Case Studies

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

Interagency Collaboration through Shared Administrative Responsibility, Shared Staff, and Counterpart Supported Employment Coordinators

Vermont Division of Vocational Rehabilitation

Abstract

The Vermont Division of Vocational Rehabilitation (DVR) 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 (MI). The partnership specifically focused on program eligibility and referral, program staffing, and incentive payments for SE providers. This has positively impacted employment outcomes for individuals with serious mental illness, as evidenced by an increasing number of successful closures of VR customers into employment and 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

In the late 1980s, the Vermont Division of Vocational Rehabilitation (DVR) contracted with the Department of Mental Health's (DMH) designated community mental health agencies to provide supported employment (SE) services[1]. Over the next two decades, DVR and DMH explored a variety of service delivery models, including clubhouses, work crews, and individual placement; however, none of the approaches were focused on competitive employment outcomes.

In 1999-2000, DVR received a state partnership initiatives grant from the Social Security Administration, and used a portion of the grant to work with the Dartmouth Psychiatric Research Center to research alternatives to existing service delivery models. In 2001, Vermont also participated as one of three pilot sites for implementation of the Johnson and Johnson – Dartmouth Community Mental Health Program Individual Placement and Support (IPS) model of Supported Employment (SE). In that same year, researchers at the Dartmouth Psychiatric Research Center conducted a statewide assessment of supported employment programs in Vermont and found a positive association between high fidelity scores (as measured by the Individual Placement and Support Fidelity Scale) and competitive employment outcomes in SE programs across the state. In the last ten years, DVR and DMH have continued to expand their collaborative efforts around SE, focusing specifically on program eligibility and referral, program staffing, and incentives payments for SE providers. As of 2012, DVR and DMH offer SE services to individuals with mental illness in ten community mental health agencies across the state.

Purpose, Goals, and Implementation

The purpose of the DVR – DMH partnership is to coordinate SE services across agency and system boundaries with the goal to improve employment outcomes for individuals with serious mental illness. The partnership specifically focuses on shared administrative responsibility, coordinating service delivery across agencies, program eligibility and referral, and incentive payments for SE service providers.

Access to supported employment services: There are ten community mental health agencies that offer supported employment services across the state of Vermont. These agencies are a part of Vermont's Designated Agency System,

1 Vermont DMH operates under a designated agency system in the state – as opposed to contracting with community rehabilitation providers. There are ten state-designated mental health agencies that provide SE services to people with MI.

"meaning that [they] don't have competing community mental health agencies in any community – [they] just have one, and they're responsible for all community mental health services in any particular county or set of counties." There is also one community rehabilitation provider (CRP) in Vermont. Vermont DVR partners with both the community mental health agencies and the CRP.

The community mental health system in Vermont has a program called the Community Rehabilitation and Treatment (CRT) Program. The CRT program, in conjunction with the New Hampshire Dartmouth Psychiatric Center, provides intensive IPS SE services to individuals across the state of Vermont. The CRT program received a grant in the 2000's to fund statewide technical assistance (TA), leading to wide acceptance of IPS in the CRT program. In terms of numbers served, our key informant stated, "at any given time, there's about 2,500 to 3,000 people in that [community mental health] system. So, for those consumers we [VR] contract with the designated [mental health] agencies." Eligibility for the CRT program is determined by guidelines set by DMH; these guidelines are administered by the designated community mental health agencies. Furthermore, an individual's status as a consumer of VR services does not impact his/her eligibility for receiving mental health services. According to our key informant, "it's not infrequent that our staff [VR] will advocate for individuals to be served by the CRT program." For individuals who need less intensive services and do not meet the eligibility requirements of the CRT program, VR will partner with the state's CRP to provide employment services. Eligibility to receive services by the state's CRP is determined by referral or self-referral from individuals receiving outpatient mental health care. The services provided by the CRP are, however, time-limited supports.

For individuals that need the least amount of supports, they can receive general employment services from VR. There is no link to the mental health system or IPS for general services.

Coordinating referrals and service delivery: DVR and DMH partnered to improve access to rehabilitation services for individuals with mental illness by streamlining program eligibility and referral. Specifically, community mental health agencies directly refer customers receiving SE services to DVR. Once referred, the DVR counselors will conduct an intake meeting with the individual and an initial assessment of his / her vocational potential onsite at the mental health agency. In order to streamline eligibility and referral across agencies and systems, DVR revised its policy on sobriety with input from DMH and the community mental health agencies. The old policy required six months of sobriety prior to receiving employment services. In the new policy, DVR eliminated the sobriety / drug-free requirement to be more inclusive of individuals who actively use drugs or alcohol and who seek immediate access to SE services and supports. As of 2012, this policy has been in effect for about four years. The 2009 DVR Policy and Procedures Manual states: "In general, DVR counselors should not treat individuals with substance abuse issues in any different or special way than we [DVR] do for persons with other disabilities."[2] DVR operates under the assumption that employment helps facilitate and motivate sobriety:

> *...if we can get them connected with an employment opportunity, it's motivation for them to modify their behavior, because you have to get up for work (...) but obviously, if a person is so off the charts, you can't send them to an employer. So, you might have to have some intermediate steps. (...) If they can show up to work and perform, and they're not actually using in the workplace, then we would continue to support them.*

This philosophy on sobriety has guided the partners in streamlining eligibility and access to SE services for this particular population.

DVR, DMH, and community mental health agency staff partner to coordinate services across agencies. Typically, a DVR counselor works with all of the SE customers from one community mental health agency. Counselors visit community mental health agencies to meet with customers on-site. This increases the physical presence of VR within the MH provider agencies, and serves to reinforce the mission of employment across agencies. Additionally, DVR benefits counselors are physically located in community mental health agencies across Vermont, providing services and supports specifically to SE customers.

Coordinating staffing roles and funding: DVR and DMH share administrative responsibility for the SE program. The two agencies designate staff responsible for the administration and provision of SE services across the state. A key feature of the DVR-DMH partnership is the permanent establishment of the SE Project Coordinator position, housed in DMH. DVR and DMH jointly funded this position following the end of the initial J & J – Dartmouth grant, in an effort to maintain

2 Vermont Division of Vocational Rehabilitation (DVR). (2009). Policy and procedures manual. Waterbury, VT: Author.

DMH's focus on employment[3]. The key informant described the importance of this position as the partnership grew in the early 2000's: "I think the key for us was getting the [SE Project Coordinator] position institutionalized in mental health, so there is a person over there who is always thinking about employment."

In addition, DVR created a counter-part position to the DMH SE Project Coordinator, called a VR Supported Employment Coordinator. This person is responsible for monitoring all SE grants and funding. The coordinator works closely with the DMH counterpart to coordinate quarterly cross-agency meetings. Together, both positions are also responsible for overseeing a mental health leadership team.

The mental health leadership team meets quarterly and consists of DVR, DMH, and SE provider staff. The goal of the leadership team is to maintain an employment focus and ensure that agency directors and all community-based SE provider staff are working toward the mission of improving employment outcomes for individuals with mental illness. One major accomplishment of this team was receiving funding for the establishment of Supported Employment Champions. "The Supported Employment Champions were case managers who were identified as folks who were going to promote employment for folks who weren't necessarily engaged in the employment programs," described our key informant. Our key informant also indicated the SE Champion role was a volunteer position that the case managers contributed to in addition to their regular duties. Further, the state provided $5,000 to each agency that had an SE Champion. These funds compensated the agencies for the time that their case managers were required to attend extra trainings as champions. One such training focused on basic benefits counseling.

In addition to the employment coordinator roles, and the SE Champions, there are VR Counselors who work part-time at the mental health agencies. There is "usually a single liaison with the designated agencies, so they're [mental health agencies] not working with four or five different VR counselors." These liaisons have office hours at the MH agencies and "...in almost all cases [these liaisons] are folks who have a particular interest and like working with the Community Mental Health Agencies..." These VR counselors are all familiar with IPS, however they do not receive formal training in IPS SE.

3 DMH now funds the position 100%

DVR and DMH jointly fund SE programs housed in community mental health agencies. Historically, DVR's role in co-funding SE services was based on a fixed grant-funding model. That is, DVR paid community mental health agencies a flat dollar amount to provide SE services, but did not consider the overall employment rate achieved by providers when allocating funds. In 2010, DVR shifted to a new performance-based payment system.

DVR and DMH worked side by side to design a system that defines the performance payments based on employment outcomes. The key informant explained the impetus for change in the system: "We really try to make it a revenue issue for the [community mental health agencies]. The better they can do with employment the more revenue there is...if we can think of employment as a revenue generator – as well as the right thing to do – we are hoping that will have an impact [on employment outcomes]."

The new system offers two types of incentives: 1) incentive payments from DVR, and 2) an increased proportion of Ticket to Work (TTW) revenue. DVR's new payment system is called a "base plus model." DVR determines the amount of base payment a mental health agency receives by the number of customers served in the center's geographic area: "the base is intended to make sure they have enough funding for at least one full-time staff person, and then the rest of the funding is proportional [to the size of the agency]." In addition to the base payments, each center has the opportunity to earn incentive payments. In the past, the base-plus model determined incentive payments using a "point system." More recently however, a legislative mandate required that all ten community mental health agencies demonstrate improved employment rates, with a target of 35%. As our key informant explained:

> *An agency had to show either a 1%, a 2%, or a 3% improvement in their employment rate depending on how far away they were from the 35% standard. If they don't meet that improvement rate, then a portion of their total CRT funding would be withheld.*

To reinforce this mandate, Vermont implemented "incentives and funding holdbacks", pending an agency's performance in reaching the 35% benchmark. Overall, the main goal of this mandate is "to get [each agency] to get a higher percentage of their total population employed." Anecdotal evidence suggests that since the implementation of this legislative mandate, " the agencies have been far more engaged around employment,

and there's far more energy around [meeting targets]." For example, data inquiries from the agencies regarding their performance have increased since the implementation of the mandate and its respective incentives and holdbacks. Our key informant has also noted that it is still too early to indicate whether this mandate has had any real impact on improving employment outcomes.

Community mental health agencies can earn payments based on three criteria: overall employment rate, customer earnings, and total number of people placed in employment without a previous work history. The second incentive opportunity comes from the TTW program. DVR operates as the agent for all of the community mental health agencies, and splits payments with DMH 50/50. Under the new incentive-based payment system, DVR adjusts the split in the community mental health agency's favor based on their overall employment outcomes.

Supporting Evidence

By sharing the administrative responsibility for overseeing SE programs, DVR and DMH have worked collaboratively to reduce the program-oversight burden on a single agency. By establishing a designated VR counselor on-site at community mental health agencies, DVR and DMH can efficiently coordinate services across agencies. Vermont cross-walked program eligibility and referral requirements to streamline access to both agencies. The restructured contracting procedure implemented on July 1, 2010 received positive reviews; however, DVR was not able to report evidence of effectiveness of this specific procedure. DVR will continue to evaluate the effectiveness of the new payment structure over the next fiscal year. There were indicators that Vermont is working to improve employment outcomes for people with mental illness in both the State Plan and RSA data. According to the DVR 2011 State Plan, the employment rate for individuals receiving both VR and MH services is more than twice the rate of individuals who only receive MH services.[4] Data on the agency performance improvement mandate is still anecdotal. Vermont has, however, been collecting Department of Labor (DOL) wage data for over 10 years, to measure employment outcomes for the CRT program. Variables in these data include individual quarterly earnings in addition to number of employers per individual. Our key informant indicated that DOL data serve as a baseline to compare outcomes of the performance improvement efforts.

In the 2011 State Plan Goals and Priorities, DVR states that the agency is working toward "improving the outcomes of community providers serving individuals with severe mental illness." DVR will measure this goal using the number of 26 closures achieved through supported employment programs for adults with mental illness. In FY 2008, the total number of people with psychiatric disabilities employed with supports (status 26) was 224. For State FY 2010, it was 260. In State Fiscal Year 2008, a total of 768 people with psychiatric disabilities were employed; these numbers decreased to 678 in FY 2009, 552 in FY 2010, and 516 in FY 2011. The total number of individuals with psychiatric disabilities receiving supported employment services in FY 2011 was 592 (DVR, 2012). It is unclear how these indicators are related to the DVR-DMH partnership in terms of employment outcomes.

Future Directions

DVR is currently working to introduce a web-based case management system, set to roll out in the fall of 2012, that can share information with and add partners. A future goal is to add DMH, the Department of Corrections, and other Agency of Human Services (AHS) programs to this system. This system will be able to track employment services provided across various systems:

> *It would also allow us to say: Client A has been served by the mental health employment program (…) and maybe has also been served through a corrections employment program (…) we'll be able to track individuals at the person level as well as the program level.*

In addition to developing the shared web-based case management system, DVR and DMH are also working to expand their partnership around SE. They collaborate, for example, with the Dartmouth Psychiatric Research Center on joint grant-writing initiatives. The three entities will work together to submit grant applications focused on topics of mental health and employment, including a recent grant focused on MH case management practices for employment services. Most recently, DMH received a grant to support peer supported employment where individuals with "psychiatric

4 Vermont Division of Vocational Rehabilitation (DVR). (2010, June 30). State plan for the state vocational rehabilitation services program and state plan supplement for the state supported employment services program: Vermont vocational rehabilitation division – agency of human services state plan for fiscal year 2011. Waterbury, VT: Author. Retrieved from http://rsa.ed.gov/view.cfm?rsaform=VR-State-Plan&state=VT&fy=2011&agency=G

disabilities provide the supported employment services for peers." This grant initiative is aimed at increasing the amount of services provided to young adults with mental illness. As DVR pilots the restructured payment system for community mental health agencies, there may be opportunities to extend this approach to other providers. DVR is now legislatively required to examine performance-based grant funding for all providers, specifically those serving individuals with developmental disabilities. Current practices in the DVR / DMH partnership may inform these future endeavors.

Transferability

Our key informant suggested a few components of Vermont's supported employment program that could be replicated. First, our key informant suggested items of staff development such as creating roles for supported employment liaisons and supported employment champions. Secondly, our key informant suggested that "to have a single approach to supported employment is very effective and is definitely something that should be replicated (...) if you don't have someone paying attention to it, it won't happen." Finally, our key informant suggested that other components of their program such as third-party TA, and performance-based contracting could be replicated by other states. Our key informant also indicated that due to the size of their state, that some of their practices in implementing supported employment may not be easily generalized to larger states. Specifically, "until recently, we [VR and MH] all worked on the same campus and could walk across the lawn and chat and resolve problems", hence the reason for the closeness of the two agencies.

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