



# *Supporting Employment for People with Severe Mental Illness Building the Learning Community*

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# *Demonstration to Maintain Independence and Employment (Working Well)*

- Large randomized, controlled trial designed to prevent people from becoming disabled
- Study group: 1600+ working people with SMI or with behavioral and other significant health conditions in Harris County Hospital District health indigent program
- Interventions:
  - Health care (medical, dental, vision, mental health, substance use and employment supports)
  - Motivational, individualized approach
  - Navigation of health and employment systems

# *What We Learned*

- Results at 12 months included:
  - lower rate of application for disability
  - lower rate of receipt of disability benefits
  - improved access to health care
  - Improved satisfaction
- Positive outcomes were strongly related to receipt of **navigation** and individualized, motivational assistance
- People did not identify themselves as “disabled”, despite significant challenges, and valued independence

DMIE 12 month state and national findings

# *Current Texas Reality*

- People with severe mental illness (SMI) are among the most employable and least employed Texans.
- The system of state / federal employment supports is challenging to understand and difficult to navigate.
- There are incentives for people to identify primarily as a person with a disability.

# *Current DSHS Consumer Reality*

- 44% reported they receive SSI/SSDI and cannot work;
- 8.1% reported they are unable to find or keep a job;
- 3.8% reported they do not want or need to work;
- 3.4 % reported they are a stay at home parent, homemaker, or student;
- 1.9% reported they are worried that working would affect their SSI/SSDI benefits;
- 0.7% reported they are over 65 or retired; and
- 8.1 % reported other reasons.

Source: DSHS SFY 2009 Data



# *The Challenge*



- DSHS wants to significantly increase the numbers of mental health consumers getting and keeping competitive, integrated jobs.
- To accomplish this, DSHS proposes:
  - Improving coordination of existing resources among public agencies which support employment, and
  - Using evidence-based practices to support employment.

# *The Employment Gap*

- In fiscal year 2009, approximately 70% of our mental health consumers were not in the labor force, and 11% were unemployed, but wanted or needed to work.
- In fiscal year 2009, approximately 16% of our mental health consumers were assessed as having a need for supported employment services.

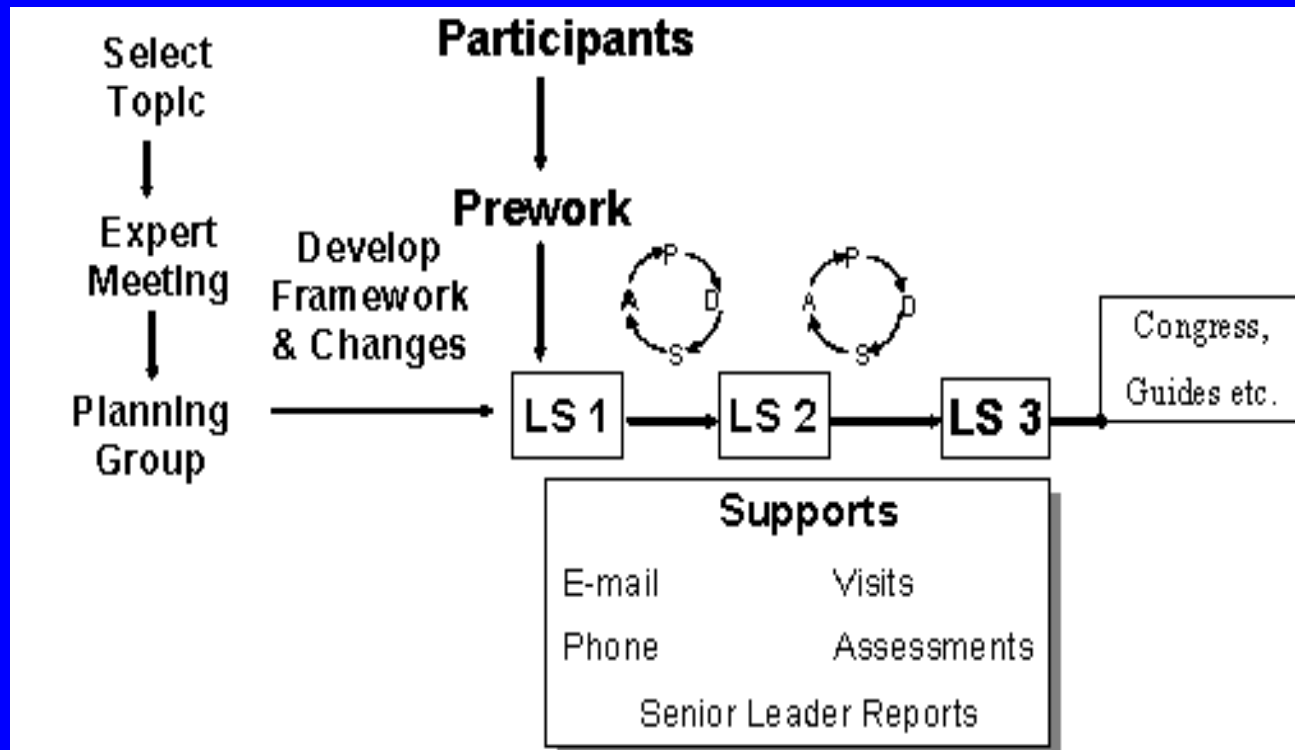
# Developing a Collaborative Environment: *The Learning Community Model*



# *What is a Learning Community?*

- Based on the “learning model” adapted by the Institute of Healthcare Improvement
- Uses a 10-step process that appeals to adult learners

# The Learning Model



# *Advantages of Model*

- Multi-disciplinary collaborations *and actionable* solutions
- Tightly focused topics
- Expert assistance
- Measures determined up front and tracked throughout the process.

# *Objectives*

- Measurable state and local improvements
- Development of long term relationships at the state and local level to coordinate policy, practice and resources

# *State Level Group*

- DSHS
- Consumer representative
- DARS (VR, Business Development, MIG)
- HHSC State Medicaid Office
- SSA
- TWC

# *State Steering Group Charge*

- Identify resources available through partner agencies at the state level;
- Identify pilot sites for local collaboratives (learning communities);
- Develop measurable improvements with learning community pilot sites;
- Review performance with local learning communities; and
- Identify and eliminate state-level barriers to employment of people with SMI.

# *Local Teams*

- Mental Health Authority supported employment and benefits staff
- Consumer representatives
- DARS vocational rehabilitation and employment development specialists
- Workforce board representatives
- Social Security Administration Area Work Incentives Coordinators, where available

# *Local Sites*

- **MHMR of Tarrant County (Tarrant)**
- **Center for Health Care Services (Bexar)**
- **Spindletop ( Jefferson, Orange, Chambers and Hardin)**
- **Texana Center (Austin, Colorado, Fort Bend, Matagorda, Waller and Wharton)**

# *Next Steps*



- First face-face-face learning session completed in May
- Local sites and state team developing improvement projects
- Next learning sessions scheduled for July and October

# *Related Efforts*

- Supported Employment Training
- Dartmouth Model
- Recently offered statewide to MH Centers and DARS VR staff

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