VR Contributions to IPS: Illinois Focus Group Observations  
Gene Oulvey, Ph.D., C.R.C.

Anthropologists and biologists tell us that a defining characteristic of humans is the ability to work together in groups to apply creative problem solving to complex environmental challenges and opportunities. Moderating those gifts is the natural competitiveness between individuals and groups that has contributed to humanity’s transcendent achievements and tragic failures. The spread of civilization across the globe could be viewed as the dynamic interplay of these guiding forces (Mithen, 1998; Wade, 2009; Smith, 2010, Tierney, 2010).

The emphasis on teamwork and on continuing efforts to enhance employment and recovery outcomes recommends the Individual Placement and Support Model (IPS) as an exquisite example of the positive aspects of human creativity and competition. Nowhere is this more evident than in the across-systems-and-program-cultures collaboration between mental health and federal/state vocational rehabilitation (VR) in support of consumers of IPS services.

The national VR system has received harsh criticism in the past because of a perceived lack of emphasis on and capability to make a substantial difference in the employment rates of persons with severe mental illness (Noble et al., 1997). The IPS Model offers a framework within which VR can overcome barriers that may inhibit that systems ability to effectively apply its considerable resources to enhance vocational and recovery outcomes for this large component of the disability populations that it serves.

In an attempt to better understand the roles, responsibilities, and contributions of VR as part of the IPS dynamic the Illinois Division of Rehabilitation Services in collaboration with the Dartmouth Psychiatric Research Center conducted 21 focus groups in 2008 and 2009. Several of the focus groups were comprised of consumers of IPS services, several of community IPS staff, several of mental health treatment staff working with IPS teams, and several of state Vocational Rehabilitation Counselors (VRC) and local VR office supervisors. All but one of the VR groups was comprised of staff working with local IPS programs. A list of questions was developed for each of the four group categories.
Under the sponsorship of the Illinois Medicaid Infrastructure Grant two more focus groups were conducted in 2009. These groups were comprised of VRCs and VR office supervisors who had been identified as making a notable contribution to the local IPS teams of which they were a part. The purpose of the two groups was to develop best practice guidelines for Illinois VRCs and VR supervisors working with IPS programs.

Some of the author’s observations from comments made during the focus groups were that:

**VR roles, contributions, and conflict with traditional practices**

Many of the focus group participants noted that a major contribution of the VR system was organizational, staff, and funding stability. State VR programs are eligible for close to 80% of federal matching funds. As a result state VR funding usually did not fluctuate over time to the extent of state mental health and other human service system funding that was more dependent on state revenues.

One effect of the stability of VR funding was that state VRCs often had long tenure in their jobs. This tenure frequently allowed them to establish a significant presence in their local communities. Some of the benefits of this presence included long term relationships with employers, knowledge of an array of resources for rehabilitation purposes in or available to those communities, and long term relationships with and knowledge of the histories of consumers of VR and of mental health services.

Comments in the consumer groups in particular indicated that another advantage of the VR staff and resources stability was that it allowed consumers to plan and to look ahead toward longer-term goals with a greater measure of confidence that the resources to achieve those goals would stay in place. This seemed particularly relevant to consumers who had been served in other human service systems for significant lengths of time and who had experienced the sudden withdrawal of services and supports due to budget and staff cuts.

Some of the VR focus group participants commented that their ongoing presence as part of the IPS team allowed them to provide stability and support for consumers of those services when programs experienced high or
rapid turnover in the community employment services portion of the team. They noted that this could involve reassuring consumers of the IPS services that the staff changes were not their fault, and reinforcing the message that in most cases the team would be restored to full strength in a short period of time.

Focus group participants made a number of references to the fact that the VRC served as gatekeeper to the considerable resources available to persons with psychiatric disabilities from the VR system. The VRC has the sole authority under federal regulations to determine the eligibility of persons served by IPS programs for VR services and to authorize funding for those services.

Types of services supported by state VR programs dollars include and are not limited to funding for the services of the IPS Employment Specialists (ES), transportation allowances, work tools, work clothing, medical supplies including eyeglasses, treatments necessary for the consumer to work such as psychiatric/psychotherapy services, and academic and vocational training and education. It was noted that in many instances the VRC had served as interlocutor to other treatment and service systems not traditionally familiar or accessible to the other parts of the IPS team.

The author noted that this gatekeeper function had some similarities to the function of psychiatrists and other medical staff working with IPS teams. Those members of the teams had the sole authority to assess the need for and to prescribe medications and other medical interventions. Some other similarities were that the VRCs and psychiatrists depended on other members of the teams to carry out more of the day-to-day service provision, and therefore relied upon those team members to keep them updated on the progress of the persons receiving IPS services for which they shared responsibility.

Respondents in the community agency employment groups and in the VR groups observed that a constraining factor in regards to the VRC’s ability to respond rapidly to determine eligibility for VR services and to authorize resources once an individual had been found eligible was the number of cases for which the VRC was responsible. They said that large caseloads could result in substantial delays in these crucial functions of the VRC. These delays in turn often resulted in disruptions or delays in the services provided by other team members.
At odds with the minimal prevocational assessment principle of the IPS model was the belief expressed by several of the VR focus group participants that personality, IQ, interest and abilities testing, and in-agency work assessments were a good predictor of the type of employment, setting of employment, and capacity for employment of persons with mental illness. This belief was expressed most often in the VR focus group comprised of persons who had not worked with a local IPS program.

Members of the VR and of the community agency employment team focus groups noted the crucial role VR clerical staff often plays in ensuring the flow of resources from the rehabilitation office and system. They said that these staff persons duties included making sure that the necessary paperwork was completed accurately and in a timely manner; coordinating the schedules of various members of the IPS team with the VR counselor and the consumer of services; that they often had a significant role in maintaining contact and good communication between the VR office, the IPS team, and the service recipient; they often had a significant role in managing the VR counselors budget including posting payments for services and requesting additional funds from administration; were often involved in identifying and arranging access to community resources; in some instances they were involved in efforts to develop and maintain relations with local employers; and in some instances substituted for the VR counselor to gather and document information at meetings with the IPS team and with other key players. Respondents noted that clerical staff could play a role in fostering a VR office culture and attitude that was welcoming of or that tended to defend against innovations such as the introduction of the IPS Model and a focus on services for persons with severe mental illness.

Participants in several of the groups stated that a crucial contribution to the IPS teams function was the VRC’s training in and responsibility to investigate, account for, and to develop work accommodations for disabling conditions other than mental illness. A hallmark of the VRC’s preparatory training and role function is the development of competency in creating effective work accommodations for persons who have multiple disabling conditions.

The requirement for VR staff to assess the existence and the impact of illness and injury other than psychiatric conditions may have beneficial effects beyond facilitating the ability to get and keep a job. Many persons
with severe mental illness have co-occurring disabilities that can include addictions, cognitive disabilities such as brain injury and intellectual disabilities, sensory disabilities such as deafness and blindness, learning disabilities, and physically disabling conditions such as diabetes or orthopedic or spinal cord injuries. Recent reports suggest that these disabilities are often under-or-unassessed and as a result lack of treatment often contribute to much shorter life spans for persons with severe mental illness (NAMI Massachusetts).

**Effective communication based on mutual knowledge is crucial**

A recurring observation in all of the focus groups was that the effectiveness of those teams was influenced by the level of a perceived atmosphere of trust and good communication between members of the IPS team. Some of the comments from the consumer focus groups indicated that they believed that their ability to benefit from the services was to a significant extent a factor of the quality of the communication between IPS team members. Other comments from these groups suggested that the recipients of services were often acutely aware of the quality of communication between the VRC and the community agency employment service members who tended to carry out more of the day-to-day service functions.

Adding to this theme some participants in the consumer groups described prior experiences with government and community agencies and their representatives that were characterized by what they perceived as ineffective, insensitive, and inconsistent responses to their requests for service or assistance. They reported that this often added to the level of life disruption and trauma the individuals experienced and sometimes resulted in a reluctance or refusal to reengage with representatives of government agencies such as the VRCs.

Based on these comments it appeared that maintaining and projecting an atmosphere of competence, mutual respect, fairness, responsiveness, and effective communication over the long term are primary functions of the members of the IPS team and the components of the organizations in which they are embedded. Responses from the consumer focus groups suggested that on the individual level one indicator of a relationship between IPS team members and the recipients of services that was characterized by trust and respect was the consumer’s willingness and ability to listen to, weigh, and
accept, modify, or reject unpleasant feedback and comments from the VRC, ES, or other members of the IPS team.

As an example one consumer focus group member expressed her appreciation for frank comments from an IPS team member about her time management practices. The person describing that event expressed appreciation for both the honesty of the comments and the sense of trust that she had that the IPS team member was acting in her best interest.

Other examples of trust building focused on the perception of some of the consumers that their VRCs and other team members were willing to go the extra mile to assist an individual to succeed in employment. Respondents indicated that the action stood out when it was perceived to be beyond the VRC or other team member’s normal role function (e.g., a VRC gave a consumer a ride to work on a temporary basis when they began a job and no other consistent transportation options were available).

Another participant observed that the persistence of their VRC and ES in working together to encourage the consumer to continue a job search when it became difficult, to continue in a job when they were discouraged, and to seek other employment when the consumer expressed dissatisfaction with their current employment was perceived as faith in the consumer’s ability and competence to succeed in employment and to make good judgments about their working lives. These individuals cited their perception of the team member’s faith in their judgment as a major contributor to their faith in the team member’s support.

One of the respondents stated that within a relationship characterized by trust it was easier to accept the VRC’s and ES’s roles of “holding (the consumer) accountable” for their efforts in the job search. They said that in turn this accountability made the job search “easier.”

A consistent and frequently expressed conclusion from all categories of focus groups was the belief that it was crucial that staff of the VR agency understand the community mental health center and system in which the IPS team is nested, along with understanding the components of the IPS Model and how IPS teams should function. A complementary and also a frequently expressed sentiment was that other components of the IPS team needed to understand the role of the VRC and the nature, guiding regulations, resources, terminology, data that is collected and how it is used, and the
procedures of the federal/state VR system. Some respondents suggested that similar aspects of other potential partner systems, such as addictions services, veteran’s services, and criminal justice should also be a focus of cross-training and collaboration development efforts.

**Organizational similarities and differences between VR and CMHCs**

Some of the VR staff involved in the study who had also been participants in IPS fidelity reviews noted the similarities between the aspects of community mental health IPS programs assessed in those reviews and similar components of the state VR system. For example they noted that the VR system had an executive level, middle management, and a field staff level and that effective and focused support and communication between these levels was crucial to the effective functioning of the VRC on the IPS team. They said that this mirrored the major organizational divisions of community mental health centers and some of the crucial factors that determined the level of success of IPS services.

They noted significant differences between the community mental health center and the VR agency. Examples of these differences were that the executive leadership of the VR system focused on an entire state, middle management could be at the state regional level along with the local office supervisory level, and the VRCs usually served multiple groups of persons with disabilities. Another difference was that the VR systems common organizing principles, rules, terminology, and procedures had its origins in a national system.

**Service in rural and urban areas**

VR focus group participants serving rural areas described unique challenges and opportunities. They noted that in rural areas stigma might be more of an issue than in more urban settings due to the greater familiarity of persons in a small town with each other’s histories. As a consequence IPS teams, including VRCs and their home offices, may have needed to put significant resources into public education and awareness to counteract this stigma.

Several participants noted that social support outside of work might be a key factor in an individual keeping employment due to the social isolation in rural areas and the impact that could have upon mental health symptoms.
They suggested that the entire IPS team in those areas might need to focus more effort on linking consumers to recreational and support resources.

Some of the focus group members serving rural areas observed that team member’s often have great familiarity with each other and noted that could offer a number of advantages in providing IPS services. The VRC and other members of the IPS team may have grown up together or otherwise had close social contact with each other and with local employers over years and decades. Participants noted that ease of communication, planning, and the potential to share job development efforts could stem from this familiarity.

Comments from persons in the VR and the community agency groups in teams in and near the city of Chicago described significantly less personal knowledge and contact between the VRCs and the community agency members of the teams. In the face of large caseloads VRCs on those teams appeared to focus more on maintaining the flow of resources by expediting certifications of eligibility for VR services, rapidly developing the rehabilitation plan, and assuring that the community agencies received the funding that they were due in a timely manner.

The focus group respondent’s comments suggested that VRCs with varying talents and capabilities could make large contributions to IPS teams. VRCs could provide valuable assistance in the job development, placement, and building relationships with employers functions of the teams, in facilitating access to VR resources by effective management of the documentation and approvals necessary for this access, could work in collaboration with other team members to assist service recipients to resolve dilemmas and to access other needed resources, and could work with teams to develop creative solutions to organizational and communications issues that present barriers to better service delivery. VR administrators may wish to consider the particular talents of the VRC in comparison to the needs of the communities they will serve in collaboration with the rest of the IPS team when making IPS team liaison assignments.

**Stages of relationship development**

Many of the comments of the focus group participants appeared to suggest that there were definable stages of development of the relationship between a local community mental health agency and a local VR office as they contemplated, made decisions about, committed to and developed, and
maintained and expanded IPS programs. Examples provided in the focus groups suggested that where there were longstanding conflicts or issues between the two systems the availability of a competent and credible VRC or an ES with knowledge of and commitment to the IPS Model could play a significant role in repairing and building relationships between local VR and community mental health partners.

Some of the respondents in the VR focus groups noted that one of the disadvantages of having unusually talented VRC or community mental health agency IPS team members was that an over reliance by other team members on these individuals could lead to below potential service delivery by the entire team. Another effect of over dependence on talented team members was that there could be significant disruptions to the team function and to the IPS services that they provided when the star members left the agency or were absent for extend periods of time.

**Recommendations**

Based upon the comments of the focus group participants recommendations for actions that could enhance the contributions of the VR system to IPS services are:

- Enhance mutual knowledge and understanding between team members by providing ongoing cross-training and other opportunities for discussion about the similarities and the differences between the VR and the mental health systems,
- Examine and where possible modify state VR regulations and guidelines if it is determined that there are regulatory barriers to VR staff’s optimal participation in IPS services,
- Create more explicit definitions and guidelines for the VRC’s roles on and contributions to IPS teams,
- Analyze the similarities and differences between various IPS team member’s roles as a vehicle for better defining team members potential contributions to and needs from the team,
- Create guidelines for the different challenges and opportunities that are available to VRCs working with IPS teams in rural, suburban, and urban settings,
- Develop guidelines for matching the talents of individual VRCs to the needs of the communities served by IPS teams in their areas,
- Promote the development of contingency plans when a key member or members of the IPS team departs,
- Create guidelines for fostering the development of good relationships and balanced role functions between local CMHC and VR members of IPS teams over time,
- Develop training modules on the effects of trauma on the ability of recipients of service to benefit from IPS services and government interventions.

At this time Illinois is in the middle of what many have described as the most devastating budget crisis in the past 100 years. As a result state funded not-for-profit agencies are under severe strain because of reductions in public funding for the services they provide.

A heartening aspect of these difficult times are the many examples of ongoing collaborations between community agencies and local VR offices to find innovative options to increase the positive effects of IPS services and employment in the lives of persons with severe mental illness. This serves as a promising harbinger for the continuing evolution and beneficial impact of IPS services as a positive expression of the human experience.

References


