with a disability experience poverty at significantly higher rates than individuals without disabilities. Figure 4 reports the percent of individuals who live in a household that has a household income below the poverty line. Overall, while presence of a disability is strongly related to poverty, Alaskans appear to be less likely to live in a household with an income below the poverty line than individuals from the nation as a whole.

Figure 4. Percent of individuals living in a household with an income below the poverty line*



*Source: 2008-2012 American Community Survey 5-year Estimates

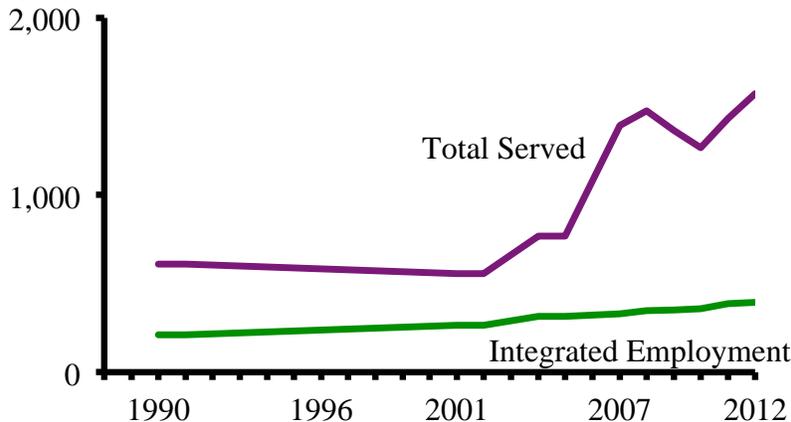
Senior and Disability Services

Alaska was an early leader as supported employment developed for individuals with IDD. Since 1990 states have reported information to the ICI National Survey of State IDD Agency Day and Employment Services. Figure 5 is based on the total served and the number in integrated employment reported by Alaska.² In 2004 Alaska reported that 41% of individuals who received day or employment supports from SDS participated in an integrated employment service. In FY2012 Alaska reported that 24% of individuals participated in an integrated employment service, or 388 out of 1,641 receiving a day or employment service.

² Integrated employment in this survey includes both individual integrated employment and group supported employment services. Because service participation is reported, individuals are not necessarily working for pay, because the data may include people who are between jobs or in job development.



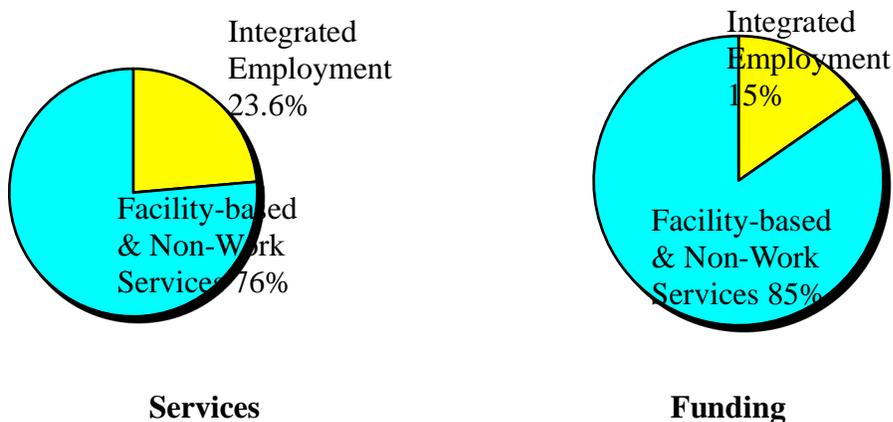
Figure 5. Total served by SDS in day and employment services and number in integrated employment*



*Source: National Survey of State IDD Agency Day and Employment Services. Includes estimation for missing survey years.

In FY2012 SDS reported spending 15% of its overall day and employment services budget on integrated employment supports compared to 24% of services (see Figure 5). Total spending in FY2012 for day and employment services was reported as \$40,206,000.

Figure 6. Percent of SDS service participation and funding*



* Source: ICI National Survey of Day and Employment Services, FY2012

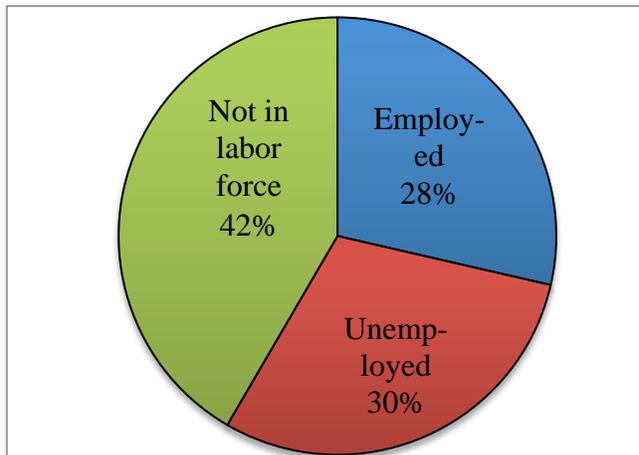
Department of Behavioral Health

Limited employment data are available from data reported to the Center for Mental Health Services Uniform Reporting System. In 2012 Alaska reported that 20,979 individuals were served by the state mental health system. Of the 8,311 individuals with a known employment status, 28.6% were employed, somewhat higher than the national reported rate of 16.9%. There is much missing data nationally and in Alaska regarding “known” employment status of adult behavioral health clients. In addition the definition of employment both in Alaska and nationally



is not consistently applied (e.g., in Alaska, volunteer work appears to be reported as “employed” for SAMHSA, which is not what that number is meant to represent).

*Figure 7. Employment participation for DBH customers with a known employment status**

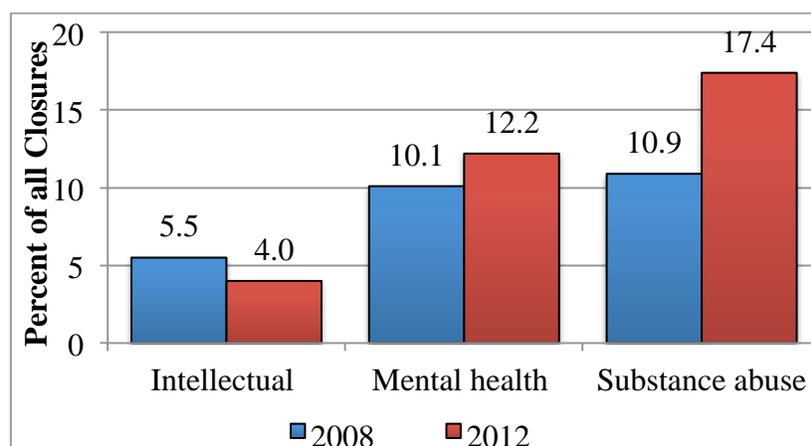


* Source. Center for Mental Health Services Uniform Reporting System

Division of Vocational Rehabilitation

The Division of Vocational Rehabilitation reported 1,821 individuals closed from services in FY2012, and 641 (35.2%) closed into employment. In recent years there has been growth in the number of individuals exiting services who were identified as having a primary or secondary mental health or substance abuse disability, key AMHTA populations. Individuals with an identified primary or secondary disability of an intellectual disability declined some, and overall Alaska’s percent of closures with an intellectual disability is about half of the national rate of 8.8%. Successful closure rates are fairly consistent across populations. The rehabilitation rate, calculated as the number of people closed into employment divided by the number of individuals who completed an individual employment plan, was 63.9% (mental health), 69.2% (substance abuse), and 63.5% (intellectual disability).

Figure 8. All Division of Vocational Rehabilitation closures by population*



* Source: Rehabilitation Services Administration RSA 911 database

For all except individuals with an intellectual disability, Alaska closures earn higher wages and work more hours than the national means (Table 3).

Table 3. Hours and wages at closure for individuals exiting into employment, FY2012

	Alaska		Nation	
	Hours/week	Wages	Hours/week	Wages
All closures	32.2	\$457	30.3	\$359
Mental health	30.8	\$445	29.7	\$320
Substance abuse	38.1	\$526	35.2	\$398
Intellectual disability	18.1	\$189	23.6	\$199

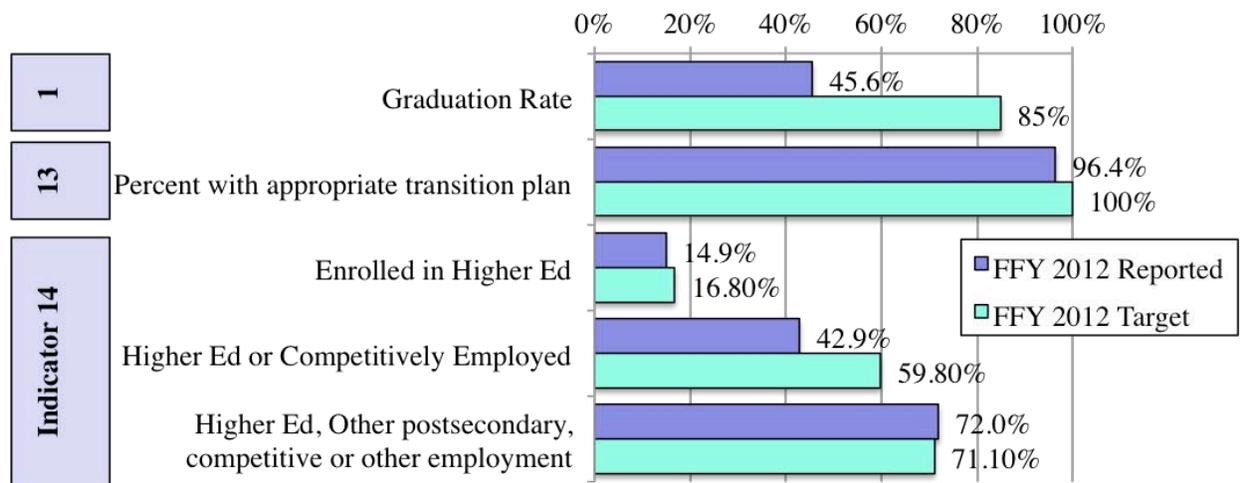
There is an increasing emphasis in disability services in general and within the vocational rehabilitation system on transition from school to employment. In FY2012 23.9% of AKDVR closures were between the ages of 14 and 21 at application. This percent is slightly lower than the national average of 36.1%.

Education

Statewide data on education participation and outcomes for students who receive special education services are available from data collected for reporting to the U.S. Department of

Education in response to the IDEA Part B performance indicators. The most recent report is federal fiscal year 2012. Alaska did not meet its goal for graduation rate, with only 46% of students graduating with a regular diploma (Indicator 1, Figure 9). Most students had an appropriate transition plan (Indicator 13). Finally, the goal of Indicator 14c was met with 72% of youth enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school. However, the state was below its target for the stricter Indicator 14a (enrolled in higher education within one year of leaving high school) and 14b (enrolled in higher education or competitively employed within one year of leaving high school). These data are for all students who receive special education services, and are dominated by individuals with a learning disability (59.3% of all reported). Outcomes may be different for individuals with an intellectual disability or behavioral health-related disability.

Figure 9. IDEA Alaska Part B Indicator Performance and Targets (FY2012)



Employment Participation and Use of Work Incentives by Supplemental Security Income Beneficiaries

The number of individuals who receive SSI and work remains small, and has declined steadily over the past two decades although employment participation has been consistently higher than the nation for Alaskans on SSI (Figure 10). In Alaska 6.6% of SSI beneficiaries are employed (Table 4). Use of work incentives remains a challenge in both Alaska and nationally. The SSI Annual Report specifies utilization as of December 2012. At that time no Alaska beneficiaries were reported using the Impairment Related Work Expenses (IRWE) or Plans for Achieving Self Support (PASS) options.

Figure 10. Percent of SSI Beneficiaries Working

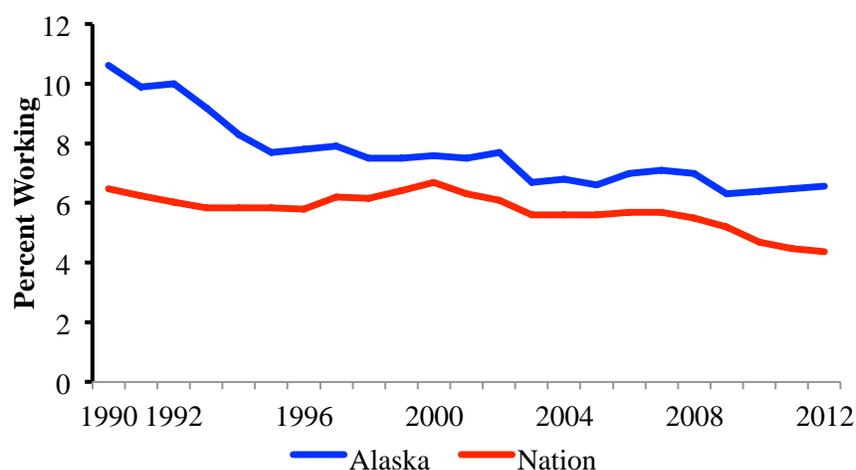


Table 4. SSI recipient employment participation and work incentive use (SSI Annual Report, FY2012)

	Alaska	Nation
Total SSI recipients	11,297	7,137,000
Number of SSI recipients working	742	326,000
Percent of SSI recipients working	6.6%	4.4%
Number with a PASS plan	0	1,116
Number using Impairment Related Working Expenses	0	3,157

Observations and Recommendations

Leadership

Definition: Leadership is defined by whether a state has clearly identifiable individuals and groups who are “champions” for employment. Evidence of its existence in a state includes the presence of full- or part-time state positions dedicated to employment development, local/ regional staff persons that focus wholly or in part on employment, a network of dedicated and longstanding stakeholders working towards furthering employment in the state, and a continuous and consistent employment message across a variety of audiences and formats.

Overview of Issue

Leadership at all levels, not just from the very top and not just internal to the public system, is one key ingredient to move any state towards becoming a High Performing state in terms of creating employment opportunities for its citizens with disabilities. But ultimately the public officials and staff working for agencies directly involved in funding employment services must become important movers behind this effort. Local and state-level administrators are clearly identifiable not just as responsible parties in employment system design but function as “champions” for employment. They demonstrate a clear and unambiguous commitment to employment in individual community jobs. Some concrete examples of how this public leadership should manifest itself include:

- The central office of each disability agency has a full- or part-time position dedicated to employment.
- Local regions or service areas have dedicated staff persons that focus wholly or in part on employment.
- A network of stakeholders (within the state system and beyond) continually works towards furthering employment in the state.
- High-level staff communicate a continuous and consistent employment message on a regular basis across a variety of audiences and formats, buttressed by policy and funding decisions.

Because the unacceptable low levels of employment success within IDD and Behavioral Health systems is a national problem, leadership has to involve an emphasis on overall systemic improvements and change management. Some of the large system issues that a leadership team in any state must address include the following:

- Using authority and influence to make employment an administrative, not just a clinical, issue (i.e., not just seeing it as individual decision between a helper and a consumer but

creating oversight and monitoring at supervisory and management levels to ensure that it does happen)

- Coming up with a clear definition of what is considered “work” or “employment” for funding purposes and what the agency defines as a “successful outcome” it expects its funded services to reach
- Creating a better understanding of the different strategies and structures needed for youth, young adults, and more mature adults in terms of operationalizing the philosophy of “Employment First”, recovery, and transition to work
- Deciding under what conditions employment services should have some level of VR involvement and/or funding
- Understanding and dealing with the implications of the disparity in resources and funding among IDD, Behavioral Health, and VR vis-à-vis employment
- Leveraging non-state employment funding sources effectively (Medicaid, SSA Ticket to Work, federal VR dollars)
- Making an administrative policy decision about what sorts of quality control employment services should be governed by (e.g., should only employment services meeting evidence-based or best practice standards be eligible for funding? If so, what steps will the agency take to enable providers and staff to meet this expectation?)
- Recognizing that what people do and how staff are expected to behave impact culture change in employment systems more than first discussing values and attitudes to shift subsequent behavior

In service to this latter point, the Corporation for Supportive Housing has postulated “5 Signs To Recognize System Change” that leaders and advocates in assessing impact of their efforts to develop better employment systems and structures should observe if their efforts are bearing fruit (Grieff, Poscio & Wilkins, 2003). These are:

- Change in Power: There are designated positions for the service and people with formal authority are responsible for the new activity (not just individuals who care about it).
- Change in Money: Routine funding is earmarked for the new activity in a new way (new money, shift in existing funding, or new priorities and criteria for accessing money).
- Change in Habits: Participants in a system interact with each other to carry out the new activity as part of their normal routine, not just responding to special initiatives, demonstrations, or projects.
- Change in Technology or Skills: There is a growing cadre of skilled practitioners at most levels in the delivery chain, which are practicing methods not previously common or

considered desirable. Practitioners are now expert in skills that meet the need for high quality services and have set a standard for effective delivery of results.

- **Change in Ideas or Values:** There is a new definition of system performance or success, and often a new understanding of the people to be served and the problem to be solved (i.e., new goals). The new definition and understanding are commonly held among most personnel in the system, and are no longer in great dispute.

Leadership in Alaska

Alaska has a number of strengths, including established interagency partnerships and a history of stakeholder and agency collaboration in initiatives like the DEI, Medicaid Infrastructure Grant, and the current Alaska Integrated Employment Initiative project. Infrastructure such as the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities and Special Education, Alaska Brain Injury Network, and the Alaska Commission on Aging provide unique voices and coordinating points for service monitoring and improvement. The strength of these collaborative relationships was a central part of the passage of Alaska's Employment First legislation (H.B. 211, passed in May 2014) and the legislative support that made that law possible. There is a high level of stakeholder engagement across initiatives.

DBH recently hired an employment lead as a permanent state-funded position to support employment policy, strategy, and supports. While that position has been vacated by the first incumbent, it will be refilled.

DPA has gone beyond Work First requirements and employs supporting models using a modified customized employment approach that provides a flexible and holistic approach to supporting employment outcomes. There are identified DPA staff focused on employment services and outcomes.

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members

Based on the personal visits and interactions over the course of the last four months and the extensive review of current operational policies, MMIS, and contracts, the following issues arise for AMHTA and the state to address in the area of leadership to improve the quality and quantity of employment services and outcomes for AMHTA beneficiaries and agency clients:

1. While Alaska contains many longstanding advocates for employment for AMHTA beneficiaries there is still not an unambiguous expectation created within DBH, SDS and their partners that employment is a clear expectation, even for non-employment-specific service agencies. Concurrently, though special projects are in operation (e.g., Disability Employment Initiative (DEI)) in more generic employment systems, there is not a statewide expectation about how these systems should collaborate to assist citizens with significant disabilities to reach employment goals. The recent Employment First

legislation takes some steps towards this goal but it has been too recent to fully understand its impact.

2. Furthermore, there is a need for much more clarity that these system expectations are significant mandates and that all stakeholders see them as serious. This is very hard to quantify but fits into the “People will know it when they see it” category. As a first step, it would be fruitful to have the commissioners make a public statement regarding commitment to employment for all citizens. See Appendix E for a possible template for this based on a recommended interagency statement that ICI suggested in previous work in terms of DBH and DVR. Another statement of intent that indicates concrete action is a statement ICI suggested for AMHTA to implement regarding expectations of suppliers and contractors (see Appendix F). This could easily be adapted more broadly to a large state agency’s public statements of expectations and personal commitment. Overall, whatever the specific language used agency and political leaders in the Alaska systems must communicate a conviction that:
 - all people should work,
 - all people with disabilities have the capacity to become employed,
 - all people with disabilities have the citizenship right to equal access to employment, and
 - they will be assisted to do so because employment is a way for people to become economically self-sufficient, healthier, and fulfilled.
3. As noted in the Data and Performance Management section of this report there is a need for system administrators to set in place the data for performance measurement and financing systems that support the overall employment goals.
4. There should be an expectation for Alaska system leadership above the staff levels designated for employment advocacy to ensure it is an agency-wide goal, with all staff, including those not directly engaged in employment, expected to develop intervention strategies and competencies to support it.
5. While leadership has to extend beyond just the formal authority structures, those people in such top-tier roles should develop agency-wide strategies for creating employment “champions” (internal and external). These activities should recognize that using both authority and influence are required to effect lasting change.
6. States with stronger employment outcomes have dedicated staff who have a full-time responsibility for employment service and policy development. Some states have established regional employment staff who have responsibility for supporting policy and service implementation. Examples include Missouri, with a full-time state employment director in its IDD agency and 12 regional employment consultants, and Florida, with a state director, two additional central office staff, and five regional employment

consultants.

In Alaska there is a designated employment (and housing) person located in DBH. While DBH has developed this position, it is not located in proximity to the central office and the position is located at a fairly low level within the organization chart with little formal authority. This does not preclude the person's being a strong advocate for employment as the previous occupant of that position was, but it does indicate a certain amount of ambivalence about the relative priority that employment occupies within the DBH sphere of influence. DBH should reinforce its current commitment to this position and examine how to ensure it is seen by other agency staff and providers as a significant force in developing, monitoring, and funding employment services throughout the system.

There is no staff person at SDS who has a primary focus on employment, and leadership is provided by a staff member with significant competing priorities. As with DBH, SDS should create a lead employment person within its agency, and structure it so as to provide overt administrative visibility and potential authority.

7. Given the distribution of the Alaska population, establish regional employment consultants as either state staff or through a contracted employment institute to support implementation of services and policy. Regional consultants could support post-training implementation of skills for employment staff, work with providers to rebalance resources and build organizational capacity, and facilitate partnerships between schools, adult agencies, and VR.
8. There is a need for both DBH and SDS, in partnership with DVR and also training/technical assistance partners to provide support for local implementation of employment service enhancement. Ultimately it is a leadership task to set standards and expectations for agency personnel and providers to carry out; but in the early innovation stage it is beneficial to provide concrete support through additional resources (financial and otherwise, including training, technical assistance, additional staff help for a time, etc.).
9. The leadership of the agencies in the state should create more options for peer-to-peer and family outreach as one strategy for developing and nurturing grassroots leadership. These could include partnerships with state and local advocacy groups, development of community outreach forums, devising a formal communication plan to target different groups, and funding structures that facilitate peer support or peer advocacy (e.g., Recovery Centers in Behavioral Health, youth outreach activities for transition age students with IDD).
10. If employment is an agency and system-wide priority then it should be a topic addressed in all areas of agency operations, not just in the narrow scope of specific service programs. Employment must be an identified segment of every broad agency activity such as budgeting, quality assurance, program monitoring, new staff orientations, management/supervisory training, etc., including but not limited to service planning approval and monitoring. One strategy would be to establish an agency employment team within SDS and DBH that includes staff from key areas including policy, budget and rate

setting, service planning, and quality assurance with an explicit goal of identifying operating policies and practices that incentivize employment as a priority.

11. Many states have struggled with creating employment system change for many years, some more successfully than others, but none achieving success at a level that reaches *an employment rate comparable to citizens without disabilities*. A state like Alaska, while encompassing many unique features due to its geography, population, and culture, also faces many of the same conundrums and barriers to change that other states do. One strategy that some state agency leaders in the IDD arena have found useful is becoming part of the State Employment Leadership Network (SELN), a membership group of state IDD agencies (currently with 30 members) facilitated jointly by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and ICI. The SELN overview is available at www.seln.org for more information to decide about whether this may meet a state need for Alaska SDS.

Strategic Goals and Operating Policies

Definition: Strategic goals and operating policies are defined as those that support employment and emphasize employment as a preferred outcome. They are evident when there is a clear understanding across stakeholders of the philosophical beliefs that support the state's service delivery model and both short- and long-term policy goals establish clear benchmarks for expanding integrated employment. State practices encourage innovative methods to meet policy expectations with dedicated resources, clear accountability, and local-level flexibility to initiate pilot activity.

Overview and Summary

Policy refers to both high-level statements of intent and vision, and day-to-day operating policies and practices that support the vision. States operationalize employment policy in a wide range of ways including service definitions, staff and contract qualifications, individual service plans, eligibility requirements, diploma requirements, and explicitly stated goals.

There is broad high-level commitment to the vision of Employment First in Alaska. Alaska legislation signed on May 29, 2014 (House Bill 211) establishes a commitment to employment, references the governing regulations for Department of Education and Early Development (DEED), Department of Health and Social Services (DHSS), and Department of Labor and Workforce Development (DOLWD), and the Department of Administration provided the AMHTA with oversight authority. The Act states that each agency's

... primary objective and preferred outcome is to help the person become gainfully employed in the general workforce of the public or private sector in an integrated workplace where persons with disabilities work with and alongside of persons without disabilities.

The legislation defines gainful employment as “employed full-time or part-time for compensation that is (1) at or above the minimum wage; and (2) not less than the compensation paid by the employer for the same or similar work performed by a person who is not disabled.”

SDS services. SDS stakeholders had a wide range of interpretations of what should be counted or defined as employment. In the majority of cases this reflected disagreement or confusion about whether a job was integrated, confusion about whether a job was individual or group supported employment, and confusion about what activities should be counted and funded as supported employment. Providers and state staff appeared to vary in how services including job preparation such as volunteering and skill building, group employment that took place on program property, and enclaves with limited integration were counted and approved for funding.

Currently supports and activities individuals receive do not consistently match the waiver service being funded. It was reported that SDS providers use day habilitation services to provide employment-related supports including job development for both practical and programmatic reasons. Current SDS rates provide incentives for relying on group day habilitation and pre-employment services. Providers report this provides more stable funding, and allows them to provide more continuity of services, particularly if the provider is not also authorized as a VR service provider.

SDS is implementing changes to the waiver that respond to the 2011 CMS guidance on employment services. Core services include day habilitation (individual and group), supported employment individual, supported employment group, pre-employment individual, and pre-employment group. Pre-employment services are new and not yet well understood. Providers expressed concern about the three-month time limit attached to this service.

Because of the funding and administrative structure for care coordination, there is not a clear funded role for care coordinators that supports outreach to schools and young adults prior to school exit for individuals who are not receiving waiver services. There was some discussion that one result is that, for some individuals, referral for waiver service happens very late in the process.

Concerns were raised about the slow approval process for changes in plans of care in response to job changes, and about the approval criteria applied to specific services requested. Concerns about approval of services were related to differing interpretations of employment and employment services.

DBH services. For DBH an additional concern was the relative value of employment, mental health status, and meaningful activity. Concern was expressed that “our providers are health care providers, many are engaged in employment but many are not.” DBH services and clinical staff had varied interpretations of the importance of employment, and of the role of clinical staff in supporting employment. Some mental health centers explicitly incorporate employment in their service structure, while others collaborate with freestanding employment providers. One center notes that “we need to push our clinicians to make sure people attend VR appointments,” and an employment staff person based at a mental health center was not allowed to attend staff meetings because they were not clinicians and concerns were raised about confidentiality.

In addition there is confusion about the extent to which Medicaid services can be used to support employment. While DBH Medicaid funding cannot support job development itself there is the ability to provide community rehabilitation services including off- and on-the-job supports related to “medical necessity” through the existing Targeted Case Management (TCM) and Comprehensive Community Support Services (CCSS). Providers need to be skilled in justifying the service as a medical necessity. Availability of these services has been significantly impacted by budget factors in recent years.

Education. Significant concern was expressed about Alaska’s graduation rates, and policy related to graduation. Alaska has a low diploma rate for students who receive special education services, and participants expressed concern about the implementation of high-stakes testing and its impact on access to some job opportunities if a student had a certificate or other form of school exit. Currently a certificate of completion is available for students who complete their credits but do not pass the exit exam. Respondents expressed concern that holding a certificate of completion represents a barrier to employment, and provided examples of corporate entities, including tribal corporations, that require a high school diploma as a condition of employment.

Alaska DOE provides significant support to schools in the form of an intensive funding supplement of \$73,480 for students who are identified as having significant needs, defined as two or more standard deviations below the mean in two or more life areas. Over 600 students are identified as having intensive needs. Funds are not tied directly to the student, but rather are added to the total allocation to the school district.

Subminimum wage law. Alaska 23.10.070 mandates a floor of 50% of the minimum wage when an individual is paid under a subminimum wage (14c) certificate.

The role of nontraditional employment. Agencies vary in the extent to which they count subsistence and other nontraditional work outcomes as successful employment. In some cases these differences reflect differences in federal requirements. DPA staff reported that federal welfare rules do not permit subsistence employment as a countable outcome. Tribal TANF has more flexibility, and is able to count subsistence activities and other life supports such as transporting children to school.

VR is able to include support and count subsistence employment outcomes though “subsistence” is used sparingly as a VR success outcome (approximately five times in five years) but is used more frequently as an interim step to eventual successful closure (e.g., an individual may be starting a small business).

DBH submits annual data to SAMHSA on all its adult MH clients. DBH has the ability to collect that data within the CSR reporting but it is not always used to assess or report on outcomes consistently as it appears that non-employment outcomes often get aggregated into the “employment” outcome category.

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members



1. Establish common definitions of employment across Alaska agencies that clearly define individual integrated jobs (“gainful employment”), self-employment, subsistence employment, and group supported employment.
2. Establish subsistence employment as a supported outcome that is tracked within all Alaska agencies using a common definition based on the RSA regulations allowing subsistence as an acceptable employment outcome for VR services.
3. Define Medicaid waiver services so that pathway activities such as volunteering, in-program assessment, and program businesses are clearly separate from employment supports.
4. Prioritize individual employment outcomes in funding and policy by reviewing and adjusting operating policies, definitions, and rates. This increased emphasis would entail clearly stating that community employment is the expected and preferred outcome for people served in the community whether in DBH, SDS, or any other service system. In addition, there is a need to examine how Medicaid can be used more effectively to support employment even if the direct employment service is not supported (current DBH Medicaid operations). Also, for SDS, making waiver services funding more focused on employment than day habilitation services. SDS already has a stated employment goal at least. For DBH, employment should be highlighted as one of the four major goals of a Recovery-oriented system of care – health/providing effective treatment, building personal relationships, assisting people in accessing and maintaining steady housing, and helping people find personally satisfying and meaningful employment.
5. Review operating policies for the SDS plan of care to:
 - Speed up the approval process. Consider presumptive (immediate) approval for plan modifications in response to changes in employment status within defined parameters.
 - Develop guidance on service definitions and provide cross training to providers and SDS staff on employment and service definitions.
 - Establish a mandatory employment goal within the care plan. Develop a structure and operating policy for this section of the plan.
6. Revise/clarify waiver billing rules related to face-to-face contact for individual supported employment services under the Medicaid waiver (SDS).
7. Clarify the role of SDS day habilitation services as a resource for building career pathways.
8. Develop DBH guidance on allowable employment supports and billing including examples and a frequently asked questions document. DBH service plans should include attention to employment for all consumers who have been unemployed three months or more. Even if the beneficiary does not wish to seek employment at the current time, the

service plan should indicate how the clinical and case management staff will deal with this clinical risk factor.

9. Require mental health services to provide or partner with employment supports.
10. Establish goals and outcome expectations for employment participation across DBH-funded mental health clinical services, not just for employment-specific services.
11. Review the allocation of intensive special education funding. Require that students receiving intensive funding have employment experiences prior to graduation. Allocate supplemental funds to the individual student rather than to the school district general funds.
12. Clarify/expand SDS and VR engagement with schools prior to school exit. Portions of this recommendation are also addressed under interagency collaboration.
 - Define a role, responsibility, and funding model with SDS services for transition outreach to schools, students, and families. This may require changes to the role and funding for care coordinators, or the establishment of specialized care or transition coordinators.
 - Establish operating policy regarding early engagement with schools.
 - Define in an MOU between at least DVR, SDS, and Education a systematic transition model for implementation statewide.

Financing and Contract Methods

Definition: Successful employment service systems have funding mechanisms and contracts with providers that emphasize employment as the preferred outcome. This is evident when providers receive greater financial compensation for community employment compared to other outcomes and contracts and funding levels provide incentives for integrated employment. In addition, goals and/or benchmarks for achieving integrated employment outcomes are included in provider contracts and operating agreements, and rate-setting methodologies correspond with service definitions that promote integrated employment.

Overview and Summary

Funding is of course an important element of any public policy priority. Funding mechanisms and contracts with providers must emphasize employment as the preferred outcome in multiple ways.

It is important to conceptualize funding to support employment outcomes in more ways than merely asking “How much?” The amount of money devoted to employment is only one key



indicator, albeit a significant one, of a state's commitment to Employment First and Employment for All. Other aspects of funding that play into the totality of the employment focus are:

- What specifically is funded?
- Under what circumstances is funding provided (fee for service, milestone/outcome-based, tied to individuals, tied to service components, grants, etc.)?
- Who controls the amount and type of funding in a practical sense (consumers, agency staff, or providers)?
- What sorts of incentives are in place for funding services or outcomes the agency expects from its providers or staff?
- What is not funded? Being clear about not funding what an agency *does not want* is often more effective than incentivizing what it does want.

There are some overall considerations to understand about funding any sort of effective service delivery in the public context. Specifically, a state agency should:

- Implement funding policies that work backward from outcomes to services desired, i.e., the agency has determined what services and supports are more likely to produce the sorts of outcomes desired.
- Create financing models that get tied to outcomes desired, more than (but not totally exclusionary of) the process by which clients receive a service. This need not be a totally outcome-based payment system. Other examples demonstrating this priority could include contracts with performance goals, incentive funding for specific types of outcomes, or a base budget for overall functioning with additional payments for specified payment points.
- Understand that provider costs need to be part of but not totally drive the financing model. (*Note:* Providers must know how to accurately determine their costs).
- Be transparent about the funding model and its rationale: Why is it used? How was it developed? What is the cost basis?
- Be willing to support innovation by including some infrastructure and program development costs in financing approaches.

Specific to employment, some funding elements that can support the overall goal include:

- Providers receive greater financial compensation for community employment compared to other outcomes.
- Contracts and funding levels provide incentives for integrated employment.
- Goals and/or benchmarks for achieving integrated employment outcomes are included in provider contracts and operating agreements.
- Funding allocations and reimbursement rates emphasize employment as a preferred outcome.
- Funding is portable between non-work services and employment.
- Providers have negative consequences for not meeting goals to increase employment and are rewarded if they do.
- The state institutes a moratorium for new funding for sheltered employment.

- Financial incentives are created to increase employment through use of multiple or braided funding sources as well as flexible use of Medicaid waiver or new state plan 1915[i] or 1915[k] funding.
- Alternate models, particularly community-based non-work, are not better funded than integrated community employment.
- Pilot programs for funding are encouraged at the local level, such as outcome-based funding for long-term supports for maintaining a job.

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members

Based on the personal visits and interactions over the course of the last four months and the extensive review of current operational policies, MMIS, and contracts the following issues arise for AMHTA and the state to address in the areas of financing and contracting methods to improve the quality and quantity of employment services and outcomes for AMHTA beneficiaries and agency clients:

1. Focus on redefining the role of day habilitation as both a pathway to employment and a wrap-around support for individuals who are employed, including addressing the CMS rules on community integration through Home and Community Based Services funding. Ensure that funding for day habilitation services does not redirect individuals from an employment pathway.
2. SDS and providers need to become more effective in using prevocational and SE funding in order to improve results. This will require internal and external training and technical assistance services and greater attention to program design, monitoring, and supervision and management within both SDS and providers.
3. Agencies need to streamline the current SDS service plan and VR eligibility/IPE approval processes. There are logical reasons why these processes often are delayed but not enough attention has been devoted to streamlining them in recognition that these timelines inhibit client engagement and motivation.
4. DBH needs to use CCSS and TCM more effectively to support employment for its mental health/substance abuse clients. An example of how this could be driven using the existing regulations within the Medicaid state plan is included in Appendix G, from work ICI has done dealing with a similar issue with the Missouri state mental health authority.
5. DBH and SDS should examine the feasibility of implementing a 1915[i] state plan that would include employment. This would give DBH greater flexibility in use of Medicaid funds to meet the employment needs of beneficiaries.
6. The current interactions between SDS and VR regarding the use of the Medicaid Home and Community Based Services (HCBS) waiver vs. VR funding has to be handled in terms of what is best for clients, not ease for those systems. It should not be acceptable for clients to be diverted from VR services either because they are seen as too

challenging by DVR or because the SDS provider finds it easier and more beneficial for its own operations to just place the person within the existing HCBS service stream. Operational guidance needs to be jointly developed and implemented with an interagency staff development strategy.

7. It was not always clear as to the rationale for different rates for CCSS (DBH) and for SDS Supported Employment/Pre-Vocational as well as SDS time limits in Pre-Vocational services. The reasons may be quite appropriate but transparency is lacking.
8. Agencies and providers should finance human resource development and capacity-building for all direct-line staff as well as employment managers.
9. SDS should conduct a comprehensive rate review and analysis that establishes rates based on outcome priorities and service costs. SDS may need to rebalance payment levels between day habilitation and employment (what should day habilitation be and when, if at all, should it be used?). One way to examine the impact of rates and the extent to which they prioritize specific services is to convert the rate/unit to a rate/direct staff person hour. Because personnel is the most significant cost to a provider and a system, converting rates to cost/direct staff person hour provides a normed comparison of state payment for an hour of service. Using that approach, current rates in Alaska establish a strong incentive for non-employment services and supports (Table 5).

Table 5. SDS rates per staff hour

	Rate as of 7/1/2014	Unit	Assumed ratio	Rate/hour/staff person
Day habilitation individual	\$10.71	15 minute	1:1	\$42.84
Day habilitation group	\$7.50	15 minute	1:6	\$180.00
SE individual	\$12.12	15 minute	1:1	\$48.48
SE group	\$8.49	15 minute	1:6	\$203.76
Pre-employment individual	\$12.12	15 minute	1:1	\$48.48
Pre-employment group	\$8.49	15 minute	1:6	\$203.76

10. SDS should resolve or eliminate the requirement that billable services only be face-to-face. Supports for integrated employment include a variety of activities such as employer interaction and support, coordination with families and residential staff, job development, or telephone support that are individual supports but may not involve face-to-face interaction with an individual. Defining these activities as billable provides a more accurate definition of the service, and allows providers the flexibility to provide supports in the most effective manner possible.
11. As noted in the Partnerships section, and equally relevant in regard to funding models, cross-system joint service delivery would be enhanced if the affected agencies developed comparable staff/provider qualifications and rates across agencies (“Deeming”).
12. SDS could provide flexibility given the intermittent nature of employment support delivery if it changed its waiver funding authorization from units/day to units/quarter.

Capacity-Building, Training and Technical Assistance

Definition: Effective training and technical assistance is a critical component of a system that supports integrated employment. It is evidenced by support to providers for organizational change and development, competency-based training expected or required for direct support professionals working in employment supports, and service definitions that establish minimum training requirements and qualifications for employment support and job-development-related skills/experience.

...Regardless of the job seeker’s level of motivation, skill, experience, attitude, and support system, his or her ability to get a job will often depend on the effectiveness of employment specialists. Simply stated, if they are good, job seekers get jobs. If they are not, the barriers to employment for job seekers can become insurmountable...

(Luecking et al., 2004, p. 29)

Overview and Summary

High-performing employment systems invest in the development and maintenance of a strong, competent workforce, building the skills of employment support professionals, front line supervisors, managers, teachers, and state personnel including case managers, rehabilitation counselors, and service managers. Capacity-building includes both direct skills training and technical assistance that supports the rebalancing and development of employment providers to provide state-of-the-art employment services.

Nationally, employment support professionals do not consistently implement best practices or use their time efficiently (Migliore et al., 2012). This is in part a problem of training and experience, in part supervision and support, and in part the extent to which systems set high standards for competencies in service definitions and contracts and fund services at a level that supports a high quality workforce.



Alaska has an infrastructure for training and support. The Region X Technical Assistance and Continuing Education (TACE) Center at the University of Washington (Center on Continuing Education in Rehabilitation (CCER)) provides training for providers and state personnel; systems-change initiatives such as the Medicaid Infrastructure Grant (MIG) have extensively used external training resources including Michael Callahan and Griffin and Hammis Associates. The AIEI project in collaboration with the Center for Human Development (CHD) has a full time employment consultant who is providing training and consultation on customized and self-employment strategies. The AMHTA in collaboration with CHD maintains the Trust Training Cooperative, which includes a training registry as a support infrastructure.

Stakeholders identified a wide array of barriers to building a strong workforce. Training is seen as expensive, both the training cost and the loss of staff time. Many respondents indicated that once trained, staff leave for better positions. Concern was also expressed about taking training to implementation. Training may happen using distance technology or by travelling to a training location, but there is limited support for the transition from training to practice. One respondent felt "...there is training, but not training where you learn a lot that you can bring back and use."

Another aspect of statewide capacity-building is building a network of emerging leaders. One respondent talked about the isolation of his community, and the need for more opportunities to interact with other employment professionals. Specifically he cited an annual Anchorage-based employment conference that used to be sponsored by DVR, and wished this opportunity still existed. Another noted that "there is limited opportunity for connections."

Current service definitions provide only limited requirements for staff qualifications. SDS and DBH do not explicitly define employment competencies. SDS Conditions of Participation state that the program administrator must have knowledge of "supported employment philosophy, state regulations and emerging service delivery techniques," and direct support staff will be 18, have a high school diploma or GED, and "... possess, or develops before providing services, the skills necessary to perform the tasks included in the supported employment services plan." While there is a statement of a required skill set, there is not a standard for training or experience. DVR sets more explicit requirements, specifying attainment of a National Certificate in Employment Services within one year and experience in providing on-the-job supports for similar employment-related services.

State agencies also identified an ongoing need for more employment providers, both corporate and individual. Within SDS services many CRPs only provide day habilitation services, and there is not consistent overlap between SDS and DVR service providers. Access to employment services varies for DBH customers, and not all mental health centers provide or emphasize employment. In the past DVR offered a teacher internship program. Teachers worked with DVR in the summer and were ambassadors for DVR services when they returned to their teaching position.

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members



Effective capacity-building uses a diverse array of approaches including distance learning, in-person training, mentorship and implementation support, peer-to-peer outreach, and topical consultation and support focused on either the job seeker or direct support staff. Alaska should consider building an infrastructure that addresses employment professional training, organizational capacity-building, job seeker and family outreach (specific models for such an approach are contained elsewhere in this report), case manager and clinician training and culture, interagency partnerships, and the development of emerging leadership and culture through networking and sharing of innovations. The overarching goal is to develop a coordinated training and capacity-building plan that addresses needs across agencies and includes strategies that target all communities including rural and remote communities. Specific recommendations include:

1. Strengthen staff qualification requirements and standardize contractual and personnel competency requirements across agencies.
2. Invest in expanding the number of SDS and DBH providers that provide employment. Consider offering short-term organizational development grants enabling agencies to restructure and rebalance resources to focus on integrated employment, awarded in conjunction with technical support and consultation.
3. Require SDS providers to establish a goal to increase the number of individuals engaged in individual integrated employment, and to submit an organizational development plan for achieving the goal.
4. Identify and qualify approved training providers and fund training slots to support provider staff meeting qualification requirements.
5. Develop a statewide employment institute that is responsible for providing and coordinating training and providing onsite mentorship to staff. Such an institute could also provide regional employment consultants who are responsible for implementation support. Such an entity would operate in ways more congruent with the overall strategic direction the AMHTA would choose to set regarding its employment initiatives. It would also have the capacity to provide ongoing technical support to local organizations to implement needed structural changes in operating policies, program design, human resource development, and funding models.
6. Develop a provider recruitment training strategy for rural/remote communities. Consider use of elders and their resources – a strategy that many of the Tribal VR programs use currently.
7. Require transition competencies as part of special education teacher certification at the middle school and secondary levels. Consider establishing a formal transition endorsement as part of teacher certification.

8. Develop an outreach strategy designed to build demand for employment outcomes and build the knowledge and effectiveness of job seekers and families to identify and manage employment supports.
9. Pilot peer-to-peer training and outreach strategies.

Partnerships and Interagency Collaboration

Definition: Through interagency agreements and relationships, provider collaboration, and outreach to stakeholders, employment is shared as a common goal. Examples of this include cooperative networks within the provider community and across state agencies to support employment goals; specific marketing and outreach efforts are geared at all levels of stakeholders including policymakers, families, providers, state agencies, individuals, and the business community to ensure that there is a unified outreach effort promoting community employment; and partnerships between state agencies on pilot projects or other employment initiatives.

Overview and Summary

Partnerships and interagency agreements should be vehicles of change in terms of employment system enhancement. In the framework of the High Performing States Model employment is shared as a common goal through interagency agreements and relationships, provider collaboration, and outreach to stakeholders. While as in any human interaction the ability to cultivate personal relationships can smooth over many otherwise thorny issues, it is important to keep in mind that the goal of these inter-system partnerships is to create better employment outcomes for beneficiaries targeted, not just better working relations between public agencies and providers.

Furthermore, such collaboration must serve as more than a process for providing information about each system's requirements, policies, or procedures but rather become an active element in system redesign and quality improvement endeavors. Memoranda of Agreement (MOAs) and Memoranda of Understanding (MOUs) set general principles and identify concrete, measurable goals but cannot be operational guidance. In addition, intra-agency collaboration is sometimes as, if not more, difficult than inter-agency partnerships. In examining changes needed that emanate from these collaborative activities one useful frame of reference is to start change discussions using this approach.

In developing system change strategies within a group planning format use a sequential outline described below:

- First, ask participants to identify any personal changes they can make in their work that would help improve employment outcomes for their clientele.
- Then, query participants to identify any changes they feel their own agency should make that would help improve employment outcomes for their clientele.



- Only after these first two questions are answered should participants in this process be able to identify any changes they feel other agencies than their own should make that would help improve employment outcomes for their clientele.

There are also important practical considerations in operationalizing any embryonic or restructured collaboration. The two key behaviors that reinforce effective interpersonal collaboration are the need to always say “Yes” to the first request from the partner agency and to expect to give something on your system’s part prior to, or at least in addition to, asking for something from your prospective partner.

For the purposes of this project, specific interagency collaboration is envisioned in various arrays among these agencies in Alaska: SDS, DBH, DVR, DOLWD, Tribal programs, local school districts, and the provider network. Creating effective partnerships within the framework of the High Performing States Model involves:

- Creating cooperative networks within the provider community and across state agencies to support employment goals.
- Creating specific marketing and outreach efforts geared to all levels of stakeholders, including policymakers, families, providers, state agencies, individuals, and the business community, to ensure that there is a unified outreach effort promoting community employment.
- There should be an emphasis in any collaborative work to ensure that the transition that any beneficiary makes between any two funding streams appears as seamless as possible to the beneficiary (i.e., a “No Wrong Door” approach) and does not require constant individual negotiations on the part of the clients seeking services.
- Minimizing the incidence of “cold handoffs” between agencies (i.e. referring a person to another agency by just providing information about that organization, instead of accompanying the person to the first contact or making a personal introduction to specific staff of the other agency).

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members

Based on the personal visits and interactions over the course of the last four months and the extensive review of current operational policies, MMIS, and contracts the following issues arise for AMHTA and the state to address in the areas of partnerships and interagency collaboration to improve the quality and quantity of employment services and outcomes for AMHTA beneficiaries and agency clients:

1. There are various Memoranda of Agreement (MOAs) that exist already in the state among and between various entities (e.g., SDS-DVR, DBH-DVR). These need to be analyzed in terms of their current ability to create seamless transitions allowing for joint clients and, where appropriate, braided (or at least coordinated) funding.
2. There is a need for public agencies to use a “lean management” business principle approach to identify agency-specific processing barriers that have been identified



throughout this process. Examples mentioned frequently throughout this endeavor have been the timing of SDS service plan approval and the DVR eligibility and Individual Plan for Employment (IPE) development process.

3. The recent enactment of the Employment First legislation provides an excellent opportunity to include the entire fabric of state government agencies, whether involved with disability or not, as partners in developing employment options for Trust beneficiaries within state governments. It would be good as part of this focus to encourage the state to set a numerical goal for including people with disabilities within its workforce, ideally identifying Trust beneficiaries as a target group within this number.
4. Agencies that support employment currently (DHSS, DEED, DOLWD) should consider “deeming” of employment providers, i.e., if providers are approved for a specific service provision in one agency, having that approval deemed acceptable by other public agencies who offer that service for their clients. A possible alternative method of accomplishing the same outcome would be for different agencies to develop a joint qualifications process.
5. Rapid engagement and joint service planning are seen as important clinical elements for effective service delivery for beneficiaries with significant disabilities. Consequently DVR, SDS, DBH, Criminal Justice, and local school systems should develop specific structures that focus on enhancing the capacity of each of these agencies to create service pathways that maximize the pacing of service delivery and engagement of clients, and make joint planning occur regularly and consistently without undue delay.
6. There appears to be some confusion or concern in both DVR and SDS about whether they have any ability under their current regulations to pay for career/work supports when the consumer is still in school. Every agency has an equivalent of a “last dollar in” requirement for use of its funds, and this mandate tends to be complicated by the fact that most young beneficiaries seeking career/work supports would be covered under an IEP. There are various ways that other states have managed to provide some services for such students (e.g., paying for summer work experience when not in school, getting involved in work and career service interventions in last year of school). ICI would encourage the agencies involved to work collaboratively with the state Department of Education and local school districts to develop models of early intervention for students with disabilities under an IEP that does not detract from school systems’ responsibility for students under IEPs while at the same time providing timely and efficient employment-oriented services to this same group. This intersection between DVR and school systems is more relevant with the recent passage of the new Workforce Innovation and Opportunity Act (WIOA), replacing WIA, which mandates increased involvement of DVR in transition services while youth are still in school.
7. There is some but not nearly complete overlap between DVR and SDS providers, and it would expand the state’s employment service capacity as well as offer more options for seamless transitions between agencies to increase the amount of overlap.

8. Data from the national RSA-911 database (the federal reporting that DVR has to abide by) suggests that Alaska has more limited engagement with [potential] clients with IDD than many other states. Given the multitude of system change and employment grants that have been developed for Alaska, the long-term working relations among agency staff that exist, and the current operation of the AIEI grant, this information appears somewhat surprising. It would be useful for representatives of these two agencies to examine these statistics and offer suggestions as to why this situation exists and need not change, update them if they do not accurately reflect the current status of services, or develop a plan for rectifying this state of affairs if it is seen as problematic. Any plan for system change probably should include some shared guidance and training across SDS and DVR about eligibility processes and short- and long-term supports.

9. The Tribal programs are functions of sovereign nations and thus independent of most control by state agencies. Nevertheless, there are options for enhanced partnering, especially between Tribal VR and the state DVR. There is a federal requirement that Tribal VR agencies develop an MOA with the state DVR. These do exist in Alaska and some clients are shared currently. There is an opportunity in addressing employment issues statewide for Tribal and state DVR collaboration, especially around the development of employer relations (to avoid duplication), and to share expertise that the state DVR might have around small-business development.

10. Since employment is a goal, one partner that cannot be overlooked is the business community and employers. Effective employment outcomes cannot be achieved without such relationships. It is crucial to understand that fruitful business relations are a tool for employment providers, not an end in itself. Any linkage with business ultimately must be judged by outcomes in terms of beneficiaries hired or retained in employment. There is a rationale for overall employer marketing between state government entities and employers in the state, both as an outgrowth of the Employment First legislation and the recent inclusion of a 7% hiring goal for employees with disabilities for federal contractors under the Office of Federal Contract Compliance (OFCCP). Ultimately neither of these laudable legislative and regulatory improvements gets people hired themselves. That still requires much employer-provider-beneficiary contact on a 1-1 basis. However, these public expressions of intent do provide a context to engage employers in high-visibility commitments of good will and create expectations for increased hiring behavior for individual advocates to pursue.

Services and Service Innovation

Definition: State agencies work to create flexible and creative opportunities for providers, individuals, and families to make optimal use of the resources available for employment; includes disseminating information related to creative strategies to support individuals in employment. Examples include: the state targets transition-age individuals to move directly into employment opportunities; comprehensive benefits planning is available to individuals and their



families when choosing employment options; employment and community-based services are structured to support an individual's valued role in the community; transition from school to adult life is identified as a priority and resources are targeted for this population on a regular basis; postsecondary options are explored; and person-focused career planning is used to identify an individual's strengths, skills, and support needs for employment.

Summary and Overview

There is a growing focus on customized employment across agencies in Alaska. DVR has invested in capacity-building to support customized employment and embedded it in its service funding and structure. In particular, DVR funds Discovery as an alternate vocational assessment and planning strategy, and has an established process for reviewing and approving plans prior to approving an individual as a Discovery provider.

DPA has tested customized employment within its Family First programs. Alaska Family Services, a private provider, provides customized employment strategies as part of its holistic approach to family and employment support, and finds that most individuals do not need that level of support. They find that about 5% of individuals use Discovery and 1 to 2% use Customized Employment. DPA shares the review process through DVR for approving Discovery providers.

Alaska has an infrastructure for supporting self-employment, including providing microenterprise grants to support start-up expenses through the AMHTA. This resource currently has limited engagement from some beneficiary populations, though, including SDS participants.

DVR and the schools have implemented four Project Search sites. Sites have been working to improve transition to employment, and Fairbanks identified the importance of explicitly requiring a commitment to post-program employment as a participation criteria.

Remote communities discussed the importance of informal strategies for supporting employment and maintaining individual engagement in transition and employment plans. These community-level supports represent strong models for replication. In the Fairbanks area stakeholders discussed the importance of having memorandums of understanding with a wide variety of community resources including schools, Big Brothers and Big Sisters, Job Centers, and others. They use multiple strategies for meeting young adults where they are, including texting, lists on the refrigerator, facilitating family networks, parent-to-parent outreach, and child-care support. Supports are flexible and varied.

Respondents reported limited access to benefits planning. There are only four active fee-for-service benefits planners in the state, and DVR resources are tied to open DVR cases.

Concern was expressed about expectations and the skills of direct support professionals in fading employment supports within SDS services. Addressing this issue crosses over concerns related to policy, capacity-building, and service innovation.

Peer supports have been primarily used in behavioral health services and are funded by both fee-for-service and grant funds through the AMHTA and other sources. Under fee-for-service, peer



support needs to be identified on a treatment plan and supported by the clinician, and is only in limited implementation. Peer support has not generally been viewed specifically as an employment support, and there is opportunity to expand this role through either Trust funds or fee for service funds. Tanana Chiefs Conference in Fairbanks currently supports a peer support employee, and a peer support worker is employed with grant funds in Ketchikan.

Alaska's provisional hiring program provides opportunities for individuals to access employment within state government. Over the past several years SDS has supported DVR clients under the provisional hiring program, and several individuals have been hired into permanent positions. To date no SDS clients have participated in the program. There are some recommendations related to possible AMHTA seed funding of developing a wider use of such options contained in that section of this report.

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members

Alaska has implemented a wide range of model supports. Major needs addressed such as taking these to scale, and ensuring participation across target beneficiary populations. Core recommendations for taking innovations to scale are addressed in the Capacity-Building section, and include both skill development and the development of strategies for supporting emerging leaders and providing (or restarting) opportunities for networking and information sharing among employment professionals.

1. Strengthen Alaska state government as a model employer by developing policy that extends the current provisional hiring program to create opportunity for customizing or creating jobs for qualified individuals who may not easily match established positions.
 - a. Set hiring goals for Trust beneficiaries within state agencies participating in the Trust employment initiative.
 - b. Establish policy that provides more flexibility in Position Control Numbers (PCNs) and allows for job creation and customization.
2. Expand access to benefits and work incentives counseling as well as broader financial education so that it is readily available to students and adults. Make benefits counseling an expected part of transition services. Consider a range of strategies, including centralizing coordination of benefits counseling in an employment institute, adding benefits counseling as a waiver and state plan service, or allocating state funds to support benefits counseling.
3. Expand the range of employment options that are supported with state services, including self-employment and subsistence options.
 - a. Develop pilot projects that use community members and elders as trainers or mentors for village and subsistence skills. One respondent described an example of a woman who hired her grandmother to teach her to bead.

- b. Provide skill-building opportunities with waiver services by providing supports for community volunteer work including chopping wood, dumping honey buckets etc.
 - c. Develop pilot projects that expand business-within-a-business (e.g., a consumer's operating a hot dog stand [s]he owns placed within a retail establishment), self-employment, and other customized employment outcomes.
4. Currently pre-employment is a modifier to supported employment for SDS services. Develop a distinct service, and strengthen guidance and training to the field on eligible activities.
 5. Pilot the use of peer supporters as employment advocates. This would provide both the opportunity to pilot employment of individuals with significant disabilities in state positions and to test peer outreach and support models. Examples of this model exist in various forms within many states (e.g., WA, OR, MO, NJ, MD, NY and several other state behavioral health systems and providers).
 6. Develop policies and strategies for flexible support models including coworker supports and job sharing.
 7. Extend wrap-around support models such as the Family First customized employment model, Fairbanks youth outreach, and engagement of adult providers in IEP meetings to address systematic barriers to employment such as homelessness, particularly in remote communities.

Performance Measurement & Data Management

Definition: Employment performance measurement, quality assurance, and program oversight are ensured through comprehensive data systems that are used as a strategic planning tool to further the state's goals of increasing employment. The state regularly collects and publishes data on employment outcomes, which is shared in summary form with stakeholders. Furthermore, provider-level employment data are made available to consumers and families; the provision of data to the state is a requirement in provider contracts.

Overview and Summary

There is a standard catch phrase in “pop” management literature that states: “What gets measured gets done.” While this is true in most respects, it is just as accurate to state: “What gets measured reflects the mission, values, and priorities of the system.” So Performance Measurement and Data Management form together one of the core seven components of the High Performing States Employment System model. It not only offers a clear management tool but also indicates how the system assigns its own level of importance to key areas, in this case employment.



For the purposes of this report, ICI's analysis of this section of the framework focuses on how data on employment outcomes is developed by systems to measure progress, benchmark performance, and document outcomes. Also, how information is used to evaluate and track results, inform policy, and improve provider contracts and service agreements. Finally, an essential part of this data management is how data gets shared with important stakeholders in and outside the public systems.

Comprehensive data systems should be used as a strategic planning tool to further the state's goals of increasing employment. This means that:

- The state/agency should collect and publish data on employment outcomes.
- Information on employment outcomes is collected on a regular basis and shared in some form with stakeholders. Some decisions need to be made whether this data should only be released in summary form or disseminated to the public at the provider level of detail.
- Data are used to inform strategy and contracting, including requirements within state-provider contracts to require consistent data collection and reporting from the contract recipient to the contracting authority.

One concern is that an overemphasis on data and measureable outcomes inevitably only can measure a portion of real effects of any interventions. Furthermore, overreliance on data retrieval can become cumbersome for staff and clients. Another worry, voiced by some, especially in the wake of the recent Department of Veterans' Affairs scandal, is that a narrow emphasis on successful quantifiable outcomes or speedy processes can lead to abuses from staff's feeling pressured to perform without adequate resources. While these are valid issues for state systems and providers to be concerned about, such worries should not obviate the necessity of measurement requirements in developing a robust employment service system. They can and should be addressed by transparency at all levels, emphasis on quality assurance and quality improvement as measures of success, consistent communication among all parties concerned with outcome information, funding agency oversight, and effective management and supervision of personnel involved in delivering services.

This report focuses on employment system policies and practices, but most broad-based human service systems such as DBH and SDS must be concerned with multiple life outcomes. So the data recommendations contained herein relate to employment but should be contained within a wider performance management system. In general such comprehensive yet manageable outcome-based systems should focus their information collection around these key areas:

- Employment
- Housing outcomes
- Course of illness/disabling condition
- Community participation/citizenship (voting, volunteering, criminal recidivism)
- Educational outcomes, including school completion and entry into post-secondary training
- Income support (reduction or movement away from public income supports--SSA, TANF, General Assistance)



- Clients' satisfaction with their own lives
- Clients' satisfaction with services

Public agencies, providers, and staff should be continually cognizant of broader quality of life issues that affect their consumers. Nonetheless, these systems' primary public accountability resides in helping people get employed, get housing, complete school, stay out of the hospital (and jail), and reduce symptom impact. These are staff's responsibilities in partnership with the person.

Recommendations Based on Site Visits, Review of Documents, and Environmental Scans Done by the Workgroup Members

Based on the personal visits and interactions over the course of the last four months and the extensive review of current operational policies, MMIS, and contracts, the following issues arise for AMHTA and the state to address in the areas of data collection and performance management to improve the quality and quantity of employment services and outcomes for AMHTA beneficiaries and agency clients:

1. One of the key management strategies of effective data management and performance measurement is to keep data expectations simple, streamlined, and clearly defined. Data should be collected at the individual beneficiary or participant level, and it would behoove the agencies to collect only 3-5 data points regarding employment. For funding agencies ICI would recommend that the following constitute the core elements of information expectations and reporting from providers:
 - Work setting/type (e.g., individual integrated job, group supported job, self-employment, subsistence employment)
 - Average hours worked in a given period (monthly is probably best)
 - Weekly or monthly gross income over that same period
 - Employment, not job, retention in a quarter and year (i.e., days or weeks working in the community in the time period even if the person changed jobs)
 - Consider: Source of paycheck, eligible for paid time off
2. There is a need to develop agency reporting with sharable employment data that can be compared across systems and made **easily accessible and readily understandable** to the public and advocates. Data reporting would be made available by provider and by region to reflect different economies and labor market conditions. Core systems measures include a summary of the variables above and:
 - Positive employment outcomes (%) for all beneficiary or consumer groups within the funded agency (number employed divided by number served overall)
 - Success rate (%) of employment services (people employed/number served in employment service)

3. Each system (a major issue for SDS and DBH) should define what a target employment outcome would be and what sort of processes should be in place for systems and providers to achieve “success” in terms of the respective agency expectations. For example, an agency might state employment at least at minimum wage for at least 25 hours a week as the goal employment providers are expected to reach with their clientele. This definition must encompass one for “employment” and should include:
 - acceptable wage rate (weekly wage is much more powerful indicator than hourly wage rate)
 - number of hours of employment
 - type of integration desired in a work place (i.e. are reverse integration businesses acceptable?)
 - what is considered a quality job match meeting the consumer’s needs and how that will be measured

4. This system expectation of success is a separate issue from what an individual success story may entail. Each beneficiary has to be the judge of his/her own definition of personal employment goals and achievements. However, the agencies have a responsibility to identify what they expect their resources to help consumers concretely to achieve vis-à-vis employment. This outcome expectation is meant as a staff and agency performance measurement, not an assessment or judgment of beneficiaries’ personal life decisions.

5. More than mere semantics, the agencies must be clear to their contractors and constituencies that employment is an **outcome** not a **service stream**. So while it is essential to identify employment service components and processes, the key data elements should be identified in terms of employment achievement, not what sorts of employment services are offered. Also, outcome measures must be developed that reflect specific employment status, not a more generic “receiving employment services.” DBH has the ability to collect that within the CSR reporting but it is not always used to assess or report on outcomes consistently.

6. Volunteering, job shadows, and community work experiences are often valuable employment pathways, especially for certain sub-groups of beneficiaries such as transition-age students with disabilities, people with early onset Alzheimer’s disease, ex-offenders, and people dealing with substance abuse problems. These service modalities can (and should be) tracked by the funding agency but are not employment **outcomes**, and thus should not be counted as such.

7. It would be appropriate to use the DEI grant to develop a system to ensure the inclusion of data on employment of customers with disabilities to the standard AK DOLWD reporting.

8. Since employment is the desired outcome, it is imperative that one sort of information that is collected and used relates to the labor market overall. SDS, DBH, and VR should

be obtaining from DOLWD and elsewhere constantly evolving data identifiable to specific areas of the state regarding economic development activities, wage rates, job openings, and career pathways. All of these categories can be conceptualized as the need for more accurate and timely labor market information for both agency strategic planning and individual client service planning.

9. Standard DOLWD reports on employment participation and population statistics do not currently include disability as a variable. Require that all DOLWD workforce and population reports include disability as a variable in addition to gender, ethnicity, and age.
10. Given that the state has an AIEI grant focusing on transition-age beneficiaries with IDD, another employment need is for the educational systems to add optional variables on wages, hours worked, and type of job in their reporting for IDEA Indicator 14. Indicator 14 concerns itself with the **outcomes that youth with disabilities achieve** once they exit high school. The three Indicator 14 elements are:
 - “Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:
 - a) Enrolled in higher education within one year of leaving high school.
 - b) Enrolled in higher education or competitively employed within one year of leaving high school.
 - c) Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.”

Some Issues Specific To Individual Agencies Or Groups

The overwhelming majority of the recommendations in this report are crosscutting to all the public systems assessed as part of the ICI analysis. These are framed elsewhere in this report using the High Performing States Model as the template. Nevertheless, there are elements that are particularly affected by specific agencies or groups. These will be addressed in this section to provide an environmental context in which the more general assessments and recommendations must be considered. The focus will be on the two key agencies of DBH and SDS but there will be some focus in this section also on sub-populations such as people with early onset Alzheimer’s, Traumatic Brain Injury, and ex-offenders.

Alaska Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH)

1. One current issue that must be factored into any policy or funding recommendations for DBH is that it has recently undergone a change in leadership with the appointment of a



new permanent director, Mr. Albert Wall. Mr. Wall will of course seek to lead the division using his own driving force to complement the broad agency set of Mission and Values that are currently stated as:

“The mission of the Division of Behavioral Health is to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.

We respect:

Honesty

Dignity

Innovation

Diversity

Collaboration.”

2. DBH is a multi-faceted agency with many responsibilities for prevention, treatment, crisis intervention, disaster planning, etc. in addition to its three Supported Employment projects. Therefore, an employment emphasis must be blended and braided within this larger context. The last decade has seen greater attention throughout most behavioral and mental health agencies nationally paid to other innovations such as Recovery, evidence-based practices, mental health transformation, attempts to solve Medicaid disincentives issues, and integrated health care models. Consequently, there has been more emphasis devoted to these aspects of behavioral and psychiatric services than to employment per se. Alaska DBH, as with many other state behavioral or mental health agencies, will need to weave employment services and outcomes more into the day-to-day fabric of services to the point where consumers, providers, advocates, legislators, and staff understand their importance. Furthermore, these systems should see these elements, not as the most important necessarily, but nonetheless a significant, priority within the system of care.
3. Much behavioral health funding must come out of the federal-state Medicaid program in addition to the limited Mental Health Block grant funding and any state-specific line items budgeted services. The limits that regulations related to use of those federal funds pose a barrier to extending employment’s reach under this fiscal mechanism do not exist in the same way for the IDD system’s utilization of Medicaid waiver rules (especially 1915[c]) that enable it to provide employment services more broadly and directly including job placement assistance. The Alaska DBH either must develop other Medicaid funding plans (e.g., use of the 1915[i] discussed elsewhere in this report) or seek to expand these employment services through other strategies such as greater use of the Block grant for employment, state-specific employment funding through the legislative appropriations process, or a more robust inter-agency braided funding model connection with the state Division of Vocational Rehabilitation (DVR). The current existence of only

three employment-specific programs (one in Kenai, two in Juneau) belies any sense of the importance of employment that DBH seeks to communicate.

4. The behavioral health system and its providers feel more constrained because of recent changes in funding models used, so creating greater expectations within the DBH provider community will be perceived as an additional threat to their fiscal health. At the same time, as a public agency, DBH really operationalizes its mission and values through its policies, outcome expectations, and how its funding is disbursed (not just how much, but under what conditions). So DBH must resolve this conundrum as it seeks to develop higher quality and higher performing employment interventions.
5. There is broad consumer and family advocacy in Alaska and elsewhere for greater use of evidence-based practices and for a Recovery-oriented system of care in **Mental and Behavioral Health** systems. No such consistently strong constituency or advocacy exists for creating a greater emphasis on employment. There does exist a more general support for providing employment without exclusions based on symptomatology or diagnosis, but not for a much stronger focus on ensuring employment is offered and greatly expanded to all consumers who are confronting long-term unemployment. Numerous epidemiological studies have been published citing the correlation between long-term unemployment and deleterious physical and mental health (even for those without pre-existing mental health conditions). See Appendix H for a listing of these. So DBH must seek allies from the consumer and family advocacy grassroots community in demonstrating the clinical imperative to including an enhanced employment emphasis within DBH.
6. DBH encompasses services to consumers with psychiatric conditions, with substance abuse problems, and with these disorders co-occurring. There is a substantial evidence base for Supported Employment for people with serious psychiatric illness (with the most common model of this type being the Dartmouth Individual Placement and Support (IPS) approach). While no equally strong data supports a similar service for those with substance abuse issues, there have been studies showing that a similar type of support for employment would produce successful results with that population. However, there are differing professional service clinical models, provider bases, and traditions for those with substance abuse problems than for those in mental health, so DBH should confront these disparities as it moves employment more to the forefront throughout the entire agency. Interestingly enough, while there is not a comparable strict evidence base for Supported Employment using randomized control designs within the substance abuse literature, employment is much more ingrained as a natural part of the treatment and Recovery process in substance abuse services than has historically been the case in mental health.
7. DBH uses its own reporting systems in AK AIMS and the CSR. The CSR does a good job structurally in breaking out different elements of employment (FT, PT, unemployed, homemaker, subsistence, in training) and productive non-employment activity. Nonetheless, it appears that in reporting this to SAMHSA for its National Outcome Measures all these different components are aggregated, thus confounding any accurate

analysis of current employment outcomes or improvements over time. In addition, as noted above under data and accountability, maintaining data on employment outcomes in a more precise form than FT or PT is an important element of managing outcomes.

8. As discussed elsewhere in this report, training and technical assistance (TTA) to the agencies and providers is an essential but complementary component of a wider system change strategy. The state DBH lacks significant in-state resources to assist it in these TTA endeavors. There is a certain amount of overlap in existing employment-oriented training through the University of Alaska UCEDD and to a lesser extent the University of Washington TACE, but very little TA is available to DBH, especially in system policy and funding and clinical reorientation. Some resources need to be developed that can attend to system policy and funding redesign needs at the central DBH level and clinical and employment system management with providers.

Alaska Department of Health and Social Services (DHSS), Senior and Disability Services (SDS)

1. SDS and its providers lack clarity on the definition of employment and employment success. There are on-going discussions about the relative merits of group vs. individual employment, what sort of work environment constitutes an “integrated” one, and where sub-minimum wage fits into the outcomes SDS seeks. ICI has a point of view on these which is articulated under our more general recommendations elsewhere in the report.
2. The issue of benefit retention (financial and medical) transcends any one disability group and is a major barrier to career progression in all disability areas. But the issue is felt more strongly in IDD systems because for most staff, consumers, families, and advocates there is a presumption that the worker with IDD must never move beyond the financial support offered through SSA (usually but not always SSI) funding.
3. The SDS is already involved in the Alaska Integrated Employment Initiative (AIEI) through federal funding from the Administration on Developmental Disabilities to further the ability of the state to provide exemplary transition services to youth with IDD. Through this project Alaska receives regular consultation and training from ICI as well as the on-going collaboration that has been in existence for many years from the Governor’s Council and the University of Alaska UCEDD. Therefore, many of the recommendations and analyses contained in this report should be familiar to those in the state involved with the AIEI. ICI would hope that this earlier work will make it easier for SDS to move ahead more quickly in employment outcomes than other systems which heretofore have not been as focused on it.
4. The SDS, unlike DBH, has greater flexibility in use of its Medicaid funding due to the presence of the 1915[c], Home and Community Based Services waiver, which explicitly allows the provision of Supported Employment services under this rubric. It also gives SDS the ability to fund Day Habilitation services using this fiscal resource. There is an administrative concern within SDS and DHSS management about the expansion of Day Habilitation compared to assisting people through Supported Employment. While there are some incentives within this funding formula to prioritize employment over day

habilitation most providers find it more financially feasible and administratively easier to devote the majority of their staff and service hours to Day Habilitation rather than Supported Employment.

5. Because of this SDS reliance on Medicaid funding, SDS, by federal law and regulation, considers prior or comparable financial resources available before using Medicaid monies. In the case of employment, Alaska DVR is an obvious source of these up-front funds. However, many providers and clients consider DVR too cumbersome because of its need to create processes based on its interpretation of its own legal and regulatory controlling authorities. Furthermore, because of the aforementioned preference of many providers to use the 1915[c] waiver rather than DVR initial funding, there has been a certain movement to seek a DVR statement that the client will not be served by them, thus, in the provider's eyes, freeing them up to bypass DVR and use the waiver mechanism. As a corollary, DVR tries to support this process in many cases because it feels that it lacks the amount of resources available to SDS through Medicaid. Also because it hopes to avoid clogging its own system with referrals from many clients whom it feels may be either ambivalent at best about working or may not seek an employment outcome at a level DVR can justify through its rules as a successful outcome. While to some extent this sort of procedure may be seen by many providers and clients as maximizing efficiency it does cause a problem in terms of large SDS increases in spending, and also may deprive the client of a vocational rehabilitation intervention either in career counseling/Discovery or further possible training, including post-secondary options.
6. There is a strong history of research and program development within the Supported Employment literature over 30+ years demonstrating its utility for improving employment for people with IDD. However, unlike with Supported Employment/IPS within the mental health field, there has not been the same attention to supporting this best practice consensus within the IDD field through the implementation of stricter research protocols using randomized control designs or their analog, considered the "gold standard" in health research. There are a multitude of political, ethical, and logistical factors as to why this is so, but with the increasing attention to such evidence many funders (public and private) and state legislators pay, this dearth of "hard" evidence may inhibit the sort of program expansion needed to improve outcomes significantly.
7. As mentioned elsewhere, training and technical assistance (TTA) to the agencies and providers is an essential but complementary component of a wider system change strategy. Unlike with the state DBH, SDS has access to significant in-state resources to assist it in these TTA endeavors through the University of Alaska UCEDD and the TTA ICI offers through the AIEI grant.

Other Alaska Agency, Group, or Disability Specific Issues:



1. Alaska Department of Labor and Workforce Development (DOLWD) including the Division of Vocational Rehabilitation (DVR), the Alaska Workforce Investment Board (AWIB), and the Employment Security Division including its federally funded Disability Employment Initiative (DEI) grant all have employment as a priority. The AMHTA focus on policy development to enhance employment outcomes for citizens with disabilities is somewhat redundant for each of these entities. However, the challenge for each of these, including those already focused on disability issues (DVR, DEI), is how they can coordinate, collaborate, and partner effectively with these other agencies such as DBH and SDS, which may not have employment as their sole responsibility. It is only through such efforts that the concepts of “no wrong door” and the recently enacted Employment First legislation are translated into concrete beneficial employment and career outcomes for Alaskan citizens with disabilities. The challenges for these more traditionally employment-oriented agencies and services is to reconcile their own mandates for success and appropriate use of their own funding streams with the corresponding need to provide employment opportunities for those consumers historically labeled as “not appropriate” or “not motivated” or “not ready” for entry into the labor market. Conversely, agencies such as DBH and SDS must be able to understand the dynamics of what it takes for successful employer relations and meeting the needs of the labor market as well as of the potential workers (using both demand-side and supply-side strategies).
2. There are special challenges inherent in meeting the needs of specific sub-populations of those citizens which the AMHTA project seeks to address as befits its own responsibilities to improve employment outcomes for its beneficiaries. These specialized groups include people such as those with early onset Alzheimer's disease, Traumatic Brain Injury (TBI), and ex-offenders. Unlike with employment interventions in the mental health and IDD arenas, much less is known around evidence-based or best practices in employment for these groups. Especially in the fields of TBI and ex-offender employment services, there are many examples of discrete programs nationally seeking to meet the needs of these groups. However, there has not been any general consensus as to the accepted types of interventions that should be used. With early onset Alzheimer's disease there is very little literature at all, never mind evidence, regarding employment services that may benefit them.
3. The one element that may differentiate an employment design for any of the abovementioned groups, as well as for DBH clientele whose primary issue relates to substance abuse and for transition-age youth, is the potential utility of pre-employment experiences such as work experience, transitional employment, and volunteering. These should be seen as interim steps, not employment outcomes. Nevertheless because of the personal characteristics, unique disability factors, and types of social/community challenges and barriers these groups encounter, such short-term, immediate access options appear to be much more useful and perhaps successful for them than for what might be recommended for adults with psychiatric or IDD disabilities.

Alaska has a large contingent of Tribal VR programs (11 out of the 85 national Tribal VR programs) that provide a similar constellation of services as does the state DVR. However, most



of them cover very large service areas in very remote parts of the state. While both DVR and the Tribal programs are allowed to identify subsistence as a legitimate employment outcome by their federal funding source, DVR uses that outcome designation sparingly (approximately one subsistence outcome a year achieved), while the Tribal programs by self-report use it for 35-50% of their clients. There is also a greater tradition of using village elders as mentors and coaches within Tribal VR, whereas state VR generally uses professional staff as employees or providers. Furthermore, because of the economic climate of locations Tribal VR serves, there is more emphasis on micro-enterprise development. Finally, many of the Tribal programs visited echo a similar theme as those across the country, i.e., an increasing need to develop culturally appropriate employment and career interventions for transition-age youth and young adults with disabilities.

Ideas for Potential Use of Alaska Mental Health Trust Authority (AMHTA) Seed Money

ICI was asked to offer guidance to the Alaska Mental Health Trust Authority and its beneficiary stakeholders on the most effective utilization of the additional resources contemplated as a section of the overall report. Many of these ideas would affect the system as a whole; others might be most relevant to specific agencies. With this latter situation, the specific agencies potentially affected are noted.

Also, ICI recognizes that while we have had the opportunity to talk to a wide array of people over four months and also have been able to rely somewhat on John Butterworth's and Joe Marrone's experience with different Alaska projects over the years, we cannot duplicate the wealth of knowledge and life experience by all the residents involved. Therefore, we are submitting a potpourri of recommendations, understanding that not all of them may be feasible concurrently or fit AMHTA's or any other entity's institutional priorities at this time.

The specific changes needed using the frame of the High Performing States Model are included under those sections of this report. The ideas and suggestions in this section are meant to encompass more wide-ranging elements that AMHTA might use seed money to support. As such, unlike the concrete recommendations under the rubric of the High Performing States Model elements, these below are meant to create further discussions within AMHTA's existing work group and are expected to be a stimulus to additional group creativity and brainstorming.

Furthermore, in offering these ideas ICI tried to recognize a few salient issues that inform our recommendations. These include:

1. While the funds available are significant, they in no way can support a major service expansion across multiple public entities.
2. The funding available is not meant for on-going operational expenses for any activity planned.
3. Alaska has had multiple system change and planning grants (Medicaid Infrastructure Grant (MIG), Supported Employment innovations, Start-Up/Alaska, and the current Disability Employment Initiative (DEI) and Alaska Integrated Employment Initiative (AIEI)) over the last decade, so any AMHTA funding should, to the extent possible, build on innovative ideas that have emanated from these projects.
4. While planning, task forces, and policy recommendation groups are needed, the resources available should do more than just fund another planning or group effort.
5. Some of the following suggestions involve pilot programs. Any such efforts should meet certain criteria described within those suggestions, demonstrate the potential for sustainability, and build on existing resources where possible.

6. ICI assumes that any of these or related projects ultimately funded would be subject to a clear description of project goals with a built-in internal or external evaluation component. This evaluation of such activities most probably would involve elements of formative, summative, and developmental approaches in the evaluative designs.

A] System/Policy Implementation Suggestions for Use of Funds

- a) There have already been some episodic steps taken to examine the feasibility of implementing a 1915[i] Medicaid State Plan within just DBH or perhaps across both DBH and SDS. ICI would recommend that AMHTA commit some funds to securing a technical assistance consultation regarding whether the Alaska Human Service system should pursue this option. We would recommend first using the resources of other states that may have developed a 1915[i] already (perhaps Delaware), or on a more technical level consider using the services of an experienced group such as Mercer Government Human Services Consulting. Mercer is well thought of nationally in terms of consultation to state Medicaid authorities on financing models, is quite established, and even has an Anchorage office; however, its rates are likely to be fairly high. There is a need for the state to develop an employment data collection methodology for employment with clear definitions that would cross existing state data systems. AMHTA funding could be used to seed an effort to create such a broad employment-focused MMIS structure. It is unlikely that in the short term it is possible for the state to create a fully integrated cross-agency system. Should it wish to explore it as a model for a more comprehensive system (which was developed using MIG funds over a period of years in New York State) we would encourage them to examine the New York Employment Services System (NYESS) (www.nyess.ny.gov). Numerous examples of agency-specific models are available, including Massachusetts, Maryland, Oregon, Washington, Wisconsin, and New Hampshire. Washington, Oregon, and Maryland (pending) all include a public reporting tool that allows stakeholders and job seekers to see outcomes at the provider, regional, and state level. These agency-specific examples primarily emphasize IDD but could be adapted to other needs. ICI developed and supports data collection tools for Massachusetts and Maryland, and developed and hosts the data display web tool for Washington.
- b) The state has developed an excellent system of using the Employment Security Division as a Social Security Administration Ticket to Work (TTW) vendor. Some states have begun a more broad-based approach by using the statewide Human Service System as the Employment Network (EN) for the state as a whole. Examples of this include the aforementioned NY State system (that used MIG resources to develop this) and other states (Maryland and Washington as two) that have used ICI technical assistance to accomplish this result. Maryland Mental Hygiene Administration has been using it (with mixed success--but due to clinical, not administrative issues) for several years, while the

Washington State Division of Behavioral Health and Recovery has just been approved as an EN and will begin its implementation with ICI help over the next six months.

- c) We would recommend that AMHTA constitute a time-limited (< 6 months) policy work group with designated state agency administrative personnel (involving both those with line authority as well as in staff roles), and local system advocates (Governor's Council, Mental Health Board, University of Alaska Anchorage Center for Human Development (CHD)), to identify employment policy barriers across systems and charged with a plan to suggest alternatives ways to eliminate them. This effort would in some ways duplicate the ICI's work, with the important distinction that it would involve a dedicated working group with intimate knowledge of the system and with a specific focus on eliminating policy barriers to employment success across systems.
- d) AMHTA should develop, in conjunction with its on-going work group, a consistent definition across systems of core competencies in employment with disability-specific add-ons for issues unique or at least most relevant to specific disability groups or agency functions. A multitude of such competency descriptions already exists (see Appendix I) from various sources – Association of Community Rehabilitation Educators (ACRE), Association of People Supporting Employment First (APSE), and ICI itself. However ICI is not aware that any of these have been formally adopted within the state or whether a specific Human Resource Development plan has been or is planned to be initiated.
- e) Related to d) above, AMHTA could develop a training consortium available to provide distance employment and related training using existing resources available through the University of Alaska Anchorage CHD and the University of Washington Center for Continuing Education in Rehabilitation (CCER) using an agreed-upon curriculum.
- f) AMHTA could develop a formal family and consumer grassroots advocacy for employment within the behavioral health system of care modeled on the statewide effort in New York State (<http://www.nyaprs.org/community-economic-development/toolkit/>) begun under the aegis of the New York State Association for Psychiatric Rehabilitation Services (NYAPRS). New York has an extremely powerful and influential psychiatric consumer advocacy community which does not appear to exist as fully in Alaska so initial steps may require further development of an analog within the state to the robust effort going on in New York State currently.
- g) AMHTA could fund a technical assistance effort targeted to community providers for both Behavioral Health and SDS to help them develop an accurate costing model for their employment services that would be approved by the Behavioral Health and SDS funding authorities.
- h) Under the recommendations contained in the Leadership section of this report, ICI noted that one strategy that some state agency leaders in the IDD arena have found useful is becoming part of the State Employment Leadership Network (SELN), a membership group of state IDD agencies (currently with 30 members) facilitated jointly by the National Association of State Directors of Developmental Disabilities Services

(NASDDDS) and ICI. This is a membership group with an associated membership fee. Should the SDS consider this a worthwhile exercise in which to engage, AMHTA could consider funding an initial year's membership for SDS, with the stipulation that should SDS wish to continue, the membership fee would come directly from them in future years.

- i) Under the recommendations contained in the Data section of this report, ICI noted that SDS, DBH, and VR should be obtaining from DOLWD and elsewhere constantly evolving data identifiable to specific areas of the state regarding economic development activities, wage rates, job openings, and career pathways. All of these categories can be conceptualized as the need for more accurate and timely labor market information for both agency strategic planning and individual client service planning. AMHTA may wish to consider funding an Alaska-specific project using the emerging technology related to real-time labor market information (LMI). If so, ICI could refer it to some potential resources for piloting this in an Alaskan environment (see Appendix J). This could involve an innovative partnership among DBH, SDS, and DOLWD as it would impact all three systems' clients.
- j) AMHTA could create an "Emerging Leaders in Employment Service and Policy Development" academy. This would be hosted by a source external to state agencies (perhaps AMHTA or CHD) to develop a year-long policy academy composed of selected mid-level agency and community rehabilitation provider leaders in the field who would engage in a year-long process to hear from top public agency and community rehabilitation provider administrators, experts in the field, consumer and advocacy group representatives, and academics. They would spend the year (semi-monthly meetings with some breaks) to discuss policy options and to work on group projects writing policy briefs on selected employment related topics for public agency administrators to review and comment on.
- k) AMHTA could fund a short-term working group on leveraging the recent Employment First legislation to develop a policy paper to make Alaska as a state a "Model Employer."
- l) AMHTA could fund a short-term working group on developing policy options that would enhance the ability of agencies and providers to link employment and housing funding and services together.
- m) AMHTA could fund a Technical Assistance (TA) Consortium (either directly or through a subcontract with the Governor's Council or CHD) to provide results-oriented short-term technical assistance to community providers for SDS, DBH, or DVR or the Tribal VR and Workforce programs. This activity would coordinate short-term (three-month project or less) technical assistance from internal or external resources on specific topics upon request. These TA resources might be local or national subject matter experts that would be paid through AMHTA funding on a per diem negotiated basis upon review and acceptance of the TA plan from the provider and the consortium administration. The TA could be offered upon a specific request that would fit broadly into areas of employment and disability that other funded resources could not address efficiently either due to lack

of funding or lack of expertise. Special consideration could be given to programs and agencies for which individual TA might historically not be feasible such as smaller providers or the Tribal VR entities. ICI understands that several of these areas have been opened up somewhat to service innovations through the AMHTA grant distributions. Our intent here is to recommend something related but distinct. Rather than program development per se, we suggest creating the capacity in Alaska for a centralized resource pool of subject matter experts that could be accessed “on demand” for intensive, short-term TA. Some suggested topics that could qualify might include:

1. Small business or micro-enterprise development in rural or frontier areas
2. Employer marketing strategies
3. Disability-specific employment service design
4. Program modifications to focus on community employment
5. Use of natural and community supports in employment
6. Development of employer-driven short-term training for AMHTA beneficiaries
7. Integration of specific clinical interventions such as Motivational Interviewing into program operations
8. Development of culturally specific employment intervention models

B) Service Delivery Implementation Suggestions for Use of Funds

- a) AMHTA should fund 4-5 pilot disability and employment demonstration projects (approximately \$150,000 each) for one year to be renewed for a maximum of one more year before sustainability is achieved. In addition, recipients of these pilot funds should be expected to provide information to AMHTA about how these innovations can be expanded to other parts of the state or other groups. These pilots should be offered to the community in an RFP process with specific programmatic requirements other than budget. ICI would suggest at a minimum any acceptable proposal should include an emphasis on:
 1. Rapid engagement into employment.
 2. Financial education (more than work incentives or just benefits counseling).
 3. Using a team approach among multiple staff or agencies assisting through partnerships.
 4. Focus on employer outreach and marketing.

5. Creation of a two-year sustainability plan.
6. Focus on innovation in design and/ or target group. Examples could be:
 - Serving people with early onset Alzheimer’s disease
 - Serving Ex-offenders
 - Serving Alaska Native community members in rural or remote areas
 - Serving transition-age youth with behavioral health problems
 - Developing business–provider partnerships to serve AMHTA beneficiaries
 - Developing models of peer support in, or directly consumer-operated, employment services
 - Developing models of employment services linking housing and employment interventions
 - Developing models of employment services linking integrated health care and employment interventions
- b) AMHTA could work with the state of Alaska to develop paid state government internships for youth or young adults with disabilities, somewhat similar to the nationally acclaimed Project Search Model as a natural segue to the recent enactment of the Employment First legislation.
- c) AMHTA could work with the state of Alaska to develop specific policies regarding special exemption state job options for adults with significant disabilities as a natural outgrowth of the recent Employment First legislation.
- d) AMHTA could recruit, fund, and train a cadre of business mentors who would meet with designated AMHTA beneficiaries for a specified period of time, providing information and some early career mentoring in vocational areas the beneficiary wishes to explore more. These are not meant to be job or informational interviews, but rather serve as career advice and inspiration and hope building for youth or adults lacking enough concrete career information in a job area for which they have expressed interest.
- e) While services to the Native Alaskan communities could be piloted in the suggestion contained in B]a] above, ICI would recommend that AMHTA develop a specific pilot with a Tribal 121 VR program that would focus on developing a culturally specific curriculum for transition services for Alaskan Native youth in rural or village areas due to the unique needs of this underserved population.

- f) Create funding for a year-long project with a set (5-7) of a combination of DBH and SDS providers selected by application that would create a learning community composed of Executive Director or Director of Operations level personnel. The focus of this effort would be using the High Performing States Model and employing that framework to implement local provider redesign of their respective entities.
- g) While ICI knows that AMHTA has some mini grants it distributes for individual needs, it would be good for AMHTA to work with SDS and DBH to create pools of client “flex funds” (probably limited to no more than \$500 or less for any specific situation) that could be used to meet small beneficiary needs such as transportation, clothing, food, other incidentals. This would be handled at the case manager direct service level with a cap that if exceeded might trigger the need for supervisory approval. Many systems have this capacity (DVR does but not sure how much Alaska DVR might use this option). This would give greater flexibility and speed of access to meet immediate, relatively small, one-time needs that beneficiaries may have.
- h) AMHTA funding can and should be used to leverage existing initiatives that seek to promote employment of ex-offenders and reduce recidivism within the criminal justice system in Alaska. There have been various reentry grants that already have been funded within the system (e.g., Partners for Progress as well as others). For people involved with the criminal justice system these are natural corollaries and partners for AMHTA to pursue beneficiary employment initiatives, the development of meaningful daytime soft skill, and pre-vocational training.