

**RFF-2021-004 REQUEST FOR FUNDING ANNOUNCEMENT  
FOR  
*Individual Placement And Support***

This is a Request for Funding (RFF) announcement issued by the Family and Social Services Administration, Division of Mental Health and Addiction, Adult Services, in collaboration with the Division of Disability and Rehabilitative Services/Vocational Rehabilitation, for participation as an Individual Placement and Support (IPS) early adopter Community Mental Health Center (CMHC).

This RFF is intended to publicize the availability of contractual opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any contracts as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted hereto are to be construed as a legal offer.

**CONFIDENTIAL INFORMATION**

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and after the contract award these materials may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

**COMPENSATION**

FSSA/*Division of Mental Health and Addiction, Adult Services* encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a contract(s) will be awarded based on responses to the RFF.

**TERMS**

This agreement shall be for a period of 17 months with anticipated start date of **October 1, 2021** and terminating on **February 28, 2023**, and may be renewed through reapplication and new proposal, based upon available funding.

## WHERE TO SUBMIT PROPOSALS

Respondents interested in providing these services to FSSA/Division of Mental Health and Addiction should submit an electronic proposal to:

**Kelsi Linville**

Family and Social Services Administration  
*Division of Mental Health and Addiction Adult Services*

Email Address: [kelsi.linville@fssa.in.gov](mailto:kelsi.linville@fssa.in.gov)

The submission must include:

1. Cover Letter
2. Written Proposal
3. Completion of the *IPS Application Checklist* (Attachment A)
4. Completion of the *Budget Summary* (Attachment B)
5. Completion of the *Respondent Information* (Attachment C)
6. Agency organizational chart showing the location of employment services within the agency and listing each staff who will be involved with IPS.
7. Required letters of support, or written assurance, as applicable.

Proposals must be received no later than 4:30 p.m. Eastern Time on **June 14, 2021**. Proposals received after 4:30 p.m. will not be considered. Proposals must be delivered in electronic format with all appropriate forms and in the subject heading of the electronic mail should state:

### **RESPONSE TO REQUEST FOR FUNDING** ***RFF 2021-004 Individual Placement and Support***

No more than one proposal per respondent should be submitted. In the cover letter, please indicate the principal contact for the proposal along with a telephone number and email. **All proposals must have an electronic mailing address included.**

A webinar providing an overview of the RFF and requirements will be held May 13, 2021 at 10:00 AM Eastern Time. **Participants must register in advance for this meeting:**

<https://zoom.us/meeting/register/tJYsdeyoqTkrHtzGvsrgOM7pYUoRtXSTqUXB>

After registering, you will receive a confirmation email containing information about joining the meeting.

Any questions regarding this RFF must be submitted in electronic format to [kelsi.linville@fssa.in.gov](mailto:kelsi.linville@fssa.in.gov) no later than **4:30 p.m. Eastern Standard Time on May 21, 2021**. **Questions received after 4:30 p.m. may not be considered.** Please keep questions brief and of high priority. Please utilize the following subject heading for emails regarding questions:

***Questions: RFF 2021-004 Individual Placement and Support***

Responses to all questions will be posted at <https://www.in.gov/fssa/dmha/funding-information/>.

All inquiries are to be directed to **Kelsi Linville** and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a contract as a result of this RFF.

## **SCOPE OF WORK**

Funds have been secured through the Mental Health Block Grant for the Family and Social Services Administration, through the Division of Mental Health and Addiction (DMHA) to facilitate the employment of individuals with mental health conditions through the implementation of Individual Placement and Support (IPS). It is anticipated there will be \$350,000 available for equitable distribution to up to four Community Mental Health Centers (CMHCs) who are interested in becoming 'Early Adopters' of IPS.

DMHA and Vocational Rehabilitation (VR) have been working jointly since 2019 to improve competitive integrated employment for individuals with mental health diagnoses. Employment leads to better health, and unemployment leads to poor health and social disconnection. Research shows that people with mental health diagnoses lose 10 to 25 years of life from modifiable health conditions.

### **Employment Is A Health Intervention**

The fastest and most efficient way to help people with serious mental illness get and keep jobs is by using the Evidence Based Practice of IPS Supported Employment. Twenty-eight randomized controlled trials showed a significant advantage for IPS, with a mean of 56% achieving competitive employment vs 23% for those in the cohort without IPS. Medicaid expenditures are reduced by 20-40% for those that work, per various studies.

Characteristics of IPS Supported Employment:

- It is an evidence-based practice
- Practitioners focus on each person's strengths
- Work promotes recovery and wellness
- Practitioners work in collaboration with state vocational rehabilitation counselors
- IPS uses a multidisciplinary team approach
- Services are individualized and last as long as the person needs and wants them
- The IPS approach changes the way mental health services are delivered
- Incorporates 8 Principles (outlined below)

To implement this practice, DMHA and VR are working collaboratively with and across agencies and departments to create policies and funding methods to support it. **CMHCs who are interested in becoming early adopters of IPS are eligible to respond to this RFF.**

Indiana has successfully applied for and is eligible to receive training and technical assistance from national subject matter experts through the U.S. Department of Labor to plan for and implement IPS in Indiana. The early adopters of IPS, through this RFF, will assist the state in determining the long-term braiding and sequencing of various sources of funding to support persons with mental health diagnoses to obtain and maintain competitive, integrated employment. In addition to block grant funds and a specialized VR rate (detailed below), the early adopters will receive technical assistance

and training with the support of the federally funded subject matter experts assigned to Indiana. The technical assistance and training will involve CMHC leadership, clinical and employment personnel, and persons with lived experience to work together to implement the eight principles of IPS, leading to systemic change in how mental health services are provided. The principles are:

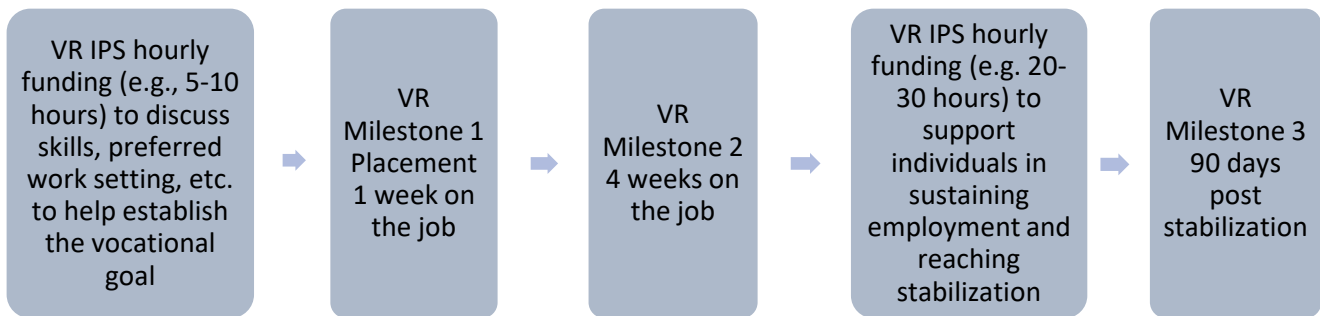
1. **Focus on Competitive Employment:** Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
2. **Eligibility Based on Client Choice:** People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
3. **Integration of Rehabilitation and Mental Health Services:** IPS programs are closely integrated with mental health treatment teams.
4. **Attention to Worker Preferences:** Services are based on each person's preferences and choices, rather than providers' judgments.
5. **Personalized Benefits Counseling:** Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
6. **Rapid Job Search:** IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.
7. **Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
8. **Time-Unlimited and Individualized Support:** Job supports are individualized and continue for as long as each worker wants and needs the support.

While the federally funded subject matter experts work with Indiana to develop the state infrastructure to implement and expand evidence-based employment services for people with mental health conditions, the early adopters will be doing the same within their community mental health centers, working closely with DMHA and VR in creating a feedback loop. Technical assistance and training will be individualized for each CMHC based upon an IPS Readiness Checklist completed with IPS early adopter CMHCs.

For awardees under this RFF (IPS early adopter CMHCs), VR will fund employment services with a combination of milestone payments and hourly IPS service funding. Milestone rates are outlined in the [VR Employment Services Manual](#). Hourly VR IPS funding will be paid at the same rate as Medicaid Rehabilitation Option (MRO) skills training. While early adopter CMHCs will provide feedback to define this unique VR IPS hourly service more specifically, it is expected that this service will be used to support VR eligible individuals with mental health conditions in developing a career profile and obtaining supported employment services (for those with the most significant disabilities) or short-term on-the-job supports. Additionally, VR IPS hourly services may be utilized to support extended services for youth with the most significant disabilities. The VR IPS hourly service may be used to support employment related activities for individuals not eligible for MRO funding. For individuals

who are eligible for MRO or other funding sources, VR IPS hourly service funding may support employment services that are not billable under those other funding options.

Basic VR funding structure for IPS early adopter CMHCs:



Each CMHC will engage in the following technical assistance and training (provided by federally funded subject matter experts) during the first 6 to 8 months

- 1.) Two-day training/Technical Assistance (within 30 days)
  - a. Day 1: Half day kick-off, meeting with leadership, IPS for mental health teams, joining a vocational unit meeting
  - b. Day 2: One-day job development training
- 2.) Two-day training/TA (Virtual) (within 30-60 days)
  - a. Day 1: Engaging people in the employment process, developing the career profile, disclosure and job supports.
  - b. Day 2: Fidelity Overview
- 3.) One-day training/TA (Virtual) (within 30-60 days)
  - a. Day 1: IPS Supervisor's training and documentation for IPS.
- 4.) Two-day baseline fidelity review (6-8 months after site kickoff)

IPS is an evidence-based practice and must be implemented with fidelity. Each early adopter CMHC will have a baseline fidelity review (within 6-8 months from site kickoff). Information from this fidelity review will inform further training and technical assistance needs of the CMHC. Annual fidelity reviews will occur during the term of the project.

The IPS Supported Employment Fidelity Scale defines the critical elements of IPS to differentiate between programs that have fully implemented the model and those that have not. The scale includes a description of 25 items that can be rated on a scale of 1 to 5. The Supported Employment Fidelity Scale has been validated, meaning that programs with higher fidelity scores have been shown to achieve higher employment outcomes for IPS clients. The IPS Supported Employment Fidelity Scale is a guide for program leaders and practitioners to improve their programs so that more people work. More information about fidelity will be provided to CMHCs who are awarded contracts from this RFF.

Indiana has a long-term goal of increasing the number of CMHCs that provide IPS to individuals that are served. In the short-term, early adopter CMHCs will be provided enhanced funding to support IPS

within their organizations. These early adopter CMHCs will be expected to provide feedback to the State on the local implementation, which will inform systemic alignment of policy and braiding and sequencing of funding to support a widespread IPS implementation long-term.

Please see <https://ipsworks.org> for more information on IPS. Additionally, please see Indiana’s draft strategic plan goals (Attachment E) supporting IPS implementation and sustainability.

**Awardees under this RFF will be expected to have employment staff in place at project kickoff, estimated to be October 1, 2021.**

**TIME FRAME\***

May 7, 2021	RFF sent to potential applicants
May 13, 2021	Webinar outlining RFF expectations
May 21, 2021	RFF questions due
May 28, 2021	State written response to questions will be posted
June 14, 2021	RFF proposals due
July 9, 2021	Award letters sent
October 1, 2021	Contract effective date

\*Timelines are estimates and subject to change.

**CONTRACT**

Selected applicants will receive a seventeen (17) month contract (October 1, 2021 to February 28, 2023) with an annual renewal option through reapplication and new proposal, for up to two additional years.

**FUNDING**

It is anticipated there will be \$350,000 available for equitable distribution to up to four Community Mental Health Centers who are committed to becoming ‘Early Adopters’ of IPS. Individual award amounts will not exceed \$100,000.

Potential respondents shall develop a budget appropriate to their organization’s capabilities to begin implementation of IPS, not to exceed \$100,000. Submitted budget amount is subject to review by the *Division of Mental Health and Addiction* and can be modified for those respondents selected to receive an award.

Additionally, a designated VR IPS hourly fee-for-service as described above, will be utilized exclusively by IPS early adopter CMHCs awarded through this RFF, along with traditional VR milestone funding, to support clients in obtaining IPS during the term of this agreement. VR dollars may be braided with MRO dollars or other resources to support eligible individuals with mental health conditions who receive IPS services through the early adopter CMHCs.

## TARGET POPULATION

Individuals with mental health diagnoses who are served by a Community Mental Health Center and **who are eligible for Indiana Vocational Rehabilitation services.**

## RFF APPLICANT ELIGIBILITY

1. Community mental health centers (CMHCs), licensed by DMHA, and
2. CMHC is an approved VR services provider for the provision of employment services OR provide written assurance that CMHC will register to become a VR provider of employment services within 45 days after notice of award.

## ALLOWABLE COSTS

Please note the intention of awarding block grant funds through this RFF is to provide seed money that will offset implementation costs incurred in the adoption of a new evidence-based practice. One of the goals of Early Adopter CMHC sites is to allow the State to refine the braiding and sequencing of funds to support IPS, so funds awarded through this RFF will provide financial support during this refining process.

1. Staff costs (portion of salary and fringe not otherwise supported through available reimbursement streams)
2. Equipment for Program (Nonexpendable personal property that has an acquisition cost of \$50.00 or more)
3. Indirect costs should not exceed 5% of the total cost of the allotted contract amount. Indirect costs are those which are necessary for the operation of the organization but are not incurred specifically for any one project or program. Familiarity with the types of costs included in the indirect cost pool provides a basis for assuring that these costs are not being charged as direct costs. Common examples of indirect costs are:
  - a. General management – president, vice president, executive director, etc.
  - b. General organizational expenses – insurance, taxes, legal services, telephone expenses, etc.
  - c. Administrative services – personnel, administration, accounting, procurement, grant/contract administration, business office, etc.
  - d. Operation and maintenance of facilities – utilities, janitorial services, repairs, etc.
  - e. Depreciation or use allowances on the buildings and equipment
  - f. Fringe benefits applicable to administrative staff and fringe benefits applicable to project staff

## SELECTION PROCESS AND CRITERIA

Organizations must submit a written proposal that addresses the following four items to be considered for this opportunity:

1. Have demonstrated capacity to maintain competent and well-trained staff to carry out program tasks. Staff are onboarded by project kickoff, estimated to occur October 2021.

2. Have demonstrated culturally competent range of services. The proposal must include a clear description of how the applicant will provide services to eligible participants who identify as members of groups that are traditionally underserved or high risk. The proposal must identify the social consequences and impact that health disparities have on the target community. This includes health disparities occurring across dimensions including but not limited to race, religion, ethnicity, nationality, gender, age, disability, sexual orientation, and socioeconomic status. The purpose of this section is to demonstrate an understanding of the need to address health disparities during services, the ways health disparities negatively impact quality of life for populations at risk, and the impact health disparities have on the community.
3. Have demonstrated capacity for collecting program data and submitting it in a monthly format. (See Attachment D for sample reporting format)
4. In addition to submission of a written proposal addressing all eligibility criteria, and items 1-3 above, the following documents must also be completed and submitted with the RFF response:
  - a. Completion of the *IPS Application Checklist* (Attachment A)
  - b. Completion of the *Budget Summary* (Attachment B)
  - c. Completion of the *Respondent Information* (Attachment C)

Proposals will be reviewed and scored by a committee selected by the *Division of Mental Health and Addiction*. The scores of each applicant will be averaged into a final score. Final selection of the awards, however, will be made by the Division Director or designee. The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated based on the categories listed below. A point score will be established for each response in each category.
2. Based on the results of the evaluation, the proposal(s) determined to be most advantageous to the target population, considering all of the evaluation factors, may be selected by the State for further action.

Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the program in a cost-effective manner. Specific categories and criteria are:

1. **Eligibility (Pass/Fail)**
  - a. All eligibility criteria as outlined in “Eligible RFF Applicants” above must be met; applicants not meeting all criteria will not be considered for award
2. **Completed written proposal (20 points)**
  - a. Demonstrated capacity to train and maintain staff
  - b. Demonstrated culturally competent services
  - c. Demonstrated capacity for program data collection
3. **IPS Application Checklist (48 points)**



4. **Letters of Support** (12 points)

- a. Include letter of support from CMHC agency leadership demonstrating commitment to become an early adopter of IPS
- b. For current VR providers: Include letter(s) of support from local VR office(s) **-OR-**
- c. If not a current VR provider: include written assurance that the CMHC will register to become a VR provider within 45 days of notice of award

5. **Budget and Cost Effectiveness** (20 points)

- a. Budget is adequate to support the project
- b. Costs are reasonable in relation to the objectives of the project
- c. Budget support actions needed for initial implementation of IPS.

**ATTACHMENT A  
IPS APPLICATION CHECKLIST**

*Responses will be reviewed as part of the RFF evaluation process. Additionally, responses will assist DMHA in identifying technical assistance and training needs to support the early adopter CMHC to implement IPS. Please note, it is not expected that respondents will have adopted all areas outlined in this checklist at the time proposals are submitted. Early adopter CMHCs will work toward implementation of required components during the contract period of performance, with technical assistance provided by state and national partners. Provide all responses below or transfer to a separate document.*

- 1) **What has the agency done to promote the idea of employment as part of recovery? Why does the agency leadership want to become an early adopter of IPS?**

**Response:**

- 2) **How will the agency leadership be involved in the implementation of IPS? Response should include, but is not limited to the following:**
- a. Which members of the agency leadership will be participating in training and technical assistance offered by national subject matter experts?
  - b. How does agency leadership anticipate employment services, specifically IPS, will become embedded in agency administration/agency culture?

**Response:**

3) Identify necessary revisions, if applicable, to current CMHC policy/procedure/practices, to ensure clinical and employment staff implement IPS with fidelity, adhering to each of the 8 principles. Include applicable CMHC training needs for implementing each principle.

a. **Principle 1: Focus on Competitive, Integrated Employment:** Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions.

Response:

b. **Principle 2: Eligibility Based on Client Choice:** People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.

Response:

c. **Principle 3: Integration of Rehabilitation and Mental Health Services:** IPS programs are closely integrated with mental health treatment teams.

Response:

**d. Principle 4: Attention to Worker Preferences:** Services are based on each person’s preferences and choices, rather than providers’ judgments.

**Response:**

**e. Principle 5: Personalized Benefits Counseling:** Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.

**Response:**

**f. Principle 6: Rapid Job Search:** IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.

**Response:**

**g. Principle 7: Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.

**Response:**

**h. Principle 8: Time-Unlimited and Individualized Support:** Job supports are individualized and continue for as long as each worker wants and needs the support.

**Response:**

**4) Explain how the IPS supervisor will have access to agency administration to suggest new or revised policies/practices to support IPS implementation.**

**Response:**

**5) How does the CMHC currently support people who want to work from both a treatment and billing perspective?**

**Response:**

**6) How will you staff the IPS program (i.e., repurpose existing staff, hire new staff)?**

**Response:**

**7) As stated in this RFF, IPS is a client-centered practice.**

- a. Does your agency have a Consumer Advisory Board? If so, please describe the makeup of the board, frequency of meetings, and other relevant details.**
- b. As your agency adopts IPS, how will you elicit client input on implementation?**

**Response:**

**Attachment B**

Respondent Name: \_\_\_\_\_

**17 Month Figures (100%)**

Requested Expenses	
<b>Personnel</b>	
1) Staff Salaries	
2) Staff Fringes	
<b>Non-Personnel</b>	
3) Equipment	
4) Indirect Costs	
5) Other	
Total Project Expenses	

State will provide reimbursement for 100% of awarded amount. Budget is not to exceed \$100,000.

**Attachment C  
Respondent Information**

1) LEGAL NAME:
2) Doing Business As (if different than legal name):
3) ADDRESS:
County:
4) ELECTRONIC MAIL ADDRESS:
5) TELEPHONE:
6) DIRECTOR NAME/TITLE:
7) CONTACT PERSON:
8) TAXPAYER IDENTIFICATION NUMBER <sup>1</sup> :
9) DUNS Number:
10) Type of Facility: Private – Non-Profit ( ) Other ( )
11) ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE

<sup>1</sup> Employer I.D. number or Social Security number, as appropriate, whichever is used for Federal Income Tax purposes.



**Attachment C (cont'd)**  
**COUNTIES TO BE SERVED**

**Mark all counties where IPS will be implemented, if awarded.**

	ALL		HARRISON		PERRY
	ADAMS		HENDRICKS		PIKE
	ALLEN		HENRY		PORTER
	BARTHOLOMEW		HOWARD		POSEY
	BENTON		HUNTINGTON		PULASKI
	BLACKFORD		JACKSON		PUTNAM
	BOONE		JASPER		RANDOLPH
	BROWN		JAY		RIPLEY
	CARROLL		JEFFERSON		RUSH
	CASS		JENNINGS		SCOTT
	CLARK		JOHNSON		SHELBY
	CLAY		KNOX		SPENCER
	CLINTON		KOSCIUSKO		ST. JOSEPH
	CRAWFORD		LAGRANGE		STARKE
	DAVISS		LAKE		STEBEN
	DEARBORN		LAPORTE		SULLIVAN
	DECATUR		LAWRENCE		SWITZERLAND
	DEKALB		MADISON		TIPPECANOE
	DELAWARE		MARION		TIPTON
	DUBOIS		MARSHALL		UNION
	ELKHART		MARTIN		VANDEBURGH
	FAYETTE		MIAMI		VERMILLION
	FLOYD		MONROE		VIGO
	FOUNTAIN		MONTGOMERY		WABASH
	FRANKLIN		MORGAN		WARREN
	FULTON		NEWTON		WARRICK
	GIBSON		NOBLE		WASHINGTON
	GRANT		OHIO		WAYNE
	GREENE		ORANGE		WELLS
	HAMILTON		OWEN		WHITE
	HANCOCK		PARKE		WHITLEY

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

## ATTACHMENT D

### SAMPLE REPORTING FORMAT

#### IPS Supported Employment Sites - Quarterly Outcomes Report for the IPS Learning Community

Report Period (check one):     January – March 2020     July – September 2020      
 April – June 2020     October – December 2020   

<b>Agency Name:</b>	<b>Agency Person Reporting:</b>	<b>Date:</b>	
<b>Total Number of People on Caseload of IPS Supported Employment Staff.</b> Include total number of clients that are on the assigned caseload of the IPS supported employment staff at <u>anytime during the reporting quarter</u> . Only include those people (unduplicated) who received at least one employment service.	<input type="checkbox"/>	<b>Number of New Enrollees Admitted to the IPS Supported Employment Program During this Reporting Quarter.</b> This number is a subset of total number served on IPS supported employment caseload this quarter.	<input type="checkbox"/>
<b>Number of People (unduplicated) from IPS Supported Employment Caseload Working Integrated Competitive Employment at <u>Anytime During the Quarter</u>.</b> Integrated competitive employment is defined as a community-based job that pays at least minimum wage, is available to any person, belongs to the worker and does not have time limits determined by the rehabilitation/mental health agency.	<input type="checkbox"/>	<b>Number of <u>New Job Starts for All IPS Supported Employment Participants During the Quarter</u>.</b> Include all job starts. For example, one person starts three new jobs, which equals three job starts.	<input type="checkbox"/>
<b>Total Number of People on IPS Supported Employment Caseload Enrolled in Education Programs During this Quarter.</b> "Education" is defined as a "credit-bearing educational program"--- such as a technical school, college-- for which the person will receive documentation upon completion. Include GED prep classes.	<input type="checkbox"/>	<b>Number of People on IPS Supported Employment Caseload who <u>Enrolled in Education Programs During This Quarter</u>.</b> This number will be a subset of the total number enrolled in a credit-bearing education program this quarter.	<input type="checkbox"/>
<b>Number of People <u>Working Successfully in Integrated Competitive Employment who Transitioned off the IPS Supported Employment Caseload during this Quarter</u>.</b>	<input type="checkbox"/>	<b>Number of People <u>Not Working Who Transition Off the IPS Supported Employment Caseload during the Quarter</u>.</b>	<input type="checkbox"/>
<b>Staffing: Complete this section for the majority (over half) of the quarter.</b> <input type="checkbox"/> Number of People who are Employment Specialists with an IPS Caseload (excluding the supervisor).  <input type="checkbox"/> Total FTE Employment Specialists (excluding the supervisor) with an IPS Caseload - (FTE = full-time equivalent). Include full-time and part-time positions. For example, 2 employment specialists working 20 hrs/week = 1 FTE.  <input type="checkbox"/> Number of IPS Clients on Supervisor's Caseload (if any).			

January 8, 2020 Note: Individual Placement and Support (IPS) is the evidence-based approach to supported employment

Attachment E

DRAFT

Indiana Advancing State Policy Integration for Recovery and Employment (ASPIRE)  
Strategic Plan Goals

**DOMAIN: Enhance Financing/Contracting**

**GOAL 1:** Maximize all available funding sources to support the implementation and long-term sustainment of IPS, driven by providers' full understanding of compliance measures associated with each funder

**Objective 1A:** Develop Indiana policy and best practice document(s) detailing braided/sequenced funding involving Division of Mental Health and Addiction (DMHA), Office of Medicaid Policy and Planning (OMPP) and Vocational Rehabilitation (VR) (*Timeline: 10/1/2021*)

**1A1.** Develop a resource map to support the implementation of IPS

**1A2.** Consult with applicable Indiana partners to increase understanding of current program structures, policies and understanding of current culture and state initiatives, to gain necessary information for development of a checklist outlining actions needed to move toward IPS/IPS early adopters.

**Subject Matter Expertise Needed Goal 1 Objective 1A**

(VOICE/Selleck) Consult with Indiana team: status update and identification of next steps 3/8/21-4/30/21

(ASPIRE SME) Provide:

\* real life examples on how other states collaborate (DMHA/VR/OMPP).

\* developing written guidance for MRO service definitions to promote flexible, yet allowable, use of MRO funds to support IPS.

**Objective 1B:** Research funding stream(s) to support a State Level IPS trainer/evaluator (*Timeline: 5/30/2021*)

**1B1.** Hire/Contract/Identify existing staff to fill this role

**Subject Matter Expertise Needed Goal 1 Objective 1B**

(VOICE/Selleck) Prep and facilitate meeting between Mental health, VR, and Medicaid state agencies (DMHA, VR, and OMPP) regarding short-term strategies to support IPS, e.g., braiding funding, developing guidance on billable MRO services, review of service definitions, etc. 3/15/21 – 4/30/21

(VOICE/Selleck) Prep and facilitate second meeting between Mental health, VR, and Medicaid state agencies (DMHA, VR, and OMPP) regarding short-term strategies to support IPS, e.g., braiding funding, developing guidance on billable MRO services, review of service definitions, etc. (goal 1) 4/15/21 – 5/31/21

(ASPIRE SME) providing expertise on effective strategies for braiding and sequencing funding.

(ASPIRE SME) developing a training plan.

(ASPIRE SME) review of MRO service definitions.

(ASPIRE SME) development of written clarification to increase MRO funded services, to bolster supports needed for successful employment.

(ASPIRE SME) If MOUs are determined to be necessary between VR, DMHA, and/or OMPP, depending on Indiana's identified specific braided funding approach, support from SME(s) in developing MOU language.

**DOMAIN: Increase Supported Employment Services/Access**

**GOAL 2:** IPS is open to anyone who wants to work, ensuring employment is a powerful tool in the recovery toolbox

**Objective 2A:** Increase awareness in the general public about the importance of employment for individuals with mental health diagnoses (*Timeline: 12/31/2021*)

**2A1.** Continue efforts to increase awareness in the general public about the importance of employment for individuals with mental health diagnoses, including messaging around employment as part of recovery

**Subject Matter Expertise Needed Goal 2 Objective 2A**

(ASPIRE SME) Providing technical assistance to support Indiana with implementation of IPS, including targeted support in adopting all IPS principles, especially the four principles identified above as posing the most challenge for Indiana, focused on interagency collaboration.

(ASPIRE SME) Reviewing/sharing state plans and agency policies and recommending revisions for Indiana to expand support of competitive integrated employment for individuals with mental health conditions.

(ASPIRE SME) Developing training and providing technical assistance to further efforts to promote employment as part of recovery.

**2A2.** Identify strategies to reach targeted audiences to promote the message that employment should be accessible to anyone who wants to work, including strategies for CMHC leadership and clinical staff

**Subject Matter Expertise Needed Goal 2 Objective 2A**

(ASPIRE SME) Developing a training plan.

(ASPIRE SME) Continued focus on increasing awareness around how bias and stigma can pose unintended barriers to accessing services and implementing strategies to address inequities in pursuing employment, including wrap-around supports e.g., housing, transportation, childcare, etc.

**Objective 2B:** Build capacity within Community Mental Health Center early adopters to provide employment services to individuals with mental health diagnoses (*Timeline: 9/30/2023*)

**2B1.** Identify strategies to build capacity within CMHCs to expand employment services to additional individuals

**Subject Matter Expertise Needed Goal 2 Objective 2B**

(ASPIRE SME) Developing a plan to adequately fund employment services.

(ASPIRE SME) Continued focus on increasing awareness around how bias and stigma can pose unintended barriers to accessing services and implementing strategies to address inequities in pursuing employment, including wrap-around supports e.g., housing, transportation, childcare, etc.

**GOAL 3: CMHCs to build capacity to serve all individuals who want employment services while VR ensures there are no unnecessary delays in the employment process**

**Objective 3A:** Ensure VR policies and practices support rapid job search (*Timeline: 6/30/2022*)

**3A1.** To examine VR practices, such as the length of time from application and eligibility to engagement in services. Identify and implement revisions to promote rapid job search, reduce or eliminate service delays, and reduce risk of disengagement.

**Subject Matter Expertise Needed Goal 3 Objective A**

(ASPIRE SME) Share successful practices for rapidly engaging individuals and decreasing the time it takes to process VR applications.

(ASPIRE SME) – review current VR practices and identify areas that may not support rapid engagement and recommend revisions to address.

**Objective 3B:** Ensure DMHA and CMHC policies and practices support rapid job search (*Timeline: 6/30/2022*)

**Subject Matter Expertise Needed Goal 3 Objective 3B**

(ASPIRE SME) Reviewing/sharing state plans and agency policies and recommending revisions for Indiana to expand support of competitive integrated employment for individuals with mental health conditions.

**DOMAIN: Increase Supported Employment Services Training/Technical Assistance**

**GOAL 4: The provision of employment services is integrated with mental health treatment**

**Objective 4A:** The provision of employment services is integrated with mental health treatment (*Timeline: 9/30/2023*)

**4A1.** Increase knowledge and gain buy-in from CMHC early adopters' leadership and clinical staff

**Subject Matter Expertise Needed Goal 4 Objective 4A**

(ASPIRE SME) Reviewing/sharing state plans and agency policies and recommending revisions for Indiana to expand support of competitive integrated employment for individuals with mental health conditions as part of the treatment plan.  
(ASPIRE SME) Continued focus on increasing awareness around how bias and stigma can pose unintended barriers to accessing services and implementing strategies to address inequities in pursuing employment, including wrap-around supports e.g., housing, transportation, childcare, etc. as part of the treatment plan.

**Objective 4B:** Ensure that the various state agency policy, procedures, and practices support this goal (*Timeline: 9/30/2022*)

**4B1.** Review state agency policy, procedures, and practices

**Subject Matter Expertise Needed Goal 4 Objective 4B**

(ASPIRE SME) Assisting the steering committee in the development of the training and technical assistance necessary to support the IPS principles, particularly integrating employment as part of the treatment plan.  
(ASPIRE SME) Development of written clarification to increase use of MRO funded services, to bolster supports needed for successful employment.  
(ASPIRE SME) Develop a training plan.  
(ASPIRE SME) Review of MRO service definitions.

**DOMAIN: Interagency Collaboration**

**GOAL 5: Indiana receives technical support and training as a foundation toward infrastructure changes necessary to sustain the provision of IPS statewide.**

**Objective 5A:** Recommend solutions to any identified barriers, including how to create, strengthen, and maintain relationships across the team (internal to CMHC as well as with VR and other stakeholders on the Steering Committee) (*Timeline: 1/1/2022*)

**5A1.** Recommend solutions to any identified barriers to support sustainability

**Subject Matter Expertise Needed Goal 5 Objective 5A**

(VOICE/Selleck) Debriefing w/ SME and State Leads following DMHA, VR, OMPP meetings 4/15/21-5/31/21  
(ASPIRE SME) SME guidance in the development of qualifications and criteria for the development of a statewide training position(s)  
(ASPIRE SME) Identify strategies to ensure necessary braided and sequenced funding to sustain IPS long term

**Objective 5B:** Develop training and technical assistance recommendations to be included in webinar/training sessions for all CMHC, VR staff, and other Steering Committee membership constituents. (*Timeline: 1/1/2023*)

**5B1.** Develop training and webinar material(s) for the various IPS constituents in Indiana

**5B2.** Assist in adding website components for specific audiences

**Subject Matter Expertise Needed Goal 5 Objective 5B**

(ASPIRE SME) Assistance in the development and delivery of additional training to continue to promote buy-in from CMHCs, state agency leadership, and other stakeholders.  
(ASPIRE SME) Technical assistance to explore more long-term funding options to ensuring statewide training capacity.  
(ASPIRE SME) Assisting the steering committee in the development of the training and technical assistance necessary to support the IPS principles, particularly the four principles Indiana has identified as posing the most challenge.  
(ASPIRE SME) Providing technical assistance to support Indiana with implementation of IPS, including targeted support

in adopting all IPS principles, especially the four principles identified above as posing the most challenge for Indiana, focused on interagency collaboration.

**DOMAIN: Racial/ Ethnic Equality**

**Objective 5C:** Assist in the alignment of IPS into the Indiana Employment First Plan (*Timeline: 12/30/2021*)

**5C1.** Review the Indiana Employment First Plan and make recommendations for alignment

**Subject Matter Expertise Needed Goal 5 Objective 5C**

(ASPIRE SME) Efforts toward IPS implementation align closely with the Employment First plan, and opportunities to leverage Employment First efforts to advance employment for individuals with mental health conditions through IPS will be explored.

**Objective 5D:** Increase knowledge of career self-efficacy (*Timeline: 12/30/2021*)

**5D1.** Indiana is interested in learning more about career self-efficacy, particularly for minority populations, and how it can impact individuals' employment pathways

**Subject Matter Expertise Needed Goal 5 Objective 5D**

(ASPIRE SME) provide technical assistance to enhance knowledge of career self-efficacy and the role it plays in supporting individuals with mental health conditions in obtaining competitive, integrated employment.

**DOMAIN: Increase Supported Employment Services/Access**

**GOAL 6: Develop IPS early adopter employment programs that are consistent with the IPS principles which are implemented with fidelity**

**Objective 6A:** Determine early adopter dates/timeline based on funding availability (*Timeline: 5/7/2021*)

**Objective 6B:** Determine internal timelines necessary prior to start of early adopters of IPS (*Timeline: 5/7/2021*)

**Objective 6C:** Early adopter parameters are developed and outlined in Request for Funding (RFF) (*Timeline: 5/7/2021*)

**Objective 6D:** Develop early adopter proposal evaluation criteria/point system (*Timeline: 5/7/2021*)

**Objective 6E:** Contracts for early adopters begin (*Timeline: 10/1/21*)

**Objective 6F:** Develop a training plan for early adopter CMHCs to be implemented by ASPIRE SME that utilizes a train the trainer model (*Timeline: October/November 2021*)

**Objective 6G:** Each early adopter site will have a baseline fidelity assessment (*Timeline: 6-8 Months from implementation*)

**Objective 6H:** Determine how early adopters will be funded (*Timeline: 10/1/2021*)

**Objective 6I:** Determine what will be funded at early adopter sites (*Timeline: 10/1/2021*)

**Objective 6J:** Ensure a tracking system is in place to obtain data and evaluate progress toward objectives (*Timeline: 10/1/2021*)

**Objective 6K:** Identify data elements to be tracked and provided by each state agency or early adopter CMHCs, as applicable, that will illustrate service utilization leading to improved employment outcomes and number of individuals served, as well as improvement in other domains of recovery such as crisis services utilization (*Timeline: 10/1/21*)

**Subject Matter Expertise Needed Goal 6**

(ASPIRE SME) Indiana would benefit from SME support to identify measurable outcomes, targets, and support to establish a process for evaluation of early adopter sites. This will be particularly helpful as Indiana works to demonstrate success of the IPS early adopters and show the value in expanding IPS and securing the necessary braided and sequenced funding to sustain IPS long term.