

2013 Program Report Card: Mental Health Supported Employment Program (Department of Mental Health & Addiction Services)

Quality of Life Result: All Connecticut working age residents have jobs that provide financial self-sufficiency.

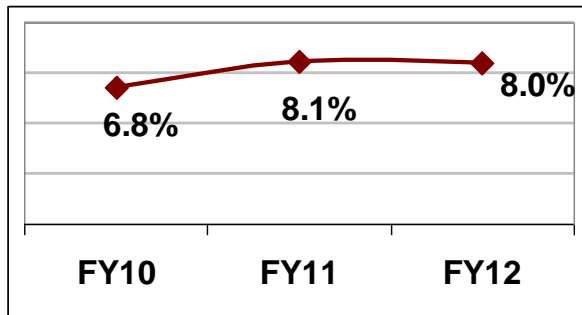
Contribution to the Result: The DMHAS Mental Health Supported Employment Program increases the number of residents in competitive employment by providing job placement and retention services.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 11	10,417,745			10,417,745
Actual FY 12	10,417,739			10,417,739
Estimated FY 13	10,483,215			10,483,215

Partners: The Connecticut Bureau of Rehabilitative Services of the Department of Rehabilitative Services (DORS) and the Department of Labor collaborate with DMHAS to provide an integrated system of employment supports and opportunities. The Corporation for Supportive Housing provides employment supports in clients' communities.

How Well Did We Do It?

Number of DMHAS Clients Enrolled in Supported Employment Programs



Group	FY10	FY11	FY12
Employment	3,518	4,195	4,383
All MH	51,659	51,746	54,976

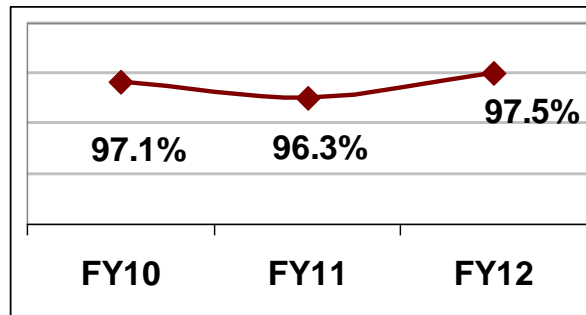
Story behind the baseline:

The number and percentage of MH clients enrolled in Supported Employment programs has increased since the expansion of capacity in FY2010 and re-negotiation of contracts in FY 2011. All Supported Employment programs now follow an Evidence Based Practice model.

Trend: ▲

How Well Did We Do It?

DMHAS Client Satisfaction with Supported Employment Programs



FY10		FY11		FY12	
N	Sat	N	Sat	N	Sat
872	97.1%	1,106	96.3%	1,128	97.5%

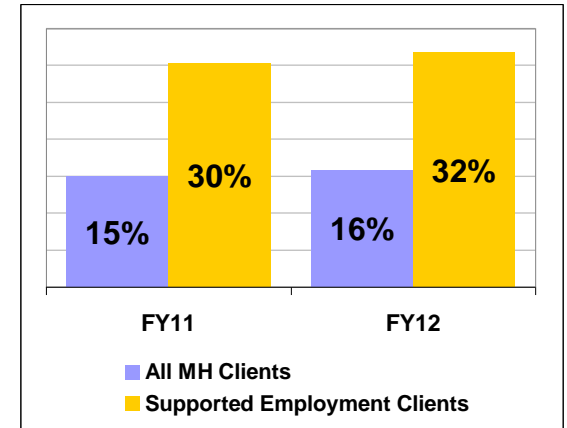
Story behind the baseline:

Connecticut has used the Mental Health Statistics Improvement Program (MHSIP) consumer satisfaction instrument for 9 years. This chart illustrates General Satisfaction domain results for Supported Employment Programs over the last 3 fiscal years.

Trend: ▲

Is Anyone Better Off?

Employment Rates: Total DMHAS MH Population vs. Supported Employment Clients, Trend



Story behind the baseline:

As of FY 2011, all supported employment contracts require fidelity to the Supported Employment evidence based practice model. To ensure adherence to the EBP, DMHAS staff conduct intensive 2-3 day site visits every 1-2 years. In FY 2012, all employment programs were in compliance with the Supported Employment model. **Trend:** ▲

Proposed Actions to Turn the Curve:

DMHAS has recently introduced a number of strategies to strengthen an already robust Supported Employment program. Contracts mandate the use of the “evidence-based supported employment practice” (EBP) that leverages employment supports from diverse members of their treatment team; not only from vocational counselors, but from clinical providers, case managers, peers, family members and housing site staff. A policy of “zero exclusion” means that every DMHAS client is automatically eligible for employment services. Clients are moved rapidly into the job search mode including benefits counseling. Job development focuses on meeting employers’ unmet needs while facilitating good employment matches.

DMHAS and its funded providers maintain a strong relationship with traditional employers, such as grocery stores and home improvement warehouses in high-turnover positions. The agency also works with an increasing number of smaller businesses. These “mom and pop” businesses make a significant investment in consumers, providing a high level of support to them as well as training and income.

At a state level, DMHAS continues to convene bimonthly meetings of all supported employment supervisors to share lessons learned and provide a forum for more training and consultation to improve service delivery. A regularly scheduled joint meeting of DMHAS employment supervisors and BRS staff continues as well. Monthly roundtables on specific topics are also offered for all employment staff. DMHAS and funded providers continue a strong relationship with Dartmouth Psychiatric Research Center and receive training and technical assistance from the founders of this evidence-based model.

Over the last fiscal year, DMHAS has more fully developed quarterly provider quality reports which

include the federally-mandated National Outcome Measures (NOMs). One particularly relevant NOM is “Employment Status”. In years past, providers typically reported Employment Status at admission and discharge; as of FY2011, this indicator is included as part of the periodic assessment, to be completed every 90 days the client is active. This continuous quality improvement process has allowed for mid-course corrections and planning.

Data Development Agenda:

As mentioned in the previous section, DMHAS commenced collecting employment status information on a periodic basis, starting at the beginning of FY 2011. Data for previous years was collected at admission and discharge. Because people may remain in programs for long periods of time, the data pre-2011 does not allow for easy pre-post comparison.

DMHAS has an employment assessment form and a separate education assessment form. Over the past year, DMHAS has worked with employment providers to more consistently use these forms and enter the data into the statewide data systems. Two specific employment data reports have been designed, with provider input, and are in the process of being programmed and put into the data system, so DMHAS and providers can routinely have these detailed employment outcomes. The goal is to use these data to inform more and better service delivery.

Currently, DMHAS evaluation staff are developing a feedback process based on point in time analysis. Programs will be assessed on the number of people who are competitively employed at the end of each quarter.

DMHAS will also assess programs by the number of clients who maintain competitive employment for 90 days or longer within a reporting period.

Data entry screens for the expanded data set have been available in the state operated system for about a year; development of screens for the DMHAS Data Performance System (DDaP) is currently underway, as are reports for these data.

DMHAS has made past attempts to link client data with unemployment data from the Department of Labor; however, HIPAA concerns have limited the size and scope of these efforts. DMHAS staff remain hopeful that future data sharing will assist with obtaining this information.