Alabama introduces effort to raise accountability in children’s services

State to monitor provider credentials, client progress

According to the Alabama Department of Human Resources (DHR), too many children and families in the child welfare system who have mental health needs are receiving extended services with little documentation of progress, and often are seeing professionals who perform services outside their scope of practice. The department is launching a two-phase program under which it will develop a centralized system to ensure better monitoring of mental health care in the child welfare system, including through implementation of standards of care.

The head of the state department, himself a licensed psychologist, is out to reassure mental health professionals in the state that the centralized mental health management system that the state agency is establishing will not impose undue bureaucratic requirements on care providers or reduce payment rates for services.

“This will be designed by mental health professionals for mental health professionals,” DHR Commissioner Page Walley told MHW last week. “We’ve got to maintain a large and well-trained pool of providers.”

Walley, who became commissioner a little over four years ago, said it took him little time to realize the enormity of a system in which more than 5,000 children are receiving psychological assessments and

National program helps consumers with SMI achieve career goals

Evidence-based practice model reveals 50 percent employment rate

A national initiative is providing team-based training and ongoing consultation to state departments of mental health and vocational rehabilitation to offer consumers with serious mental illness (SMI) access to evidence-based supported employment services. The percentage of consumers in the program remaining competitively employed is about 50 percent, according to officials.

The Johnson & Johnson-Dartmouth Community Mental Health Program was developed by the New Hampshire-Dartmouth Psychiatric Research Center and sponsored by Johnson & Johnson Division of Corporate Contributions. The program, which launched in 2001, is an evidence-based supported employment effort, a specialized form of vocational rehabilitation that helps people with severe mental illness become part of the everyday business environment.

The program began with a small, three-site pilot for one year to demonstrate the feasibility of implementing supported employment with a close collaboration between mental health and vocational rehabilitative services. The program has since expanded to include more than 70 sites across nine states (Connecticut, Illinois, Kansas, Maryland, Minnesota, Ohio, Oregon, South Carolina, Vermont) and the

See ALABAMA on page 2

See DARTMOUTH on page 4
the state mental health departments and vocational rehabilitation departments work closely together. Both institutions have funding sources and expertise. When they collaborate, you get better results.”

Program components

“We help provide the training and the technical assistance and work with states so that they can set up their own infrastructure and manage it,” Deborah R. Becker, assistant professor at Dartmouth Medical School told MHW.

Supported employment follows evidence-based principles not widely implemented across the country, she said. “Only 5 percent of consumers with mental illness have access to these programs,” Becker noted.

Consumers diagnosed with mental illness receiving supported employment services benefit from an integrated mental health treatment team, said officials. The team includes a psychiatrist, psychiatric nurse, and a case manager who work with an employment specialist from the mental health center and a state vocational rehabilitation counselor.

The team identifies a job that meets the client’s needs, strengths and job preferences and remains involved with the employee. “This is a team approach,” said Becker. “The goal is a regular, competitive job for consumers with serious mental illness.”

Becker said that historically, people with mental illnesses have been viewed as not being able to work and have traditionally been steered toward jobs that have been set aside for people with disabilities. “Research shows that people with SMI can work regular full-time and part-time jobs,” she said. “That’s the goal of this approach.”

The program consists of four one-year grants with technical assistance and is coordinated through the Dartmouth Psychiatric Research Center. The first year includes building informed support for implementing supported employment services statewide in a sustainable way and carrying out a site selection process to select three to four sites. Years two to four are devoted to implementing supported employment with high fidelity and developing plans to expand the program statewide.

The Johnson & Johnson Division of Corporate Contribution provides funds that are matched by the state departments of mental health and vocational rehabilitation. The states assume greater responsibility for funding over the four years. The Dartmouth Center provides training and technical assistance to state mental health and vocational rehabilitation supported employment trainers who provide training to local sites.

Gaining self-sufficiency

After following up with consumers in the supported employment program, researchers learned that many have moved on to become more self-reliant, Dartmouth’s Drake noted. “Over the long-term, once clients get started working competitively, most get better and better over

Continues on next page