



Case Studies

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

Partnering from the Top-Down and Maintaining Fidelity to IPS using Jointly Funded Staff

South Carolina Vocational Rehabilitation Department

Abstract

Since 2002, the South Carolina Vocational Rehabilitation Department (SCVRD) and the Department of Mental Health (DMH) have collaboratively implemented the Individual Placement and Support (IPS) model of Supported Employment (SE) for people with mental illness in nine community mental health centers (plus one additional site) across the state. SCVRD and DMH jointly fund IPS staff to coordinate and deliver integrated vocational rehabilitation and mental health services to over 500 South Carolinians with significant mental illness each year. IPS programs across the state consistently earn high scores on Johnson & Johnson – Dartmouth approved SE fidelity reviews, and the employment rate for South Carolinians with mental and emotional (psychosocial) disabilities was above the national average reported by the Rehabilitation Services Administration (RSA) in 2009.

Background

In 1995, South Carolina became one of the original sites to participate in the research on the Individual Placement and Support (IPS) model of Supported Employment (SE) conducted by the Johnson & Johnson – Dartmouth Community Mental Health Program (J & J – Dartmouth Program).¹ After a small-scale pilot during J & J – Dartmouth’s first year of research, South Carolina was one of seven states that expressed interest in implementing the IPS model statewide. The full initiative began in 2002, when J & J – Dartmouth awarded South Carolina a three-year grant to implement supported employment programs in three community mental health centers (CMHCs). The Department of Mental Health (DMH) and the South Carolina Vocational Rehabilitation Department (SCVRD) partner to implement the supported employment programs. Note that the IPS model requires mental health – vocational rehabilitation collaboration to successfully implement the

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practice.² The number of CMHCs that provide SE services using the IPS model has since increased to nine centers.

According to the key informants from SCVRD and DMH, commitment on the part of the SCVRD and DMH leadership to improving employment outcomes of individuals with disabilities has been key to successfully implementing IPS supported employment programs in South Carolina. The demonstrated commitment by the state agencies served as a model for the local VR and MH offices and their partners (CMHCs) to work together to help individuals with mental illness gain and maintain employment. “Because you see the commitment from the top, it really forces the local folks to make that commitment. I think that’s the uniqueness... VR involves MH in a number of things... This is really a true partnership from the top down, and I think that’s what makes it unique,” explained one key informant.

Purpose, Goals, and Implementation

The goal of the partnership is to jointly implement the IPS model, based on the premise of supported employment as an evidence-based approach to vocational rehabilitation that has demonstrated positive competitive employment outcomes for people with significant mental illness. Through collaborative

1 South Carolina Department of Mental Health (2006).

2 Bond G.R., Becker, D.R., Drake, R.E., et al. (2001).

implementation of the IPS model, SCVRD and DMH intend to provide more integrated and seamless service delivery to people with mental illness resulting in improved employment outcomes for this population.

Access to supported employment services: Out of 17 Community Mental Health Centers in South Carolina, nine CMHCs (plus one additional site) provide SE services, resulting in ten SE programs across the state. CMHCs that do not offer SE services rely on traditional VR services for individuals interested in employment. One of our key informants estimated that about 500 out of 55,000 individuals served with mental illness receive SE services across the state of South Carolina annually. If a person with mental illness lives in an area that does not offer IPS services, they have the option of going to another catchment area to receive services; however, because South Carolina is a rural state, doing so would be difficult. SCVRD offers supported employment services statewide. Individuals who do not meet the criteria for IPS services or individuals who are in an area that does not offer IPS services, may be referred to SCVRD for supported employment services. Our key informant mentioned that traveling to another CMHC would not make sense because the individual would have to travel over an hour to receive services. The Family Advocacy Project, funded by Dartmouth and Johnson & Johnson, is a new initiative program whose goal is to advocate for more IPS SE programs. The main goal of the Family Advocacy Project is to “involve family members more in the supported employment program.” Although there are no exclusions to provide SE services beyond populations with severe mental illness (SMI), the SMI population is prevalent. One of our key informants estimated that between 85 and 88 percent of clients receiving SE services are a part of the SMI population.

Coordinating referrals and service delivery: Procedurally, either a case manager or therapist makes client referrals to IPS programs through the CMHCs. SCVRD does not refer clients to the IPS program; rather, the IPS program refers clients in need of employment services to SCVRD. Clients who express interest in employment services are either placed into IPS programs or referred to SCVRD for general vocational services. SCVRD may also refer clients to DMH for general mental health services. As one key informant noted:

The relationship between mental health and vocational rehabilitation goes way back. This isn't something we just started through the IPS program (...) we [VR] have an MOA in place with the Department of Mental Health, outside of the IPS program.

Both agencies exchange case-by-case information over the phone and/or on paper, granted that the VR customer has given permission for his/her information to be released to the other agency. There is no shared electronic case management system at this time. As one key informant explained, the absence of a shared case management system,

...does not damper or put a hindrance on our relationship, because (...) when the client gives us permission to talk to whomever, we [VR] provide that information instantly. If we need to request records, we get them almost immediately. There is no break in the process when we're trying to make our clients eligible on either side.

In addition to coordinating referrals, our key informants have emphasized that the relationship between SCVRD and DMH has enhanced the services that are provided to persons with disabilities. Specifically:

[The relationship is] from the top-down. The executive commissioners get along well, as well as the deputy commissioners, the assistant commissioners, on down to the program managers, the liaisons, and the counselors. Our staff [VR] is welcome at mental health; mental health staff is welcome at VR.]

It is also important to note that SCVRD does not contract out employment services to vendors. The employment services that are provided come directly from staff members at either SCVRD or DMH.

Coordinating staffing roles and funding: Partnership and collaboration between the two state departments has been key to implementing the IPS model for people with mental illness in South Carolina. Each participating CMHC houses an IPS team consisting of a team supervisor, a VR job coach, and a MH employment specialist. Additionally, it is by law that a Master's level counselor “is there to oversee the caseload that the employment coach is working with to sign off on the necessary documents and develop their plan of action.” Of the aforementioned positions, DMH funds 25 percent of the VR job coach position. The VR job coach assigned to the IPS team works 40 hours per week in the CMHC. Typically, SCVRD assigns staff to the IPS programs that have an interest or background in mental health. As part of the IPS team, the VR staff provide vocational services, including job placement and training. MH staff provide psychiatric supports to clients, including medication oversight if needed. MH staff are also responsible for providing follow along services to clients remaining on the IPS caseload following a VR case closure (after

90 days of successful employment). SCVRD staff can also provide post employment services to clients if needed.

Overall, the supported employment program in South Carolina is state funded, and there is hope that those funds will increase as a result of efforts made by the previously mentioned Family Advocacy Project, which will advocate for additional state funding for supported employment. In addition to jointly funding IPS staff positions, SCVRD and DMH also share responsibility for the coordination of the IPS programs at the CMHCs. Specifically, each state department has an assigned staff member who serves as the statewide program director. The IPS program directors from SCVRD and DMH are responsible for providing joint trainings to VR and MH staff, collecting outcomes data, developing reports, and monitoring program fidelity including conducting annual fidelity reviews. With regard to staff training, DMH provided an all-day staff training, in addition to a separate two-day training provided by Dartmouth. The CMHCs that provide IPS services are invited to attend these trainings. To clarify, one key informant stated that DMH “train[s] as a group or, if there is new staff, [provide] a training specific to that center or site.” At this time, the influence of these trainings on employment outcomes has not been measured. However, written evaluations and verbal feedback are collected from training attendees to measure their satisfaction with the training provided.

Supporting Evidence

SCVRD and DMH collect data on employment outcomes, number of referrals, number of individuals working, the number of individuals on the current caseload, number of new jobs, and the number of people being placed in education training programs, in addition to client satisfaction data for each of the CMHCs. For the 2011 – 2012 fiscal year, percentage of case closures is at 52%. On average, the centers serve around 500 South Carolinians with significant mental illness every year and have seen a steady increase (44% in 2003 to over 50% in 2009) in the percentage of individuals who have achieved successful community-based competitive employment.³ According to our key informants, in April 2008, South Carolina won an award for their employment outcomes; South Carolina’s Charleston/Dorchester CMHC was selected as one of just two supported employment sites in the nation to receive the Johnson & Johnson-Dartmouth

Achievement Award. Johnson & Johnson Inc. awarded the Charleston/Dorchester CMHC for their supported employment outcomes with a 68% employment rate. This award was won over 110 supported employment programs in 12 other participating IPS states. As reported by the Rehabilitation Services Administration (RSA) in 2009, South Carolina’s employment rate for people with mental and emotional (psychosocial) disabilities was 52.81%, compared to the national average for general/combined VR agencies of 48.57%.⁴

In December 2008, DMH launched a statewide effort to collect and analyze data from each CMHC with an IPS program in order to conduct a return-on-investment (ROI) study. CMHCs were asked to report client data on wages, hours worked per week, and SSI/SSDI earnings. The CMHCs also provided financial information for the fiscal year 2009 cost of conducting the IPS program. Data analysis was conducted using data collected on 598 clients enrolled in IPS programs across the state in 2008. According to the summary of findings in this report, the average person employed through the IPS programs earned an additional \$533.00 per month, compared to an average of \$17.10 per month earned prior to enrolling in the IPS program. The report concluded that the return-on-investment ratio is approximately one to six. For every dollar invested on clients through the costs of operating IPS programs, clients earned approximately six dollars.⁵ In 2011, our key informants reported that the salaries of individuals employed, with the help of the IPS program, ranged from \$7.25 to \$24.00 per hour. As one key informant explained, the ROI study was “a one-time study sort of to try to help an organization, like NAMI [National Alliance on Mental Illness], when they go to advocate.”

South Carolina holds all participating CMHCs that implement evidence-based supported employment to the fidelity standards, as outlined by the J & J – Dartmouth Program. The evaluation process is standardized to meet the fidelity criteria, as prescribed by the IPS SE Fidelity Scale that measures program performance in three areas: staffing, organization, and services.⁶ In South Carolina, IPS statewide program directors are responsible for collecting data on a quarterly basis, and co-conducting the fidelity reviews on

³ Rehabilitation Services Administration (2010). A key informant who nominated the practice reported the fact as well.

⁴ Rehabilitation Services Administration (2010).

⁵ Henderson, D. and Sparks, E. (2009). South Carolina department of mental health: Individual placement and support/supported employment return-on-investment. Internal report shared by key informant.

⁶ Dartmouth IPS Supported Employment Center

an annual basis. As reported on the South Carolina DMH website, fidelity review results consistently indicate that all IPS program sites in South Carolina are successfully implementing the supported employment model.⁷

As part of the fidelity reviews, the IPS program directors talk with the IPS team members at the participating CMHCs including supervisors, case managers, psychiatrists, and clients. According to our key informants, interviews with program participants demonstrate that they are satisfied with the program and their experiences. “They [the clients] are always telling us that this is the best program that ever happened – it has given them hope. It has allowed them to do things they never thought they would be able to do. [Being] out there in the community working, it is very therapeutic for them,” explained the informant. In 2005, DMH began to collect standardized consumer survey data using the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey instrument. The survey asks consumers about their perception of the care and treatment they received in the IPS program. DMH uses the reports for ongoing performance measurement in the state’s IPS programs.⁸ Performance Improvement plans are developed as a result of the fidelity review, and DMH goes back to each site after six months to monitor the progress of plan implementation. DMH creates an additional annual report based on the data collected by SCVRD on the performance of the counselors and job coaches that receive referrals from DMH. As one informant explained: “The data is used as accountability and performance improvement. If there are sites that are not meeting the state average, then that’s an area where we have to go in there and meet with folks and see what’s going on, and provide consultation to improve that site.”

Future Directions

SCVRD plans to continue their efforts in partnering with DMH to implement the IPS model in CMHCs. One of SCVRD’s goals is to have a person who is knowledgeable about both the IPS program administered at the CMHCs and supported employment services administered through VR. In SCVRD’s general supported employment service delivery, components of the IPS model, particularly rapid placement, are being utilized. Moreover, DMH is considering plans to add a peer support specialist component to two IPS programs; at the time of our research these plans were still in development.

Transferability

Suggested by our key informants, the piece of the program to be replicated in other states is to initiate a philosophy within both organizations (VR and MH) that trickles from the leadership to counselors in the field. Our key informants suggested that this philosophy should include components of no exclusion from receiving employment services (regardless of the type of disability), place then train individuals with disabilities, and cross-training VR-MH staff members. A piece of the SE program in South Carolina that may be more difficult to replicate in another state is the type of relationships that are formed between the VR and MH employment coaches. These relationships are developed because “VR very seldom contracts out for anything. [VR has] everything in-house, [making it] more unique than other states.”

“Our employment coach [and] mental health employment coach, they go out together. They develop jobs together, they provide supports together, and they’re pretty much in the community all the time together.”

SCVRD believes that this joint staffing is a critical, yet unique, piece of their SE model.

⁷ South Carolina Department of Mental Health (2006). This fact was also confirmed by key informant in interview on 10/20/10.

⁸ South Carolina Department of Mental Health. (2005). Individual placement and support (IPS) employment programs MHSIP survey outcome report. Internal report shared by key informant.

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