Employment Subcommittee, SMHPC November 19, 2025

We left off at ***Goal 2.*** Michael has a spreadsheet with shading that presents where we left off. Goal 1 was, what data from whom? Then we had started talking about prioritizing race, equity, and inclusion.

We're keeping Goal 2, and we did Objective already.

Objective B is about focus groups, for marginalized populations, to better understand their needs. When goals were developed, this was a high value for the committee, says Kathy Petkauskos.

> Justin Brown said he was on the subcommittee. We haven't had the bandwidth or time or people to pull this off.
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> MassAbility does track their data based on demographics. Michael said that we could look at it from the perspective of how the clubhouse data are now captured. But other than looking at data points, which we could get from MassAbility and DMH, do we want to be more assertive? (not clear who was speaking)
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> Justin thought we should work with the data we have and try to be attentive to it. Maybe from that, some other action steps will arise.
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> Michael's "read" was that, if we dropped this (Objective B) as a goal, it's not really a comment on how valuable it would be, it's more of a comment on our bandwidth.
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> Vinnette wanted to see what the data show, before a decision about 'what to do' is made. The plan should be based on the data. This idea was seconded. The objective will be revised to be focused on data analysis.

Objective C: Using the race, equity, and inclusion data available, make recommendations for reducing barriers to employment, enhancing the MassAbility/ACCS collaboration, and better identify and support staff training needs (by 1/1/27)—that's what we want, so let's replace Objective B with C.

Goal 3: Enhance relationship between MassAbility and DMH to ensure the employment needs of individuals served by ACCS are met.

Objective A: Cross-representation on respective committees, i.e., SMHPC employment subcommittee and MassAbility Statewide Rehabilitation Council (SRC) // Marked as complete, so it can come off.

> Q—Val questioned the template: If we remove the things that we've completed, will it reflect our work? Is there any impact report from the last three years (Kathy Petkauskos)?
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> A—This is not the only copy of the report, per Michael; it's just the working copy. But once we're done with this process, an impact statement or annual report would be worthwhile, for the whole SMHPC. That might be added to this plan as an objective.
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> Val felt that we were quite ambitious and would like to see prioritization and simplification, to aid implementation.
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> Ally indicated she is not yet appointed to the SRC, but Steve is there, per Michael, and perhaps Amelia. Michael said he believes a feedback loop is needed between the two groups, focused on employment.

Objective B: Analyze outcomes data // Marked as partially complete. We do speak to this in the first goal, per Michael.

Vinnette questioned whether this refers to a KPI report, which has been requested and which ought to be revamped for readability.

Michael said he and Adam will meet in two weeks, after the next meeting of senior leadership provides approval to move ahead. The strong preference is to solicit input from all regional partnerships and providers, about what data are useful and have impact, and are actionable, for those who do the work. It is possible that we'll refashion this as "provide input into revised KPI measures."

It has been a few years since a KPI was received. It was too much information and was hard to digest. It needs to be streamlined and digestible, and it needs to go out to DMH and providers. Do we have a lot of ACCS providers, MassAbility and DMH folk, who could benefit?

Justin was in favor of deleting this goal because it's under Goal 1. KPI is high-level policy review. Once any changes are made, will we be able to implement an agenda for partnership meetings that's driven by data? Are there tools or is there an approach that can be adopted statewide? Perhaps we organize that meeting to be data driven not so much by KPI but by current caseload and other ground-level, actionable, real-time data.

Michael said he believes that having Graham at this meeting, with this as an agenda item—maybe with Adam as well—would be enlightening. Another speaker was all for pushing this forward with Adam and Michael.

Ally said that for five years she's been pushing for KPI data to be refined and has seen very little progress. Only individual offices and DMH–MassAbility relationships have agreed to look at different numbers. Ally still must track data on her own; the data needed are not tracked by any existing system. It's quite time consuming and inefficient. We need to make real impact on this, statewide.

Vinnette wanted to ask ACCS providers what data would be helpful for them. When we refine the data set, we want to include what's useful for providers.

Michael questioned whether this applies to the previous goal, about what data can tell us, and making recommendations. It's contingent upon DMH and MassAbility, in fact both the decision and the resources allotted are contingent.

Perhaps it should be more of a baby step than the ambitious step we have identified. We want to have a common data set, and we want it to be effective in helping DMH, MassAbility, and providers establish best practices and the like. If we try our darnedest and are thwarted, we should still try.

Some things we cannot boil down to what's concrete, because we don't know the most effective pathways.

Objective B rewritten as: Advocate with DMH and MassAbility to refine KPI measures for theACCS/MassAbility Partnership.

Kimberly Anderson wondered if the objective now belongs under Goal 1, data. Phone contributor said he believes that the two are interrelated; leave it where it is.

Objective C: Survey and/or hold focus group with key stakeholders // We did that. Is there more work to do, or can it come off the list?

Kim said she believes there may still be some training needs; do we need to do follow-up? Michael said he and Adam will revisit this with leadership. In terms of the committee, the work done has

been fantastic. It's now in the ballpark of DMH and MassAbility. It sounds like there's more work to do, but it may mean the larger departments have to make decisions.

Objective D: Research/identify best practices

Objective E: Develop a report and make recommendations

D and E were part and parcel of the focus groups, which we did. Phone contributor added that we can celebrate the recommendations made and listened to—even though they have not been acted on. Maybe if we do an impact statement, we state what we learned from the process, re-state the recommendations, and say we're waiting for approval.

Michael was inclined to take C, D, and E off. Kim seconded the proposal.

Objective F: Host a Best Practices Forum in collaboration with the MassAbility SRC

Justin wondered if in the NE area and perhaps statewide there has been a shift in statewide contracts that may be ongoing. We got a lot of information from CIS participants, but now there's a whole new group of CIS providers who may not have that information. They were not part of the focus groups.

In the NE area there's no longer any ACCS provider who does CIS. Kim questioned that, but Ally re-asserted this as fact. Justin said that Ally's experience in Lawrence has been duplicated in all 6 sites. Ally had to shift to utilizing vendors who do not specialize in mental health, i.e., Work Services Unlimited. If we had the ability to share information with all vendors, that would be great.

Amelia Dillon said a request is coming out soon. Will ACCS's RFR include any level of employment? Will that change this objective, regarding best practices?

Vinnette said she'd prefer to hold off on this until we see who is awarded contracts. The RFRs going out might bring aboard a whole new set of providers. Michael seconded this, but said that this is still an objective that we may want to keep and act on later, particularly with a new crop of providers. Phone contributor said it now feels even more important.

Is all of CIS being put out to bid in January? Amelia confirmed that DTA and MassAbility are both going out for bid.

Kathy wanted to see a broader statement than 'hold a...forum.' That could give us greater leeway in how we share the information.

At one point the SRC said they did not have the depth of knowledge that the subcommittee has, regarding persistent mental illness and employment. They expressed an openness to working with us on this because they don't have the expertise. Maybe we can say that this is in collaboration with MassAbility.

Ally said that the subcommittee is best equipped for this task. This committee has MassAbility representation on it—so isn't collaboration already assured? Or do we have the ability to add MassAbility providers? We might refer to employment partnerships; that might cover it.

The focus groups included ACCS programs that were not directly doing employment, as key to the process, for their pre-employment and post-placement services. Be sure to include them in language.

MassAbility staff and beyond – the vendors who provide services to MassAbility. Not only best practices, and not only CIS providers; plus, specify post-re-procurement. (Michael will polish and distribute the document.)