



# Case Studies

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

Vocational Rehabilitation - Mental Health Agency Partnership:  
Coordinating Supported Employment Services Across State Agencies

**Delaware Division of Vocational Rehabilitation**

## Abstract

The Delaware Division of Vocational Rehabilitation (DVR) and the Delaware Division of Substance Abuse and Mental Health (DSAMH) have been collaborating to provide supported employment (SE) services and supports to individuals with mental illness (MI) for several years in an intensive fashion. In 2006-2007, the partnership intended to jointly implement Evidence-Based Practice (EBP) Supported Employment (SE) programs in the 4 service areas of the state as part of the Johnson and Johnson – Dartmouth Community Mental Health Program. For a variety of reasons, this partnership ended before full implementation. Subsequently DVR contracted with the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston to assist DSAMH and DVR in building on that start using braided funding from the two agencies. Since that time DVR has continued to build up the employment system for MH clients in DE and has been the primary intervention agent for this change. This represents an assertive approach that an SVRA can take to encourage, promote, fund, and advocate for its MH system partner to create more employment opportunities for joint clients.

## Background

Delaware Division of Vocational Rehabilitation (DVR) and the Delaware Division of Substance Abuse and Mental Health (DSAMH) have been collaborating to provide supported employment (SE) services and supports to individuals with mental illness (MI) for several years in an intensive fashion. In 2006-2007, the partnership intended to jointly implement Evidence-Based Practice (EBP) Supported Employment (SE) programs in the 4 service areas of the state as part of the Johnson and Johnson – Dartmouth Community Mental Health Program. For a variety of reasons, this partnership ended before full implementation. Subsequently DVR contracted with the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston to assist DSAMH and DVR in building on that start using braided funding

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](http://www.vr-rrtc.org). Its suggested citation is:

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from the two agencies. Using this external assistance the two agencies joined into an interagency agreement that outlined each agency’s funding responsibility for SE in an effort to avoid duplication. This interagency agreement was amended several times to refine the expectations of each for both fiscal and programmatic matters.

With the assistance of ICI in 2007-2009, DVR and DSAMH established an SE Coordinating Committee, hired an SE Coordinator who would be stationed within the central office of DSAMH, provided training to SE direct line staff and supervisors, reviewed policies from both agencies that might promote or inhibit successful employment, reviewed fidelity measures expected as part of Evidence Based Supported Employment through the J & J – Dartmouth initiative even though that formal arrangement was no longer operative with DVR-DSAMH in DE, and offered on site technical assistance from ICI and internal staff. While the ICI technical assistance effort ended in 2009, DE DVR has maintained its aggressive approach to and support of developing Supported Employment opportunities for helping consumers with significant disabilities due to serious mental illness achieve successful employment outcomes.

Since 2007, the two agencies have recruited four community mental health providers as pilot sites to implement EB-SE. These sites have undergone some changes in terms of providers

and service areas. There are now two providers in each county. Several providers serve multiple counties. This is an important issue, as the lack of choice was raised as a concern in the prior MH service model. There were many operational issues that surfaced during this time and thereafter into 2012 including continued emergency situations with the Delaware Psychiatric Center, departure of the DSAMH SE Coordinator (who had replaced the original Coordinator), recent changes in the funding model of the cooperative agreement (whereby DSAMH has transferred its allocated funding for SE to DVR for oversight and management, administrative staff turnover (including a new DSAMH Director), a Department of Justice suit that resulted in a consent decree that specifies a DSAMH commitment (with DVR help though DVR is not a party to the suit) to provide 1100 clients with SE services over a multi-year period, and the restructuring of the entire DSAMH community services package into an ACT and a modified ACT treatment model. The changes within DSAMH have affected that system's ability to coordinate effectively and consistently. Yet because the DVR attention and staff to the SE project has remained quite stable, DVR has been a linchpin and a model for this effort. Now with some semblance of DSAMH stability's returning, the fact that DVR has managed to hold the course and continue to engage DSAMH senior management has proved beneficial to renewed DSAMH attention.

## Purpose, Goals, and Implementation

**Coordinating staffing roles and funding:** The purpose of the partnership between DVR and DSAMH has been and continues to be to enhance and streamline the delivery of EB-SE services across the state in order to improve employment outcomes for individuals with serious mental illness. DVR and DSAMH attempt to facilitate system integration by aligning policies and procedures (regarding referral, intake, eligibility determination, data-sharing), as well as finances for SE services. DVR and DSAMH seek to make employment services available to individuals with significant mental illness who are receiving mental health services using evidence-based practices. The rationale for the development of a Memorandum of Understanding (MOU) was to establish a collaborative framework for both agencies to establish and maintain an employment program for people with significant mental illness; identify eligibility criteria, to define agencies roles and responsibilities, and define each participant's contribution to this program. DVR and DSAMH have agreed to share resources and expertise, and thereby serve joint consumers more effectively and thus establish the

terms and conditions for collaboration on the evidence based employment program in Delaware. In service to these goals DVR and DSAMH have worked out a series of cooperative agreements - MOUs culminating in the most recent of 2012 where the following implementation procedures have been agreed to, most of which echo the initial design initiated in 2007 through the leadership of DVR in coordination with the previous administration of DSAMH:

- Project Management for the Evidence Based Employment Program is coordinated jointly through a steering committee composed of representatives from both agencies, and representatives from the community based service providers. The steering committee plans to meet at least quarterly to discuss issues relative to program services, best practices, issues regarding coordination, and policy and procedural issues.
- DVR and DSAMH will continue to examine data collection, outcome measures, evaluation criteria and reporting procedures, with a goal to establish and monitor common measures of success.
- DVR and DSAMH will each identify a program liaison to lead and coordinate joint efforts in the areas of communication, quality assurance, training, and policies and procedures.
- The agencies wished to promote continuation and expansion of best practices of the SE cooperative program begun in 2007 based upon empirically validated results.
- DVR has entered into evidence based employment service agreements with community based service providers who have agreements with DSAMH to provide ACT Team services to DSAMH eligible individuals;
- DVR will establish eligibility for each applicant and funds evidence based employment services in a timely manner to all eligible individuals;
- DVR contracts with evidence based employment providers and requires providers to administer evidence based employment programs in accordance with the accepted SAMHSA SE fidelity principles
- DVR administers DSAMH funds contributed, as well as DVR funds, to maintain the evidence-based program for individuals found eligible to receive services from a DSAMH funded Assertive Community Treatment (ACT) and Intensive Case Management (ICM) Services Team.
- DSAMH will require participating mental health providers to integrate employment into mental health treatment services program;

- DSAMH will require participating mental health service providers to report key employment indicators as part of their contract performance measurement and quality assurance process;
- DSAMH will require participating mental health agencies to establish evidence based employment programs to provide employment services to eligible consumers as part of provider agreement;
- DSAMH contributes \$176,000 (amount it had previously allocated to its support for evidence based Supported Employment for its clients) to DVR to fund evidence based employment and follow-along employment supports with service providers that receives a contract from DSAMH and DVR.

DVR has been funding the model through contractual arrangements with the mental health providers with 4 guaranteed quarterly payments (\$22,000, \$11,000, \$11,000, \$11,000) and a 5<sup>th</sup> payment of \$11,000 if they achieve their employment goals. If they exceeded their goals, they could get \$1,000 for every placement over the goal. There are also a couple other options for bonus payments, as well (high wages, 180 days of employment). The new MOU that has been negotiated for 2012 moves the payment structure to an outcome payment for individual clients now that the program appears to be well institutionalized and stabilized within the MH providers offering the SE service. The new milestone funding model based on individual client fee for service is set at: a) Vocational Support Services (\$1225.00); b) Placement (\$1435.00) and c) Retention and Stabilization (\$1700). Note: In the event that placement is made where that vendor becomes the employer of the consumer referred for placement, DVR pays the provider 65% of the total placement and successful closure rates if and when the DVR consumer has achieved ninety days of successful employment on the job.

## The three service elements are outlined and defined as follows:

### I. Vocational Support Services

**Outcome:** The initial payment for vocational support services shall be made by the DVR counselor upon receipt of a documented services report at a minimum of one month of vocational support services being provided to the consumer as described below.

**Service Description:** Vocational specialists initiate services within 14 days of receipt of referral by the VR counselor

after a consumer has established an interest to work and pursue an employment goal. Vocational specialists working with consumers under this contract report on the following elements related to DSAMH and DVR:

- Assessment of job-related interests and abilities through a complete education and work history assessment as well as on-the-job assessments in community-based jobs. Assessment of the effect of the consumer's mental illness on employment with identification of specific behaviors that help or hinder the consumer's work performance and development of interventions to reduce or eliminate any hindering behaviors and find effective job accommodations.
- Job development activities including business engagement on behalf of the consumer, in addition to mental health awareness and educational activities offered to businesses in the community.
- Benefits counseling
- Development of a consumer-driven, on-the-job or work-related crisis intervention plan and ongoing individual supportive therapies to assist consumers with the symptoms of mental illness that may interfere with their work performance.
- Cross training to other team members on vocational and supported employment concepts for persons with mental health disabilities.
- Work-related supportive services, such as assistance with resume development, job application preparation, interview support, personal hygiene, wake-up calls and transportation.
- Job coaching and follow along supports.

### II. Placement

**Outcome:** Job placement has been made and documentation has been received and verified by the VR counselor.

**Service Description:** Vocational specialists have face-to-face contact within 1 week before starting a job, weekly for the first month, and at least monthly for a year or more, on average, after starting a job. Clients are transitioned to step down job supports from the ACT/ICM teams following steady employment. The job in which the individual has been placed meets all DVR employment guidelines, and the consumer is satisfied and has begun work. Consumers are to be placed in jobs offering a minimum of 20 hours per week unless the nature of the individual's disability requires a lesser number of hours worked each week. (No placement will be accepted

under a section 14C special minimum wage certificate issued by the United States Department of Labor.)

### III. Retention and Stabilization

**Outcome:** 90 days of successful consecutive employment and documentation has been received and verified by the DVR Counselor.

**Service Description:** Ongoing monthly supports provided to assist the consumer in maintaining employment. Case meets all criteria for successful closure at 90 consecutive days of employment and the service provider has submitted all required documentation. Consumer must have received adequate training and support after placement.

**Access to supported employment services:** The products of the collaboration were not limited geographically. That is, such services were accessible to each of the 4 original providers that were serving the state's MH population during the development of the Supported Employment partnership. Currently, under the DSAMH redesign, two mental health providers search each area in order to enable enhanced client choice. However, not all the providers were equally focused on or skilled in delivering Supported Employment to their respective clients. Some improvements were made after the technical assistance intervention conducted by ICI as well as the continued assistance and training offered to all the providers by DE DVR staff but nonetheless disparities remained. The new configuration of MH community services buttressed by the added weight of the ADA settlement holds the potential for broadening access beyond the initial successes from the earlier funding and partnership collaboration.

### Supporting Evidence

While the statistical results in terms of the four designated agencies have been variable though improving, some key accomplishments include but are not limited to:

- Renewed emphasis on employment and economic engagement among community mental health service providers and within DSAMH;
- The concrete manifestation of DVR's interest in serving people with psychiatric disabilities through enhanced funding models;

- DVR's willingness and ability to be the primary instrument of change in terms of assisting DSAMH in creating an enhanced ability to assist its clients in terms of employment;
- The ability of the DVR Director to be a persuasive advocate for employment in her dealings with her administrative counterparts in the state, especially the former and current DSAMH Directors;
- The continued commitment to developing a viable joint funding model from both DVR and DSAMH;
- The development of a broader data system/ MIS to use in measuring employment success for the system, including employment strategies other than supported employment;
- The institution of leadership meetings that attempt to engage DSAMH, DVR, and CCCP leadership to discuss policy and fiscal issues;
- The highlighting of this effort at state leadership groups including the state MH Advisory Council and the Governor's Commission on Community Based Alternatives (the so-called Olmstead Commission);
- The development of a fidelity review process that has the potential to incorporate external assessment with more of an internal quality improvement focus;
- Some putative evidence that the community mental health service providers have in general developed a full understanding of evidence based supported employment and have been able to practice many of the techniques that the fidelity template puts forth;
- DVR's work in the 2007-2009 period in stimulating the offering of a locally designed and coordinated training series in employment and people with mental illness using the regional continuing education resources from George Washington University and Virginia Commonwealth University as well as creating more of a psychiatric disability focus through the University of Delaware Supported Employment Training for Employment Specialists
- The ability for DVR to stabilize and institutionalize the service with the DSAMH providers that offer SE to the point that it can move the funding model from an agency contract to an individual fee for service milestone approach.

## Future Directions

The major challenges facing the Delaware DVR in continuing to promote the cause of employment within the MH community and service providers revolve around the fact that it is difficult for the MH system of care to focus on employment given the multitude of changes it needs to make in response to the DOJ agreement and the financing limits imposed upon DSAMH regarding appropriate Medicaid usage. DVR has been an outstanding, cooperative, and flexible partner over the years and taken on the major leadership role in implementing SE for clients of DSAMH. It seeks to balance this willingness to be a good collaborator with ensuring that DSAMH continues to expand its ability to ensure that more of its clients are able to participate more fully in society through economic engagement. Some of the issues that DVR will deal with in the coming year relate to its ability to assist DSAMH in shoring up its commitment to employment while pursuing its own strategies to reinforce and sustain its efforts over the last five or more years. The standards DSAMH has adopted also assume that a core member of each community case management team (the vocational specialist) provides significant services in this arena and these should not be delegated to an outside agency such as DVR. Given the changes required within the service stream of DSAMH it would be very useful for DVR to encourage the administrators of DSAMH to issue some sort of policy statement in support of the employment interventions required. This policy would reiterate the importance of employment service as core elements of the new service design and the expected level of commitment/ service intensity DSAMH and its contracted providers should exhibit as a concrete manifestation of this emphasis. One aspect of this public commitment and policy guidance would be DSAMHs working with the state Medicaid authority for official sanctioning to use Medicaid funds appropriately under the statutory authority of the Medicaid Rehabilitation Option for the variety of supportive services that can impact employment outcomes.

## Transferability

The innovation the DE DVR undertook in conjunction with DSAMH is replicable in most major respects for other interested SVRAs. It involves a value-based effort initiated by DVR to ensure that employment services are implemented through the mental health system of care for joint clients of both systems. The DVR used Section 110 funds not grants or special allocations and worked in conjunction with DSAMH to leverage funds that the MH agency used from their state monies to buttress supported employment for mutual clients across all the MH providers. DE DVR furthermore used a developmental cost based contractual approach with MH providers to get employment services established and then moved to a fee based, milestone model. In addition, DVR used both internal personnel resources as well as a 2 year consultation contract with ICI to provide training and technical assistance to each of the Supported Employment providers within the MH system of care. All of the foregoing is possible within the administrative parameters of both DVR and MH agencies, should they prioritize employment for the MH population and have funds available. Some key differences that might impact other VR agencies' ability to replicate include an agreement between DSAMH and the United States Department of Justice as part of an ADA settlement that commits it to provide at least 1,100 clients with supported employment services. DE DVR is fully matched with its state allocation and is not in an OOS, which might hinder some other states not in similar situations.

## INTERVIEWEES

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