



# Case Studies

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

A Rural Model of Collaboration between a Vocational Rehabilitation Area Office and a Community Rehabilitation Provider

**New Mexico Division of Vocational Rehabilitation**

## Abstract

The New Mexico Division of Vocational Rehabilitation (DVR) Area IV office partners with a community rehabilitation provider (CRP) to coordinate Supported Employment (SE) services for individuals with mental illness (MI). The purpose of the DVR Area IV office – CRP partnership is to provide a continuum of care across agencies, including mental health care services and vocational rehabilitation SE services. The partnership focuses on several areas of collaboration, including: centralized communication, streamlined referral, expedited service initiation, coordinated service delivery, and coordinated SE funding. This collaboration model is now currently implemented in two additional communities in New Mexico and shared at statewide mental health conferences.

## Background

In the 1990s, the DVR Area IV office in Roswell, Chaves County, New Mexico partnered with the CRP called Counseling Associates (CA) to improve the continuum of care for people with MI. CA is a Core Service Agency (CSA)<sup>1</sup> in New Mexico that coordinates and provides a variety of services, including employment/vocational services, to individuals with serious MI (SMI). The DVR Area IV office in Roswell serves about 500 customers across four VR counselor caseloads. CA is the only CSA in the county. This partnership exists between the DVR office and the CRP, meaning that the Mental Health agency at the state level is not directly involved.

In 1998, the DVR Area IV office and Counseling Associates formed a work group composed of DVR and CA administrators, CA therapists, and VR counselors. The goal of the work group was to bridge the gap between shared customers' mental health care and vocational rehabilitation, specifically in the area of

<sup>1</sup> The Core Service Agency system was developed in NM by OptumHealth New Mexico in 2010 to help customers find locate and receive services in a Comprehensive Community Support Services (CCSS) model. OptumHealth NM manages behavioral health services for NM's Behavioral Health Collaborative. See Core Service Agency Communication Team (2010) for more information.

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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Supported Employment (SE). The work group collaboratively produced a document that serves as an interagency agreement for providing SE services to customers with MI in Area IV. Additionally, the partners established a full-time staff position (Supported Employment Specialist) dedicated to SE service provision.

## Purpose, Goals, and Implementation

The purpose of the DVR Area IV office – Counseling Associates partnership is to provide a continuum of care across agencies, including mental health care services and vocational rehabilitation supported employment services. The goal of the partnership is to improve employment outcomes for people with MI. The DVR Area IV office and CA partnership focuses on several areas of collaboration, including: centralized communication, streamlined referral, expedited service initiation, coordinated service delivery, and coordinated SE funding. Each of these areas of focus is outlined in detail in a written agreement titled Supported Employment (SDMI) in Area IV: Operational Assumptions, Agreements and Commitments. This document was produced during the interagency agreement meetings held by the work group in 1998 and is currently in use.

Access to supported employment services: The Area IV DVR –

CRP partnership was replicated in three additional community mental health agencies, resulting in four counties that had initially tried to implement this program. After reorganization, the number of DVR - CRP partnerships was reduced to three total counties in South Eastern New Mexico.

VR customers living within these designated counties have access to the employment services delivered by the mental health centers, as long as they meet the eligibility requirements of being in category one<sup>2</sup> (i.e. those with most significant disabilities) and have an identified source of long-term support. Our key informant has indicated that there are individuals who live outside of these counties who receive their mental health services from a different county. Moreover, the VR statewide program, which offers general employment services, allows customers to choose which office they receive services from.

In addition to geographic access to services, access to different types of services varies based on eligibility requirements. As previously stated, individuals in category one have access to SE services, which include pre-vocational psychosocial rehabilitation (PSR) activities. Those who are not eligible to receive SE services, or do not have a source of long-term funding support, may still receive general employment services.

The Area IV supported employment program has also been replicated in the area's Center for Independent Living. As a result, our key informant indicated that individuals who are not eligible to receive mental health (or DD services) could receive supported employment services through independent living: "...because they can provide independent living services... that is our justification for long-term support for them." Our key informant highlighted that individuals with traumatic brain injury (TBI) can receive supported employment services at the Center for Independent Living, because that population in particular isn't necessarily served by state DD or MH agencies.

## Coordinating referrals and service delivery

Communication between DVR and CA regarding shared SE customers is centralized through a full-time staff person in the SE specialist position. The DVR Area IV office and CA jointly established the SE specialist position during the initial interagency workgroup meetings. The SE specialist's primary responsibility is to operate as a liaison between CA and DVR. The SE specialist is housed at CA and supervised by the CA

program manager, but partially funded by DVR resources provided to CA for SE. Each month the specialist and a VR counselor meet face-to-face to review each participant's progress report, agree on the next step of service delivery, and determine additional services or supports needed.

The specialist works with ten participants at a time as a ratio greater than that was found to be counterproductive. For each of these ten participants the specialist provides placement and short-term intensive support services and, under the supervision of a VR counselor, provides or coordinates job development, employer contact, on-the-job support, and coworker / employer education. DVR relies on the specialist to make appropriate referrals based on DVR eligibility requirements. By relying on the specialist's knowledge of VR services, DVR does not have to perform preliminary diagnostics or comprehensive assessments that are necessary with other referrals.

The DVR Area IV office and CA outline three referral situations for customers:

- Participants who are already open [receiving services] in both agencies;
- Participants who are already receiving services in the MH agency, but not DVR;
- Participants who are receiving services from DVR, but not MH.

In order for a customer to become co-enrolled (in VR and MH), the two partners make three assumptions at the time of referral: the participant wants to work, the participant is ready for placement (under the "place and train" model), and the participant is presumed eligible for both VR and MH services. The element of presumed eligibility is key: DVR presumes eligibility for customers meeting SDMI criteria and receiving services from CA. In short, DVR trusts the community agency to make appropriate referrals. As a result, DVR and the CRP have streamlined the referral process and promoted co-enrollment in VR and MH.

The mindset in this collaboration is to "strike while the iron is hot." In other words, when a participant indicates interest in work a referral should be made immediately. The key informant explained, "We [DVR and Counseling Associates] have made it a priority to put energy and attention into getting people moved through the process quickly." Ideally, following referral, DVR initial intake interviews occur within 10 working days and Counseling Associates will provide documentation of any physical and / or mental disability upon referral to expedite

<sup>2</sup> New Mexico DVR implemented Order of Selection (OOS) in February, 2011, serving priority category one.

the eligibility determination. At the initial interview DVR will authorize diagnostic services for SE to the community agency and will proceed to determine eligibility and develop an Individual Plan for Employment (IPE) within the following month. The month time limit for the IPE to be developed is in place because of the mindset mentioned above, “strike while the iron is hot.” The key informant said, “If we drag it out, [the customers] are going to lose interest or they are going to lose confidence in us...and we lose our opportunity.” After the IPE is developed, Counseling Associates will secure competitive employment for the individual as indicated on the IPE as soon as possible and will then provide progress reports and authorization for payment vouchers from DVR.

DVR and CA share responsibility for SE service delivery, and have established clearly defined service delivery parameters for each partner. Counseling Associates is responsible for providing typical and traditional services such as therapy, medical checks, and case management. They also complete “pre-vocational training” prior to a referral, provide medical / psychological records at the referral, and provide a letter of long-term support.

DVR provides vocational counseling, guidance, and exploration with the participant. They are also responsible for coordinating any additional diagnostics that can not be completed by Counseling Associates along with providing any other extra services that can not be provided by another source that have been identified as necessary for the participant to obtain and maintain employment. Both DVR and Counseling Associates coordinate the “treatment” plans and objectives and are expected to share resources and participate in effective, proactive communication.

Coordinating staffing roles and funding: DVR and CA outlined a fiscal agreement for SE service provision. DVR pays CA a flat rate of \$300 per month, per participant. Based on a monthly average of 20 participants, this amounts to \$72,000 per year. Fiscally, this amount would support a full-time SE specialist position at CA. DVR provides authorizations on a monthly basis, with the first authorization designated as “diagnostic” during pre-placement activity. From that point forward, DVR provides authorizations monthly, based on the VR Counselor decision to continue funding for the SE participant. In making the decision to continue funding each month, the VR counselor works closely with the participant and the CA employment specialist.

The CA SE specialist “is the pivotal role, it’s the key player

because that role represents their agency to DVR and represents DVR back to their staff – the therapists and case managers.” The SE specialist is also responsible for designating an individual responsible for signing, tracking, and returning all authorizations monthly. This person must also provide monthly invoices in order for authorizations to be vouchered for payment. As previously mentioned, the SE specialist provides PSR services to customers, and the supervisor of the PSR program oversees all of his/her activities. In addition to supervising the SE specialists, the PSR program supervisors will also temporarily perform the SE specialist’s duties if they are out of the office. Our key informant indicated that it is their goal to have two SE specialists in Area IV, serving a total of 20 people on average.

In Area IV, VR counselors who carry caseloads that include individuals with mental illness, provide generalized services and do not have specialized caseloads. During the recession, however, the Program Manager of Area IV temporarily picked up responsibilities of a vacant counselor position, and created a temporarily specialized caseload that included individuals receiving any type of supported employment.

In the past, the Area IV Program Manager and the Manager of the PSR unit presented trainings at statewide mental health conferences, of which included tracks dedicated to employment. These conferences were the only joint professional training that occurred between MH and DVR across the state. Due to the recession and limited fiscal resources, budgets around training and other professional development activities have been cut. According to our key informant, it is the goal of New Mexico’s leadership to re-focus future efforts on professional development, and have similar activities occurring again within the next one to two years.

## Supporting Evidence

Anecdotal evidence suggests that the DVR – CA partnership has improved the continuum of MH and VR services through streamlined referral, expedited service initiation, and coordinated SE service delivery. Preliminary data provided by the key informant indicates that the 57.69% of individuals served in an IPE in this partnership were closed in employment. The collaboration between DVR and the local CRP shows evidence of transferability. Four communities in southeastern New Mexico are using the DVR / CRP collaboration model. According to the informant, the same model was also used to work with Independent Living to

develop a similar SE program for individuals who do not meet developmental disability or mental health criteria. The model has also been presented at New Mexico's state MH conference and, according to the informant, at least two breakout workshops have been done at the annual MH conference.

## Future Directions

Looking ahead, the goal of the DVR – CA partnership is replication and a cultural shift. The key informant would like to replicate the Area IV practice to other areas around the state and would like to do so by getting buy-in from other program managers. Our key informant explained, however, that they anticipate this process to take a while because it will take a cultural shift to get these managers to believe that this type of partnership is worthwhile:

*As I have seen, it's possible to grow things from the grassroots. I think that would be the first approach, and that the way to convince people is to show them the money or show them the evidence. (...) If we can show them what's been growing under their nose and say, 'Wow, this works!' then we'll get their buy-in.*

The plan for replication will be to start small and have successes in several places around the state. At that point, our key informant believes there will be enough evidence to compel leadership to make this a statewide practice.

## Transferability

The partnership between NMDVR and a local CRP, Counseling Associates, is unique in this series of case studies because it demonstrates a type of partnership that is not being commonly practiced throughout the state. This grass-roots approach to employing SE services in a rural community has required constant effort and support from practitioners in the field who are dedicated to providing these types of services. According to our key informant, the Area IV DVR office would like to expand the DVR-CRP partnership throughout the state, but recognize that it will take a significant cultural shift to do so. As our key informant explained, "people have to believe first and foremost that people with serious and persistent mental illness can work."

While philosophies and cultural shifts aren't entirely transferable to other state DVR offices, there are bits of information that have been learned throughout the

duration of this partnership, including successes and failures, that other states wishing to start a similar partnership can take note of. One of those lessons learned is that a partnership, "needs to be constantly tended like any garden or relationship – it can't just run by itself." Therefore, communicating a shared vision, maintaining constant communication between DVR and the CRP, and keeping leadership engaged are critical pieces of keeping a partnership running.

## References

Core Service Agency (CSA) Communication Team. (2010, August). Core services agency facts at a glance: Basic information. Santa Fe, NM: Author.

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