Program Report Card: Department of Mental Health and Addiction Services' Mental Health Employment Program

Quality of Life Result to Which Program Contributes: Connecticut adults with serious and persistent psychiatric disabilities achieve success in school, work and life.

Program's Contribution to Result: The employment and education programs assist over 3000 persons with psychiatric disabilities annually to seek, obtain, retain and/or advance in jobs of their choice through job readiness preparation, job placement and career enhancement educational supports. Both programs promote individual recovery while contributing to Connecticut's workforce and economy.

Partners: DMHAS partners with the State Bureau of Rehabilitation Services (BRS) and Department of Labor (DOL) to leverage state and community employment resources. Services are provided through a contracted network of private not-for-profit community-based organizations in collaboration with state colleges and universities, Dartmouth College and the Corporation for Supportive Housing.



Performance Measure 1: Percentage of DMHAS consumers that have increased

involvement in work or work-related activities.

Story behind the baseline: This indicator describes the number of persons who are "competitively" employed (i.e., working in the community in jobs that are open to non-disabled applicants and offer wages that are commensurate with those of non-disabled employees) out of the total number of individuals receiving DMHAS outpatient services. Contracted agencies provide job readiness, placement and retention services to achieve this goal.

A seven-year DMHAS employment initiative has refocused funding to purchase the evidence-based practice (EBP), Supported Employment, which has been documented to result in higher rates of employment and job retention for persons with mental illness. While DMHAS articulated service parameters throughout that period, it is only in FY 2010 that all contracted employment services require the EBP as the result of the reprocurement process. DMHAS anticipates that the implementation of the EBP will result in higher rates of placement and retention by improving efficiency standards.

The work involvement rate has increased gradually over the past four years from the national average of 17%. In FY07 the rate was 24%, in FY08 31%, in FY09 25.5% and in FY10 25.7%. The rate is expected to remain steady or increase slightly given the implementation of evidence-based practice and raised service levels despite the State's depressed job market.

Performance Measure 2: Percentage of DMHAS consumers that have increased involvement in education or education-related activities.



Story behind the baseline: This indicator describes the number of persons who receive supported education services out of the total number of consumers receiving DMHAS outpatient services. Contracted agencies provide academic readiness development, enrollment assistance, tutorial assistance and other academic and personal supports.

This parallel initiative for supported education has identified effective practices and convened regional educational collaboratives to coordinate services and supports for students with mental illness. Re-procurement process resulted in an increased number of education providers with greater statewide access to supported education services

Involvement in education/education-related activities is expected to increase with the expanded network of educational service providers, extensive capacity building in the field, and the implementation of best practices; there is currently no national standard.

Proposed actions to turn the curve: Close monitoring of outcome data with accompanying training and technical assistance to disseminate effective practices.

The newly developed SAMHSA supported education fidelity scale will be piloted at one site. Since this will be the first year of programmatic monitoring for these contracts, DMHAS will identify baseline efficiency standards during year one. Goals will be set for

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Proposed actions to turn the curve: All DMHAS employment contracts were rethe following years articulating annual increases in participation. procured for FY 2010; On-site annual Fidelity Reviews will be conducted for all providers to insure adherence to EBP, coupled with extensive technical assistance that focuses on areas identified as non-compliant within provider agencies. In addition, DMHAS will implement an upgraded data system in FY2010 that will allow for accurate monitoring meetings. and insure greater accountability. Numerous workshops will focus on linkage strategies with BRS and One Stop Centers to leverage diverse funding sources.

Performance Measure 3: Percentage of persons receiving evidence-based supported employment services.



Story behind the baseline: This indicator is based on DMHAS' efforts to improve the guality of service. The percentage represents the number of individuals enrolled in EBP services out of the total number of persons receiving DMHAS outpatient services.

In the past contracted agencies used a range of traditional approaches to assist consumers to attain employment. Based on extensive research and SAMHSA endorsement, DMHAS began implementation of the EBP in 2005 at three pilot sites. Currently eight of the 14 LMHAs have adopted the EBP and eight of the 18 non-LMHA providers. In FY07 1.67% of consumers received EBP services, in FY08 2.1% and in FY09 2.3%. The FY10 goal will be for 3.5% to receive competent EBP services as documented by the SAMHSA-sanctioned fidelity scale.

Proposed actions to turn the curve: Contract re-procurement for FY 2010 requires implementation of the EBP by all providers. Compliance will be measured by DMHAS staff using the fidelity tool coupled with on-going technical assistance to increase fidelity to the model:. DMHAS anticipates that this will lead to increased efficiency.

Local educational collaboratives will develop support protocols/strategies with educational institutions and best practices will be disseminated at regular statewide

Performance Measure 4: Percentage of participants indicating a high rate of overall satisfaction.



Story behind the baseline: DMHAS has required most programs to administer an annual consumer satisfaction survey since 2003. For the last three years, consumers in the Mental Health Employment Program have indicated levels of satisfaction that are higher than the overall national average, as documented in the CMHS Uniform Reporting System (URS) Tables by SAMHSA, with over 93% of surveyed consumers reporting satisfaction in FY09.

Proposed actions to turn the curve: The proposed actions noted in Performance Measures 1-3 will likely impact the overall General Satisfaction reported by consumers of employment services.

National average is drawn from data from many types of Mental Health Programs, and was retrieved from this website on December 30, 2009: <http://download.ncadi.samhsa.gov/ken/pdf/URS_Data08/Connecticut.pdf>.

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