Community Inclusion for Persons with Serious Mental Illness in North Carolina
February 20, 2018
Breakout Groups

Transition Age Youth
- What is not working:
    - Homeless youth: The HUD definition of homelessness and housing: youth who do not meet the definition.
    - Funding.
    - Young people are a transient population.
    - Lack of public awareness and success stories.
- What is working:
    - TCLI:
        - Initial and monthly stipend ($2000 for apartment and items the first month).
        - Identification at the LME/MCO.
    - Rapid job search
    - Community practice → systems theory
- What is not working:
    - Sometimes services exclude each other.
    - Transition from child to adult (diagnosis and medical necessity).
    - EBPs and bringing them to fidelity and scale.
    - More ongoing research.
    - Fragmented system.
    - Need for timely response.
    - More prevention needed.
- Long-term Needs (Trauma – Isolation – Abandonment):
    - Support (family and peer)
    - Advice
    - Wraparound services/case management
    - Daily living skills
    - Knowledge of community resources
    - LGBTQ
    - Education and skills for job
    - Training for advocacy and rights
    - Housing
    - Collaboration
    - NC START for I/DD/MH (crisis service case manager)
    - Critical Time Intervention (CTI)
    - Community Collaborative System of Care
    - SAYSO/Youth Villages Lifeset - YVNetwork
    - College including housing
    - Early psychosis identification (Center for Excellence)
    - Youth Move

- o Family Partners
- o Identification of foster youth (food insecurity, housing support)
- o First in Families
- Problems to be Solved:
  - o Empowerment
  - o Engage in services
  - o Catch earlier/develop plan
  - o Environment → social determinants
  - o Self-determination → choice
  - o Navigate system

Peer Support – Person with Lived Experience
- Mutual – Equal – Connected – Shared
- What is working:
  - o Empowering
  - o Educating/shared experience
  - o Instilling hope, sharing stories
  - o Encouragement
  - o More opportunities to use peers
  - o Culture shift
  - o Less scripted roles
  - o Being used in more services (IPS)
- Barriers – Challenges:
  - o Eligibility requirements
  - o Coordination
  - o Transportation
  - o Uneducated public – stigma
  - o Inappropriate expectation of peers
  - o Expectations of funding sources
  - o Payees' misunderstanding
  - o CE of peer support
  - o Inadequate compensation/no career ladder
- Implementation – What will I do tomorrow?
  - o Internal training for clinical staff
  - o More outreach: advocate and educate
  - o Not being a Medicaid billable service
  - o Develop a community resource guide
  - o Local collaborative for peer support
  - o Ask → Listen

Employment
- What is working:
  - o People are feeling accomplished.
  - o Employment is increasing socialization opportunities.
  - o People are pleasantly surprised at what they can do and how much.

- Starting to coordinate across stakeholders regarding employment, especially as it relates to behavioral health.
  - Zero Exclusion + Rapid Job Search are becoming part of the culture.
  - Focus on competitive and individualized jobs.
  - Having a job has improved symptoms and symptom management.
  - Employing peer mentors—going well—we need to continue to build on this.
  - See yourself in the other person's dreams through employment.
- Help:
  - Disconnect from ability to work.
  - How to bring vision back to people who have lost their vision.
  - Clear message across all levels and stakeholders.
  - What are the supports that help people go to work successfully (child care, transportation, medication)?
  - DVC-VOC assessment says they can't work and need training.
  - Employment before moving out so in place and community is being established to support the move.
  - Awareness of community resources that support employment.
  - Focus on employment.
  - IPS provider is making clients in ACH go to their office for intake (17-mile minimum), which is a barrier to services.
  - Rightsizing number of teams per mileage covered/problems with coverage.
  - Try not to be "gatekeepers" for the service.
  - Policies around benefit retention when working need to change to support people going back to work.
  - Access to educational opportunities to improve employment situation.
  - Access to well-trained benefits specialists, especially for ACT (even more limited).
  - Still battling the misconception that work will make things worse coming from mental health professionals.
  - Silos across multiple public systems—they're breaking but not BROKEN.
  - Funding resources are threatened at multiple levels.
  - Advocacy at local and state levels for funding and support from people regarding IPS.
  - Continued training/education on the IPS model.
  - Increased understanding of how employment outcomes impact funding to divisions (DVR paid back for services if employed for 9+ months).
  - Employment First legislation.
  - Exception around SE AND Education in policy.
  - Readiness conversations with stakeholders = not resistant to zero readiness.
  - Open to talk regarding employment = treatment.
  - IPS has a wraparound component.
  - Opportunity to bridge jobs talks to jobs for people with disabilities (Governor is big on jobs).
  - CPSS program → avenue for meaningful employment.
  - Volunteering as a path to employment for people that want this option.
  - People are motivated to work, need to get past previous negative experiences.

- Talking about benefits and liking to trained benefits counselors.
        - People with criminal records can now find employment.
        - ABH staff from top to bottom have embraced this model, increasing the number of people in service.
        - Providers serve as experts to talk about services.
    - Needs:
        - System set up (benefits) to cut off when employed = no safety net.
        - WIPA → only for people currently employed.
        - Sometimes people have been told for a long time to not work.
        - Worries about medication and sustained employment.
        - How does/should volunteering fit in to this?
        - Multiple goals—education and employment not approved for authorization by MCOs.
        - Need to focus on engaging people living in ACHs.
        - We need employment to ALWAYS be part of recovery conversations (State agencies, MCOs, providers).
        - How to inspire hope and build confidence in an especially daunting place and daunting task.
        - High Level Champions of Employment (Governor, Secretary, General Assembly)!!
        - More organized IPS success stories.
        - Consideration for young adults in college to reflect the unique needs of individuals.
        - The State needs to model the change they want to see (hiring policies, supporting education).
        - How are different divisions coordinating across "the Silos"?
        - DVR/ACT regarding joining to focus on employment and education.
    - Top three activities to improve employment access and outcomes for people with disabilities:
        - Group 1:
            - Advocacy- especially from/by people receiving services
            - Employment First legislation coming from a State level
            - Leadership support
        - Group 2:
            - Access to benefits counseling
            - Fully understanding Employment First and the dignity of risk (patience when changing dialogue)
            - Continuum of options and informed choice

Recreation
- What's working:
    - Housing: people have the opportunity to move into the community and select neighborhood.
    - Using technology: teach how to use phone, Facebook messenger, meet up application
        - Connecting with friends/family.

- - Meetup application
  - Eventbrite
  o Linking to community stakeholders and developing partnerships
    - Community college: offer classes to person with mental illness.
    - YMCA
    - Psychosocial Rehab center: partner with officers to decrease fear of clients.
    - State hospitals: bring community in (ACHs – Hospital Liaison).
    - Co-production/Natural supports
  o Person-centered planning: encouragement of support groups (NAMI, Resbit, NCStar)
  o Peer support: local/creative touch
  o Relationship/people mapping: visual, differential professional/personal support
  o Transition to Community Living (TCL) initiative
- Needs/interests around recreation:
  o Actually ask peers "as experts" and value their input.
  o VOICE: opportunity to explore recreational interests, rather select limited options.
  o Incorporate business to donate/volunteer.
  o Community outreach: stop isolating as a population.
  o Include people that are not included in Medicaid.
  o Individual drive.
  o Tools: identify and support recreational interests.
  o Transportation.
  o Incorporate other community resources.
  o TEACH: social/interpersonal/self-advocate/empowerment skills.
- Barriers:
  o "Rescuing doesn't facilitate motivation.
- Recommendations:
  o Develop training/strategies for peers to support recreation.
  o Highlight successful programs/strategies.
  o Expand transportation availability.
  o Advocate/educate consumers and mainstream organizations.
    - Reduce negative attitudes in the community by supporting community programs to "pull"/welcome individuals with lived experience.
    - Identify key leaders in mainstream communities who also have lived experience.
    - Invite mainstream providers in to discuss SMI issues/concerns.
    - Hold recovery rallies, inviting mainstream providers.
    - Be present in mainstream communities (join boards, be at the table).
    - Establish community partners.
  o Hold community fairs to showcase recreation opportunities.
  o Work with NAMI to focus on leisure/recreation.
  o For consumers:
    - Establish the individual within the community.
    - Support individuals to make decisions in the mainstream environment.

- ▪ Help individuals find their own motivation by drawing on their past interests, expanding on their current interests, and exploring potential interests.
- Action plan:
  - o Create statewide resource website.
  - o Every county should offer recreation opportunities free to all community members.
  - o Transition plan: introduce to police, EMS, YMCA, etc.
- Questions:
  - o Rural communities
  - o How do we define/expand "medically necessary" transportation?
  - o How do we tap into community resources?
  - o How do we identify interests and support motivation?
  - o How do we support mainstream community to "pull" people in?
  - o How do we reduce prejudice/discrimination in mainstream settings?