Case Studies

A Case Study of Promising Vocational Rehabilitation Agency Practices in Improving Employment Outcomes for Individuals with Mental Illness

An Evolving Partnership: Aligning Agency Missions and Integrating New Technologies to Streamline Agency Processes

Missouri Division of Vocational Rehabilitation

Abstract

The Missouri Division of Vocational Rehabilitation (MDVR) and the Department of Mental Health (DMH) have been partnering for over 20 years to coordinate supported employment (SE) service delivery to individuals with serious mental illness (SMI). The partnership specifically focuses on coordinating SE funding, streamlining eligibility requirements, and collecting data for shared customers. The MDVR-DMH partnership has positively impacted employment outcomes for individuals with SMI, as evidenced by above-average employment rates for people with mental and emotional (psychosocial) disabilities.

This case study is an excerpt of a larger report, entitled "Vocational Rehabilitation Agencies Helping People With Psychiatric Disabilities Get Employed: How Far Have We Come? How Far Do We Have to Go? Case Studies of Promising Practices in Vocational Rehabilitation" from the Rehabilitation Research and Training Center (RRTC) on Vocational Rehabilitation at the Institute for Community Inclusion, University of Massachusetts Boston. The full report can be found at www.vr-rrtc.org. Its suggested citation is:

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Background

The Missouri Division of Vocational Rehabilitation (MDVR) and the Missouri Department of Mental Health (DMH) have a longstanding collaborative partnership that began over twenty years ago. The partnership was initiated when DMH and MDVR recognized they shared a customer base of people with mental illness (MI) and began to collaborate financially by sharing general revenue dollars. In the early 1990s, the two agencies partnered to deliver evidence-based supported employment (SE) services for individuals with MI. In 1996, MDVR used innovation and expansion funds from the Rehabilitation Services Administration (RSA) to develop a Request for Proposals (RFP) soliciting providers to deliver SE services to individuals with MI. The agency contracted 17 providers – including community mental health providers and VR comprehensive rehabilitation program providers – as a result of this RFP.

Initially, MDVR and DMH did not use the Individual Placement and Support (IPS) model to deliver SE services. Rather, the agencies used an approach based on MDVR's previous experience providing SE services to individuals with developmental disabilities. This approach included an extensive SE assessment and hands-on trial work phase that could take a customer up to six months to complete.

Over the next decade, the partnership recognized that the DD SE model was not as effective in improving employment outcomes for individuals with MI, who may have previous work experience and different needs in terms of the service-delivery timeline. As the DVR-DMH partnership evolved, the two agencies focused on improving SE services for people with MI by designating a key staff person to align the DVR and DMH missions, seeking training and technical assistance (TA) around SE for people with MI, and jointly pursuing grant opportunities to bolster funding for SE services.

In 2000, MDVR created the position of Supervisor of Mental Health Services and Data Reporting in order to "bring together the mission of the Department of Mental Health and MDVR and try to help influence and develop within DMH more specific services that could lead to employment outcomes." Within this role, the Supervisor of Mental Health Services serves as the liaison between MDVR, the Department of Mental Health Divisions of Comprehensive Psychiatric Services, Alcohol and Drug Abuse, and Developmental Disabilities. As the primary liaison, the Supervisor of Mental Health Services was responsible for participating in the CPS State Advisory Council and DMH CPS work groups to introduce the possibility of employment as an outcome related to all facets of their mission. The Supervisor of Mental Health Services was also responsible for cross-agency coordination

including program development and administrative data sharing.

MDVR sought support from the training and TA team at the Institute for Community Inclusion (ICI) at the University of Massachusetts, Boston, to develop a strategic direction toward evidence-based SE. ICI staff with expertise in employment and MH recommended that MDVR implement the evidence-based practice IPS model of SE as a way to help improve employment outcomes for people with MI. At this time, MDVR and DMH began to convert SE programs serving people with MI to IPS programs.

In addition to training and TA, MDVR also sought out external grants to bolster funding support for SE services. MDVR partnered with DMH and ICI to pursue a National Institute of Mental Health (NIMH) grant. In FY 2005 NIMH awarded the grant under the title of Missouri Mental Health Employment Project (MMHEP) [1]. The goal of the MMHEP was to improve the implementation of evidence-based SE services for people with MI. As part of this initiative, MDVR and DMH converted all original SE sites to full-fidelity IPS sites, based on the Johnson and Johnson – Dartmouth Community Mental Health evidence-based SE program.

In 2009, Missouri received a grant from the Johnson and Johnson – Dartmouth Community Mental Health Program. This grant allowed MDVR and DMH to make a commitment to meeting fidelity standards in all of the IPS sites across the state. Specifically, MDVR established a full-time staff position focused on fidelity SE training. In an effort to consistently increase fidelity scores across all SE sites, MDVR developed the position of State Trainer for the Johnson & Johnson – Dartmouth SE grant. This person is responsible for conducting SE fidelity training in community mental health centers across the state.

Purpose, Goals, and Implementation

The purpose of the MDVR – DMH partnership is to coordinate SE services across agencies with the goal to improve employment outcomes for individuals with SMI. This section describes the main elements of the partnership including coordinating referrals and streamlining eligibility requirements, collecting data for shared customers, and braiding SE funding.

Access to supported employment services: As of May 2012, 7 out of 24 community mental health centers provide IPS services throughout the state of Missouri. There are plans to double this number within the next year. These programs will be primarily funded by VR with assistance from specific Medicaid services braided in.

For individuals who are not eligible to receive IPS SE services, they are given the option to receive an alternative to IPS, Employment Services (ES), from non-DMH community mental health centers across the state. According to our key informant:

> *We redesigned our general services for clients, all disability groups. If you look at it, it looks like IPS with one exception: it doesn't have the long-term continuing support piece at the end, and that's ok. This is not intended to be supported employment. The same philosophies of rapid job placements, taking people where they're at, rapid job placement attending to their preferences, getting to work rapidly, letting them assess themselves while on the particular job... that's what that [redesign] was all about and it's working (...) It allows the person to move a little bit more freely and rapidly.*

Coordinating referrals and service delivery: Referrals for supported employment services are sent from the community mental health centers to MDVR and vice versa. According to our key informant, "very often times, the VR counselor is the only person that is in the state government where their business card says 'counselor.'...[so], many people think that VR is the place where [one receives] mental health services." As a result, the referral process becomes an integral piece of coordinating services.

VR counselors and staff from community mental health centers also work together prior to the initiation of the referral process, so the instant a person receiving mental health services declares interest in employment, relationships are already established between the two agencies, thus making for a smoother process. As our key informant described:

> *...early in that process, we want the VR counselor being a part of that integrated mental health treatment team to start understanding who these individuals are, maybe chatting with them, prior to requesting a VR case open. (...) Then there will be a time when that person expresses, "I want to go to work!" VR will open that case immediately and determine them eligible for services.*

To help facilitate coordination between the two agencies

1 U.S. Department of Health and Human Services. (2005). Research portfolio online reporting tools (RePORT) project information: Missouri mental health employment project (Project No. 1R24MH074784-01). Retrieved from http://projectreporter.nih.gov/project_info_description.cfm?icde=0&aid=6961215

during the referral and eligibility process, MDVR has a long established Memorandum of Understanding (MOU) with DMH, which allows VR counselors access to customer mental health records at the community mental health center. MDVR uses the AWARE case management system and plans to add digital signatures to the case management system in the near future to expedite processes. Integrating other advanced technologies, such as tablets, into this process are also being explored. For instance, it might be possible for a counselor to be able to take a picture of a document, convert it into a PDF, add a digital signature, and then upload it directly into the AWARE system. The digitally signed authorization can then be sent directly to a vendor, thus streamlining the eligibility process even further.

For an individual to receive IPS services, they must already be receiving services from a community mental health center, and also eligible for Medicaid, as Medicaid is the funding source for long-term continuing supports through the integrated treatment team models of Comprehensive Psychosocial Rehabilitation (CPR), Assertive Community Treatment (ACT) or Comprehensive Substance Abuse Treatment and Rehabilitation (C-Star).

At the time of this research, MDVR in collaboration with DMH was clarifying policy regarding substance dependence and eligibility for individuals with co-occurring substance abuse and mental illness diagnoses requesting VR services. Specifically, MDVR was in the process of eliminating the sobriety requirement, previously requested by DMH in the 1980's, which states that VR customers must be sober for 90 days in order to receive VR services. The revised policy emphasizes recovery language and provides flexibility for individuals with substance dependence. The goal of this policy change is to streamline eligibility requirements for this particular population and to promote customer and treatment team engagement in obtaining or retaining employment.

MDVR tracks customers jointly served by MDVR and DMH. Data points include demographic information, disability status, VR disability, VR status, age range, and county of residence for all shared customers. MDVR sends these customer data to DMH annually. DMH matches the data by social security number to identify the number of individuals served by both agencies. In FY 2002, MDVR found that the number of customers annually served by both MDVR and one of the three divisions of DMH ranged from 52% to 60% over the past 15 years.) This information helps MDVR and DMH quantify and describe the population of shared customers, and can inform decision making within the partnership. Moving forward, MDVR hopes to conduct more advanced analysis of this data set.

Coordinating staffing roles and funding: MDVR counselors with a background or interest in serving a MH-heavy caseload have the option to do so while holding office hours at their local community mental health center; their office hours can range anywhere between a half to a full-day per week in the community mental health center. These counselors work primarily out of an MDVR district office, but according to our key informant, the program is "highly mobile, and [MDVR is] implementing more and more technology to support counselors in the field." Caseloads for these counselors in urban areas are comprised primarily of mental health customers, and the type of customer served becomes more varied in rural areas.

MDVR has partnered with trainers from Washington State to provide customized trainings on clinical skills, specifically motivational interviewing, to their counselors. These counselors also receive training from the State Trainer for IPS. The State Trainer develops customized trainings to tailor to the needs of each site as necessary. These IPS trainings are offered to entire sites and thus are open to all staff at that particular site, including VR counselors and community mental health staff. The State Trainer's position is currently funded through the fall of 2012 by the Johnson & Johnson – Dartmouth grant. Following the end of this grant, MDVR and DMH plan to fund this position equally.

MDVR and DMH braid funding for SE services, including clinical intervention services and SE services, in order to provide comprehensive services to an individual. The goal of braiding funding is to provide timely and appropriate services based on the individual's service needs to obtain or retain employment. Non-profit community mental health centers provide both the clinical intervention and IPS SE services directly to individuals with MI who are concurrently eligible for VR. Medicaid and DMH typically fund these providers, however, they are also certified as VR vendors and bill VR for IPS services.

MDVR recently revised the fee schedule and adopted a milestone payment structure for SE providers. MDVR's original payment structure was fee-based, meaning that the majority of MDVR's payment to the provider for each customer served was issued during the initial assessment

phase. Within this structure, SE providers received a lump sum up front for each customer being served, and subsequent payments were standardized rather than outcome-based. Under the new milestone payment structure, MDVR payments are entirely outcome-based. Within this structure, SE providers receive payments for target outcomes achieved in three phases: assessment, placement, and stabilization.

By shifting to a milestone payment structure, MDVR reinforced the focus on immediate placement and customer outcomes. The key informant explained that this payment structure fits well within the IPS model of SE, and encourages providers to "strike when the iron is hot" as customers express interest in work. Another benefit from the milestone payment structure is increased predictability of cash flow for the providers. Providers are motivated to provide timely placement services and ongoing support for customers because each customer's employment milestone results in a subsequent payment from MDVR. At the time of this research, MDVR had been operating under the milestone payment structure for six months. Preliminary anecdotal evidence indicated that the new payment structure is successful in increasing employment outcomes for people with MI, specifically with regard to rapid placement into employment.

DMH's funding responsibility in this partnership includes community mental health centers providing prevocational activities in order to support a customer's interest in work. Community mental health centers are involved in individual treatment plans by developing and supporting employment goals and bridging them into an integrated IPS team. Community mental health centers provide "Long Term Support" for customers through continued maintenance of the individual's medical needs simultaneously with VR funding for IPS activities of job development, placement, and retention until the VR closure as agreed by the customer. The Community Mental Health Center communicates with VR to develop additional services to support transitions to new employment responsibilities, support difficulties experienced while working, or transitioning to new jobs as their careers develop.

Supporting Evidence

According to the RSA 2009 Annual Report, Missouri achieved above-average employment rates for individuals with mental and emotional (psychosocial) disabilities at 50.83%, compared to the national average for general / combined agencies of 48.57%[2]. Further, as reported by the key informant, an administrative data match between VR and DMH for FFY 2007 confirmed a total of 11,781 shared clients between MDVR and DMH in various stages of VR service. Of those exiting, 1,165 reached a successful VR outcome - closed rehabilitated. This reflects a 58.0% success rate applying the RSA formula. Individuals who are closed rehabilitated in this dataset also include individuals who are no longer engaged in DMH services; MDVR hypothesizes that many of these individuals are autonomous in their recovery and can manage their needs independently. The key informant reported that these outcomes have been consistent throughout the partnership.

Since the implementation of IPS in April 2009 through December 2011, 538 individuals with severe and persistent mental illness have been determined eligible for the VR program and receiving IPS Supported Employment. Of these individuals to date 80 completed services were closed 'rehabilitated' - successfully employed which reflects a 64% success rate. Anecdotal evidence from a period of 18 months (between 2011 and 2012), demonstrated a decrease in Medicaid costs for individuals receiving IPS services. These findings were found from data that was extracted from the AWARE case management system and is an analysis that MDVR would like to continue on a long-term basis.

Future Directions

MDVR will continue to develop the partnership with DMH to improve employment outcomes for people with MI. One area of potential growth is shared electronic case management. With the recent installation of the AWARE case management system, MDVR will pursue a data-sharing system with DMH (DMH currently uses CIMOR). MDVR will explore ways to streamline services across agencies by cross-matching customer information, eligibility requirements, and authorizations for services through the AWARE system. If critical data fields can be shared, VR counselors and MH

2 Rehabilitation Services Administration (RSA). (2010, September 1). Annual review report FY 2009: Missouri division of vocational rehabilitation – Department of Elementary and Secondary Education. Retrieved from http://rsa.ed.gov/view.cfm?rsaform=ARR&state=MO&fy=2009&grant=H126A090036

providers could share information across systems for customers receiving both VR and MH services.

Additionally, with the installation of AWARE, MDVR overlaid an electronic data-mining tool across the AWARE case management system, which allows users to access legacy data. MDVR aims to expand the analysis of shared VR-MH customer data, building from the hard match data analysis MDVR and DMH currently conduct. The data-mining tool available in the AWARE system will allow MDVR to compile eight years of historical shared customer data (FY 2002-2010) for analysis. MDVR and DMH will have the capacity to use the results of data analysis to broadly inform agency decisions.

Transferability

One aspect of the MDVR and DMH partnership that our key informant has recommended for replication in other states is designating a staff person to serve as a liaison between both agencies. This person can be responsible for coordinating data sharing and program development, in addition to building rapport between the agencies.

References

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