EMPLOYMENT SUPPORTS FOR PEOPLE WITH A SERIOUSLY MENTALLY ILLNESS

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>> HEIDI DECKER MAURER: Good morning, everybody. My name is Heidi Decker Maurer, I work at the Stout Vocational Institute. We're presenting another webinar from E3. I'm joined by Terry Donovan and Beth who will be helping a little later on in the webinar. Today we have an absolutely excellent topic for you. It's Part 1 of 2. Today we're having a bit of a mini-conference on mental health, so we're very lucky to have Randy Loss and Kimberly Gerlach here to be our presenters today and they'll also do a question and answer period after they're done doing their presentation. If you would like to ask any questions, we have a Q&A Box, so anything that you need, Randy or Kimberly, to answer about the contents of the webinar or any other questions that you have about mental health issues, go ahead and put your questions right there until the Q&A Box. They will be answered after the webinar is done.

If there are so many questions that we can't answer them during the course of this webinar, then we will take down all the questions and we'll get answers for you offline after the webinar.

If you do have any other issues like technical issues or having a hard time hearing or anything like that, please put

those in the Chat Box. The Chat is where we can take any requests, we can help you out with any kind of problems you might be having of the technical variety.

So, I think that's all I have for housekeeping today. Again, I'd like to welcome Randy and Kimberly today, and I'm really looking forward to your presentation, so go ahead and take it away.

>> KIMBERLY GERLACH: Thank you, Heidi. I am assuming you're able to see my screen.

>> Yep. It looks good, Kimberly.

>> KIMBERLY GERLACH: Okay. Great. Thank you. Today Randy and I are hear and we're going to be talking about providing employment supports to individuals with mental illness. Why is that not moving forward?

>> RANDY LOSS: (Speaking off mic). Yeah. Try that. Click on that.

>> KIMBERLY GERLACH: There we go. So, my name is Kimberly Gerlach and I've been working for PAVR for about 7.5 years now. I also do some consulting work, and I also am a youth mental health first aid instructor, which we'll talk about that in a little bit, and so I'm glad to be here. Randy?

>> RANDY LOSS: My name is Randy Loss with the Pennsylvania office of mental health and the Employment First lead for the agency and I have about 30 years of VR experience ranging from working in a workshop, working as a job coach, being a support's coordinator or case manager for individuals with ID, and I was in the state VR agency, actually in Kim's position prior to Kim taking that position over, and I was with the State VR Agency for about 16 years and mental health is something that we're both very passionate about in regards to providing assistance to these individuals who have mental illness, but before we go any further, we're going to go ahead and turn it over to Kimberly.

>> KIMBERLY GERLACH: So, our objectives today are we want you to be able to gain some knowledge about the needs of individuals with mental health challenges. We also want you to understand how to best provide employment supports for individuals with mental health challenges. We're also hoping that you learn how to assist those with mental health challenges in setting are goals in developing long-term supports. We also want you to learn about programs and resources for people coping with mental health challenges. Those are the objectives for today.

So, Terry, this was the first poll question. We'd like to see what your role is from our audience out there, so if you would take a few seconds to quickly answer that, we would greatly appreciate it. I see a lot of vocational

rehabilitation counselors, workforce, education, some others.

If any of you that are typing in "other" if you want to put into the chat box what you do, that would be something that we can go back and look at.

>> RANDY LOSS: Again, as we wait for the polling to end, just a reminder we'll take questions at the end of the presentation today, so as Heidi had mentioned, if you have questions put them in the Q&A Box and we'll make sure that we leave time at the end of the session today to be able to answer those questions.

We can probably, Terry, if we want to, we can probably end the poll.

>> Yeah. We're just getting a little bit fewer responses than we were before so I was going to suggest that we'll end the poll.

>> KIMBERLY GERLACH: Okay. It looks about almost 80% are vocational rehabilitation, so I'm glad hopefully you'll be able to find this information useful.

>> RANDY LOSS: Terry, if you could close out the poll? Try the X.

>> KIMBERLY GERLACH: Oh, he's letting them see it, sharing the results so everybody can see it.

>> Okay. Has it gone down now?

>> RANDY LOSS: It's still up on our screen so go ahead and hit the X in the top right-hand corner.

>> KIMBERLY GERLACH: I'll close it out.

>> Excellent. Thanks, Kimberly.

>> KIMBERLY GERLACH: Oh, you're welcome. So today we wanted to define a few things. There is a lot of overlap and a lot of words that are used in multiple things, so we wanted to be clear as to what we're talking about today in our presentation.

So, SUDs or substance use disorders, that is going to be the use of any type of alcohol or drugs, and it's going to be that excessive use of that. So, anything from your cannabis to alcohol or opioids, now SMI and so the difference is age, so serious mental illness is going to apply to adults 18 and older and Serious Emotional Disturbance applies to youth, those under the age of 18. All of them are going to have some sort of serious impact in a person's daily living, their functioning, and that's how they're going to fall into these categories.

Those of you that were in education, you're going to see a lot of your Serious Emotional Disturbance on IEPs or RRs. It's pretty much a catch-all category, and a lot of your different disorders such as your childhood schizophrenia, your crisis developmental disorders, things like that are all going to fall under emotional disturbance at that age.

Co-occurring, so you're going to hear us either call co-occurring or comorbid today and when we're talking about that, we're talking about depression that's been diagnosed with a mental health disorder and also substance abuse. That can sometimes also be referred to as Dual-diagnosed, but today we're going to be referring to Dual-diagnosed as somebody with a mental health disorder and intellectual disabilities.

>> RANDY LOSS: And we're going to be talking about transition age youth and I'm going to be talking first about resources and then we'll dig a little deeper into the challenges that youth -- we're talking about individuals typically from age 14 to 26 and that's how the mental health system typically defines that age range, but I know that falls within the transition age youth or age-ranged work individuals in the VR system as well, although ours goes a little higher on the adult side.

So first we'll talk about the Youth Technical Assistance Center, so that is an organization much like PE3 funded by the rehabilitation services administration. The primary service is working with youth with many challenges such as the criminal justice system, such as being homeless, such as single and pregnant, such as out of school, and in many cases, they develop different documents, different toolkits, bulletins, white papers in regards to, you know, what are the challenges that these individuals face that lead to them having these situations such as homelessness and the criminal justice system, so anywhere from trauma informed to mental health and the challenges that individuals face in significant emotional disturbance as well, and so this is a great resource that I recommend and we also have it in a resource page, the link to the Y-TAC in regards to a tool that you can use to help you enhance your abilities and enhance your skill set and knowledge of working with this population.

Also, Think College, now it's typically listed for individuals with intellectual disabilities in that individuals with intellectual disabilities and their families having thought about college, can you think college? But I recommend this for individuals as well that are Dual-diagnosed, Kimberly mentioned before, those with ID and mental illness because post-secondary education is a good landing place for many individuals, not always, but in many ways to continue to build their skill set and forge themself further in independence. Then the Youth Leadership Network, it might not be called that in your state, but typically states do have these programs and specifically I'll dial in on the Pennsylvania one for a point of reference. The Pennsylvania Youth Leadership Network, and what the premise is to do is to put youth with disabilities,

with older youth with disabilities and acting mentors to help them learn independence skills, advocacy skills, help them learn how to make the most out of opportunities that you're presented with, and so yeah, these are tools I think that you as a professional can use to help individuals that you're serving, youth with disabilities, youth specifically with mental illness in being able to get them resource, get yourself resources to help them foster independence, develop their prevocational skills and eventually vocational skills. Next slide, please.

And specifically supports to youth, we're going to talk about some programs. We talked about some resources and now we're going to talk a little lower-level about some programs that are available for individuals with SED or SMI. First episode psychosis also known as FEP and we have a diagram that we'll show on the next slide, but I want to go into a little bit of what the FEP program is designed for. It's pretty much straightforward, person had their first psychotic break, the first episode of psychosis, so this program, being PEACE one of them in Philadelphia PA, they are national programs and funded by medical assistance, and the First Episode Psychosis is a program that helps individuals from being hospitalized for the first time, so there are programs out there called ACT and we're not going to get into that today per se, but it has a very similar premise and it's called a served community treatment program, and it's designed to develop a circle of support to help an individual with mental illness, serious mental illness to be able to remain in the community and not be hospitalized.

So, we'll talk about the purpose of that in the next slide, but I wanted to throw it out there as a program for consideration. We have families together in New York State listed, and Family Peer is a very important role I think as well, and we'll talk more about the certified peer and certified recovery specialist which are PEER position, individuals in recovery themselves acting as a professional alongside the individual. Family Peer is helping families with a loved one, an individual with mental illness, many cases youth 17 and under, helping the family learn how to be a resource, how to advocate for that individual, and how to be a support.

In many cases, families may actually be a detriment to the individual with the mental illness. They may have trauma in the family, the individual's family members themselves may struggle with mental illness, may struggle with substance abuse issues, may struggle with a variety of different things. Family Peer is a family member who had an individual in their

own life, in their own family who has had mental illness and they've learned how to advocate for the person, how to help the person have a voice, help the person learn how to focus on being independent and understanding their disability so that they can be better for it.

And I'm going to turn the youth mental health first aid over to Kimberly.

>> KIMBERLY GERLACH: As I said earlier, I'm a youth mental health first aid instructor and this is very similar to the traditional CPR course of first aid. It basically teaches you how to identify, understand, and respond to the signs of a youth that may be having a mental health crisis or substance abuse -- or substance-use issues. It teaches you how to identify that early and how to intervene with that.

It is geared for adults, so you have to be 18 to be able to take the course, but the curriculum is based on looking at youth that are 6 to 18 years old, so it just helps you to identify the first signs and teaches you how to intervene and get them to the appropriate help.

>> RANDY LOSS: And just a side note, in the State of Pennsylvania and again Kimberly both and I being from Pennsylvania we're going to be talking about some resources we're familiar with. But our State Department of Corrections, basically the state prisons, in 2016 or 2018 had each and every staff member, 16,000 people take the adult mental health first aid because they saw that as an important component in being able to address mental health issues because there is such a high population in the criminal justice system. And it's a great tool, I think, for any professional working with individuals who may be disadvantaged, maybe have involvement in the criminal justice system, and so I just wanted to emphasize what Kimberly is saying that it's a great training if you can get into it, and I strongly recommend it. I know that it really enhanced Kimberly's skills and it's something that is going to help you not just with youth but adults as well.

In many cases, when a person struggles with mental illness, it may be a life-long disability so being able to have the first aid skills and knowing how to see the signs and help people where they're at is so critical. I'm sorry, did you want to say anything else?

>> KIMBERLY GERLACH: No.

>> RANDY LOSS: Okay. Next, schools, making sure the schools are tuned into providing mental health services is critical, and in many cases the schools are there because they're being tasked to do so many things with individuals these days, and one method or one program that I'm familiar with, I recommend that if you don't have any in your area, see

if you can get it put into your area where the local maintenance care organization, and now for those folks that aren't familiar with the mental health system, a maintenance care organization is the entity that provides basically the purse strings for the mental health services in the community.

What a local organization had done in the five-county region around Harrisburg PA is put it in physical facilities, 239 physical locations of the schools, primary schools, high schools, those types of middle schools, every school in this area has a mental health clinic in the school. That is so powerful and so being able to meet the needs of the individual where they're at, as opposed to saying here is a referral, go see XYZ community service provider. No. The community service providers are in the schools, so again, if your school doesn't already have a program like that, please see what they can do to be able to get that in there -- in their menu of services because it is so critical and so helpful, because as we know, especially in secondary schools, high schools, many individuals experience their first mental illness in their teens and into their 20s, so having those resources available is critical.

And lastly, colleges, as you probably know many colleges have their disability services offices on campus, but as things have been challenging moving forward in this world that we live in right now, a lot of things are or have gone virtual and being able to make sure that colleges are still able to function and provide those mental health services despite the situation, despite the online versus in person, it's critical and so if you don't already have your contacts with your schools in regards to what they're doing for mental health services, please reach out to them and find out. Well, in this new environment, in this new world that we currently have because of COVID, what are you doing to make sure that students are getting the mental health services they need while they're attending online, and so that's very important.

Next slide, please.

So, what we have here is a diagram of the FEP, the First episode psychosis program. We'll start at the top and move around. First what we have is individual therapy, a picture of a person with gears in their head. So it's so critical when a person has a first episode of psychosis to have the therapy that meets the needs of where they're at, that's the first part of that wheel, and moving clockwise to the right we have family therapy, and again as I mentioned earlier, having family peers as a resource, having families understand what's going on in their loved one's life, finding out what is going on with the dynamic of the family, there are may be some issues that are exacerbating mental illness as opposed to helping them, and so

having the families be in therapy as well to meet the needs of the individual is so critical.

Next, psycho education, helping the individual understand what's going on in their life, helping their family understand what's going on in the life of the loved one is so critical. So psycho education in helping understand it's not your fault, this is what's going on, could be a chemical imbalance, could be family dynamics, could be trauma that they've experienced, and so helping them understand themselves is critical as well.

And the next one, very importantly, is supported education and employment. And again, depending upon the needs of the individual, the abilities of the individual, it could be a supportive employment scenario where they graduate from school, they don't want anything further, they dropped out of school, they don't have their GED, they just need support getting that first job or getting a job to provide them independence, that's one level of support but also supported education because maybe the person did graduate and maybe they graduated top of their class. Now that they're away from home and they're in the college setting, that's when the family support is gone and now the individual is starting to see the effects of mental illness and the support isn't there, so being able to support in the post-secondary education is so critical as well and we'll talk more about that later. Excuse me.

The next one down nursing and occupational therapy support, and so again making sure that nurses and nurses are available to check in on the medication and again this is a team that is talking with one another, amongst themselves so it suspect like they're independent of one another and but it's a team and that's why the circle is there, and so the nursing, helping with the medication and we'll get to the medication in a moment, but making sure the person is doing well from a medical perspective and that if there is any need to change medications this professional on the medical team, we'll decide that there is a clinical psychologist or psychologist overseeing the team and so is it something independent from a higher-level therapist and so they're overseeing the whole team making sure all parts are working together in unison to the individual in the middle. Lastly, we'll talk about the peer and recovery in a moment but having a person that lived that life -- it would have been great to have somebody support me and that peer can be very critical in terms of providing organic connections to that individual, and so social groups, again, making sure that the person doesn't clock out in society and making sure that they develop their social skills is also an important component of the success of this team and the individual.

Lastly, medication. I don't want to say too much on that

but we know that making sure that the medication is doing well, that it's managed well, and that the individual is not having ill effects because of medication and is doing what it's supposed to. So, having that team of support is really critical, and we'll talk more about statistics on supported education -- or excuse me, on supported employment a few slides from now, but you'll see that this is why the statistics for supported employment are so high in terms of the positive outcomes. So, we'll talk about that in a few slides from now. Next slide.

Supported employment, there is the traditional way of supported employment, which most of the VR professionals are familiar with, and that's the train in place. Basically, the individual is assessed, the individual receives training, pre-vocational types of services, and then they're put into the work setting. Whereas the mental health version of supported employment has shown great success and called the individual placement and support, and it's from the mid-90s from Dartmouth college and also known as IPS and what it does is it's someplace and train, and that might concern some folks, and might concern we don't want to burn bridges with visitors and employers because we're getting people into the jobs that don't have training, and no, it has been shown that this is around 59-60% successful versus the 23-24% of traditional supported employment if it's done properly.

So, making sure that there is a collaboration with mental health agency, both at the state and local level, is critical to making sure that the IPS model is working well. There is a fidelity tool which basically at the end of the year report out, okay, does agency do XYZ, and that's a good guide as to whether they're doing it properly or not. There is a tool involved, a fidelity tool, making sure that the service is provided.

What I have listed here is the IPS Supported Employment, a practical guide. It's a document that you'll find on the IPS website, and so it's a resource and the IPS website is a link that's a resource in the end of the presentation. However, if you want to find out what this model of supported employment is and how it's different from your traditional employment, I highly recommend it.

And lastly, SAMHSA the federal funding source much like RSA is for VR, SAMHSA is the funding source for all things mental health. They endorse it, have a toolkit, IPS toolkit, a supported employment toolkit and they endorse this as the best method for providing supported employment for persons with mental health. Kimberly, you wanted to say a few things?

>> KIMBERLY GERLACH: Yeah, so one of the things we need

to be looking at with mental health is collaboration. It's huge. This is not the responsibility of just one agency. It's going to take all of us together, so some of those state and local resources that you can look at is looking at your state mental health agencies, which Randy is working for and Employment First Lead for them. State VR agencies, and obviously a lot of you are working VR out there, whether you're working state or possibly federal, and so looking to collaborate with those agencies.

Here in Pennsylvania, we call them Career Links, but they're the one-stops, your American Job Centers, like looking to collaborate with them within the work force.

The Employment First agencies, Randy does it statewide, and there are also local Employment First groups that get together and so looking at those in your local area.

Looking at your ID agencies, that's another huge collaboration and those can be your county level and those can also be your state offices. Here we call it offices and programs, ODP, and locally is might be something else in your area but looking to collaborate with all of those different agencies can be helpful in working with people with mental health and intellectual disabilities.

>> RANDY LOSS: Before we go on, I'm sorry, I just want to say one last thing in regards to as I mentioned before. I was on the aisle side of VR for 16 years and even before that with John Goods and what not and my funding for the agency I was working in was purely VR. When I got to mental health, I started to see things differently, and it was a good transition for me in regards to helping understand where the funding is.

One thing I found, to try to untangle the confusion of how is a mental health agency able to pay for vocational services, and he'll talk more about what states have done to kind of get around that, and so we'll give you some examples near the end. Pennsylvania isn't quite there yet, so working -- definitely working on trying to figure out ways that we can do that, but in many cases, many states have the mental health services, supported employment services paid for at the county-local level and that's why I have it there. So, what happens is their base service dollars, county block grant dollars they receive, the counties are paying for the services.

So the only challenge with that moving forward is each county kind of does things its own way, and in Pennsylvania we have 60 or 48 different joiners, so there are some that are one county and some multiple counties, so we have 48 different ways that supportive employment is done and supported funding-wise for mental health in Pennsylvania.

So, it makes it kind of challenging in regards to having a

consistent pattern of how we do things, so but it's what we have and it's what we're working with.

So, my intent, my interest is to work with the county agencies to help them to look at how can they refine their IPS -- their SAMHSA toolkit supported employment, and so it varies from state to state, get to know what your state mental health system does, get to know where they're paying for supported employment services, and get plugged in with those organizations, whether it's through the state itself or the county. Next slide.

And supported education, again, I think two slides with a similar coin in regards to many individuals may need the path of supported employment to help them be successful for those individuals, but I think many, many individuals would benefit from good supported education resources made available to them. And now one model that I'm listing here is the clubhouse model and it's based off of the Fountain House Model from New York City from the 19 40s and currently the national center for clubhouse development, the icon I had listed here, is international and they have clubhouses in more than 20 different countries, so it's an international model. But in the United States, it's not in every state, but it isn't in very many states, Pennsylvania, Massachusetts, Minnesota to name a few, but the clubhouse model has this two-fold. It does have supported education but also has supported employment, and the supported employment model is what's called a work-order-day so the individuals come in, they're clubhouse members, so it's a place, a safe place in the community to help them build their social skills but also develop work hardening skills, and that's one side of the house but the other side of the house is for those individuals that say I would like to go to post-secondary education and I would like to get my GED, for example, the clubhouse model provides supported education resources to help the individuals be successful.

And I have the word "importance" listed there because I can't express enough the importance for supportive education and for the need for not just VR, but the mental health agencies, the state agencies to be able to support this. The reason I say this, for example, just to give a backdrop, in Pennsylvania, just one state of many, there are about 660,000 individuals with mental illness receiving Medicaid benefits in Pennsylvania.

Now, if you think about that, the state VR agency, they serve about 85,000 individuals annually, so the capacity just isn't there for the VR system to serve the number, the sheer number of individuals with mental illness who could potentially be working, and I'm convinced, again this is more of an

anecdote type of thing, but I'm convinced being a professional in VR for many years, that many, many individuals are going to the job centers, the American job centers, the one-stops to look for work. They have the ability to get the job, they present well they're able to do it, but one of the stressors of work hit on top of their existing mental illness, they lose the job, and so I think that in regards to supported employment, it's a critical thing to help individuals but also supportive education. And the reason I bring it up is because many individuals are looking for work that is beneath their ability and that's part of the reason they're not being successful, and the reason they weren't successful in that is they went to school, mental illness kicked in, they dropped out of school, and they're saying I don't want to go that path.

I think we need to say, what can we do to help these individuals to be successful in post-secondary schooling so that they're getting the schooling that they're desiring, they're getting the types of work that they're desiring, they're getting the skills they need to get those jobs, and then by having the support continue, they're able to be successful and not lose that job and also being satisfied with the job because they have the degree, they have the skills and their capabilities, so I think collaboration of post-secondary institutions is critical as well and that's the last thing I'll say on this.

As we know, most universities, most post-secondary schools have a disability services department or individual depending on the size of the facility, that helps these individuals with mental illness. What I'm hoping to do, we're looking at a pilot, not sure how far we're going to go with it, it's just genesis stage at this time, no pun intended, but we're looking at getting, as I mentioned a few slides ago, getting clinics on community college campuses so that individuals have mental health services where they're at as opposed to going to community college, having mental illness, struggling because maybe you're not developing relationships with individuals because it's a totally different world, I think in community college versus like the university setting where a person is on campus in housing and what not. Anyhow, what we'd like to do is put the clinics in the community colleges so that individuals are getting services and served by the community providers at the school. So, I think short about supported education is something we all need to look at doing for those with mental illness.

Lastly, I had the higher education support toolkit which is from Boston University and again can't recommend it again, it's a resource referenced in the resource section, print it off,

pull it up as PDF, whatever, look at it. It's a great document in regards to helping a person develop like an education wrap, shall we say, to be able to help the them develop their tools that are -- that they're comfortable with to be successful in school. It's something they partially fill out themselves, what are their needs, what do they think are helpful for them to be successful, but it puts it on paper and a professional sits down and works and work through how to accomplish the things. Great tool. I recommend it highly. If you know individuals who are going off to school that have identified mental illness, I would say to sit down with the individual, have them fill this out, and then review it with them before they go off to school. Next slide.

Comorbid, as Kimberly mentioned, there is co-occurring which is more of the medical model and so it's typically found in the cases where there is medical assistance -- medical-assisted treatment, MAT, where the individuals have some drug to help them off of opioids, and so that's usually the co-occurring and the comorbid is more in the therapeutic realm and so we have it listed here and we want to identify that it's mental health and substance abuse. And the reason we have this slide here is we're asking is it the chicken or the egg. Is the mental health more important or substance abuse more important? Which is the higher priority? The answer is both.

So, whether the mental illness started at an early age or substance abuse started at an early age, started drinking at 8 and bipolar at 15, doesn't matter which started first, they both need to be dealt with equally. You can't try to -- you know, you have a scale that's unbalanced. You got the balance the scales out and work both simultaneously and see that whatever resources you're sending them to, any therapist that you might be funding or mental health services might be funding, that they're dealing with both equally. Next slide, please.

Dual diagnosis, Kimberly and I are going to share this together. The dual diagnosis, again, those individuals with intellectual disabilities and substance -- not substance abuse, but mental illness. So, I'll let Kimberly talk about the first bullet and then I'll finish off.

>> KIMBERLY GERLACH: So, again, we were talking about dual diagnosis, it being mental health and intellectual disabilities which is how we've diagnosed it here. So, collaborating of those agencies is crucial when you're working with somebody for employment. Looking at your -- most of your, I notice it here in Pennsylvania, our intellectual disabilities are county level and like Randy was saying some are co-joined,

so some are multiple, and we have 48 across the state, and so hooking up with those, finding out who your local county-level intellectual disabilities is and then also looking at who is at your state level.

Like I said here, it's Office of Developmental Programs, ODP, so looking at which organization is at the state level in your local area and may being sure you collaborate with them. It can be huge in helping this population.

>> RANDY LOSS: Right, and in many cases, there may be funding available for those individuals that the mental health system may not be able to provide.

>> KIMBERLY GERLACH: Through waivers.

>> RANDY LOSS: Yes, through waivers. Through home and community-based services waiver.

>> KIMBERLY GERLACH: And also, base funds.

>> RANDY LOSS: And base funds, yes. And also, too, in many cases because the individuals have dual diagnosis, much like comorbid, co-occurring, since the individual has both, there is more agencies that are probably working on behalf of these individuals. I know in our own state, and I'm sure it's like that in many states, the state office of mental health, my agency and the intellectual disability's office work together collaboratively and they have different -- they actually have a conference, they have different learning sessions where we can learn about, okay, what are the specific needs of a person who has or presents with these multiple issues?

So, again, looking to your mental health agency, looking to your IDA agency, as well as at the local level is critical to being able to know what resources are available to help the individuals that we serve.

Another organization I'm going to mention, just like I mentioned with the Y-TAC and Youth Leadership Networks, the Pennsylvania Youth Leadership Network, earlier is the Statewide Employment Leadership Network and it's not something that is similar to the WINTAC or Y-TAC or N-TAC but the technical assistance agencies or the PE3 who we're going through right now, it's not funded the same way, it's not funded at the federal level, but what state ID agencies do is pay a fee to the state employment agency network annually to receive resources, to receive technical assistance, much like the different RSA technical assistance facilities provide on all things employment.

So, again, if you're not familiar with the statewide employment leadership network, I recommend going to that website, finding out what kind of resources they have available. You know, if you have a population that you're working with that are Dual-diagnosed, I strongly suggest you

look at the Statewide Employment Leadership Network as a resource and tool to help you in regards to what are the challenges, what are the resources that are available for supported employment.

And again, I'm going to reiterate about the Youth Leadership Network. Again, individuals that are in this situation may greatly benefit from the Youth Leadership Network, say that 10 times fast, in regards to advocacy, in regards to support, in regards to learning leadership skills.

So, again, I recommend those two organizations to be able to provide technical assistance both to yourself, as a professional, and to the individual as the individual you're working with. Next slide, please.

>> KIMBERLY GERLACH: So, the Veterans Administration that is a Federally funded service for veterans with mental health, and one of the biggest resources at that they have is their Veterans Readiness in Employment, which is VR and E to help people with mental health get back to work. That's a special program, basically that's the Federal-funded part of the state VR. It's the state agency but just the Federal part of it. We're going to go more in depth with this this afternoon because we're doing the presentation on the veterans Mental Health but we wanted to frame this into here because veterans' mental health is huge and those of you that are supporting them.

One of the big services that's a really great service for them is the Veterans Peer Support Services and so this is basically somebody that has, just like the regular peer support, it's somebody that has the lived experience that can walk alongside the veteran and help them through the services. They can help them with goal setting, they can help them identifying their strengths, supports and resources, looking at things in the community to be able to help them. It's huge when these men and women are coming out of the service to be able to transition from the military life into that civilian life and the trauma and everything that they've been through, and like I said we'll get really in depth to this this afternoon, but that VA peer support is critical for them.

>> RANDY LOSS: Do you mind if I say a few things as well. I was thinking of this as Kimberly was talking and we haven't scripted this, but I think the important nonetheless, there are 145VA hospitals across the United States, which is a large number, and every one of them has VA peer support services, and it's something that, again, we'll talk about the details of it in a little bit here, but it's something that's a very organic thing and if you're talking about veterans, if they are the population you're serving, find out if they have

VA peer in their life and if not, help them find out what they can do to then them get that VA peer in their life.

What last thing I thought of in regards to this is what is called the Memphis Model of crisis intervention training or CIT for short, similar to the mental health first aid, it's a training professional, typically first responders, many are veterans, firefighters, police officers, EMT, this is a great training for them to take as well in regards to how do you deal with an individual who presents having mental illness, you know, they might roll up on the scene and maybe it's domestic violence or maybe it's the person crashes while driving down the middle of the road because they thought they were in another country avoiding IDs so they crash and cause an accident. The CIT training helps individuals to be able to, professionals, to be able to address, okay, the person might be presenting with mental illness, but also too, they've added a component this person might be a veteran that just returned and they have some mental illness and how do we resolve the issue and how do we help them come back to a sense of reality and not do anything violent against them and not have them do anything violent against others. Meant Memphis model CIT.

>> KIMBERLY GERLACH: So criminal justice, this is another big area where you see a lot of mental health in the population, either in jail, prison or even in a federal prison. So statistically, about 64% in jail have a mental health diagnosis. About 54% of those in prison have a mental health diagnosis, and about 45% in our Federal prisons.

>> RANDY LOSS: If I could just budge in for just a moment, I'm sorry. Just for clarification, jail is your local or county lockup. Prison is typically your state lockup, and then Federal prison as Kim mentioned, so just for the clarification, they are separate systems and they meld into one, but just for the sake of understanding, Kimberly was talking about county, state, and then federal.

>> KIMBERLY GERLACH: Yeah. So in your resources, there is a link to a white paper that was done by the Department of Justice. The actual statistics and everything was pulled from 2011 to 2012, but the report was actually finalized in June of 2017 so it's a very recent research that was done and it was actually based on self-reporting and I found it very interesting because one in seven self-reported they had a mental health diagnosis and about one in four inmates in jail had reported that they had a mental health disorder.

So, it's just kind of interesting to see how what we see as an actual diagnosis versus what they see, and how it's so much lower. And I have actually seen that when we've been in the state jails here, the corrections centers, that they don't see

themselves as having a mental health diagnosis, and so trying to get them to talk about that and acknowledge that mental health sometimes can be kind of hard, which then, of course, impacts their ability to work because they're in denial of that mental health and so trying to get them to overcome that and accept that and be able to work with it so that they can overcome it and be able to be employed and it doesn't hinder them and cause them problems.

People that have substance use disorders that are in jail is very, very high. And so, again, going back to the co-occurring or comorbid, there is a lot of our prisoners, guys in jail and prison that are Dual-diagnosed, and it's a huge burden on the prison system. We have to house these people because they're doing things that they shouldn't do because of mental health or because of substance use and they get themselves into trouble.

>> RANDY LOSS: And if I can, too, just a side note, statistically over 50% -- I think it's 52 to 54% of individuals who are arrested are under the influence. So, it speaks very much, and that statistic speaks very much to the intersect of substance abuse and incarceration and the path it leads toward to get people -- to get individuals caught up into that system, and so that's one thing we want to keep in mind adds well is that if you're working with individuals that have a criminal record, there is likely or more than likely a mental health diagnosis and statistically a substance abuse diagnosis as well.

So, I'm sure it's something that folks are already aware of but we wanted to lay out the statistics so you get an understanding of -- from a data perspective.

>> KIMBERLY GERLACH: So, and again in the criminal justice system, traumatic brain injury is ramp I had. There is the statistics that are anywhere between about 25-87%, which is very, very high. Some of it is self-reported. A lot of the time these guys have had brain injuries as children prior to come into the criminal justice system, and so then a lot of times due to socioeconomic stuff, they may or may not have ever been treated so there may not be any medical records, and so sometimes it is self-reported, which is why there is such a discrepancy in the numbers and we can't like pinpoint it because a lot of times there isn't the record and we're just going on what they have said from the traumatic brain injury that they've had.

>> RANDY LOSS: And do you think, too, Kimberly, do you think that institutions, jails, prisons, whatever, maybe they look at how they diagnose that disability differently? So maybe the statistics are off because of how they're -- you

know, one facility might diagnose it this way as a mental illness.

>> KIMBERLY GERLACH: Depending what they use to diagnose it, what assessments or tools they're using to diagnose it could be different from one facility to the next. There are a lot of different variances in there so that's kind of why the number is so broad, but there is -- it's significant. If anybody is interested in trying to look, there was a 2018 study actually done here in Pennsylvania on our prison systems, and some guys that volunteered to be part of that research on traumatic brain injury, and so some very interesting statistics that came out of that.

>> RANDY LOSS: And I mentioned before we were going to get to certified peer/recovery specialist, Certified Recovery Specialist and the history is back in the early 2000s there was a White House White Paper talking about redesigning, reinventing the mental health system, and part of that reorganization and reinventing of the mental health system was the creation of the Certified Peer and since then recovery specialist has come along as well, but what it is side note, I think there is about 31 states right now that have Medicaid-funded certified peer specialists, and in some cases many states, they're both a peer and recovery specialist in one.

In Pennsylvania, for example, the certified peer mental health certified recover specialist and substance abuse are different professionals but there are many instances I'm aware of that hold both certifications. So the history is reinvent the system, get more down to the local level, and the answer was the certified peer and certified recovery specialist, so it's an individual, it's an organic thing, it's an individual that has had mental illness in their history, substance abuse in their history, they're in a good place in recovery, they're well enough now to take their own on this with a professional and talk about it to other people to be able to be that person to come alongside the individual. They're not a case manager, they're not a counselor and just helping them in the process of recovery, it's a lower level professional but still a critical needed service nonetheless.

But individuals that are receiving peer services are much better off in a recovery process and it's a multi-use service. There is the youth peer, forensic criminal justice peer, veteran peer, older adult peer, now in Pennsylvania the LGBTQ peer, they're developing that subset of the certified peer, and so it's something that is very -- it's become very wide and it's something that's very, very effective in helping the lives of individuals with -- or who are living with mental illness,

helping them recover, helping them stay in recovery. If you're not familiar with the program, find out if your state is providing certified peer services or recovery services to help individuals in their path of recovery.

When you work with individuals, if they're receiving medical assistance, and in some cases we talked earlier about how counties are using block grant funds or base funds to pay for services and in Pennsylvania the recovery specialist is not something that's Medicaid billable because it's from the certified peer, but the counties are paying for it, and so find out if the individual is receiving peer services, are they receiving recovery specialist. If you find out that they have these disabilities, and if not, find out if they can get them plugged into the services because, again, any extra services that can support this individual in their recovery process, whether it be mental health or substance abuse, It's so critical. It's so important to help them to be independent and successful and stay in that place of recovery. I highly recommend making sure that the individual -- I can't say it enough, that the individual is receiving peer services if your state or county pays for it, if your state pays for it, get them plugged into the services if they're not already listed as a service in their life. Next slide.

And funding and long-term support, big question that people have in regards to, well how do we pay for this? One way of braided funding, which you probably know about, and again we didn't talk about this per se, but Kim and I with the few minutes we have remaining we can talk quickly about that.

In 2017, the Pennsylvania mental health agency gave the Pennsylvania VR Agency $50,000 as a state match for the Pennsylvania VR Agency to draw down Federal VR dollars. So, what happened was when we gave the VR agency $50,000, it allowed the state VR agency to draw down over $180,000 and it turned out to be approximately $235,000 in social services. So I'm not a good mathematician for that reason because I'm in social service, but it ended up to be about $235,000 and but what was done with the money is it was specifically used to pay for certified peer specialists to become certified, go through the training, become employed and help other individuals with mental health disabilities.

So, the certified peer is such an awesome program because it helps individuals with mental illness become professionals, but it also is helping them help others with mental illness, so it's a very -- it's a giving profession. It's a really great program. That's one example of braided funding.

Another example is, say agencies may pay for mental health agencies may pay for the pre-vocational services and

post-vocational meaning once the case is closed by VR, and so there are different models in that regard. One thing that is kind of a buzz word, or buzz words in the mental health system is called social determinants of health and also part of that is value-based purchasing. Social determinants of health, there are nine official ones but I'll name the high ones, transportation, housing, food security, employment, domestic violence, those are the big ones in regards to, you know, if systems can address these areas in individuals lives, it's going to help them to be more independent and help them out of poverty. And value-based purchasing is part of that where managed care organizations in the mental health system are using that methodology to say, if you can save money by helping an individual learn to be independent as opposed to staying in their lane and these $10,000 worth of services are being purchased for them this year, and if you can help them to be successful so that next year they're more independent, we have to pay for less taxpayer dollar services, say $9,000, that's value-based purchasing. So what managed-care organizations and partners are doing is helping to put individuals in those different lanes, and they're not necessarily paying for the services, and employment being one of those, but they're putting individuals into separate lanes so that they're putting them in half pathways, have you thought about employment, what can you do, can we assess you, what are strengths and weaknesses, what can you do to be more prepared for the world of work. That's what thing mental health is doing within the confines through the financial source to flip the script, change the narrative as it were, to help individuals be more successful in independence.

The Maryland Model, I love this model and wish we could adopt it. What they did in the early 2000s is VR and the MH agencies got a capacity grant, a couple million dollars to be able to develop a common data system, so if an individual is coming to the mental health system for the services, as the information is input into the application, it's simultaneously being filled in the VR application as well and vice versa, if the person is coming to VR and have a mental health diagnosis it's being filled into the mental health data system if the person is not already in that system.

So, what it does is it speeds up the process, and I'm not -- I come from the VR system and I understand perfectly why it has the process it does, but it puts everything that the VR counselor needs to know at their fingertips to say within 24 hours I can determine eligibility for this person because I know the diagnosis, I know what that diagnosis means to their functioning, I know what I need to know to be able to say that

yes or no this person is eligible for VR services so it really helps to speed the process up, but they had that funding down to a size where, again, the MH system is doing prevocational services and they're actually doing some counseling while the person is receiving the other services as well, and so it's simultaneous funding, and lastly, they're providing post-vocational so once a person is out of VR services, and it's a great model, suggest you look at it, and I'm just going to briefly list the Oregon Model and North Carolina Model and both of those took waivers for the centers from Medicaid and Medicare services, CMS for short, they created waivers that have employment services in. The Oregon Model has the home and community-based services waiver, and so they're using that much like a lot of ID agencies do for employment as a needed service, and in North Carolina, they're using a waiver to show that they're saving state dollars by using this methodology, so there are different models that you can use, but it takes a lot of effort and political will to get these models up and running because they're waivers, but there are different ways that mental health agencies can pay for vocational services, but it's a long path and but check out those three different models and social determinants on health to get a better understanding of where mental health is in the realm. Next slide, please.

>> KIMBERLY GERLACH: Questions? Is that Heidi?

>> RANDY LOSS: Yes, are we going to have you?

>> KIMBERLY GERLACH: There is Beth.

>> BETH: I'm sorry. Took me a second to get the screen up.

>> RANDY LOSS: That's all right.

>> BETH: We'll hop right into questions. We have quite a few here, and again if we do not get to all of the questions before we hit 12:30, we'll definitely follow up with Randy and Kimberly via email so you get a chance to respond and we'll post those with the archive webinar.

So, the first question comes from Rose asking how do you find out about offerings through the adult mental health first aid training so interested folks can register and what is the cost for that training?

>> RANDY LOSS: Well, I think this is something that we can both work toward answering. I know in Pennsylvania it was a Federal grant the mental health agency received and then we issued it out to partners, and Kimberly was fortunate enough to be able to -- it was no cost to her other than her management team saying, you know, we'll allow her to do it during work time.

>> KIMBERLY GERLACH: Is she asking about to become an instructor or attend the class? I missed that part.

>> BETH: I believe attending the class.

>> KIMBERLY GERLACH: So, it's mentalhealth.org. She can go on the website and they should have any classes posted. My contact information, there is the resources and references, and here is Randy and I's contact information, and she can reach out to me and I can look to see if there are any upcoming dates.

>> RANDY LOSS: And she can provide like where she's located, so that would be helpful too.

>> KIMBERLY GERLACH: It's virtual now, so it kind of really doesn't matter.

>> BETH: Yeah, I imagine lots of things that were location dependent are a little more -- all right.

The next question from Amy asking can you please clarify resources that offer psychoeducation, different from family or mental health foundation, is this like the national alliance on mental illness?

>> RANDY LOSS: Well psychoeducation is intertwined between family supports and individual supports, so it's something that's going to be -- it's a component of the two. It needs to be added, so it isn't like something that's necessarily a separate tool, but it's something that is integrated into any counseling that they may do, you know, helping the person to understand more about themselves, how the mental illness is adversely affecting them, you know, what it's doing to their -- how they present to others in regards to when they are having these issues, and so that they just get a better understanding of themselves and their mental illness, the families gain a better understanding of their loved one and what the mental illness represents to them, and so it's something that is -- well, it was listed as a separate circle in a larger circle, and it's really something that is integrated into any counseling that the individual receives.

>> BETH: All right. The next one comes from Jody asking what was the name of the treatment plan demonstrated by diagram? This one came in earlier in your presentation and I think it might have been that circular diagram. Jody, please correct me if I'm wrong.

>> RANDY LOSS: I'm not sure. Are you talking about the big circle of circles?

>> BETH: I believe so; but again, Jody, if I'm completely off base please hop back into the Q&A and clarify for me, and same goes for everyone. If I misunderstand your question or you want to clarify, please feel free to jump back in.

>> RANDY LOSS: Well, the treatment plan, if I understand that question correctly, the treatment plan is

basically dependent upon -- it's driven by the individual, it's much like the IEP for school, the IPE for VR, the ISP, the individual service plan for mental health case management, and it's going to be something that's unique to the individual, driven by the individual and supported by professionals, and so you know my treatment plan is going to be different than Kimberly's treatment plan, it's going to be different from your treatment plan, so it's really dependent on the needs of the individual and driven by the individual's desires.

>> BETH: And she did clarify. She was talking about the circle of circles. All right. Next question comes from Angela asking can you discuss services order by OT providers in more detail?

>> RANDY LOSS: Well, in regards to -- depending if the person has never worked before, depending on if the person needs to habilitate. Maybe the mental illness is severe enough they need those services because they may not have had the skills in the first place. So, the OT is able to help them to be successful. A colleague of mine is a PT and his wife is a PT as well, they helped me to kind of put things into perspective. He said that his wife works with children and helps them with some OT. I said well what exactly is does that look like? He said well play is a child's work, and so again helping the individual to understand for someone their age, what should be normal behaviors and normal activities they should be doing, so it helps them to mature. So, as I mentioned again with first episode of psychosis, how does it help someone who may have never learned certain skills, trauma in the family, severity of mental illness prior to medication or therapy, so how can a person habilitate is what the OT person's role is.

>> KIMBERLY GERLACH: And I think too to go along with that, if you have somebody with mental health, that's exhausting and I think that sometimes like it's kind of that work hardening, and I mean in getting somebody to the point that they can work for four hours at a time, so that's where that OT comes into play. It's strengthening them so they can get to that point.

>> RANDY LOSS: And as you noticed, in that circle of circle, we'll call it that, the OT was right next to the supported employment and supported education, so again, it's something that isn't an isolated thing but part of a larger team. It's not just that you have OT services and that's it, but it's for a purpose as Kimberly mentioned to help enhance the supported employment skills.

>> BETH: Perfect. Thank you. The next question was IPS, how is success in employment determined? Individuals

maintain employment for a minimum of 90 days or is there a different criteria?

>> RANDY LOSS: Well, I'm glad you asked. (Laughing). I'm glad you asked. In the IPS model, the agencies that are providing those services, they see their services as non-ending. Meaning that yes, VR might pay for some of the services, but because the model is not something that is currently adopted or funded, and in fact they took it out from WIA in 98 to WIOA in 2014, they took transitional employment out, and so the IPS model is pretty much off the table in regards to what VR can fund.

So in many cases, the IPS model is typically paid for by either the state through the different models like I had shown, you know, through the waivers like Oregon or North Carolina has, for example. Or in the case of Pennsylvania, it's paid for by the counties, they're block grant funds and their base funds are paying for the long-term supports. So in many cases, VR isn't even part of the picture because the agency knows that VR is going to pay a certain amount, they may take some time to determine eligibility, and what's nice about having counties funding the IPS model is they already know the other person has a mental illness and they're able to hit the ground running and get the person into services ASAP, as soon as possible, whereas and again I'm not knocking the VR system and I understand perfectly because I was there in terms of the eligibility process, but it can take a very long time.

So, for many, many reasons the IPS model has been kind of adopted by the county system because it's much more responsive to the needs of the individual, and the counties because they're at a smaller level, a local level, they can pay for things much more quickly and long term. Because once a person is successful, you know, the touch points in the long-term support isn't that big, it may be two hours a month, two hours a week or whatever, so just some touch points to make sure the person is being successful.

>> BETH: Uh-huh. Our next question comes from Karen, and it looks like she's speaking specifically about the State of Rhode Island, but I would imagine this comes up in other states as well.

>> RANDY LOSS: Oh, sure.

>> BETH: What do you do when the mental health agencies say they don't have the staff and/or time because they're doing case management as well so they cannot provide supported employment services yet VR cannot provide these funds, we cannot provide long-term funding and only one mental health agency in the State of Rhode Island has the staffing ability.

>> RANDY LOSS: Well, it sounds like they're talking

about a provider of services as opposed to the state agency, so that was what I was thinking as you were talking, and Kimberly, please feel free to jump in. I'm thinking that you need to talk to the providers, the service providers at the local level because they may have gotten grants, they may have other funds that are more flexible to be used. Like a good rule, for example, just off the top of my head, you know, a nonprofit organization that has many sources of revenue, and so in the case of Rhode Island, my suggestion would be talking to that particular provider that was mentioned and finding out well how do you fund this and find out if there are ways that other organizations could replicate that. Because if there are capacity issues, right now unfortunately, there are capacity issues across the board, so I think that until the pandemic is over, until we kind of dig ourselves out of this whole situation, unfortunately I think we're going to have capacity issues.

But my recommendation is to find out what that agency is currently doing, the one that is doing it, find out if it can be replicate and seeing if you can get buy-in from other organizations to go that same course.

>> KIMBERLY GERLACH: And as far as capacity issues go, like I think that that's just -- it's everywhere so don't feel bad that it's in Rhode Island. I mean, I've seen capacity issues here in Pennsylvania, so don't think that it's just you. It's all over.

One of the things that I can suggest is to -- is that collaboration. It's all about communication, and so having that communication with your providers is like, hey, can you only handle 10 people so I know who I need to send here, and it's a matter of having that communication and knowing what each provider can handle, and so maybe one provider can only handle 10 people or another provider can handle 50 and knowing those things and having that communication so that you're spreading the wealth, if you will, so that you're not overwhelming, so if you're a provide they're can only handle 10 and you're sending 50 people, that doesn't make sense because they're going to get backlogged, but it's a matter of you communicating and but your provider also needs to be able to communicate with you. And I think sometimes providers don't want to tell us no as VR agencies because they're scared we went give them work but in the same token you need that communication and you need to have that open and honest dialogue in order to make things work because we don't want to overwhelm them no more than they want to overwhelm us, or to be able to say no, so those are my two cents on that.

>> BETH: Definitely, and I imagine a lot of people feel

overwhelmed right now.

>> KIMBERLY GERLACH: Uh-huh.

>> BETH: The next question is from Marty, will be you talking about -- and this kind of came in about the middle of the presentation, will you be talking about the specific challenges associated with mental illness. I'm in a mental health clinic and I struggle with clients having issues with motivation, reliability, cognitive issues, sleep issues, et cetera. Sometimes it seems like I want them to work and be more financially secure than they do, so this makes it hard to feel competent in their abilities.

>> RANDY LOSS: I think that's a reality. Kimberly?

>> KIMBERLY GERLACH: I was just going to say I don't know that's anything you're doing wrong but that person needs to be in the right spot for employment, and it's the old saying if you can lead a horse to a trough but you can't make them drink. I mean, we may want somebody to be employed but until they're truly ready for that, I don't know that you can exactly force it. You can continue to encourage it, continue to use the resources that the mental health field has, you know, that the agencies have. Like they have the clubhouse model that is really big on being able to teach them about skills, and in school we introduce them into work.

I think if you throw them into work, all you're going to do is set them up for failure.

>> RANDY LOSS: And I think it's from a fear-based perspective as well in regards to I'm going to lose my benefits if I start working. So I think benefits something, if that's not in your paradigm or wheelhouse, thinking about benefits counseling and getting them into benefits counseling is going to be critical to help them understand that they can make more money and not lose benefits, they can be more self-sufficient because they're making an income, and so I think that that's part of the issue too. There are so many urban legends in regards to oh, you'll lose your benefits if you start working, so I think trying to undo that thinking is as important as anything else and having those conversations with people to find out where they're at in terms of understanding, and if possible get them in front of a benefits counselor to be able to help give them correct information. And it's also important that the families are aware of that as well.

So, again, if you're aware of family peers that could be able to help is those conversations with the family, because the individual might be a minor and the family is like I don't want them to work. I know a personal example of that situation happening, where this young lady was unable to work because her mother didn't want her to and turns out there was an income

issue that if they were working and making income, possibly would affect the benefits for the family and the income for the family goes down, so again, it's as much disinformation as it is information and so helping to correct their thoughts is part of that.

>> BETH: Yeah, and I think the answer that you two both gave, it also points out that there could be a variety of different ways to help different people. Not everybody is going to have the same types of hang-ups and it might help them get them ready for work.

Next is from Emily, any ideas on how to support a client during COVID-19. This is a work-from-home job for the client and meant willing a health is affecting their ability to succeed, it's hard to support the person from afar other than from texts.

>> KIMBERLY GERLACH: Self-care. That's the first thing that comes to mind is self-care. If you can get them to write a self-care plan I think is huge. They need to be able to take care of themselves because if you can't take care of yourself, you can't do what you need to be doing. So, I think it starts right there with them, so that's just my two cents on that.

>> RANDY LOSS: And one of the things we did at the state level and I'm sure every state did the same thing is we push through telehealth and now certified peers, certified recovery specialists are doing things via telehealth, and so again, the organic, the person coming alongside the person and it's able to be done by phone, able to be done by computer and what not, and so there are resources out there to help people, despite the situation. But, yes, the landscape has changed, yes, the way the service is being provided has changed, but there are those individuals that are still available despite the pandemic to be able to come alongside that person, all be it virtually to help them, and so if your state has certified peer specialists or your county is paying for certified peer services, find out if that person could get plugged into that.

>> BETH: Thank you. And, actually, I kind of want to -- I want to go back to an earlier question. The question from Karen about Rhode Island. She chimed back in to kind of clarify a couple of points for us.

She said to clarify that this has been an issue for years. No community agency has the long-term funds. Unless the mental health agency themselves provide the funds, then the clients cannot get those services, yet the mental health agencies say they don't have staff to do so or the time because they're doing case management as well. We can provide a community agency supported employment funds, but only for 90 days, so the client then doesn't have any more support after the 90 days

because the mental health agencies say they don't have the time or staff to do that.

>> RANDY LOSS: Well, again, and I don't mean to keep coming back to the certified peer and I'm not sure if Rhode Island has certified peers, but I think that if -- if you have the availability for peers, the Medicaid services, federally funded service, it might be a resource that can help individuals.

It's not something that has really taken off the ground yet, but it's kind of a pet project that I have where I think that certified peer specialists could be that long-term support for individuals in regards to once the VR case is over, so find out, do a little homework and find out if there are peers either in the county or if the state pays for certified peer specialists or gotten approval from Medicaid to pay for certified peer specialists, and I recommend that that is probably a good resource or touch point to help that individual in this time to give them something during this pandemic, during the downtime of funding for everyone. That would be my recommendation off the top of my head. You know, love to talk more about that, dig in deeper to the details, but that's my thinking off the top of my head in response to the second question, a certified peer.

>> KIMBERLY GERLACH: I was just thinking if they don't -- if Rhode Island doesn't have certified peer, like looking at some sort of natural supports.

>> RANDY LOSS: Right.

>> KIMBERLY GERLACH: I think it would be a case-by-case basis that if your mental health agencies don't have the funding, is to look at those natural resources of helping that specific customer in that specific job to find those natural supports to be able to help them, whether it be a co-worker or supervisor that can be that -- almost basically that peer support person, that natural mentor to be able to help them.

>> BETH: Okay, and again thanks, Karen, for jumping back in and clarifying.

>> KIMBERLY GERLACH: Yeah, I hope that was helpful.

>> BETH: Yes, I hope so as well. All right. Next question comes asking what is the trend concerning the SMI population? Do you think therapy is empowering individuals to function more without medication? What have you seen throughout the years? Is it clients having a higher intake of medication or clients making cognitive changes to take control of their lives?

>> KIMBERLY GERLACH: Which population?

>> RANDY LOSS: SMI, that's a tough question, and I don't mean to say -- you know, I don't think we can answer that

but I think it's -- we realize now and we'll talk more about this in the afternoon session, hint-hint about like overuse of opioids and those types of medications and just medication in general. I think that medical doctors are just being forced in a good way, being forced to look at not overmedicating people. I think that our country is gone up and up and up to the point of overmedicating, and so I think that people are looking for alternatives to make sure that it's really truly meeting the needs of the individual and instead of being the medical model that is deal with the pain, reduce the pain, eliminate the pain, and it's dealing with the person first. So I don't have any data or statistics to say that, but I would like to think that it's going more towards person first, and again, I've seen an explosion with the use of certified peers and I think that -- I keep coming back to that, but I had worked with the peer program when I was in VR for about 15 years so I saw how beneficial it was and how it grew, and even just the other day, I was in our state planning council where individuals, you know, representatives from different agencies, individuals themselves with mental illness are talking to us and saying that this executive director, this mental health agency, we're seeing this as a benefit, you know, as medications are reducing, the use of peers are going up and it's helping people. I don't know if that answers your question but that's the best I can give off the top of my head.

>> BETH: Yeah, it's a hard question to answer on the spot without being able to look up the data. Well, we still have 5 or of minutes so we'll see if we can get through a few more questions.

>> RANDY LOSS: We'll try to be quick on the last few.

>> BETH: We definitely won't get through them all but we'll see how many we can get through in the last few minutes. If you have someone with MI and some mental health disabilities how do you help them with working when they don't have the physical strength to do so? Is there somewhere for them to go while they're waiting to get their disability? Would this help with individuals with PTSD that aren't veterans?

>> KIMBERLY GERLACH: Yeah, like looking at the SILs possibly, which is the Center for Independent Living, CIL, so just trying to think of some other resources. If it's mental health they could be looking at the clubhouse model.

>> RANDY LOSS: Clubhouse is a good model if it's in your state. Maybe drop-in centers if there are not clubhouses in your state. Drop-in centers can be good resources. Because again, not knowing the specific situation, it's really hard to say that this is exactly the best response. So I guess --

>> KIMBERLY GERLACH: Sounds like more a mental

health -- if they're waiting for disability to come through, it seems like it's going to be something that would be more in the mental health realm of things that they would be looking for because it doesn't sound like they're wanting to go to work, if I'm not mistaken, so I don't know you want to go the VR route necessarily but looking for supports to help during the day like drop-in or clubhouse or CIL, looking at some of those resources.

>> BETH: Uh-huh. Okay. The next question referencing back to the presentation, Nick asks can you please give the percentages of individuals in the prison systems again.

>> KIMBERLY GERLACH: So, it was -- I have to look at my notes so I don't tell you wrong. It was 64% in jail, which is county. It was 54% in the jails -- or in the prison which is the states. And then it was 45% in Federal.

>> RANDY LOSS: That's mental health?

>> KIMBERLY GERLACH: Yes.

>> RANDY LOSS: Mental health.

>> BETH: Thank you. Next question is from Teresa asking if there are any peer certifications for people with TBI, and if so, please direct where to find such programs. Thanks.

>> KIMBERLY GERLACH: I haven't heard of specific TBI.

>> RANDY LOSS: There are not peers for TBI, but there are clubhouses for TBI. There aren't many, there is one in Philadelphia and one I think in Atlanta Georgia, so check out TBI clubhouses.

>> BETH: Okay. Next one is from Annette asking where can I find a certified peer/recovery specialist in my state?

>> RANDY LOSS: Well, I would -- if you're not already plugged in with your mental health agency, either at the county level or the state level, depending on your or where you are as a professional, I would start with the county level first, the county office and find out do they provide peer services or ask the case managers, does the state provide certified peers. They could be called peer specialists, something like that, recovery specialists. A peer is kind of the common term as you go from state to state, so that's where I would start first. If you have connections with the state system, the state agency, then I would reach out to the state mental health agency and ask them. They may be able to provide a more complete response because the county may not know, and if the county is not participating and it's not something that the state is paying for, it could vary from county to county, so depending on where you're at, start with the county and then go to the state mental health systems.

>> BETH: Okay. The next post is actually somebody

providing resources if other people want to check them out, so Martha posted the link for Wisconsin's model for certified peer specialists, just an FYI if there are questions about that. That's www.dhs.wisconsin.gov/peerspecialist if anyone wants to check that out. Yeah. Thanks for sharing, Martha.

Okay, so I think this will be the last question for today. It's a kind of big one.

>> KIMBERLY GERLACH: Oh, no.

>> BETH: In your opinion how does racism impact mental health/disability?

>> RANDY LOSS: Well, it's interesting. This is a side note. I'm working with the Pennsylvania Association for Persons Supporting Employment First, APSE. It's an organization but many states have chapters. We brought in a gentleman that is African American and was incarcerated for 19 years, we're going to have him come and talk about that very topic and how it intersects with supported employment.

One of the things he was talking about, because again me being in my situation, I honestly don't have an -- I haven't experienced those type of things, but just what he was sharing was just kind of sending a chill down my spine in regards to walking home and sitting in your dining room -- at your dining room table and wondering if you're going to get shot. Those are some realities that many individuals are facing today, so it's something that I need to get educated on, something that our APSE chapter definitely wants to get educated on, and how does the intersection of cultural challenges, racism, and supported employment, how does it all fit together.

So, we're hoping to answer that question or at least pose the question and try to come up with some answers, so we can let you know when that event is going to be taking place. I think it's September 18. Don't quote me on that, but I will say that the link to that event and specifically his name is Colwin Williams from Philadelphia, PA, and he works with Temple University and his program, I'm thinking off the top of my head, it's Stop the Hate I think it's called or End the Violence one of those two, he has his own website, it's going to be a very powerful presentation, eye opening, and I suggest for that person that made that request to tune in and I'll provide the information after this presentation so that it's something that they can look at attending.

>> BETH: Thanks, Randy. We'll make sure to share that link so people can check it out if they would like to. Okay. So, we've hit 12:30 here, so again if we didn't get to your question, we will pass it along to Kimberly and Randy so they can take a look and we'll post those with the archive webinar.

Quick housekeeping things before we go. If you're in need

of CRC for today's webcast, visit Project E3 Archive Web series page, click on the title of the webcast you watched, and then under Webcast and Additional Resources, click on evaluation Survey and once you complete that you'll receive the CRC credit and emailed within a couple of minute, but please be sure to check spam or junk email boxes because sometimes those type of mailings can get put into those junk mailboxes.

>> HEIDI DECKER MAURER: And just a bit of an add on to the end of that, we do have some webinars coming up. They don't have registration numbers for them yet because we're still finalizing the details. This coming Thursday, next Thursday the 3rd, there is a break for Labor Day and many of our staff are taking time off for the holiday. On 9/10, we resume with our webinar series and what we'll be presenting on is a resource tour of Colin the Project E3 that's the grant that sponsors the resources and we'll talk about what is available on our website and within the communities of practice, and there is a lot of really good research and tools available. And then on the 17th we'll be talking a little about webinars themselves. A lot of people, since COVID, have found themselves in a position where they need to either do training or they need to do some sort of remote interaction, so our team here, the Knowledge Translation Team here at Stout Vocational Rehabilitation would like to take some of our E3 webinar experience and share it with you so that you'll be able to use some of these platforms and have them be of service to you right now in this time where everybody is really kind of on a quick learning curve.

But those are the trainings we have coming up. We do have another one that we're slating for 9/24 and that is a webinar about some of the other things with E3 that we've discovered along that way that are resources that would help professionals with their clients.

And, Beth, there is going to be a little bit of a delay with getting CRCs, they're not immediate right now due to some scheduling issues, so it will probably take a couple of weeks for these particular CRCs to get processed for this morning's webinar and this afternoon's webinar.

But, thank you so much Kimberly and Randy. It was excellent having you today. It will be great to have you this afternoon. Beth, I'll hand it back to you if you have anything else to add.

>> BETH: No. Nothing else. Thanks for clarifying on the CRCs, and please join us this afternoon with Randy and Kimberly again talking about Veterans services.

>> HEIDI DECKER MAURER: Thanks, everybody.

>> KIMBERLY GERLACH: Thank you, guys.

(session completed at 12:35 p.m. CST)

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