

ARTICLE

**Strategies for State-Wide
Implementation of
Supported Employment:
The Johnson & Johnson—
Dartmouth Community Mental
Health Program**



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This paper reviews key strategies for implementing evidence-based supported employment statewide. The Johnson & Johnson—Dartmouth Community Mental Health Program collaborates with 9 states and the District of Columbia to implement supported employment in a sustainable way. Technical assistance and team-based training help agencies develop high fidelity programs that result in good employment outcomes for people with severe mental illness.

Keywords: *supported employment, evidence-based practice, vocational rehabilitation, employment outcomes*

Evidence-based supported employment is by far the most effective approach for helping people with severe mental illness work in part-time or full-time competitive jobs, as documented in this issue (Bond, Drake, & Becker, 2008). Despite the evidence for effectiveness, access to these services across the United States continues to be a problem. The Dartmouth Psychiatric Research Center developed a private—public—academic collaboration to systematically disseminate supported employment broadly, thereby increasing access (Drake, Becker, Goldman, & Martinez, 2006).

The Program

The Johnson & Johnson—Dartmouth Community Mental Health Program began in 2001 with a small 3-site pilot for one year to demonstrate the feasibility of implementing evidence-based supported employment with close col-

laboration between mental health and vocational rehabilitation services. Building upon the success of the pilot, the program was subsequently instituted and has included ten states and the District of Columbia. 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, creating a state-level supported employment steering committee, developing in-state technical assistance capacity, and carrying out a competitive site selection process to select 3-4 sites. Years 2-4 are devoted to implementing supported employment with high fidelity and developing plans to expand supported employment services 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 supported employment team oversees the program and provides training for in-state trainers regarding technical assistance for implementing high fidelity supported employment. While direct funding from the program ends after four years, states continue to participate in the program through regular meetings, sharing outcome data, training and educational materials, and accessing ongoing technical assistance and consultation from the Dartmouth supported employment team.

Program Outcomes

After the first pilot year, six states and the District of Columbia participated in the first round of the program. Three additional states were selected for the second round. Each of the nine states and the District of Columbia established a minimum of 3 supported employment sites, and some states have expanded to as many as 12 sites. States collect simple program-level employment data from each of the sites on a quarterly basis, which is analyzed and shared with the states. In the most recent quarter (July-September, 2007), 4,787 people received supported employment services. Of those people, 49% worked in a competitive job. In the five years of data collection, the number of people served in supported employment has steadily increased and the percentage of people competitively employed has been consistently about 50%.

Lessons Learned

Across the nation, many agencies claim to have supported employment programs. However, upon closer examination these programs often utilize only a

few components of the evidence-based practice. It appears that it is difficult for programs to develop high fidelity programs simply by reading material about supported employment. Instead, the Johnson & Johnson—Dartmouth Community Mental Health Program has observed that programs are more likely to develop true supported employment services if they have access to state systems that support the model, including team-based training and ongoing consultation. The Johnson & Johnson project has been effective in helping states develop knowledgeable training teams that help sites in the field.

While the states in this project have implemented evidence-based supported employment with close mental health and vocational rehabilitation collaboration, each state has developed a special aspect of implementation (Becker et al., 2007). For example, Vermont focused on the importance of offering comprehensive, individualized benefits planning. Maryland developed a memorandum of understanding and administrative practices to integrate employment services between the departments of mental health and vocational rehabilitation that streamlined access to supported employment services.

Several key dissemination strategies have emerged from the program's experience across multiple states.

1) **State Supported Employment Champion.** Implementation and dissemination of supported employment occurs most effectively when there is at least one state-level champion who demonstrates leadership skills, advocacy, knowledge about the evidence-based practice, and the ability to interface effectively with both mental health services and vocational rehabilitation.

2) **Training and Technical Assistance Capacity.** Agencies require a fair amount of on-site assistance to develop and sustain good programs. We recommend that states have at least 1 full-time supported employment trainer and consultant whose time is designated to providing site-based training and consultation. The initial training and technical assistance includes demonstrating the skills *in vivo* and supervising the development of supported employment. For example, trainers use a training video that demonstrates effective job development strategies and then accompany employment specialists contacting employers over a series of visits until the skill is developed. In addition, trainers ensure that supported employment supervisors learn the skills for conducting supported employment services (e.g., job development) as they (supported employment supervisors) provide ongoing supervision of the practice and train new staff when there is turnover.

3) **Supported Employment Fidelity Reviews.** A critical task of state leaders is the development of local capacity to effectively evaluate supported employment program fidelity. Fidelity reviews serve as a quality assurance tool to provide feedback to agency administrators, supervisors and practitioners on the strengths of programs and recommend specific areas for improvement. Fidelity reviews may be conducted by a team of external stakeholders that may include supported employment trainers, supervisors, clients, etc., but it is critical that the reviewers have training on the application of the scale.

4) **Integration Between Mental Health and Vocational Rehabilitation.** Collaboration between these two

systems maximizes resources for people needing supported employment services. Strong leadership at the state level from both systems can lead to striking and effective system changes.

- 5) **Communication Across State Supported Employment Trainers.** Supported employment trainers often feel that they don't have adequate strategies to help practitioners, supervisors, and administrators understand the organizational structure and skills required for implementing supported employment. The Johnson & Johnson—Dartmouth Community Mental Health Program has established a variety of ways that the state supported employment trainers share information and learn from each other's experiences. The program has an annual meeting that is facilitated by national experts. The trainers share effective strategies and lessons learned, develop new skills, and connect with each other for ongoing collaborative learning. Bimonthly teleconferences and a web-based program listserv are other mechanisms that are used to facilitate cross training and information exchange. Active networking has developed from these activities and trainers contact each other directly for guidance and support as needed.
- 6) **Educational and Training Material.** The supported employment trainers have found that using a variety of training materials has enhanced learning and skill development. The Dartmouth supported employment team in collaboration with state trainers has developed videos, posters, training guidelines and printed materials. The program also produces a semi-annual, nationally-distributed educational newsletter that includes research findings from

qualitative and quantitative studies, and success stories.

- 7) **Involvement of State Mental Health and Vocational Rehabilitation Directors.** Support for the expansion of supported employment services occurs when the state mental health and vocational rehabilitation directors are knowledgeable about the benefits of the practice and the barriers to overcome. The program has hosted periodic meetings to provide a forum for the state mental health and vocational rehabilitation leaders to share lessons learned about the challenges and strategies for implementing and disseminating sustainable supported employment services.
- 8) **Incremental Learning.** States sometimes find that initial plans for implementation require alteration. To this end, states have found it helpful to start small as they learn about implementation, and later expand the number of sites in a planned way.
- 9) **Site Selection.** One of the most important early state tasks is the selection of pilot sites. Careful evaluation of site leadership commitment and consent for organizational change is critical. States develop a written work plan with sites to establish implementation benchmarks and tasks. In many states the early adopter sites provide early success and momentum, and assist with providing technical assistance to new sites.
- 10) **Importance of the Partnership with a Large Employer.** The Johnson & Johnson endorsement of evidence-based supported employment brings an important credibility and recognition to other employers as well as mental health and vocational rehabilitation agencies. Through the generosity of the corporate contributions division,

Johnson & Johnson demonstrates the importance of work in the recovery of mental illness.

Conclusion

Agencies require ongoing technical assistance and team-based training in order to develop and sustain the type of high fidelity services that result in good outcomes. Further, they require service delivery systems that are conducive to supported employment (i.e., revenue for services, integration of services). The Johnson & Johnson—Dartmouth Community Mental Health Program has established a highly trained network of supported employment trainers across 9 states and the District of Columbia to assure that programs receive ongoing consultation and assistance. Further, the project works with state-level administrators in mental health and vocational rehabilitation to encourage system-level changes, as needed. As a result, the number of people served by supported employment programs has grown steadily, and the percentage of working people in these programs has consistently hovered near 50%.

References

- Becker, D. R., Baker, S. R., Carlson, L., Flint, L., Howell, R., Lindsay, S., et al. (2007). Critical strategies for implementing supported employment. *Journal of Vocational Rehabilitation*, 27(1), 13–20.
- Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280–290.
- Drake, R. E., Becker, D. R., Goldman, H. H., & Martinez, R. A. (2006). The Johnson & Johnson—Dartmouth community mental health program: Disseminating evidence-based practice. *Psychiatric Services*, 42, 315–318.

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