

8-2013

Premature Exit from the Vocational Rehabilitation System

Catherine Ipsen

University of Montana - Research and Training Center on Disability in Rural Communities

Rebecca Goe

University of Montana - Research and Training Center on Disability in Rural Communities

University of Montana Rural Institute

scholarworks-reports@mso.umt.edu

Let us know how access to this document benefits you.

Follow this and additional works at: https://scholarworks.umt.edu/ruralinst_employment

 Part of the [Labor Economics Commons](#)

Recommended Citation

Ipsen, Catherine; Goe, Rebecca; and Rural Institute, University of Montana, "Premature Exit from the Vocational Rehabilitation System" (2013). *Employment*. 20.

https://scholarworks.umt.edu/ruralinst_employment/20

This Research Report is brought to you for free and open access by the Rural Institute for Inclusive Communities at ScholarWorks at University of Montana. It has been accepted for inclusion in Employment by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mail.lib.umt.edu.

Research Report

Premature Exit from the Vocational Rehabilitation System

Data from the 2009 Rehabilitation Services Administration Case Services Report (RSA 911) indicate that approximately 50% of Vocational Rehabilitation (VR) consumers leave the system prematurely. Premature exits include case closures related to lost contact with the consumer due to inaccurate address, disconnected phone or consumer relocation (17.4% of cases); consumer refusal to continue services (17.2% of cases); or consumer failure to cooperate (15% of cases).

Both the consumer and the VR system as a whole lose out when a consumer enrolls in services but drops out early. For the consumer, premature exit from VR services is correlated with worse economic outcomes when compared to those who complete services (Hayward & Schmidt-Davis, 2003).

VR agencies also experience loss; 2009 case closure data indicate that VR agencies spent:

- \$112,328,032 on 102,477 clients who they were "unable to locate or lost contact;"
- \$119,127,375 on 101,385 clients who "refused services;" and
- \$93,644,100 on 85,131 clients for "failure to cooperate."

These figures underestimate true costs because they exclude administration and overhead costs, including staff salaries and services provided by rehabilitation programs that are not directly billed on an individual basis (RSA 911, 2009).

Given the magnitude of this issue, we initiated a longitudinal study to better understand the factors associated with early exit from the VR system.

Methods

We worked with six state VR agencies, AL-combined, KS-combined, MN-blind, MN-general, NM-general, and OR-general to recruit study participants. Agency staff mailed survey packets including a cover letter, informed consent form, baseline survey, and return envelope to randomly selected rural and urban clients who (1) were ages 18 to 65, (2) began services within the last six months, and (3) did not have a primary disability related to cognitive impairment. Follow-up reminder postcards were mailed by the agency after two weeks. In total, 142

out of 711 rural clients and 213 out of 750 urban clients returned survey packets, for a combined response rate of 24%. The study included four follow-up surveys mailed at 6-month intervals. Participants received a \$10 participation stipend for each returned survey. Data collection is still underway. This preliminary report focuses on the first three waves of data (baseline, 6-months, and 12-months).

Participants. Consumers were split between rural (40%) and urban (60%) locations. Respondents were mostly female (58%), and the mean age was 40. Most respondents were White (61%), African American (19%), and Hispanic (10%). Thirteen percent (13%) of the sample had less than a high school education; 30% had completed high school; 38% had some college; and 18% had completed a secondary education program. At baseline, 13% of the sample was employed full-time and 17% were employed part-time. Respondents reported severe (34%), moderate (49%), and mild (17%) disabilities.

Of the 355 consumers enrolled in the study, only 226 (64%) provided baseline and 6-months data, and only 184 (52%) provided baseline, 6-months, and 12-months data. There were no statistical differences between responders and non-responders in terms of rural/urban location, gender, race, employment status, or severity of disability. On average, responders were older and more educated than non-responders, however.

Measures. The longitudinal survey instrument was based on a literature review of factors related to satisfaction with VR services and a qualitative study of 27 VR consumers who left the system for a “failure to cooperate” or “refused service” reason (Rigles, Ipsen, Arnold, & Seekins, 2011). In addition to socio-demographic data, respondents provided information about

- types of services received in the past six months and satisfaction with those services;
- services desired but not received;

Table 1. Counseling Factors

In the last six months, how satisfied are you that your counselor...	Baseline Mean	6-month Mean	12-month Mean	Repeated measures ANOVA – within subjects effects
Listens to your concerns.	3.3	3.2	3.1	F=6.07, p = .003 **
Includes your ideas into your IPE.	3.2	3.1	3.0	F = 2.68, p = .072
Follows through on promised services.	3.2	3.1	3.0	F = 4.21, p = .016*
Understands your employment interests.	3.3	3.1	3.0	F = 12.04, p ≤ .000 **
Helps you understand the local job market.	3.0	2.8	2.8	F = 4.40, p = .014 *
Provides information about VR services in a clear manner.	3.2	3.1	3.0	F = 5.31, p = .006**
Makes time to meet with you.	3.2	3.1	3.1	F = 3.44, p = .034*
Treats you with respect.	3.6	3.5	3.3	F = 7.89, p = .001**
Returns your phone calls in a timely manner.	3.2	3.0	3.1	F = .49, p = .651
Returns your email messages in a timely manner.	3.2	3.1	3.0	F = .89, p = .414
Runs a productive meeting.	3.4	3.2	3.1	F = 5.41, p = .005**
Meets with you in a location that is comfortable to you.	3.6	3.4	3.3	F = 6.55, p = .002**

* significant at .05 alpha, ** significant at .01 alpha

Table 2. Counseling Factors for Those Receiving Services Compared to Early Exit

In the last six months, how satisfied are you that your counselor...	Baseline Continuing with Services (n = 282)	Baseline Early Exit (n = 68)	T-test Sig.	6-months Continuing with Services (n = 139)	6-months Early Exit (n = 71)	T-test Sig.
Listens to your concerns.	3.4	2.4	≤ .000 **	3.4	2.9	= .003 **
Includes your ideas into your IPE.	3.4	2.4	≤ .000 **	3.3	2.7	≤ .000 **
Follows through on promised services.	3.4	2.5	≤ .000 **	3.3	2.6	≤ .000 **
Understands your employment interests.	3.5	2.4	≤ .000 **	3.2	2.7	= .005 **
Helps you understand the local job market.	3.2	2.0	≤ .000 **	3.0	2.4	= .004 **
Provides information about VR services in a clear manner.	3.4	2.5	≤ .000 **	3.2	3.0	= .172
Makes time to meet with you.	3.4	2.6	≤ .000 **	3.3	2.7	= .001 **
Treats you with respect.	3.7	3.0	≤ .000 **	3.7	3.1	≤ .000 **
Returns your phone calls in a timely manner.	3.3	2.6	≤ .000 **	3.2	2.7	= .005 **
Returns your email messages in a timely manner.	3.4	2.4	≤ .000 **	3.3	2.8	= .066
Runs a productive meeting.	3.5	2.6	≤ .000 **	3.4	2.7	≤ .000 **
Meets with you in a location that is comfortable to you.	3.7	3.2	≤ .000 **	3.5	3.2	= .018 *

* significant at .05 alpha, ** significant at .01 alpha

- overall satisfaction with services and delivery pace;
- frequency of consumer/counselor meetings both in-person and by telecommunication;
- satisfaction with the counseling process; and
- current status with VR and reason for exit, as applicable.

This preliminary report focuses on overall satisfaction with VR services and the counseling process.

Results

Counseling Factors. Table 1 shows group means on a rating scale where 1 = dissatisfied,

2 = somewhat dissatisfied, 3 = somewhat satisfied, and 4 = satisfied for different aspects of the counseling relationship at baseline, 6-months, and 12-months. For consumers who provided data at all three data points, repeated measures ANOVA indicated a significant decline in consumer satisfaction over time on several counseling dimensions. Consumers who indicated a *not applicable* for each counseling dimension were excluded from the mean calculations.

Table 2 compares clients who left the system prematurely with clients who continued receiving services at baseline (within six months of entering VR) and at 6-months (within 12 months of entering VR). In both instances, individuals

Table 3. Delivery Pacing

In the last six months, my progress through VR services has been:	Baseline (n = 337)	6-Months (n = 197)	12-Months (n = 157)
Too slow	46%	47%	43%
Too fast	1%	1%	2%
At a good pace	53%	52%	55%

who left the system prematurely rated counseling factors significantly lower than individuals who remained in the system or gained employment.

Delivery Pacing. Almost half of the respondents felt that the pace of VR service delivery was too slow. Table 3 shows participant responses at baseline, 6-months, and 12-months.

Additionally, clients who prematurely left the system at baseline (within six months of entering VR) reported significantly higher rates of services that were “too slow” ($\chi^2 = 25.89, p < .000$). This same trend was true for individuals who left the system within 12 months of entering VR, but there were not significant group differences ($\chi^2 = 2.33, p = .312$). Table 4 shows group comparisons on the pace of delivery of services.

Overall Satisfaction with VR Services. These same patterns held for overall satisfaction with VR services, where those who exited prematurely were less satisfied with services at baseline ($\chi^2 = 442.26, p < .000$) and at 6-months ($\chi^2 = 15.60, p < .001$). Table 5 shows group comparisons on satisfaction of services.

Statistically, consumer opinions about VR service delivery impacted decisions to remain in the program. This was borne out in group comparisons regarding counseling factors, pace of VR service delivery, and overall impressions. Upon our request, approximately 80% (n = 296) of respondents provided additional written comments at baseline. Comments were classified into three broad

categories: satisfied with services (n = 149 comments), not satisfied with services (n = 148), and VR funding or economic issues (n = 12). Broadly, positive comments related to counselor helpfulness (n = 54), efficiency

and thoroughness (n = 45), empathy (n = 28), responsiveness (n = 11), communication skills (n = 6), and focus on the individual consumer (n = 5). Negative comments related to the slow pace of service delivery (n = 43), lack of counselor follow-up (n = 41), not receiving desired services (n = 33), negative counselor affect (n = 19), counselor lack of professionalism (n = 7), and misunderstandings about VR services (n = 5). Additional comments (n=12) addressed VR budget issues, and highlighted issues related to order of selection, fewer services available, and counselor burden.

Discussion

Dissatisfaction with VR services or slow delivery pace translates into premature exit from the VR system resulting in reduced employment outcomes. Early exit also appears to be higher among rural as compared to urban individuals (Johnstone et al., 2003). Consumers are more likely to remain in the VR system as the probability of job fit, wages, or benefits increase. Conversely, they are less likely to remain in the program as educational requirements, transportation barriers, frustrations with the counseling process, or time in VR services increases (Drebing et al., 2006).

As such, VR would benefit by implementing strategies to increase attachment and subsequent employment outcomes. Based on our research, we recommend VR focus on three areas: increasing consumer engagement in the VR process, managing consumer expectations regarding service provision, and providing more timely services to increase delivery pace.

Table 4. Delivery Pacing for Those Receiving Services Compared to Early Exit

In the last six months, my progress through VR services has been:	Baseline Continuing with Services (n = 277)	Baseline Early Exit (n = 58)	6-months Continuing with Services (n = 135)	6-months Early Exit (n = 61)
Too slow	39%	76%	44%	54%
Too fast	1%	0%	1%	2%
At a good pace	60%	24%	56%	44%

Table 5. Satisfaction with VR Services for Those Receiving Services Compared to Early Exit

In the last six months, my progress through VR services has been:	Baseline Continuing with Services (n = 278)	Baseline Early Exit (n = 66)	6-months Continuing with Services (n = 135)	6-months Early Exit (n = 61)
Dissatisfied	11%	39%	12%	35%
Somewhat dissatisfied	13%	23%	14%	30%
Somewhat satisfied	30%	14%	30%	20%
Satisfied	46%	24%	44%	33%

Consumer engagement. Engagement in the VR process is likely to increase when consumers perceive that counseling meetings are worthwhile and focus on individual needs. Many consumers who left the system prematurely indicated that their counselors did not listen to their concerns, understand their employment interests, or include their ideas within the IPE. They also thought their counselors did not help them understand the local job market. Based on consumer input, counselors may need to better understand and describe the local labor market to help the consumer make informed decisions on how his or her job skills impact the likelihood of getting a job. It is likely that such efforts to provide more contextual and individualized services, particularly in rural communities that have a narrower scope of employment opportunities, may promote client engagement.

Consumer expectations. Individuals are less likely to become frustrated or dissatisfied with outcomes when they know what to expect. Protocols for managing consumer expectations may assist in this area, such as providing information on what types of services VR can and cannot provide within contextual circumstances. Additionally, counselors should be

wary of suggesting or offering services that may not materialize, since many consumers become frustrated with lack of follow-through on what they perceive as “promised” services.

Timely services. One of the most consistent complaints about VR services is how long it takes to move through the system. Compressed meeting schedules and rapid response to phone and e-mail messages may provide simple solutions to expedite the process. Although this may seem difficult given large and dispersed case loads, better use of telecommunications may reduce this burden (Ipsen, Rigles, Arnold, & Seekins, 2012).

Limitations

Selection bias and study attrition influence the study findings. Although we used established retention procedures, such as postage-paid return envelopes, reminder post-cards, and incentive payments, our sample still decreased considerably during the one-year study period. However, the attrition rate was similar to other longitudinal studies of VR consumers and hard-to-reach populations (Young, Powers, & Bell, 2006).

References

- Drebing, C., Hebert, M., Mueller, L., Van Orner, A., & Herz, L. (2006). Vocational rehabilitation from a behavioral economics perspective. *Psychological Services, 3*(3), 181-194.
- Hayward, B., & Schmidt-Davis, H. (2003). *Longitudinal study of the Vocational Rehabilitation Services Program: Final Report 2: VR services and outcomes*. Research Triangle Park, NC: Research Triangle Institute.
- Ipsen, C., Ricles, B., Arnold, N., & Seekins, T. (2012). The use of telecommunication to deliver services to rural and urban vocational rehabilitation clients. *Rehabilitation Counseling Bulletin, 55*(3), 144-155.
- Johnstone, B., Price, T., Bounds, T., Schopp, L., Schootman, M., & Schumate, D. (2003). Rural/urban differences in vocational outcomes for state vocational rehabilitation clients with TBI. *NeuroRehabilitation, 18*, 197-203.
- Rehabilitation Services Administration. (2009). *Rehabilitation Services Administration Case Services Report [Data File]*. Washington, DC: Rehabilitation Services Administration.
- Ricles, B., Ipsen, C., Arnold, N., & Seekins, T. (2011) Experiences of rural Vocational Rehabilitation clients who leave the system prematurely: A qualitative exploration. *Rehabilitation Counseling Bulletin, 54*(3), 164-174.
- Young, A. F., Powers, J. R., & Bell, S. L. (2006). Attrition in longitudinal studies: who do you lose? *Australian and New Zealand Journal of Public Health, 30*(4), 353-361.

Prepared by: Catherine Ipsen and Rebecca Goe

For additional information please contact:

Research and Training Center on Disability in Rural Communities;
The University of Montana Rural Institute; 52 Corbin Hall, Missoula, MT
59812-7056; 888-268-2743 or 406-243-5467; 406-243-4200 (TTY);
406-243-2349 (Fax); rtc_rural@mso.umt.edu; <http://rtc.ruralinstitute.umt.edu>

© 2013 RTC:Rural. Our research is supported by grant #H133B080023 from the National Institute on Disability and Rehabilitation Research, U.S. Dept. of Education. The opinions expressed reflect those of the author and are not necessarily those of the funding agency.

