



# **A Case Study of Effective Vocational Rehabilitation Agency Practices in Managing Outreach, Service Access, and Case Flow to Serve Individuals with Most Significant Disabilities**

## **PROJECT SUMMARY**

### **Study Purpose and Goals**

The study will identify, study, and disseminate practices of state Vocational Rehabilitation (VR) agencies to effectively manage outreach, service access, and case flow to ensure that individuals with the most significant disabilities (MSD) are served on a priority basis. The study is part of the Rehabilitation Research and Training Center on Vocational Rehabilitation (VR-RRTC) at the Institute for Community Inclusion (ICI), University of Massachusetts Boston.

The Rehabilitation Act of 1973, as amended, defines 'significant disability' but not 'most significant disability,' leaving it up to state VR agencies to develop their own definitions. This study uses the term 'most significant disability' broadly to encompass all of these (state) definitions – whether or not the state VR agency is in Order of Selection (OOS). The study considers OOS as one of several tools available to state VR agencies to manage service access by prioritizing individuals based on pre-defined criteria.

The goal of the study is to provide VR policymakers and government managers with concrete examples of effective practices that help them to better translate legislative mandate into practice.

### **Research Questions**

The following research questions will guide the study:

1. How do state VR agencies – both in Order of Selection and not in Order of Selection – effectively manage outreach, service access, and case flow to ensure that individuals with MSD are served on priority basis?
2. What practices (management practices, policies, and procedures) do they use, and what evidence exists for their effectiveness?
3. What specific features of these practices would make them easily transferable to other states given the variation in how states are organized?

### **Definition of Key Terms**

**Significant disability and most significant disability:** The 1973 Rehabilitation Act (the Rehab Act), as amended, defines 'significant disability' using three criteria: severity of disability, functional ability, and rehabilitation services need including duration of service receipt. The Rehab Act does not define 'most significant disability.' Rather, individual state VR agencies are charged with developing their own definitions based on the statutory definition of significant disability. Consequently, there are many definitions of MSD at the state VR agency level. In addition to definitional issues, there are also measurement issues. The Rehabilitation Services Administration (RSA) collects data on individuals with significant disabilities but not on individuals with MSD. This study uses the term 'most significant disability' broadly to encompass all of these (state) definitions – whether or not the state VR agency is in OOS.

**Practice** refers to management practices, policies, and procedures that state VR agencies implement to serve people with MSD on a priority basis.

- A practice must be related to outreach, service access, and/or case management.
- A practice can be implemented by a state VR agency in OOS or not in OOS.

**Effective Practice** refers to management practices, policies, and procedures for which there is measurable evidence (qualitative or quantitative) that they improve:

- VR program accessibility for individuals with MSD (e.g., increased number of referral sources, increased number of referrals from a particular source such as mental health, increased number of VR applications);
- VR capacity to serve individuals with MSD (e.g., increased counselor awareness/knowledge of MSD, increased counselor capacity to screen/serve/keep engaged individuals with MSD);
- Employment outcomes for people with MSD (e.g., successful closures, quality placements); or
- Case management with an emphasis on this particular group (e.g., more efficient methods for caseload management).
- Practices that have potential for state-level transferability will be prioritized.

## Examples of Practices

### 1. Practices to effectively pursue outreach emphasizing individuals with MSD.

- Partnering with disability organizations to reach out to disability groups that are likely considered MSD (such as Social Security beneficiaries, individuals with severe and persistent mental illness [MI] or developmental disabilities [DD] that meets the federal definition of DD).
- Dedicating counselor time to reach out to disability groups that are likely considered MSD (such as transition age youth with MI or DD, or multiple disabilities).

### 2. Practices to effectively increase VR access to services for individuals with MSD.

- Earmarking funds for services (such as rehabilitation technology) that are more likely or heavily used by this particular group.
- Providing counselor and / or vendor incentives to develop better jobs post employment (including higher wages, better employee benefits, and job advancement) for this particular group.

### 3. Practices to effectively manage case flow with an emphasis on individuals with MSD.

- Considering case complexity (such as the number and types of services an individual may need over a certain time period) in measuring counselor performance in serving this particular group.

## Study Methods

The study methodology consists of three phases: First, researchers will solicit nominations for practices from a wide variety of sources (e.g., previous research; self-nomination; nomination by RRTC senior training, technical assistance, and policy staff, the Advisory Board, and the expert Delphi Panel). Individuals or agencies that nominate a practice need to submit at least two sources of evidence (quantitative or qualitative) confirming effectiveness of the practice. Second, an expert Delphi Panel, specifically recruited for this case study, will review the nominated practices (short descriptive summaries including effectiveness evidence) and rate the practices on a number of specified criteria (e.g., innovativeness, transferability). Based on information from the Delphi Panel (ratings and comments) and other factors (sampling criteria), researchers will determine the final sample of 3 – 10 practices for case study research. The third phase involves collecting case study data on each practice (key informant interviews and document review), analyzing the data, and synthesizing the findings.

## Sample

The study will sample 3 – 10 effective practices for case study research. This will include at least one practice from each area – outreach, service access, and case management – although practices might relate to more than one area. In this case, researchers will attempt to identify practices that focus more on a particular area. Given the study focus on OOS as one of several options, researchers will balance representation of state VR agencies in OOS and those not in OOS in the sample of practices (case study sites), to the extent possible. In case the nomination process mainly yields effective practices in non-OOS states, researchers will make another effort to reach out to OOS states, using RSA data and other information for targeting states.

## For more information about this project, please contact:

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