

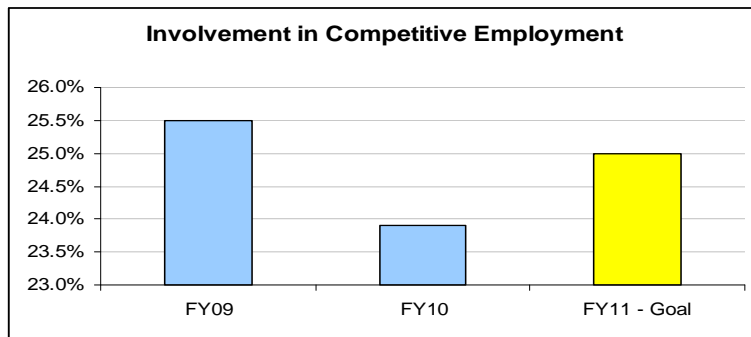
Program Report Card: 2010 Mental Health Employment Program (Department of Mental Health and Addiction Services)

**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 3500 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.



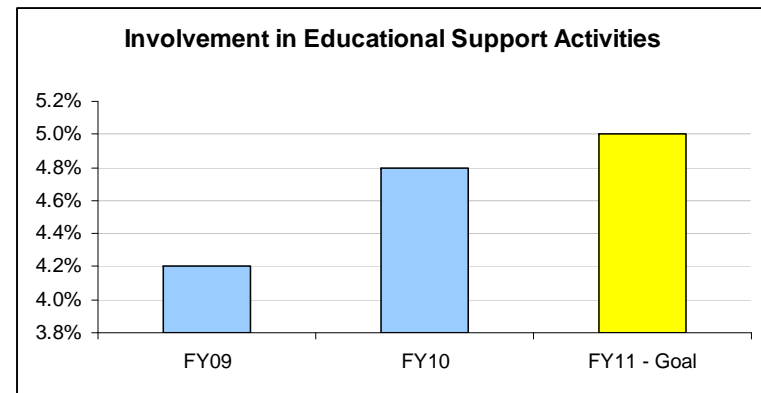
**Story behind the baseline:** This indicator describes the number of persons who are “competitively” employed (i.e., working in the community in jobs that are open to non-disabled applicants and offer wages that are commensurate with those of non-disabled employees) out of the total number of individuals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

In FY2010, DMHAS re-procured all employment contracts. All contracted employment services now require the EBP as the result of the re-procurement process. On-site annual Fidelity Reviews are being conducted for all employment services providers to insure adherence to EBP. Additionally, DMHAS provides extensive technical assistance focusing on providers’ obstacles towards compliance and fidelity.

In previous years, the work involvement rate increased gradually from the national average of 17%, to a high of 25.7% in mid-fiscal year FY10. However, by the end of the year, the employment rate had dropped to 23.9%. As the nation slowly recovers from a deep recession, employment is difficult to find for the entire job-seeking population, and this difficulty is reflected in this result. The FY11 goal will be a modest 1% increase to 25%.

**Proposed actions to turn the curve:** Given the deep recession, DMHAS will continue to explore alternative approaches that will ultimately contribute to people’s employability, such as returning to school, internships, volunteering, and entrepreneurial efforts.

**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.

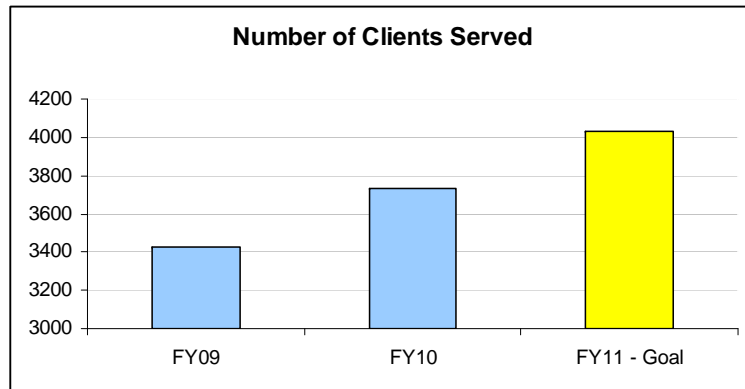
This parallel initiative for supported education has identified effective practices and convened regional educational collaboratives to coordinate services and supports for students with mental illness. As anticipated, involvement in educational support activities did increase with the expanded network of educational service providers, extensive capacity building in the field, and the implementation of best practices.

The FY2011 goal will be an increased education rate of 5%.

**Proposed actions to turn the curve:** DMHAS has tasked one Supported Education provider in each region with engaging adult education colleges and post-secondary schools throughout their region. They are responsible for linking persons in recovery and staff with educational resources. DMHAS is also offering training twice a year and quarterly technical assistance sessions on supported education strategies for the field.

Program Report Card: 2010 Mental Health Employment Program (Department of Mental Health and Addiction Services)

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



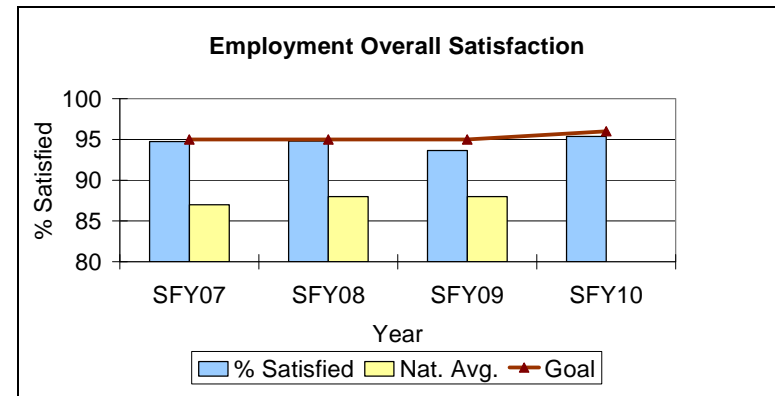
**Story behind the baseline:** This indicator is based on DMHAS' efforts to improve the quality of service. The percentage represents the number of individuals enrolled in EBP services out of the total number of persons receiving DMHAS outpatient services.

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. Contract re-procurement for FY 2010 required implementation of the EBP by all providers.

The number of people receiving EBP services increased by nearly 400 during FY10. The goal for FY11 will be an additional increase of 200 individuals.

**Proposed actions to turn the curve:** The proposed actions include continued training and support for all employment supervisors and peer staff on EBP, as well as offering supervisory technical assistance conference calls.

**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 four 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 95% of surveyed consumers reporting satisfaction in FY10.

**Proposed actions to turn the curve:** The proposed actions noted in Performance Measures 1-3 will likely continue to 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 November 18, 2010: <http://www.samhsa.gov/dataoutcomes/urs/2009/Connecticut.pdf>.