

## **Vermont Division of Vocational Rehabilitation: VR Reach Up Program Annual Report: July 1, 2005-June 30, 2006**

*Note: Some material in this report is broken out according to the VR program that is providing the services. The VR program serving only Reach Up participants is referred to in this report as the VR/RU Program. The general VR program serving all people with a disability-related barrier to employment which includes some Reach Up participants is referred to as the VR General Program.*

### **Introduction**

On July 1, 2001, the Vermont Division of Vocational Rehabilitation (DVR) entered into a contractual partnership with the state welfare agency to implement a special program to provide vocational counseling, case management, support services and job search assistance to all welfare recipients in Vermont who possess a significant disability-related barrier to employment. The program was designed to promote the transitional nature of TANF benefits and to assist job seekers with disabilities to move from welfare to work.

The purpose of this annual report is to present progress made towards promoting the following desired outcomes:

- 1.) Stable and substantial employment for participants with disabilities who, with assistance from VR, are capable of supporting their families;
- 2.) Part-time employment for participants who are capable of working but due to their disabilities are not able to achieve employment at a level which will allow them to fully support their family; and
- 3.) Supplemental Security Income (SSI) for participants whose disability prevents them achieving any significant level of employment.

### **Demographics**

#### **1. Numbers Served**

During the previous program year, a total of 1218 Reach Up (RU) participants received employment preparation and related services from the Division of Vocational Rehabilitation, which represents 15% of the total number of families receiving TANF benefits.

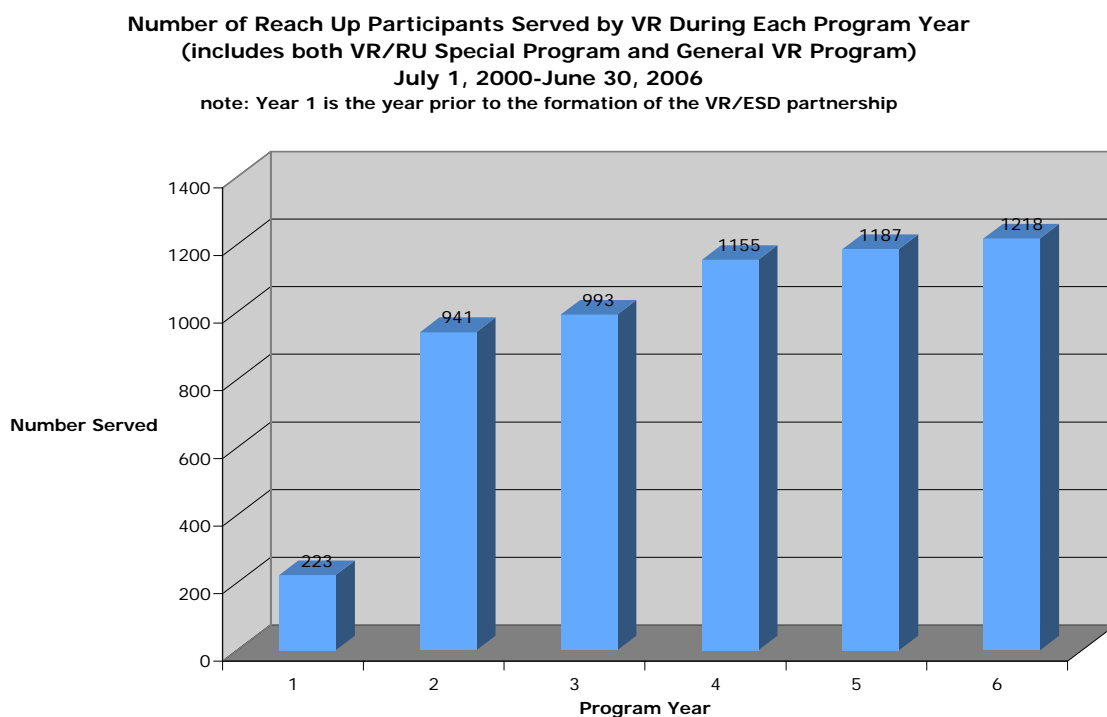
The VR/RU Program served 837 RU participants. The program enrolled 347 new applicants during the program year and closed out 325 participants. On average, each

VR/RU Program Counselor provided services for 65 RU participants during the year. They enrolled 27 new participants and closed out 25 during the year.

The VR General Program served an additional 381 RU participants. They enrolled 116 new applicants in the past year and closed out 179 cases.

*(Note: The Outcomes section of this report discusses the frequencies and types of outcomes achieved for all cases closed during the 2006 State fiscal program year.)*

### CHART 1: Number Served



The following demographics explain who those participants were based on age, education, primary reported disability and gender and are based on participants served during the 2006 program year only. However, a comparison with previous program years indicates minimal change in overall participant demographics.

## 2. Gender and Age

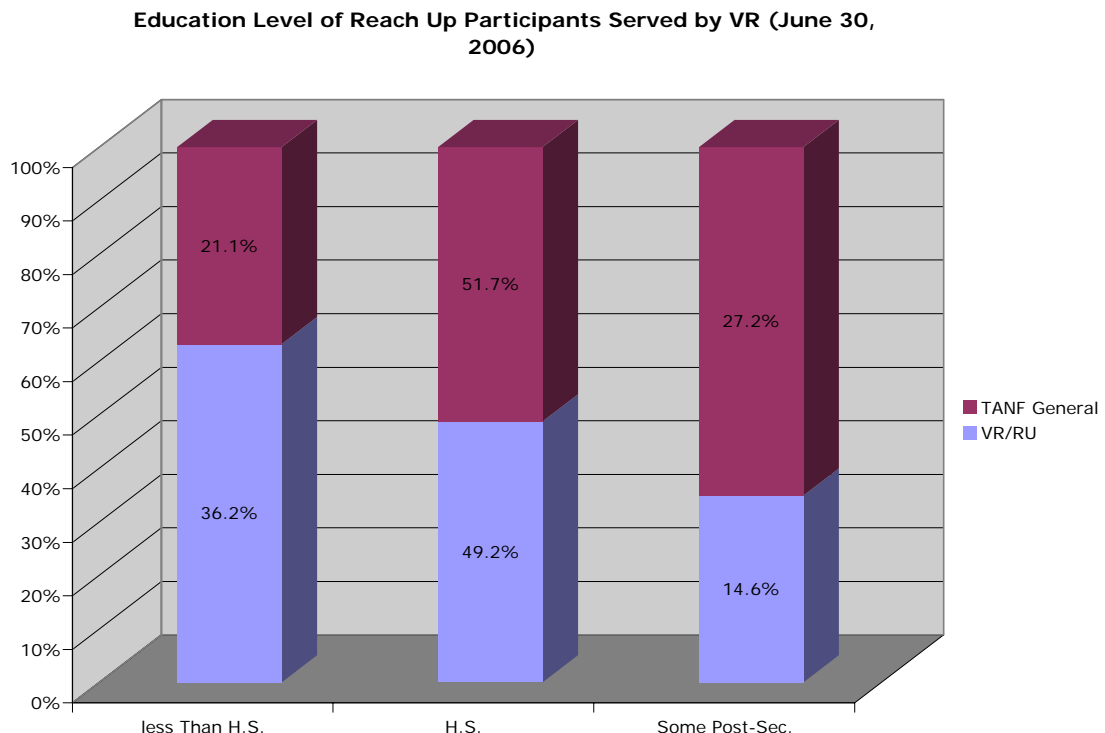
Eighty one percent of VR/RU Program participants and 71% of participants served by the VR General Program are female. Slightly over 90% of all participants are between the ages of 20 and 49 and the largest numbers (42%) are between 30 and 39 at time of application.

### 3. Education

The only significant distinctions demographically between RU participants served in the VR/RU Program and the VR General Program relate to education level at time of application. Participants served in the VR General Program were twice as likely to have some post-secondary education (27.2% vs. 14.6%) as those served by the VR/RU Program. Conversely, those served in the VR/RU program were much more likely not to have completed high school. (36.2% vs. 21.1% in the General Program) High School graduates with no post-secondary education appear to be evenly represented in both programs. (51.7% and 49.2%)

*(Note: 1.4% of all RU referrals had a post-secondary degree.)*

CHART 2: Education at Time of Application



### 4. Disability/Barriers to Employment

To be eligible to receive vocational services from Vocational Rehabilitation an applicant must possess substantial disability deficits in two or more areas of function (e.g. mobility, communication, self-care, dexterity/coordination, etc.). The disability must constitute a significant barrier to the achievement of employment and require extensive rehabilitation services.

Vocational Rehabilitation summary data on primary disability lists only the main categories of visual, hearing, physical and cognitive impairment. The primary disability is the disability-related barrier to employment presented by the individual at time of application. Fifty-six percent of VR General Program applicants and 68% of VR/RU Program applicants reported a cognitive impairment. Forty-one percent of the VR General Program applicants and 32% of VR/RU Program applicants reported a physical impairment as their primary barrier to employment.

The self-reported primary disability often proves to not be the most important and rarely is the only barrier to employment. Many applicants are reluctant to disclose deeply personal and potentially stigmatizing information about themselves to strangers. Many of the true barriers to employment are revealed only after a relationship is formed with the counselor. Substance abuse and mental health issues are examples of barriers that are often disclosed only over time. Other applicants are simply not aware of the true barriers they face in the pursuit of employment.

For these reasons, the following section is included to give a more accurate picture of the true barriers to employment faced by Reach Up participants with disabilities. In a survey conducted with the VR/RU counselors, each counselor was instructed to list the barriers to employment for participants on their caseloads who were making little or no progress towards employment. They identified 179 individuals that fit that definition. The following are the most frequently cited functional barriers to employment. This information was collected as part of a larger study. For the entire study see Attachment A - An Analysis of Barriers to Employment.

The three most significant reasons cited for lack of progress were:

Mental illness: 71.4%. This includes individuals with significant personality disorders (15.6%) and co-occurring disorders (14%), including mental health barriers.

Long-term generational welfare: 39.8%. Counselors indicated that this barrier was usually accompanied by a lack of marketable job skills, virtually no work history and a corresponding lack of understanding of the basic requirements in the world of work. When further complicated by a significant mental health barrier, this lack of work history and marketable skills poses huge challenges for VR counselors charged with helping people to become employed in a relatively brief amount of time.

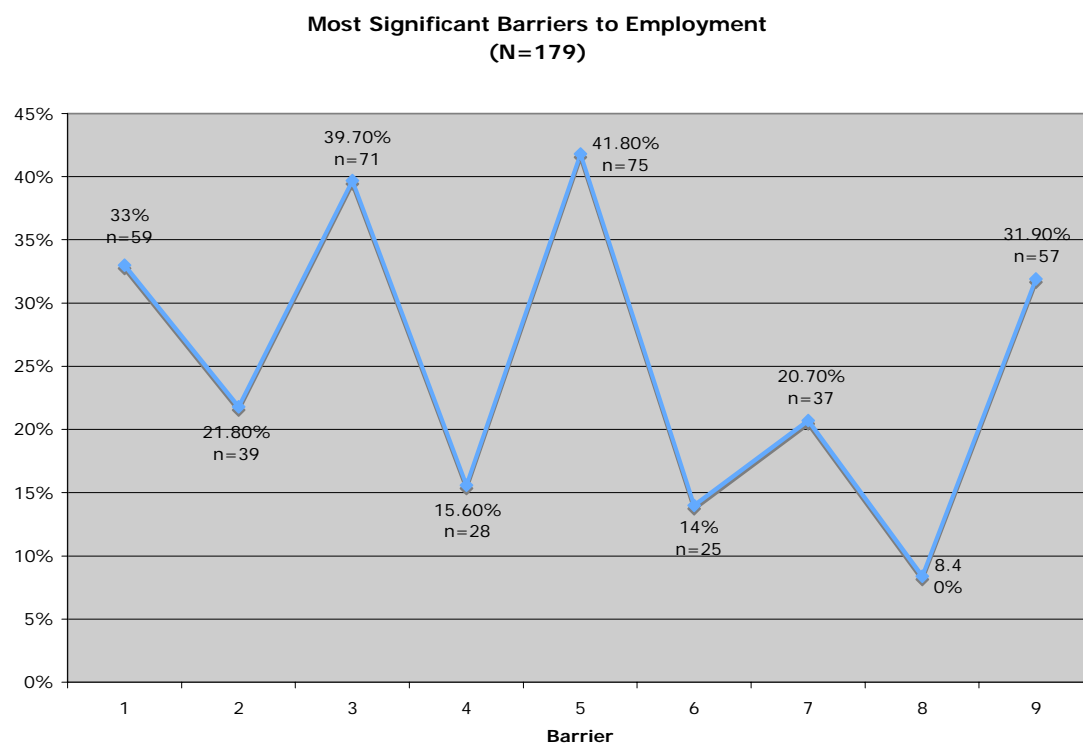
Children with serious disabilities or behavioral issues: 33%. These children required more support than daycare services or schools could accommodate. Some people reported receiving calls at work from school or daycare needing the parent's immediate attention resulting in a negative impact on employment stability.

In addition, Counselors typically support individuals with other barriers such as 1) lack of family support that would assist the person to become employed (Examples included instances of spousal sabotage or abuse); 2) educational barriers; (learning disabilities, borderline intelligence or mild mental retardation, and lack of significant

formal education); and 3) lack of system resources; (mental health treatment programs, transportation assistance, childcare, etc.).

Nearly a third of the welfare recipients who were making little or no significant progress (31.9%) had a disability-related barrier to employment so significant that the VR counselors did not project them entering the work force in the foreseeable future. These are participants that the VR/RU Counselors are assisting to apply for disability benefits. Over the past five years, 412 individuals have been assisted to apply for SSI benefits and permanently left the welfare roles.

**CHART 3: Barriers to Employment\***



**\* Key to Barriers to Employment Study**

1. Children with disabilities or behavioral issues that often require support in excess of the capacity of daycares or schools to fully accommodate them;
2. Lack of family support that would assist the person to become employed; (Examples included instances of spousal sabotage or abuse)
3. Long-term or generational welfare;
4. Personality Disorders; (It was noted that the instance of this type of mental illness was prevalent enough and required so much counselor time that they wanted to capture it separate from other disability-related issues.)
5. Mental health barriers other than personality disorders;

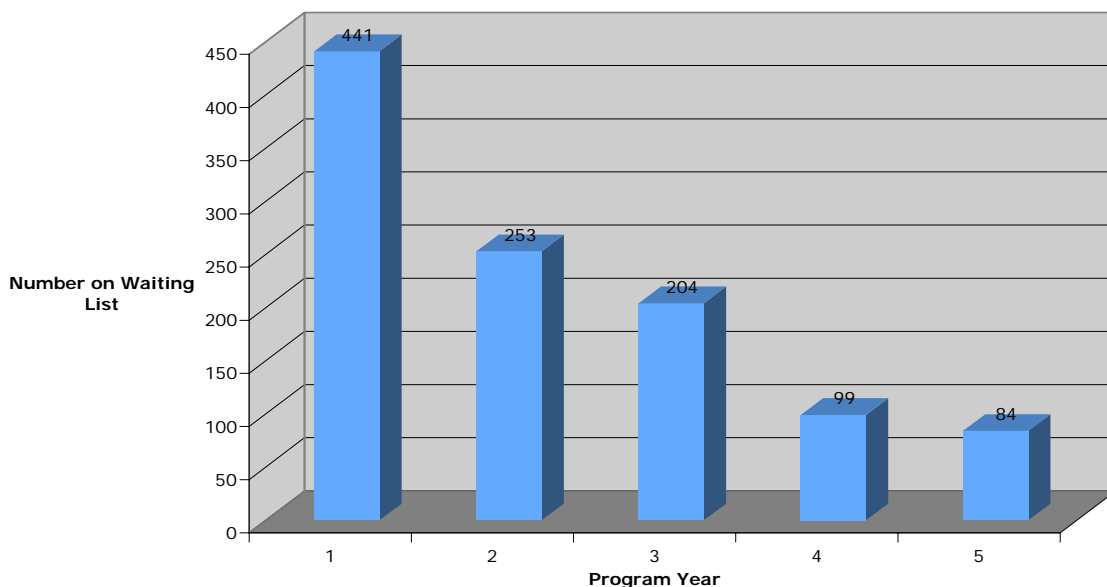
6. Co-occurring disorders; (mental health and substance abuse)
7. Educational barriers; (learning disabilities, borderline intelligence or mild mental retardation, and lack of significant formal education)
8. Lack of system resources; (mental health treatment programs, transportation assistance, childcare, etc.) and
9. Other. (People whose disability-related barriers were so significant that the VR counselor had chosen to assist the welfare recipient to apply for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI))

## Referrals and Waiting Lists

Each VR/RU Program caseload has been capped at 40 active participants at any given time. Additional referrals have had to remain with the ESD case manager until an opening was available. With the addition of Referral List Managers, the waiting list has declined dramatically over the past two years and only 84 referred participants remained on ESD caseloads as of June 30, 2006. Working closely with the VR/RU Counselor, the Referral List Managers have been instrumental in preparing many referred participants for more meaningful participation in activities with the VR/RU Program. Referral List Case Managers are currently serving an additional 75 Reach Up participants statewide prior to moving onto the VR Reach Up caseload.

### CHART 4: Referral/Waiting List

**Number of Referrals Waiting to be Served by VR/RU Program or Referral List Manager on June 30th of each Program Year (2002-2006)**



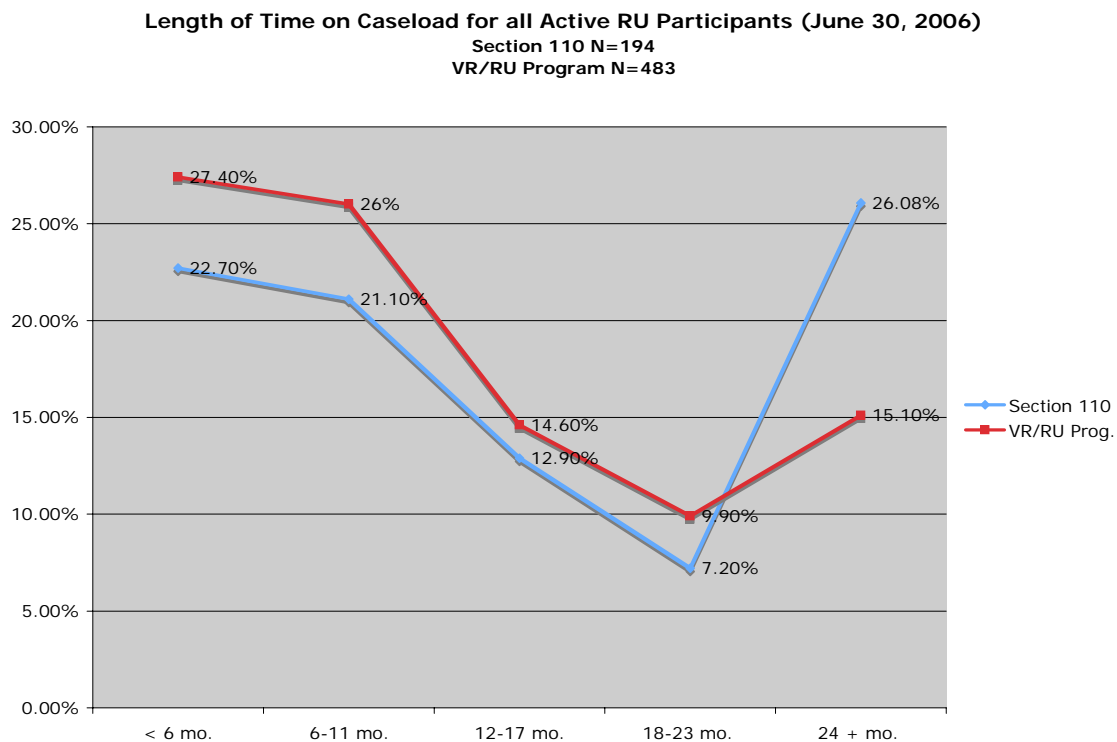
## Active Caseloads

VR/RU Program: On June 30, 2006, there were 488 Reach Up participants active on the VR/RU Program caseloads statewide. Of those, 222 were identified as having a disability-related barrier to employment significant enough to make significant levels of employment an unrealistic goal at this time. They are being assisted to apply for Social Security (SSI) benefits.

### VR General Program:

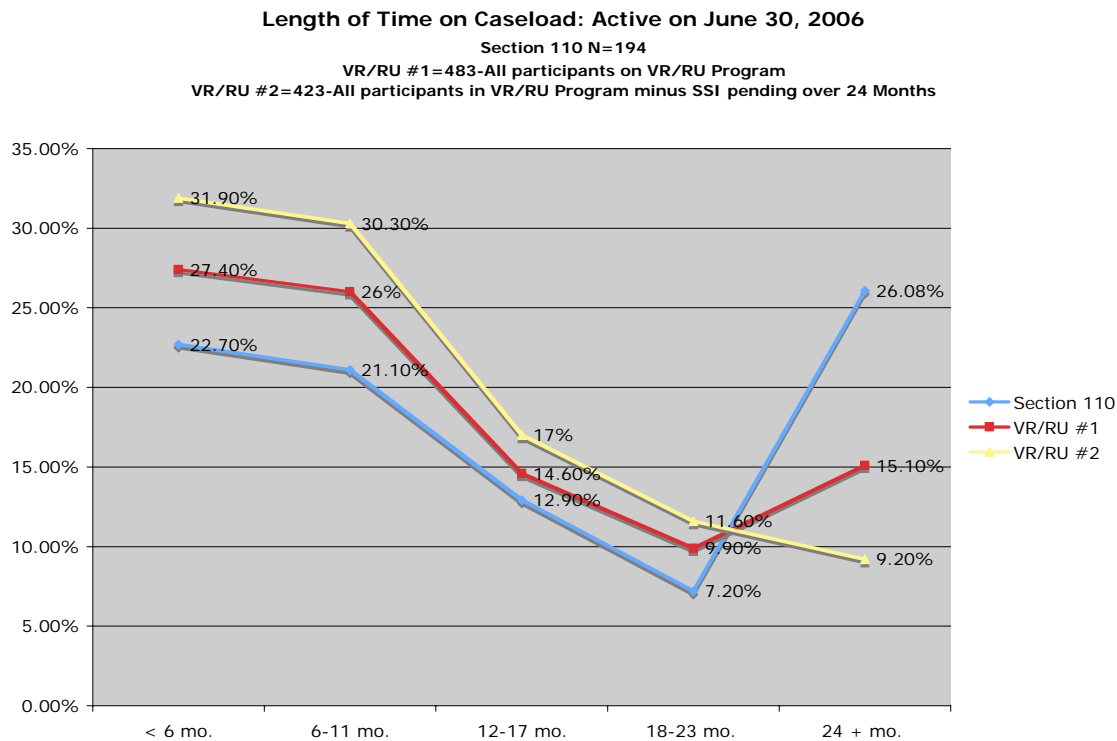
The VR General Program had 201 active cases on June 30, 2006. The largest number of Reach Up participants served by the VR General Program during the year was in Bennington with 56 participants followed by Burlington (46), Rutland (45) and White River (42). The least number served in our general VR Program was in Middlebury with 11 participants.

CHART 5: Length of Time on Caseload For All Participants Active on June 30, 2006



After removing all SSI applicants awaiting a final decision on their appeals, the number of RU participants still active over 24 months is reduced from 15.1% to 9.2% meaning that 39 active RU participants have been on our caseloads more than 24 months and are not applying for SSI benefits.

**CHART 6: Length of Time on Caseload for All Participants Active on June 30, 2006  
Minus VR/RU Program Participants Who Are SSI Pending Over 24 Months**



## Outcomes/Caseload Movement

Desired outcomes for Reach Up participants with disabilities served by VR consist of:

- Stable and substantial employment for participants with disabilities who, with assistance from VR, are capable of supporting their families;
- Employment, but at a lesser level for participants who are capable of working but due to their disabilities are not able to achieve employment that is significant enough to allow them to support their family through income; and
- Supplemental Security Income (SSI) for participants with a disability-related barrier that prevents any significant level of employment

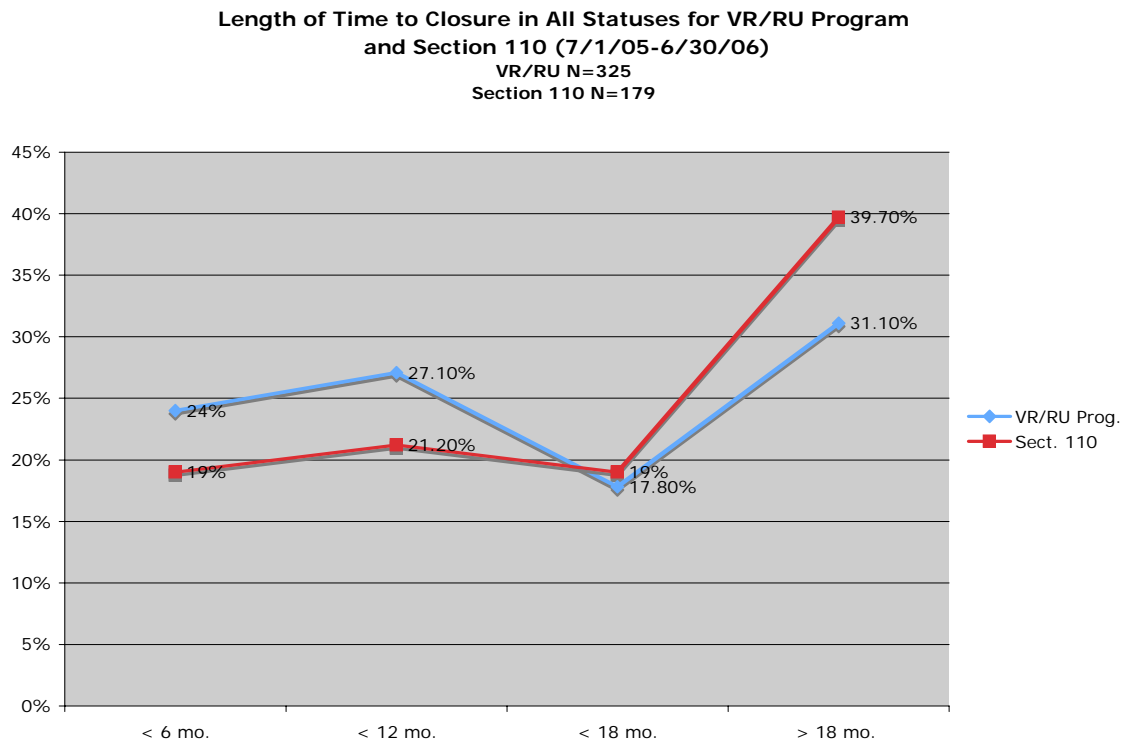
### 1. Employment

A total of 119 Reach Up participants with disabilities achieved stable employment during the past program year. This total combines closures from the VR general caseload and the VR/RU caseload. The mean time from enrollment in VR to stable employment for the 119 employed participants was 17.88 months. The mean time for



RU participants served in the VR/RU Program was 14.79 months. For all 504 participants whose cases were closed this past year for any reason, the mean time to closure was 22.26 months. (Note: for a list of all closure reasons, see Table 1.)

**CHART 7: Time to Closure- all Statuses**



**TABLE 1: Closure Categories: VR/RU Program**  
N=325 VR/RU Program Closures

Employment	67
SSI	120
Long term Med. exempt	6
Back to ESD-Sanction	32
Back to ESD/RUFA Closed	73
Transfer-Sect. 110	31
Modified Work Req.	3

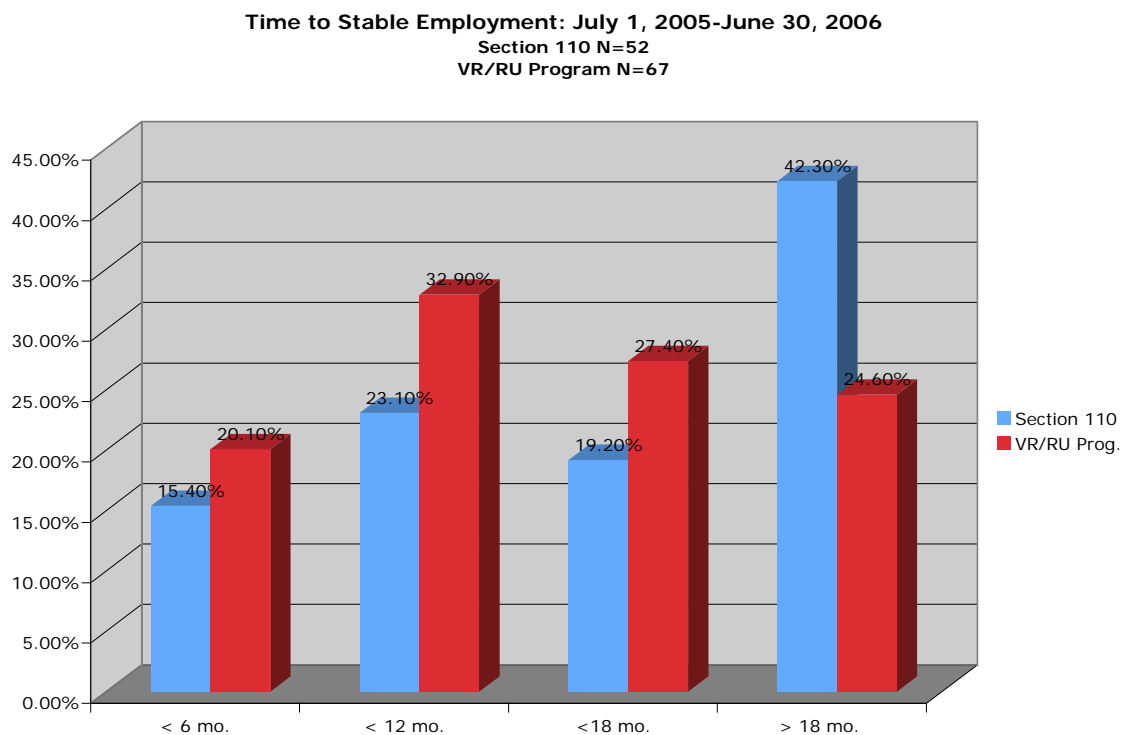
## 2. Closure to Employment

The following chart is included to demonstrate the length of time required to support RU participants with disabilities to achieve stable employment. In spite of the more

“job ready” nature of participants served in the VR General Program, the intensive services available in the VR/RU Program actually result in more timely closures to employment. A total of 42.3% of the successful employment outcomes achieved by our General Program were achieved in 18 months or longer. This compares with 24.6% for employment closures in the VR/RU Program that required 18 months or longer.

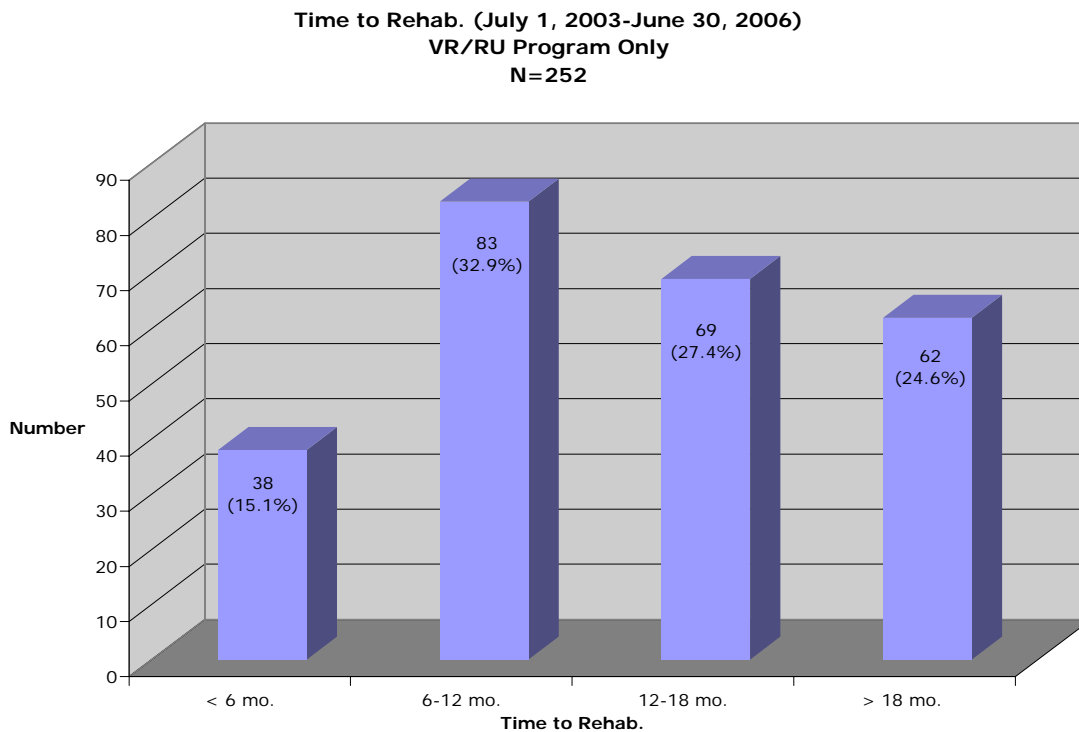
#### CHART 8: Time from Enrollment To Stable Employment

*(Note: Stable employment means employed and not requiring significant services for 90 consecutive days.)*



For comparison purposes the following chart presents the time to employment closure for all 252 participants who achieved stable employment through the VR/RU Program since July 1, 2003. The average length of time to closure remains virtually unchanged in all that time. (Chart 9)

### CHART 9: Time to Rehabilitation Since 2003



### 3. SSI Closures

A total of 120 Reach Up participants were permanently removed from TANF benefits between 7/01/05 and 6/30/06 with the assistance of the VR/RU Program. Since program inception in 2001, 412 Reach Up participants have been assisted by their VR/RU Counselor to successfully complete the SSI application and appeals process and exit Reach Up. About 88% of applicants are approved on average within approximately 5 months. The other 12% go to the Administrative Law Judge appeal phase, and approval averages about 18 months for these cases.

Assistance typically consists of: 1) Determination by the VR/RU counselor that the participant will not be employable at any significant level for a minimum of 12 months due to disability. This is based on counselor observation, professional judgment, and the procurement and review of all necessary medical assessments and evaluations to support the claim; 2) Assistance in completion of the initial application with the participant; 3) Assistance with the appeals process in the event of a denial; and 4) Assistance to secure a lawyer and to gather additional information in the event of an Administrative Law Judge (ALJ) review of the case. Cases deemed justified and supported by the VR/RU Counselor are rarely denied at the final ALJ phase of the process.

## **Programmatic Costs**

The majority of costs associated with supporting RU participants to transition off TANF benefits are secured through the ESD Matrix of Support Services. This data is available from ESD. However, Vocational Rehabilitation also contributes significantly in support of RU participants' rehabilitation. The following table shows the VR contribution by category for the past fiscal year. These figures include all RU participants served by VR.

TABLE 2: Additional VR Cost to Support RU Participants

Assessments	15,035
Diagnostics	7,213
Training	10,662
Transportation	39,664
Other Costs	36,036
TOTALS	\$108,610

## **New Initiatives to Enhance Caseload Movement**

### VR Reach Up Redesign Model

Given the transitional intent of TANF and the ever-increasing urgency to assist participants to engage in work activities quicker, new and better strategies are needed for all programs engaged in assisting Reach Up participants to engage in the active pursuit of employment. Current local Redesign activities maintain this focus, and Vocational Rehabilitation has supported local Redesign goals.

The VR/Reach Up program has developed a new service model that will facilitate caseload movement and address the predominantly mental health barriers of participants on the VR caseload. Not all individuals will fit into this model. However many will, allowing VR Counselors to provide mental health services to a larger number of individuals, provide the support of a group, move participants into work experiences as soon as possible, and maximize the casework time of the VR Counselors.

VR/RU program participants will participate in either a mental health group run by a therapist familiar with this population; a group facilitated by a certified Dialectical Behavior Therapy (DBT) therapist; or a substance abuse program. These therapeutic groups would address mental health and substance abuse issues for approximately 12 weeks.

Upon completion of the therapy portion of the group process, participants will continue to meet at more frequent intervals to cover pre-vocational and vocational topics, led by the VR Counselor. The participants, having bonded into a cohesive group, will cover work

preparation issues with a mental health focus. The VABIR job developer will attend meetings to discuss work experience opportunities. Participants will be placed as soon as possible into job shadowing or limited work experiences and increase work participation until part time or full time employment is attained. As they have work experiences, they will continue to get support and guidance from the group. The job developer and job coach will provide on site support and communicate with the employer to ensure success. This ensures that problems can be immediately dealt with and discussed with the participant.

This model has been piloted in St. Albans and Bellows Falls. Two additional groups are planned, again in St. Albans and also in Brattleboro. Although data is incomplete on the outcomes of these groups, initial indications are that caseload movement is enhanced and the support participants receive from their peers is valuable and motivating.

## **Recommendations**

This Annual Report has emphasized caseload movement as the principal indicator of program value. To that end we recommend that:

1. Resources are secured to ensure adequate access to certified substance abuse counselor who will accept Medicaid.
2. VR/RU clients often return to TANF because of their inability to manage their money. They need access to budgeting or money management classes *after* they start to work. It is not helpful to caseload movement to provide these classes as an academic exercise while it holds minimal relevance to the participant. This training should be coupled with the concept of gradual decreases in grants as participants earn increasing amounts in wages (a concept mentioned in several local Re-Design plans).
3. Institute an empirical outcome oriented evaluation system with emphasis on numbers of people that leave the welfare system, types of outcomes such as caseload movement, employment and SSI, relying less on anecdotal measures of effectiveness. Effectiveness data should form the basis for the implementation of new program procedures.
4. Improve the disability screening system to enhance the likelihood that people with disabilities won't remain under-served on ESD caseloads while their 60 months of benefits time elapses. ESD needs to ask questions that will expedite movement of appropriate participants to VR for disability specific services.