



Southwest Behavioral Health Center

Our journey in to Supported Employment



SBHC - SE Timeline

- ▶ 2010
 - ▶ Dr. Carl Clark visits Utah
 - ▶ Executive team visit the Mental Health Center of Denver (MHCD)
- 

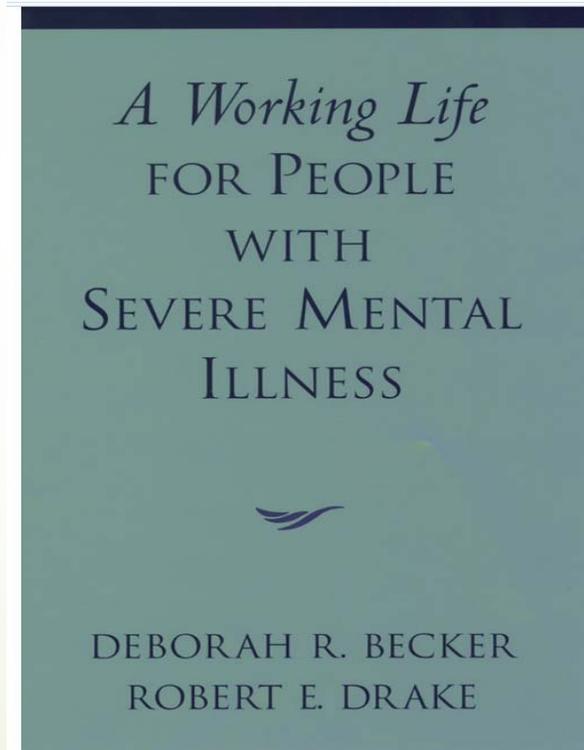


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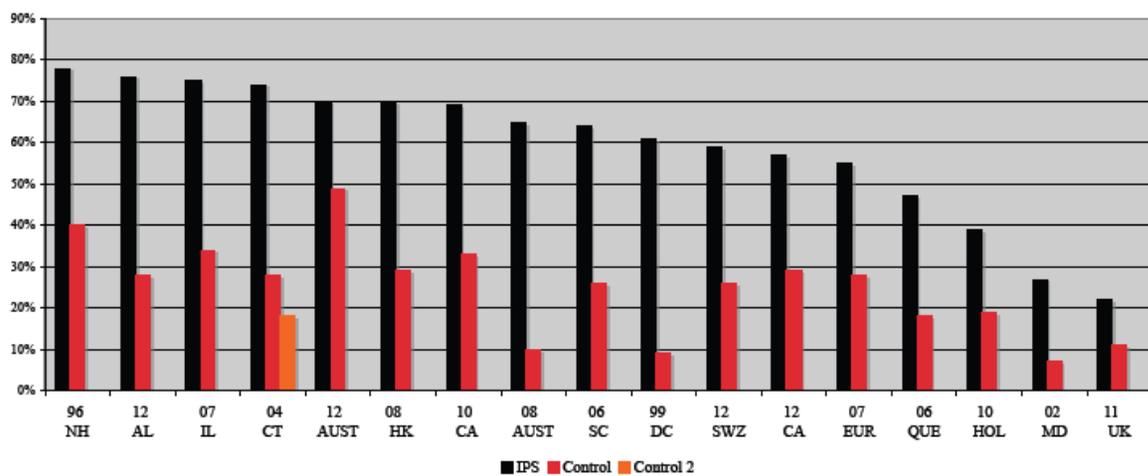


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Competitive Employment Rates in 17 Randomized Controlled Trials of Individual Placement and Support



American Pharoah Becomes First Horse to Win Triple Crown and Breeders' Cup Classic

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SCORE	FIDELITY COMPONENT	SCORING GUIDE	WASHINGTON COUNTY	IRON COUNTY
	1. Caseload size: ESs have individual employment caseloads. The maximum caseload for any full-time ES is 20 or fewer clients.	1= Ratio of 41 or more clients per ES. 2= Ratio of 31-40 clients per ES. 3= Ratio of 26-30 clients per ES. 4= Ratio of 21-25 clients per ES. 5= Ratio of 20 or fewer clients per ES.		
	2. Employment services staff: ESs provide only employment services.	ESs provide employment services less than 60% of the time. 60 -74% of the time. 75 -89% of the time. 90 -95% of the time. 96% or more of the time.		
	3. Vocational generalists: Each ES carries out all phases of employment service, including intake, engagement, assessment job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each ES will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with	1= ES only provides vocational referral service to vendors and other programs. 2= ES maintains caseload but refers clients to other programs for vocational services. 3= ES provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports). 4= ES provides five phases of employment service but not the entire service. 5= ES carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports).		

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- ▶ **2011**
 - ▶ 4 person delegation (direct service staff) sent to MHCD
 - ▶ Executive team attend Recovery Summit hosted by MHCD
 - ▶ Recovery Culture Strategic Plan



RECOVERY CULTURE

- Recovery Culture is a process not a destination.
- The culture is a reflection of what we 'really believe' about people's capacity to grow.
 - It is possible to talk the talk and not believe what you are saying.
 - Not only do we have to believe it, we have to be passionate about that belief.

HOPES AND
DREAMS OF
YOUTH

MENTALL ILLNESS
AND ADDICTION

SHATTERED HOPES
AND DREAMS

DESPAIR

RENEWED
HOPE

RESOURCES AND
SUPPORT

PEOPLE WHO
BELIEVE IN THEM

RECOVERY

*(TO HOPES AND
DREAMS)*



The 10 Elements of Transformation... Towards a Recovery Culture *(Priscilla Ridgeway)*

1. Walk the Talk
2. Amplify Consumer Voice
3. Focus on Positive Psychology
4. Work in Partnership
5. Person Centered Planning
6. Symptom Self Management
7. Community Inclusion & Normal Social Roles
8. Holistic Wellness
9. Peer Role Models/Peer Supports
10. Continuous Self Assessment, Quality Improvement

III. Domain – Administrative

Southwest Behavioral Health Center will promote creative, efficient, and accountable solutions to ensure effective client programs, adequate staffing, and the availability of resources to perform our mission. The Center will adapt to changes in payor demands, community needs and economic fluctuations.

Sub-Domain	Recovery Culture	Responsible	Start Date	Due or Review	Status
Subject	1. TRANSFORMATIONAL LEADERSHIP				
Goal	a. With management input, infuse Recovery in to the SBHC Strategic Plan				
Strategies	<input type="checkbox"/> Refinement of existing strategic plan with new Recovery Strategies	Mike, Michael	10/1/2011	11/30/2013	10/28/13 In process
	<input type="checkbox"/> Gather staff input regarding their perception of SBHC status as a 'Recovery Culture' and recommendations for priorities for 'Next Steps'	Mike	10/1/2011	12/31/2011	Completed - Fall 2011
	<input type="checkbox"/> Exec. Clinical Leadership Team and Center Management establish goals and strategies to be included in Strategic Plan	Michael	10/1/2011	11/30/2013	10/28/13 In process
Goal	b. Infuse Recovery in to current training curriculum				
Strategies	<input type="checkbox"/> Modify New Employee Orientation	Mike			Completed
	<input type="checkbox"/> Develop a Recovery 101 training plan	Michael	10/1/2013	12/31/2013	10/28/13 Not started
	<input type="checkbox"/> Create an Annual Recovery Conference	Michael	10/1/2013	2/28/2014	10/28/13 In process
Subject	2. AMPLIFY CLIENT'S VOICE				
Goal	a. Formalize client input in to program development				
Strategies	<input type="checkbox"/> Implement Focus groups with clients run by the staff who need to hear the input				Pending
Subject	3. FOCUS ON POSITIVE PSYCHOLOGY				
Goal	a. Develop a Strengths Based Focus that applies to staff as well as clients				
Strategies	<input type="checkbox"/> All Staff complete Strengths Finder 2.0				10/28/13 Recovery Services Program staff all currently completing Strengths Finder
	<input type="checkbox"/> Implement a Strengths-Based Performance Coaching Model	Michael		4/30/2012	2012; Created Professional Development Plan model 10/28/13 All programs now using the model
Goal	b. Have a Hope-Instilling approach				
Strategies	<input type="checkbox"/> Inclusion of what is going well in Team Staffings (split-board)	Duane, Shari	10/1/2013	12/31/2013	
	<input type="checkbox"/> Publish 'Recovery Stories'	Michael		10/1/2013	10/13 Mona began including Recovery Stories in the Grapevine
Subject	4. WORK IN PARTNERSHIP WITH CLIENTS				
Subject	5. PERSON-CENTERED PLANNING				
Goal	a. Implement Engagement and 'Ongoing' evaluation and planning paradigm				
Strategies	<input type="checkbox"/> Train staff on paradigm	Michael	1/1/2013	12/31/2012	5/31/2013 All staff trained
	<input type="checkbox"/> Start EHR version of paradigm	Michael		7/1/2013	6/3/13 EHR converted to new system
Subject	6. SYMPTOM SELF-MANAGEMENT				
Goal	a. Implement WHAM using Peers				
Strategies	<input type="checkbox"/> Train PSR Staff and Peer Specialists in WHAM	Michael		12/31/2012	PSR Staff and Peers trained in WHAM
	<input type="checkbox"/> Begin WHAM Groups in PSR programming	Michael, Dave		7/1/2013	WHAM Groups started in St George
Subject	7. COMMUNITY INCLUSION AND NORMAL SOCIAL ROLES				
Goal	a. Fully impement Supported Employment (90% Fidelity)				
Strategies	<input type="checkbox"/> Selection of a PSR design that allow for IPS implementation	Michael, Duane, Shari		12/31/2014	7/1/13 Recovery Services Program designed in to FY14 budget
	<input type="checkbox"/> Implement Structure that can include IPS	Dave			8/12/2013 Hire Recovery Services Manager 9/4/13 Recovery Services Leadership at MHCD 10/1/13 Assignment of 2 FT employment specialists
Subject	8. HOLISTIC WELLNESS				
Goal	a. Develop a staff/client wellness program				

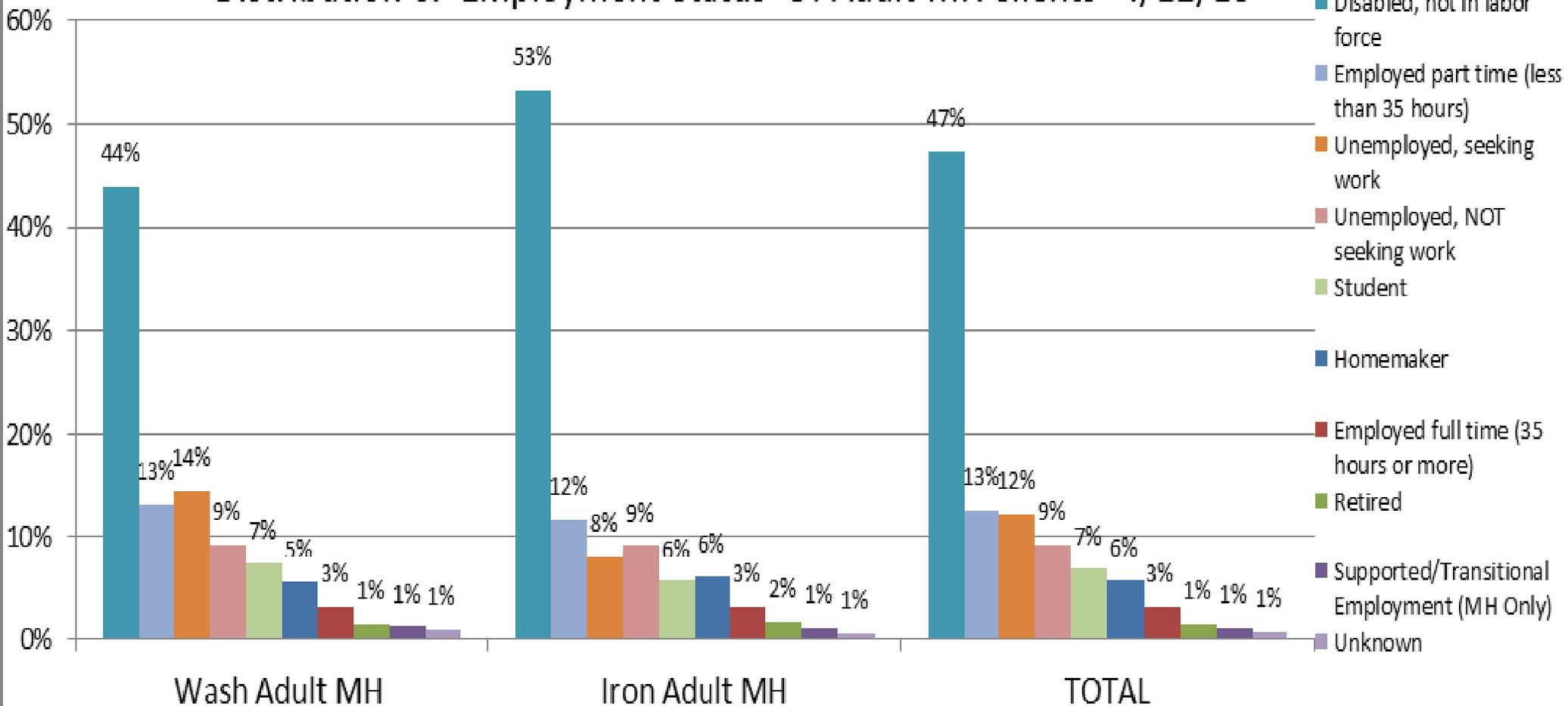
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 - ▶ IPS fidelity self-assessment (37%)
- ▶ **2011**
 - ▶ 4 person delegation (direct service staff) sent to MHCD
 - ▶ Executive team attend Recovery Summit hosted by MHCD
 - ▶ Recovery Culture Strategic Plan
 - ▶ Two case managers assigned part-time SE duties using IPS
- ▶ **2012**
 - ▶ Relationship with Rise
 - ▶ 2nd IPS fidelity self assessment, including Rise activities (69%)

SBHC - SE Timeline

- ▶ **2013**
 - ▶ Creation of 'Recovery Services' Program. 2 Full-time ES
 - ▶ Adult Program Managers and Clinical Director visit MHCD
 - ▶ Performance Improvement Project (PIP): Supported Employment

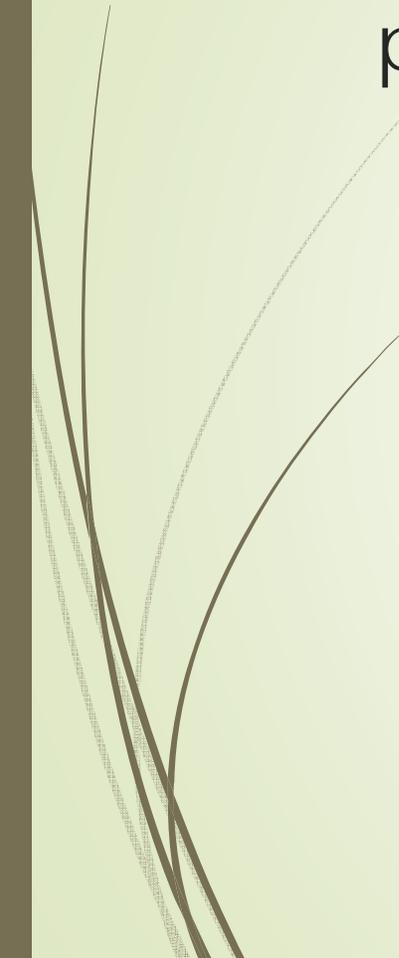
Distribution of 'Employment Status' Of Adult MH Clients- 4/12/13





SBHC Mental Health Clients who are potentially employable

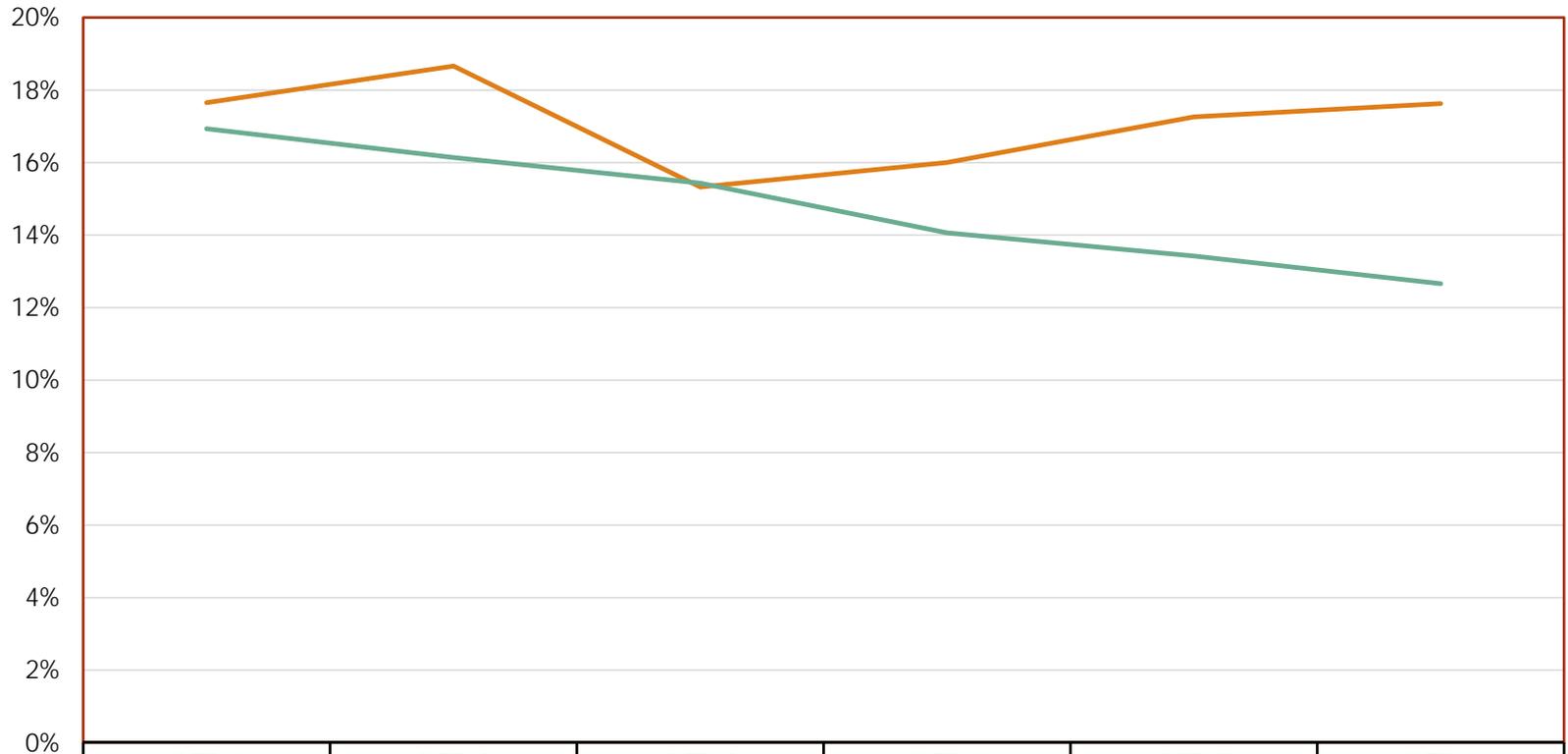
▶ Disabled, not in the workforce	47%
▶ Unemployed, not seeking work	9%
▶ Unemployed, seeking employment	12%
▶ TOTAL	68%



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- ▶ **2014**
 - ▶ Supported Employment and Supported Job Based Training status
- ▶ **2015**
 - ▶ Performance Improvement Project conclusions

Employment PIP - Quarterly Summary with discharged clients included



— Competitive Employment

— Currently Enrolled in Education

QTR 1

QTR 2

QTR 3

QTR 4

QTR 5

QTR 6

17.7%

18.7%

15.3%

16.0%

17.3%

17.6%

16.9%

16.1%

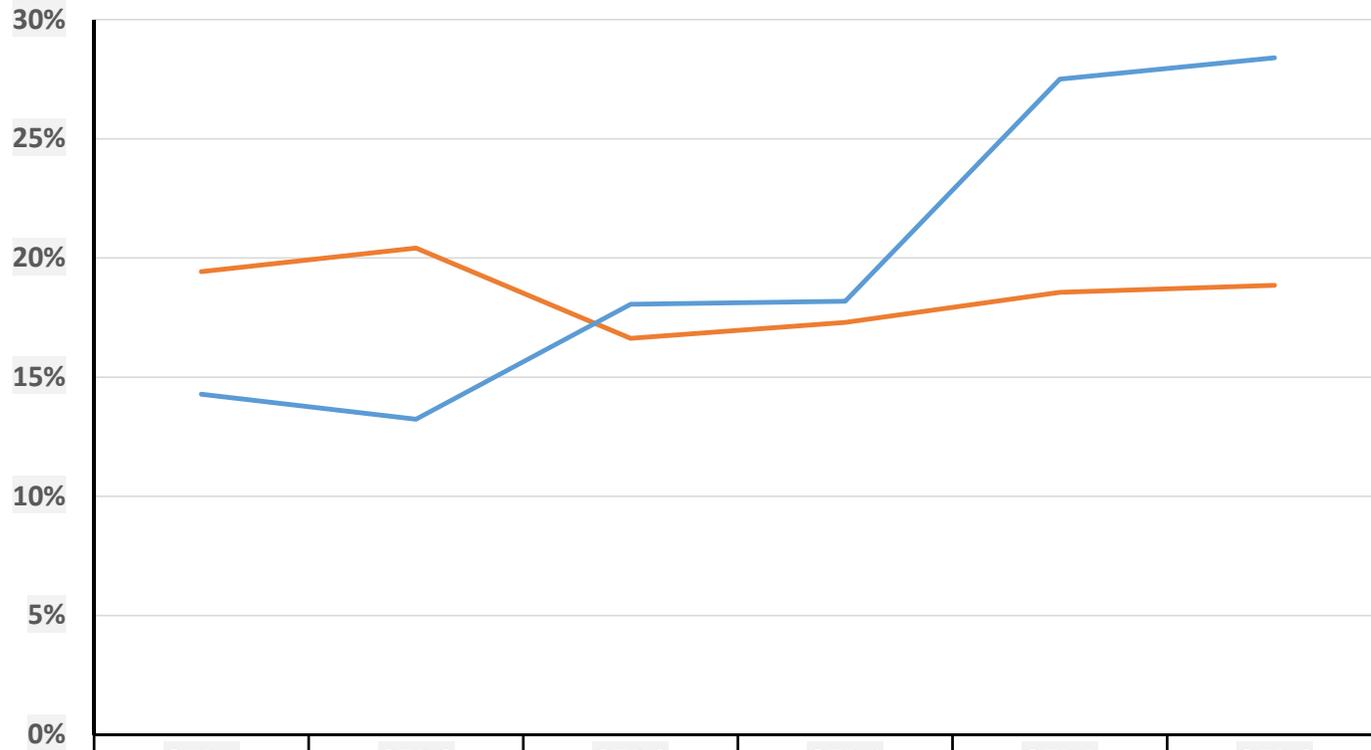
15.4%

14.1%

13.4%

12.7%

**% of Clients in Competitive Employment:
Clients not participating in IPS vs Client participating in IPS**



Competitive Employment - Non IPS	19.4%	20.4%	16.6%	17.3%	18.6%	18.9%
Competitive Employment - IPS	14.3%	13.2%	18.1%	18.2%	27.5%	28.4%

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- ▶ **2014**
 - ▶ Supported Employment and Supported Job Based Training status
- ▶ **2015**
 - ▶ Performance Improvement Project concluded
 - ▶ Application for SAMHSA Grant (5 FTEs)
 - ▶ Application for TANF Grant (3 FTEs)

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- ▶ **2015**
 - ▶ Application for SAMHSA Grant (5 FTEs)
 - ▶ Application for TANF Grant (3 FTEs)
 - ▶ Both grants awarded
 - ▶ Two Supported Employment Teams created (Nov)
- ▶ **2016**
 - ▶ Baseline fidelity review (74%)
 - ▶ Community Rehabilitation Program (CRP) status with Voc Rehab



SBHC – Current Status

Strengths

- ▶ Supported Employment Teams
 - ▶ Excellent Supervisors
 - ▶ Caseloads
 - ▶ 100% focus on SE
 - ▶ Partnerships
 - ▶ Integration with treatment teams
- ▶ Embedded Record system
 - ▶ Client/Process Tracking

▶ **STORIES**

Areas to focus on

- ▶ Increased Executive support of Supported Employment
- ▶ Increased marketing of competitive employment
- ▶ Increased SE team time in the community



Of SBHC Supported Employment
Clients seen in the last year:

- Enrolled in school: 14%
- Obtained Part-time employment: 36%
- Obtained Full-time employment: 13%
- Either enrolled or employed: 63%