

A case file review of employment outcomes from Community Rehabilitation Providers

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Abstract.

BACKGROUND: Community Rehabilitation Providers (CRPs) are not-for-profit organizations that provide employment services to individuals with disabilities as subcontracts to vocational rehabilitation (VR) offices.

OBJECTIVE: The purpose of this study was to identify facilitators to successful employment among individuals with disabilities.

METHODS: We analyzed 38 case files from individuals with disabilities served by CRPs that had been closed as being successfully employed.

RESULTS: We found that clients who were placed in jobs lived with their families, had previous work experience, and had strong job interview skills. They also had detailed written goals and needs; VR counselors often served as advocates between CRPs and the client, and they understood the difficulties of the current job market. On the other hand, clients who had difficulties in securing and maintaining employment experienced health-related issues, lack of reliable transportation, and challenging family situations.

CONCLUSIONS: Findings indicate that there is a greater need for certain services, such as career development, job coaching, and training. The implications for vocational rehabilitation research and practice are discussed.

Keywords: Community Rehabilitation Providers, vocational rehabilitation, employment outcomes, individuals with disabilities

1. Introduction

One of the rights for people with disabilities protected by Americans with Disabilities Act is access to employment. Previous research has identified multiple barriers to securing employment for individuals with disabilities, including: Lack of qualifications, training, and experience (Fabian, Beveridge, & Ethrude, 2009; Rubin & Roessler, 2001; Zwerling et al., 2002); severity of the disability (Loprest & Maag, 2007); negative employer attitudes (Hernandez, Keys, & Balcazar, 2000; Wilson, Alston, Harley, & Mitchell, 2002); inadequate accommodations in the workplace (Kaye, Jans, & Jones, 2011); a potential loss of financial and/or

medical benefits by going to work (Marini, Lee, Chan, Chapin, & Romero, 2008); and a declining economy that had taken away many entry-level jobs (Suarez-Balcazar et al., 2013).

To overcome these barriers, many people with disabilities need training and ongoing support to find and/or maintain employment. In fiscal year 2005, state Vocational Rehabilitation (VR) agencies reported a total of 206,695 employment outcomes for individuals with disabilities receiving VR services, and of those, 197,168 were in competitive employment (U.S. Department of Education, 2005). VR agencies typically provide evaluations (vocational, medical, psychological or educational), vocational guidance and counseling, vocational training, placement and employment services (e.g., résumé writing, interview skills development, job search and job placement), and other support services for clients with different disabling

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conditions as they engage in job searching (Pruett, Swett, Chan, Rosenthal, & Lee, 2008).

Recent studies have examined how people with disabilities have benefitted from VR services in achieving gainful employment. For example, Dutta, Gervy, Chan, Chou, and Ditchman (2008) reviewed a large sample ($N=15,000$) from the Rehabilitation Services Administration case services report data (RSA-911) from 2005 and found that the employment rate of those receiving VR services was 62%, although clients with more severe disabilities were less likely to be placed in jobs. Researchers identified several VR-related factors associated with positive employment outcomes for people with disabilities, including: (a) The availability and variety of rehabilitation services, particularly job placement, on-the-job support, and ongoing access to psychiatric counseling, medication and/or a VR counselor to problem-solve with (Dutta et al., 2008); (b) the availability of trained, competent, and supportive counselors who help clients with goal setting, action planning, and help-recruiting skills (Balcazar, Keys, Davis, Lardon, & Jones, 2005); (c) increased case expenditures (Balcazar, Oberoi, Suarez-Balcazar, & Alvarado, 2012; Lukyanova, Balcazar, Oberoi, & Suarez-Balcazar, 2014; Marini et al., 2008); and (d) job placement that is congruent with the clients' VR goals and expectations (Beveridge & Fabian, 2007).

On the other hand, according to the RSA monitoring report from FY 2006 (U.S. Department of Education, 2008), 18% of state VR agencies failed to achieve the minimum required employment outcome rate of 56% among individuals served by the program. Furthermore, significant variations among state VR agencies in key programmatic outcomes such as employment and cost per employment outcome were reported in this study. Seven state VR agencies failed to obtain employment outcomes for half of the individuals served and several agencies failed to obtain employment outcomes for 40% of the individuals they served. In 2006, the average cost per employment outcome for VR agencies ranged from approximately \$5,215 to \$34,414. This disparity has a direct impact on the types of services provided to consumers and the resulting employment and educational outcomes.

VR agencies often outsource services to community rehabilitation providers (CRPs) in order to provide a wider range of employment and support services and to improve rehabilitation outcomes. While CRPs receive most of their funding from VR, they also obtain funds from a mix of federal, state, and private sources to support their programs for people with

disabilities (Metzel, Boeltzig, Butterworth, Sulewski, & Gilmore, 2007). These community-based agencies are typically small in size, providing services to fewer than 100 individuals and offering both facility-based and community integrated employment services (Inge et al., 2009). Compared to other VR consumers, CRP clients usually have more severe disabilities and are more likely to participate in programs, such as Temporary Assistance to Needy Families (TANF), home support services, and others (Hagen-Foley, Rosenthal, & Thomas, 2005). Based on recent efforts to build a national comprehensive list of CRPs, Domin and Butterworth (2012) estimated that almost 12,000 CRPs nationwide offer vocational services to individuals with disabilities. The authors collected survey data from 1,306 CRPs and found that over 50 percent of those CRPs reported serving individuals with intellectual/developmental disabilities (IDD), followed by individuals with mental illness (19%). The remaining disability types were physical disability (9%), learning disability (9%), other (6%), substance abuse (3%), blindness or visual impairment (2%), and deafness or hearing impairment (2%). The authors reported that only 19% of individuals with IDD received individual integrated employment supports, and 15% of individuals with IDD worked for pay in individual integrated employment at the time of the survey (Domin & Butterworth, 2012).

Metzel et al. (2007) reported that over two thirds of CRPs provide work and non-work services in both integrated and facility-based settings. Their findings indicated that 74% of individuals with IDD participated in shelter employment, day habilitation services, or non-work community integration services, while only 26% were working in integrated employment. Furthermore, about one-third of the individuals in integrated employment were in group-supported employment models, including mobile work crews. In a national survey of CRPs who provide subminimum-wage employment, respondents reported that only 8.7% of staff works with individuals earning minimum wage or higher (Inge et al., 2009). A recent study conducted by Suarez-Balcazar and colleagues (2013) surveyed 32 CRPs in a Midwestern state and revealed the negative impact of current employment market trends among CRPs. The authors found that out of a total of 2,574 clients receiving services at these CRPs, only 7% of clients were placed in full-time jobs, while 25% were placed in part-time jobs. A concerning number of consumers (about 1,773 or 67%) were not placed in jobs.

Although previous studies have documented the relative success of VR services, less research is available regarding employment outcomes of individuals receiving services from CRPs. Considering that CRP clients tend to have more severe disabilities, and consequently, may have more obstacles to finding competitive jobs, there is a need to have a deeper understanding of the factors that contribute to their employment success. To fill this gap, a VR agency allowed the authors to conduct a systematic analysis of CRP's cases identified by VR staff as "successful closures" (status 26). This exploratory study aimed at examining facilitators and barriers to achieving successful job outcomes among CRP clients. It also identified strategies to enhance CRP's capacity for improving clients' outcomes and using client data.

2. Method

2.1. Sample selection

The VR agency in an urban Midwestern city identified cases closed as successful where the client had achieved and maintained consecutive employment for 90 days during a one-year period (from July 1, 2010 to June 30, 2011). The total sample of successful closures from all CRPs in the state for that period included a total of 818 cases. Researchers were allowed to examine the complete files in the main VR office. In order to perform a thorough review of the cases, each case was assigned a number and four cases were randomly selected from each agency for a total number of 40 cases. From the 40 cases, 38 cases were selected for this study; the remaining 2 cases were excluded due to incomplete data files. VR staff worked with the research team to set up a case review process, which was conducted by the researchers over a two-month period.

To ensure reliability of data collection, two researchers independently coded and later compared detailed information on each client's demographic information (e.g., disability, education, social support, and work history). They also separately took specific summary notes from each case to track employment-related services that all clients received in the process. Information regarding actions or steps taken by the CRP staff in the process of supporting attainment of the goals in the client's individual plan for employment (IPE), as well as the barriers or challenges that clients faced when obtaining and/or retaining employment was also recorded.

2.2. Sample description

Out of the 38 cases, 58% were male and 42% were female, and on average, these clients were 33 years of age, with a range of 15 to 61. The majority of cases were White (71%), followed by African American (26%) and Hispanic (3%). The most common disabilities included cognitive/intellectual disability (26%), mental illness (26%), and hearing impairment (16%). A large percent (24%) of cases had multiple disabilities. The majority of cases (77%) had a high school degree or GED and 17% had less than a high school education. Only a small percent of cases (3%) had some college education or a bachelor's degree. The majority of cases (74%) were served by CRPs located in rural areas, and 26% of cases by CRPs in a large urban area. On average, it took over a year (516 days) for CRP clients to secure either a full- or a part-time job, with a range of 116 to 2,058¹ days.

2.3. Data analysis

Every case file included qualitative comments from the counselor taken after each meeting with the client. We conducted a detailed analysis of the qualitative comments using qualitative content methodology developed by Schreier (2012). A line-by-line review of case files was conducted to look for emerging themes. At the end of this process we developed a codebook that consisted of broad categories with corresponding codes.

Employment outcomes, including employment status (part-time/ full-time) and wages were coded and analyzed with the help of Atlas.ti and Excel. We entered data on the occupation/job sector for each case, as well as facilitators and barriers to finding and maintaining employment.

To ensure reliability of data entry (Lombard, Snyder-Duch, & Bracken, 2005), a research assistant independently re-coded 4 case files (or about 10% of all the cases) and those cases were then compared with the same ones already in the database to check for errors. No discrepancies were found. Using Excel, we performed exploratory data analysis and descriptive statistics regarding employment outcomes.

¹The number of days to find employment may be somewhat inflated as some clients attended a four-year college program at the time of the study.

Table 1
Employment status by race for reviewed cases (N=38)

Race	Part-time employment	Full-time employment	Total
African-American	9 (90%)	1 (10%)	10 (100%)
White	19 (70%)	8 (30%)	27 (100%)
Hispanic	–	1 (100%)	1 (100%)

3. Results

3.1. Employment outcomes

The majority of successful cases were employed part-time (76%) and a smaller percentage was employed full-time (24%). African Americans were less likely to obtain full-time employment (10%) compared to Whites (30%). Table 1 depicts employment status by race.

Qualitative data revealed that many clients (26%) could not accommodate full-time work demands due to severe disability that often required medical care. In some of these cases, doctors or other health professionals recommended that the client only work part-time. Most successful cases were employed in the clerical/sales (34%) and service sectors (32%) (e.g., janitorial/ cleaning services, hotel services, and supermarket); followed by structural work (5%) (e.g., construction, excavation, painting, plastering, and welding); management/professional (2.6%); and food processing (3%) sectors. A large percent (3%) of cases fell into the “other” job category that mainly included freight conductor or warehouse distributor positions. Of the cases working in full-time or part-time positions, most earned approximately \$9/hr, ranging from \$8/hr to \$13.85/hr.

3.2. CRP-related factors contributing to successful employment

All 38 clients were provided with VR’s information and referral services and vocational counseling during their initial meeting. Five clients required medical evaluation or vocational assessment to establish their eligibility for services. In addition, participants received the following pre-employment services: job placement (74%), career development (38%), job coaching (23%), as well as on-the-job training (18%), follow-up (15%), and support services (10%).

Other pre-employment services used by clients were mental health counseling (26%), transportation (18%), interpreter services (13%), and job restoration (10%).

Table 2
Employment status by expenditures for reviewed cases (N=30^a)

Expenditure Amount	Part-time employment	Full-time employment	Total
\$5,193 and Less	8 (89%)	1 (11%)	9 (100%)
\$5,194	6 (67%)	3 (33%)	9 (100%)
\$5,195 and greater	9 (75%)	3 (25%)	12 (100%)

^aOut of 38 cases reviewed, 8 cases had missing information on expenditure.

Some clients required additional assistance to secure employment, such as clothing purchases for interviews or for uniforms (8%), purchases of medical devices (5%) (e.g., hearing aids, assistive speaking devices, and glasses), and training for a particular job (5%) (e.g., excel training or computer skills).

3.3. Expenditures

For the 30 cases (9 cases had missing information on expenditure), VR spent an average of \$4,693 per person prior to the closure of the case. The minimum reported amount was \$480.29 and the maximum reported amount was \$7,802. Services which contributed to higher expenditures per client included medication management, job coaching, and interpreters. Table 2 separates expenditures into those classified as low expenditures, average expenditures, and high expenditures based upon the VR payout rate of \$5,194 (amount targeted by VR to be reimbursed per client). As seen in Table 2, about 31% of all cases had expenditures that were over \$5,194.

3.4. Facilitators and barriers to finding and sustaining employment

Analysis of case notes showed that clients with successful job outcomes shared certain characteristics (see Table 3). Approximately 28% of clients who achieved successful employment outcomes in this study lived with their families. Mothers frequently initiated contact with CRPs and VR on behalf of their sons/daughters or accompanied them to the meetings with a counselor. Family members also provided continued emotional support, advocacy, and sometimes pressured their relatives to secure employment for the person with a disability. Other client-related factors of those who were successfully employed included previous work experience, strong job interviewing skills, and availability of reliable transportation. Clients without immediate family support had multiple barriers to securing

Table 3
Facilitators and barriers to getting and retaining employment for reviewed cases (N=38)

Facilitators to getting employment	Percent of Clients
• Work history	51%
• Family support	28%
• Strong interview skills (e.g., friendly/cooperative, groomed/dressed, motivated)	28%
• Transportation (e.g., driver's license, reliable vehicle)	15%
Barriers to getting employment	
• Health issues (e.g., severe disability, ongoing health problems/medical appointments)	36%
• Transportation	36%
• Lack of educational credentials/skills/unstable work history	33%
• Benefits: SSI, food stamps, Medicaid (especially for full-time employment)	28%
• Behavioral problems (e.g., drug use)	18%
• Conviction history	18%
• Living situation (e.g., lack of housing, lack of transportation to go to job interviews, lack of access to a computer for job search)	15%
• Low motivation	13%
• Poor communication skills	13%
• Refusing potential employment	5%
• Court requirements (e.g., SSI court appearance, public assistance hearing, childcare hearings)	5%
Barriers to retaining employment	
• Transportation	36%
• Lack of understanding of basic work expectations (e.g., excessive tardiness/attendance, lack of willingness to work overtime or extra hours)	23%
• Social interaction at work (e.g., conflict w/coworkers, low conflict resolution skills)	13%
• Job performed is physically tiring (e.g., fatigue, standing all day, repetitive tasks)	8%
• Inability to handle stress	8%

and maintaining employment, due in part to lack of transportation, health problems, and unstable housing situation.

Counselors also kept notes of the barriers to finding and retaining employment experienced by their clients (see Table 3). Qualitative data showed that one of the most frequently mentioned barrier was the ongoing health needs of clients. Some of these health problems included alcohol/drug dependence, bipolar disorder, and ADHD that interfered with work performance. Some cases with severe physical disabilities could not handle job tasks that required lifting heavy items, stooping, or bending. Poor cognitive skills prevented many individuals from staying focused on the job and completing various tasks on time. Transportation was another significant barrier. For example, some

of the cases did not have a reliable vehicle to go to interviews or get to work on time. Others had to rely on their family members or a counselor to drive them. Lack of education and work history, as well as poor job performance, low motivation, and poor communication abilities were also mentioned as deterrents to employment in the case files. Some cases had difficult living situations, such as being in abusive relationships with a spouse or experiencing homelessness, which complicated the job-seeking effort or their employment situation. In addition, about 28% of the cases received SSI, food stamps, and/or Medicaid, which made some of them reluctant to look for full-time employment out of fear of losing these important benefits.

Interestingly, the analysis of the case files also indicated that clients with higher skill levels had difficulty securing appropriate employment that matched their ability level as they were often placed in jobs below their skills level. The sample of case files analyzed in this study contained a small group of clients (8%) with specific skills (i.e. certified Nursing Assistant, book-keeper, and teacher's aide), but their employment outcomes did not reflect these skills or appropriate salary level for these skills. A relatively large percent of clients (18%) had criminal records. Prior felony criminal records affected client's ability to work in occupations that handle money, work in government settings, or work directly with children/older adults. When they were able to secure employment, it was often doing part-time jobs, and mostly performing janitorial work.

3.5. Qualitative analysis

The case review indicated that the cases analyzed in this study had detailed written goals and needs. Counselors and agency staff engaged clients in detailed, formal planning for their future employment based on the individual employment goals, needs, and skills. The clients were also actively involved in all stages of planning and executing the written goal. VR counselors and agency staff served as intermediaries/advocates between the service provider (e.g., job training site or employer) and the client. This was achieved through mandatory staffing meetings, which served to monitor progress and resolve any issues in a timely manner. Six of the cases reviewed provided evidence of frequent follow-up services (e.g., visiting client at home or driving a client to work) beyond the staffing meetings. Most importantly, counselors and agency staff understood the difficulties of the current job market and the need to send out multiple job applications in order to obtain

an interview and/or a job offer. While increasing the individual's job search-related outputs (i.e., resumes, job applications, and interviews), counselors provided emotional support for clients—who were often discouraged about the job selection process—and provided tips to clients about how to navigate the situation and explained the difficulties in the job market due to the economic recession. In addition, counselors understood the jobs available in their community and directed the clients to those opportunities. Counselors and agency staff were constantly seeking opportunities for their clients in their local communities (e.g., establishing connections with local businesses that would hire people with disabilities and participating in job fairs). Agency staff sought partnerships with job training programs and other job development entities in their area. VR counselors also attended job training programs and job fairs to make community connections on behalf of their clients.

4. Conclusions

Findings from this study indicate that the majority of individuals chose to stay with part-time employment due in part to health reasons or fear of losing government benefits based on income. Most likely, this situation has been further exacerbated by the ongoing economic downturn and decreased employment prospects for job seekers with disabilities who are competing for jobs with individuals without disabilities. In fact, workers with disabilities left the labor force during the current recession at a rate five times faster than workers without disabilities (U.S. Department of Labor, 2012).

For some clients, however, part-time employment was a desired outcome to accommodate their medical and family needs. Consistent with previous literature (e.g., Johnstone, Vessell, Bounds, Hoskins, & Sherman, 2003), the majority of individuals were employed in clerical and service sectors and received minimum wage salaries. Many of the jobs often had limited opportunities for growth, no career path, and limited further professional and personal development.

Clients who were placed successfully in jobs had several characteristics in common: The majority of them lived with their families, had some prior work experience, and possessed good interview skills. They also received a wide variety of VR services, such as vocational counseling, career developmental services, and job coaching, among others. Some clients required

additional support while pursuing employment, such as clothing purchases for job interviews or uniforms; purchases of medical devices, such as hearing aids; and education and training. In addition, they worked closely with their counselors and agency staff, which monitored progress in job-seeking, developed detailed employment goals, made frequent follow-ups, explored the job market, made partnerships with businesses, and searched for opportunities for their clients. In many cases, the counselor also became an advocate for the client.

The study also illustrated several of the challenges experienced by CRPs in placing individuals with disabilities in permanent jobs. These included health issues (e.g., severity of the disability), lack of education/skills, the mismatch between skills and available jobs, criminal records of some of the clients, and family situations (e.g., domestic abuse) or unstable living conditions (e.g., lack of adequate housing and/or transportation). Some clients struggled to retain their employment because they could not meet basic work expectations, such as coming to work on time, or had poor interaction skills at work that often resulted in conflict situations with coworkers. A few clients found their new jobs to be physically demanding and fatiguing, especially if they had to do repetitive tasks or stand up all day. These data illustrate the need to identify appropriate accommodations that enhance positive employment outcomes.

There are a few limitations that could be addressed in future research, including the fact that the sample size for this study was small. A larger sample size could provide richer information on the supports and barriers experienced by individuals with disabilities seeking and obtaining employment. There is a need to conduct more qualitative studies on this topic. For instance, future research might include interviewing consumers to expand current knowledge of their experience with the employment-seeking process and their perceptions about employers' attitudes toward people with disabilities. Another area of future research is to examine what employers are willing to do to accommodate people with disabilities at work and their perceptions about the potential cost of such accommodations.

4.1. Implications for VR service delivery

Results of this study have several implications for VR practice. Given that clients with severe disabilities had more challenges securing employment, there is a need to consider contracting the services of CRPs after the clients have reached a degree of stability

(e.g., appropriate medication for back pain or a mental health issue) that would allow them to be placed in a job more easily. VR counselors should encourage vocational training and education in order to help clients prepare for careers and better job placements. After this process is complete, it is appropriate to refer the clients to the CRPs. This way, the CRPs can complement the efforts of the counselor and assist the clients in the job search and job placement that offers the best career path for their future.

Considering that successful closures (i.e., getting an unskilled minimal-wage job) may not always represent the best interest of clients, counselors should spend more time and resources helping clients develop skills that could lead to a career path. On the other hand, not enough information was recorded on the employers' need for training/education about how to facilitate successful employment for consumers with disabilities. Several questions could be address by future research: Do co-workers and/or supervisors need to be trained about the strengths and potential needs of the client? Would this training/education have a positive or negative impact on the performance of the person with a disability?

The findings indicate that there is a greater need for certain services such as career development, job coaching, and training. Increased family counseling services could help clients deal with difficult family situations in their lives as they look for employment. Part of the supports provided by CRPs should also include monitoring clients after closure (the current funding formula does not include supports for job maintenance after closure). Providing funds for troubleshooting and problem solving, as some clients often face crises or conflicts in their new jobs, may reduce recidivism and promote long-term employment. This practice could save funds in the long-run by increasing job retention and clients' satisfaction.

The data also showed that most individuals placed at permanent jobs were White, despite the small sample size. Although Whites make up the majority of the CRPs clientele, additional research studies need to examine the rate of employment of ethnic minorities and the additional challenges they face maintaining employment once they are placed. We need to interpret these data with caution given the small sample size.

Diversification of job placements through partnerships with local colleges and employers offering higher-level positions may be beneficial for hard-to-place clients. Many VR clients secure positions that offer little opportunity for career growth or

development (e.g., cleaning crew). In addition, there seemed to be limited placements for clients with advanced skills or college education. Additional research is needed to clarify if the issue is one of employers' discrimination or if the system rewards counselors and CRPs for simply placing clients into any available job instead of taking the additional time to find specific jobs suitable for each individual. In a tight job market, individuals with specific skills and training may have fewer job opportunities and may be competing with more non-disabled individuals for those jobs.

VR could also spend more resources developing employment sites that offer opportunities for more sophisticated skill development for higher skilled worker with disabilities. For individuals with higher skill levels, VR counselors could consider entrepreneurship skills development and self-employment. Starting a small business often takes a lot of time and effort; as a result, counselors rarely pursue this option or support clients with such interests. Only in rare cases, when the client is very persistent, the agency obliges. Strategies to encourage CRPs to explore small-business development (i.e., business incubators) could add opportunities for clients who may be interested. After all, for some clients self-employment may be a reasonable goal. At the same time, clients need to be well aware of potential pitfalls of small businesses and steps to avoid failure.

In addition, gains in independence and choice of living arrangements may be the primary goals for some clients, while having a job may be a secondary goal. Although these factors are related, individuals with disabilities were more focused on being independent. This affects the agencies' reimbursement rate because they are reimbursed for employment placement. This issue should be addressed by VR counselors before the referral is made, so that CRPs are not penalized by taking clients who are not ready to go to work. The VR system should better support these goals to achieve important outcomes that would lead to independence and employment in the long run. Perhaps office supervisors should more carefully examine the case files and interview the clients before approving the referral. Future research should also document unsuccessful cases and carefully examine the contextual and individual barriers that contribute to the lack of job placement.

Finally, there is also a need to gain more knowledge about successful cases and specifically from those individuals with disabilities who are successfully employed or self-employed and no longer need VR services. A follow-up survey of successfully employed former VR

clients may help provide such information. It is helpful to learn more about the ways in which successful individuals are able to secure supports from supervisors and/or coworkers in order to function effectively in the job place. On the other hand, there is a need to systemically identify the reasons why some clients lose their jobs and return to VR for services. Preventing job lost should be as important as securing employment.

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