

Promoting “High Quality Employment” for Individuals with Disabilities: Concerns, Challenges, and Competencies of Hawai‘i’s Vocational Rehabilitation Providers

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This article describes the current status of vocational rehabilitation (VR) services in the State of Hawai‘i as seen through the eyes of VR professionals. We provide a general picture of the State of Hawai‘i Division of Vocational Rehabilitation (DVR) Program and focus a large part of our discussion on recent legislation, specifically, the Workforce Innovation and Opportunity Act (WIOA) and its impact on the provision of services to persons with disabilities. In the final section of this article, we discuss the state of VR in the private sector and share some of the challenges encountered by VR providers in the State.

Keywords: rehabilitation, counseling, disability, transition, WIOA

On July 22, 2014, President Barack Obama signed the Workforce Innovation and Opportunity Act (WIOA) into law (Pub. L. 113-128). WIOA is committed to ensuring that individuals with disabilities “have opportunities to compete for and enjoy quality employment in the 21st century global economy” (WIOA, 2014). The purpose of this legislation represents a “renewed commitment to workforce development” (U.S. Department of Education, July 2014) and is targeted to strengthen the nation’s public workforce system by revising and improving federal workforce programs, increasing accountability and transparency, expanding access to work-based learning; building employer relations, and improving access to education and employment into high-quality jobs and careers for U.S. citizens including youth and individuals with significant barriers to employment (U.S. Department of Labor, 2015).

WIOA makes significant changes to Title I of the Act that affects the Vocational Rehabilitation Program and provides support to each state to “operate a state-wide comprehensive, coordinated, effective, efficient, and accountable State VR program that is an integral part of the statewide workforce development system” (WIOA, 2014). The proposed regulations also promote improved employment outcomes for individuals with

disabilities in three key areas including: 1. strengthening the alignment of the VR program with other components of the workforce development system while placing a heightened emphasis on the coordination and collaboration of all levels to ensure a streamlined and coordinated service delivery system for all job seekers (including those with disabilities); 2. fostering emphasis on the achievement of “competitive integrated employment,” the opportunity to participate in “job-driven training,” and pursuit of “high-quality employment outcomes” for individuals with disabilities; and 3. increasing the importance placed on the provision of services to students and youth with disabilities to ensure they have meaningful opportunities to receive the training and other services necessary to achieve employment outcomes in a competitive, integrated employment setting (WIOA, 2014). WIOA “supersedes the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973” effective July 1, 2015 (U.S. Department of Labor, n.d.).

According to Arne Duncan, the U.S. Secretary of Education, WIOA “makes key improvements in the nation’s workforce development and education system, by emphasizing the creation of career pathway pro-

grams, improved training, and streamlined service delivery to individuals — especially for underserved youth and adults” (U.S. Department of Labor, 2015).

While the Secretary’s charge is clear and full of promise, WIOA does present concerns and challenges to State Vocational Rehabilitation (VR) agencies that are responsible for assuming much of the coordination and service provision for this endeavor.

This article will describe the current status of VR in the State of Hawai‘i and the impact of WIOA as seen through the eyes of VR professionals. We will first provide a general picture of the State of Hawai‘i Division of Vocational Rehabilitation (DVR) Program. We will then focus a large part of our discussion on recent legislation specifically, the Workforce Innovation and Opportunity Act (WIOA) that will have an imminent and significant impact on the provision of services to persons with disabilities by State VR programs. In the final section of this article, we discuss the state of VR in the private sector and share some of the challenges encountered by VR providers in the State.

Vocational Rehabilitation in the Public Sector

Individuals with disabilities have benefited from services provided by State, Federal, and private vocational rehabilitation agencies. The primary goal of the State of Hawai‘i Division of Vocational Rehabilitation (DVR) is to provide “vocational rehabilitation services to enable eligible individuals with disabilities to achieve gainful employment and economic self-sufficiency” (Division of Vocational Rehabilitation, n.d.). Serving an island state with a population of 1.4 million residents (U.S. Census, 2014), DVR employs approximately 50 VR counselors who serve clients on six of the eight major Hawaiian islands (A. Perez, personal communication, June 10, 2015).

Most counselors reside on the island of O‘ahu where the capital city of Honolulu is situated and where approximately 70% of the population reside (U.S. Census, 2014). Caseload sizes run from 70-80 clients for a Vocational Rehabilitation Specialist I (entry level counselor) and 100-150 clients for Vocational Rehabilitation Specialists II-IV. While the majority of counselors carry a general caseload (i.e., serving individuals with various disabilities such as persons with intellectual disabilities, learning disabilities, substance abuse issues, mental health issues, etc.), there are a few counselors who carry specialization caseloads (e.g., students in transition, clients who are deaf/hard of hearing, blind/visually impaired, mental health) (A. Perez, personal communication, June 10, 2015). Individuals who seek VR services from the State vary significantly from clients seen in private rehabilitation agencies as they usually have less work

experience and training and present a broader range of/or multiple disabilities.

WIOA’s Impact on State VR Agencies

Although striving to best serve their clients and willing to participate in WIOA and partner with other key agencies, the advent of WIOA has implications for State VR counselors and agencies in several areas including budgetary concerns, service to other client demographics, staffing needs, “statewideness,” and changes to the comprehensive system of personnel development (CSPD). Layne Shigeta, the Kaua‘i Branch Administrator voiced: “With the reauthorization of the WIOA, we are trying to adapt to the new changes. . . . More focus will be on students and youth with disabilities. . . . It will be challenging to live up to what the law intends” (L. Shigeta, personal communication, June 15, 2015).

Budgetary concerns and possible impact on other client demographics. WIOA requires that State VR agencies designate “at least 15 percent of their Federal VR program funds” in order to provide pre-employment transition services to support students with disabilities as they make the transition from secondary schools to postsecondary education programs and competitive integrated employment (U.S. Department of Education, July 2014). The Maui Branch administrator shared that her agency will need to significantly increase services to this target clientele without the benefit of additional resources to meet this charge. In fact, she is concerned that this expansion of services without an increase in budget may impact services to other client demographics: “The major impact is going to relate to funding for non-transitional clients as a large amount of funding is earmarked for transition students” (D. Lamb, personal communication, July 6, 2015).

A corollary to the focus on serving transition-aged students and youth is reflected in the Hawai‘i Branch VR administrator’s concern that the initiative might put Hawai‘i DVR back into an “active” Order of Selection: “In the 1990’s we had a very strong transition program. When we went into an Order of Selection and had to establish a waitlist, the students in transition were hit the hardest. With no additional funding and staffing, will this happen again?” (A. Lee, personal communication, June 29, 2015).

Impact on staffing. Albert Perez, the State Administrator for DVR shared his concerns regarding staffing and adequate service provision in relation to the pursuit and support of transition-aged students and youth with disabilities:

. . . here on O‘ahu, our transition section currently takes all referrals from [the] DOE. If we open up [referrals] to [students under] 504 [of the ADA], CAMD [Child and Adolescent Mental Health Division], and non 504 cases, I’m sure they [the transition section] won’t be able to handle it all. I’m sure

we'll need to move them [the referrals] elsewhere [i.e., to counselors holding general caseloads] . . . (A. Perez, personal communication, June 10, 2015).

The island of Hawai'i (also called "the Big Island") has a population of 185,079 (U.S. Census, 2014). Alison Lee, the Hawai'i Island Branch Administrator supervises 7 counselors (4 counselors in East Hawai'i and 3 counselors in West Hawai'i island). Although her branch serves over 600 clients, they currently have only one counselor specifically assigned to work with students in transition. The recent focus on recruiting transition-aged students with disabilities and youth with disabilities has prompted a significant increase in this counselor's referrals. As Ms. Lee expressed, "Our transition counselor has been overloaded. Recently, he received 45-60 referrals over a 2 month period" (A. Lee, personal communication, June 29, 2015). This is in contrast to the west side of the Big Island where the agency must take concerted steps to increase referrals from this particular demographic: "Kona has very low numbers of students in transition. [We have] four high schools with under 20 clients in transition. We're going to have to beef up their numbers." (A. Lee, personal communication, June 29, 2015).

"Statewideness." Complying with the directive of "Statewideness" is another concern for VR professionals. According to WIOA, VR agencies must: "make services available to all political subdivisions of the State, unless a waiver of statewideness is requested and approved in accordance with §361.26" (WIOA, 2014). Vocational Rehabilitation clients in the capital city of Honolulu have very different needs and resources as compared to clients living in rural areas of the State due to disparities in areas such as transportation options, availability of training sites, and employment opportunities. According to the Hawai'i Branch Administrator, due to the requirement of "statewideness," "We have to decide on programs as an agency (statewide) vs. island specific. As we have unique needs as an island/branch, it gets challenging . . ." (A. Lee, personal communication, June 29, 2015). Therefore, adhering to the requirement of "statewideness" may mean that present (and promising) programs and services that meet the needs of a certain islands (or a specific demographic) may need to be discontinued or curtailed.

Educational requirement. Current regulations require that each state establishes a Comprehensive System of Personnel Development (§361.18) that is based either on a national or State licensing/certification standard to ensure that counselors have adequate training. WIOA proposes to revise the current regulations "to mirror the statute with regard to education and experience requirements for VR personnel" to "ensure that they have a 21st century understanding of the evolving labor force and needs of individuals

with disabilities" (WIOA, 2014). WIOA proposes to "revise §361.18(c)(1)(ii) to mirror the statute with regard to education and experience requirements for VR personnel." The proposed regulations would describe education and experience, as applicable, requirements at the bachelor's, master's, and doctoral level, in fields related to rehabilitation that prepare the individual to work with individuals with disabilities and employers. Therefore, under the proposed amendments, VR counselors could be hired at the bachelor's level with a requirement to have at least one year of paid or unpaid work experience (WIOA, 2014).

Currently, as part of their personnel standards and personnel development requirements, Hawai'i DVR counselors must complete the first year of graduate level credits toward a Master's degree in a Council on Rehabilitation Education (CORE) accredited rehabilitation counseling program (DVR, 2005). This requirement that Hawai'i DVR counselors hold a master's degree in VR counseling sets a high standard for professional competency. Lowering this standard to allow individuals to serve as VR counselors with only a bachelor's degree poses serious concerns to the State Administrator for DVR. Here, Mr. Perez voices his concerns regarding the disparity between the VR counseling competencies of those working in the labor market and individuals graduating from a Master's degree in a rehabilitation counseling program:

We're looking at the best interests of persons with disabilities. WIOA talks about a 21st century education . . . but you can't tell me that a small business owner [with a business degree] and a graduate from the rehabilitation counseling program are equal. You'll never be able to convince me of that. And I don't think you'll be able to convince persons with disabilities of that . . . (A. Perez, personal communication, June 10, 2015).

The Hawai'i Branch Administrator also believes that VR counselors need to acquire and hone key competencies in order to best serve individuals with disabilities. She spoke passionately about the value of employing counselors who have earned a Master's degree in rehabilitation counseling:

That person is a specialist; that person has learned to work with persons with disabilities. That person understands the [VR] process, understands the history. You can't match that to someone who has a Bachelor's degree who has majored in human resources, or sociology, or psychology . . . (A. Lee, personal communication, June 29, 2015).

Doris Lamb, the Maui Branch Administrator and her team of 5 counselors and 3 support staff serve the islands of Maui, Moloka'i, and Lāna'i. Her counselors carry general caseloads but 3 counselors also have specialization caseloads (clients who are deaf and hard of hearing, blind and visually impaired, have mental health issues). Ms. Lamb concurred with the

opinions of her fellow administrators in that VR counselors should hold a Master's degree in VR counseling:

... the State of Hawai'i needs to assure that DVR keeps the criteria of having Master Level Counselors [in VR], recognize the counselor for his or her degree, and financially support counselors at a Master Degree level (D. Lamb, personal communication, July 6, 2015).

Despite the varied concerns of administrators from the State VR agency, optimism continues to prevail and efforts toward collaboration with core partners has begun. On July 27-28, 2015, DVR sponsored the "Workforce Innovation and Opportunity Act: What's in it for Me?" a conference designed to support WIOA legislation. During this session, the State VR agency initiated and promoted the development of partnerships with key agencies such as the Department of Labor (Workforce Development Division), the Department of Education (Adult Education), and employers. Members from the core partnering agencies and VR staff spent two full days together learning about the requirements of WIOA, developing a better understanding about their fellow partnering agencies, and initiating implementation plans. Although WIOA is still in its early stages of implementation in the State of Hawai'i, the following words of the State VR Administrator reflect his optimism, focus, and vision for his agency:

We're an 'employment agency.' Fortunately, we have resources and regulations that allow us to support employment [for persons with disabilities] in unbelievable ways!" (A. Perez, personal communication, July 10, 2015).

This section touches on some of the concerns and challenges of public VR professionals in the State of Hawai'i as related to the proposed amendments of WIOA. It provides a snapshot of the views of key VR administrators. However, by no means does it paint a comprehensive picture of the state of VR in Hawai'i. For example, the article does not address important WIOA issues such as the Supported Employment Programs under Title VI (WIOA, 2014), Limitations on the Use of the Subminimum Wage under Title V, Section 511 (WIOA, 2014), etc. It does however provide a voice for concerned, caring, and competent professionals who strive to provide high quality employment services to individuals with disabilities. In the next section, we provide insight into the state of private VR in the State of Hawai'i.

Vocational Rehabilitation in the Private Sector

Vocational Rehabilitation Counselors (VRC) who work in Hawai'i's private for-profit agencies primarily focus on providing vocational rehabilitation (VR) services in the State's workers' compensation system.

VRCs assist employees, employers, insurance carriers, and third-party administrators to help individuals with disabilities return to the workforce following an injury. The framework of practice, provider standards, ethical concerns, and issues facing VRCs in the private sector will be discussed in this section.

Legal Framework for Practice

The legal framework for practice of VR providers in the workers' compensation system in the State of Hawai'i involves the following rules: Hawai'i Revised Statutes Chapter 386, Hawai'i Administrative Rules Title 12, Chapters 10 and 14. Significant legal precedents/decisions influence the daily practice and standards of VR providers.

Statistics

Most recent workers' compensation statistics in Hawai'i shows that costs for vocational rehabilitation services represent approximately 2% of total workers' compensation costs in 2013, 2012, and 2011 (State of Hawai'i Department of Labor and Industrial Relations, 2011, 2012, 2013). There were 1,052 VR cases out of 29,402 processed workers' compensation cases in Hawai'i in 2013 (State of Hawai'i Department of Labor and Industrial Relations, 2013). In 2012 there were 1089 VR cases out of 28,007 processed workers' compensation cases in Hawai'i (State of Hawai'i Department of Labor and Industrial Relations, 2012). In 2011, there were 1065 VR cases out of 28,686 processed workers' compensation cases in Hawai'i (State of Hawai'i Department of Labor and Industrial Relations, 2011).

VR Provider Standards

Hawai'i Administrative Rules (HAR) §12-14-16 and §12-14-22 outlines the minimum standards for VR providers. A VR provider has a responsibility to meet the standards of the Hawai'i Department of Labor and Industrial Relations. Standards include possession of a current certification by the Commission of Rehabilitation Counselor Certification as a Certified Rehabilitation Counselor, possess working knowledge of the relevant administrative rules, be actively providing VR services, receive regular training directly related to VR, and be subject to the Commission on Rehabilitation Counselor Certifications' code of ethics (1999). The Department of Labor and Industrial Relations implements the aforementioned rules when registering/certifying providers of VR services.

Hawai'i Administrative Rules (HAR) §12-14-17 outlines the effective period of registration. The initial registration with the Department of Labor and Industrial Relations is for one year and after the initial reg-

istration period the period of registration is three years if all registration criteria are met (1999).

In Hawai'i, there are twenty certified VR providers listed with the Hawai'i Department of Labor & Industrial Relations (State of Hawai'i Department of Labor and Industrial Relations, 2015). The majority of VR counselors employed by certified VR providers holds a master's degree in rehabilitation counseling and has a mental health counselor license in Hawai'i. All are currently certified by the Commission of Rehabilitation Counselor Certification as a Certified Rehabilitation Counselor.

Referral Process

Hawai'i Administrative Rules (HAR) §12-14-23 details the identification and referral procedures for VR services. Ultimately, the injured worker has the right to select a vocational rehabilitation provider from the Hawai'i Department of Labor and Industrial Relations list of certified vocational rehabilitation providers. The Department of Labor and Industrial Relations may refer injured workers to the Hawai'i Department of Human Services or private providers of rehabilitation services. Injured workers may self-refer or be referred by their legal representative, physician, employer, or worker's compensation insurance carrier. The Employer is responsible to provide information to the injured worker about their rights to vocational rehabilitation and the process within 120 days from the date of the work injury. An undocumented immigrant who is injured while employed in Hawai'i is typically entitled to worker's compensation benefits as Hawai'i statutes (HRS §386-1) expressly include undocumented immigrants. However, an undocumented immigrant will not be able to enroll in vocational rehabilitation services because they are not legally authorized to work in the United States.

Vocational Rehabilitation Protocol for Return to Work

The vocational rehabilitation process in the worker's compensation system in the State of Hawai'i involves assessing and addressing the feasibility of a return to employment following sequential steps: usual and customary job, alternate or modified job with the same employer, modified or different employment with a different employer, training (HRS §386-25). There exists a "return to work hierarchy" (Ceaser & Smith, 2014, p. 270) similar to Louisiana's vocational rehabilitation process. The goal for vocational rehabilitation is to have an injured worker return to suitable gainful employment. The definition of suitable gainful employment is "employment or self-employment within the geographical area where the employee resides, which is reasonably attainable and which offers an opportunity to restore the employee's earnings capacity

as nearly as possible to that level which the employee was earning at the time of injury and to return the employee to the active labor force as quickly as possible in a cost-effective manner, giving due consideration to the employee's qualifications, interests, incentives, future earnings capacity, and the present and future labor market" (HRS §386-25).

Step 1: Return to work with the same employer in the same job. This is considered the most preferred method of a return to suitable gainful employment. Through expedient medical intervention, an injured employee is often able to return to his or her same job after recovering from a work injury and be able to perform the essential functions of the job. This results in significant savings in the overall workers' compensation cost.

Step 2: Return to work with the same employer in a modified/different job. By this step, it has been determined that an injured worker is not able to return to work to perform his or her usual and customary job with the employer due to physical and/or cognitive impairment resulting from the work injury. The size of the employer, economic health of the employer, and employer-employee relationship are all factors that affect whether an injured worker is able to return in an alternate or modified job. Based on the experiences of the second author, a return to employment with the same employer in an alternate or modified job is likely if the employer is fiscally healthy, there are available alternate jobs at the time, and there is a relationship of respect and value between the injured worker and the employer. The VR counselor will discuss the available job with the employer and employee, complete a job analysis, and discuss wage and work schedule, all to assist in determining whether the modified/alternate job represents suitable gainful employment. A rehabilitation plan is generated for job follow-up services to assess the progress of an injured workers return to work and to address any issues with performing the essential functions of the job during the job follow-up phase.

Step 3: Return to work with a different employer. By this step in the VR process, a return to work with the employer in the same, modified, or alternate job has been ruled out. During Step 3, the VR counselor assists the injured worker to learn about the labor market in his or her geographic area, determine transferable work skills, explore occupations within the labor market, determine physical suitability of occupations, determine whether physically suitable occupations represent gainful employment, determine whether a positive labor market exists for occupations, conduct academic and vocational assessments, and work to formulate a rehabilitation plan with the injured worker that outlines the steps necessary for a successful return to employment.

During vocational exploration, occupations within the injured worker's labor market are researched through

job analysis and labor market surveys/probes. A VR counselor is not required to have a job analysis reviewed by the injured worker's treating physician(s). However, a review by a treating physician is highly encouraged. If the worker possesses the transferable work skills to qualify for physically suitable work in his or her labor market and a vocational objective with a positive labor market can be identified then a rehabilitation plan is formulated. Typical plan components are job search skills training, 120 days of job placement services, followed by 60 days of job follow-up services.

Step 4: Training. By this point in the VR process, it has been determined that the injured worker cannot return to employment with the pre-injury employer and cannot return to employment in the general labor market without additional knowledge and skills. Training is necessary when the injured worker does not possess the transferable work skills to qualify for work within their residual functional capacities in their labor market. An injured worker will often benefit from counseling to assist him or her to accept and focus on the benefits of training as often there is hesitation to the process due to fears of failure and change. Vocational exploration would be conducted to facilitate identifying a feasible vocational objective with due consideration to age, interest, functional capacities, and the local labor market. A VR counselor would assess the injured worker's academic aptitude to assist with determining the most appropriate training method.

The types of training allowed include on-the-job, vocational, and college. The longest duration of training typically approved has been a two-year associate's degree program. A four-year bachelor's degree program has been approved but litigation was required to have this type of training authorized as a provision of vocational rehabilitation services. For example, an injured worker who was a Carpenter for 15 years and earned \$28 per hour and can no longer perform the physically demanding work of a Carpenter due to sedentary residual functional capacities will benefit from training to acquire the skills, knowledge, and abilities to qualify for sedentary work in his/her labor market. A rehabilitation plan requesting training of a bachelor's degree and licensure could be made for the vocational objective of Accountant; however, the likelihood of approval without litigation is non-existent. There is no law in Hawai'i that limits the length of training; however, interpretation of the definition of suitable gainful employment has been used to justify the denial of rehabilitation plans requesting bachelor's degree training.

Self-Employment. Self-employment is a possible avenue by which an injured worker can return to suitable gainful employment as self-employment is mentioned within the definition of "suitable gainful employment" in the Hawai'i Revised Statutes, Section

386, Part I. Self-employment is often considered in lieu of training in the VR process. Self-employment is considered when an injured worker has specialized skills that can be utilized in a self-employment venture and regular employment options are limited due to living in rural areas with few job openings. Because self-employment is a risky venture, an injured worker should take the time to assess the feasibility and risk of starting a small business in their community and utilize small business development resources, such as the Small Business Administration. If a feasible vocational objective can be identified, a rehabilitation plan is generated that requests the Employer/Carrier pay for start-up costs associated with the business.

Challenges Encountered by VR Providers in Hawai'i

The following challenges encountered by VR providers in Hawai'i are the opinion of the second author of this article. In no way is the following an exhaustive list of the challenges faced of all VR providers in Hawai'i. In addition, challenges encountered may vary by the VR provider. The authors encourage comment from other private VR providers in Hawai'i.

Ethical obligations. VR counselors need to recognize their ethical obligations to their clients and customers. Clients are the injured workers being serviced by the counselor. Customers are the insurance carriers or self-insured employers who pay for VR services. Sources of referrals (i.e., attorneys and doctors) for services could also be construed as customers. VR counselors should recognize that their actions and inactions will directly impact the clients they service and should conduct themselves in a matter that follows the Canons set forth in the CRCC Code of Ethics. VR counselors will find themselves dealing with ethical dilemmas as they provide VR services due to the contrary agendas of different parties involved in the workers' compensation system. It is advised that VR counselors establish an ethical decision making model to handle ethical dilemmas and document actions taken with each case scenario.

Billing disputes. Many VR providers in the workers' compensation system in Hawai'i are sole proprietors and work for profit. Issues often being dealt with are non-payment, untimely payment, and/or arbitrary reduction of fees for service by insurance carriers or self-insured employers. VR providers do not let this affect the ethical delivery of service but these issues do impact the VR provider's economics of business. The VR provider is allowed to request a hearing with the Department of Labor and Industrial Relations to dispute the matter but the process is lengthy which then translates into a loss of revenue for the VR provider.

Lack of consensus of the definition of "gainful employment." HRS §386-1 definitions state that

“suitable gainful employment means employment or self-employment within the geographical area where the employee resides, which is reasonably attainable and which offers an opportunity to restore the employee’s earnings capacity as nearly as possible to that level which the employee was earning at the time of injury and to return the employee to the active labor force as quickly as possible in a cost-effective manner, giving due consideration to the employee’s qualifications, interests, incentives, future earnings capacity, and the present and future labor market” (HRS, 2014). This statute is being interpreted differently by the various parties in the Hawai’i workers’ compensation system. Because of this, insurance carriers or self-insured employers often object to paying for training for a vocational objective identified by the injured worker because of the difference in interpretation of what represents gainful employment. For example, a 45-year old male earned \$25 per hour at the time of injury as a journey-level carpenter and had access to increases in future earnings due to bargaining union contracts. This individual can no longer perform his usual job due to permanent work limitations from his work injury and through his VR program identifies a vocational objective that would pay him earnings of \$25 per hour immediately upon hire but training is needed so training is requested. The insurance carrier objects to paying for the training because they feel that there are other vocational objectives that could be chosen that would require less training and pay wages close to \$25 per hour.

Small/highly competitive labor markets. The island of O’ahu has the largest labor market in the state (State of Hawai’i Workforce Infonet, 2015) with several universities, community colleges, and vocational schools (State of Hawai’i Department of Education, 2015; University of Hawai’i, 2015). The training resources available on the neighboring islands of Hawai’i, Maui, and Kaua’i are limited (State of Hawai’i Department of Commerce & Consumer Affairs, 2015; State of Hawai’i Department of Education, 2015; University of Hawai’i, 2015). An injured worker’s occupational choices are primarily dictated by the labor market in his or her geographical area on the island he or she lives on rather than their interest in the occupation. A second factor that further dictates the vocational objective identified is whether training is reasonably attainable.

The cost of transportation typically negates the ability to travel to work on another island. For example, individuals working on an island different from their place of residence would have to fly on commercial aircraft with airfare typically costing approximately \$100/leg. With a small labor market, competition for each available job opening is high. In order for an injured worker to obtain employment, the competitive qualifications for a given occupation need to be met and it is imperative that the rehabilitation plan be for-

mulated with that in mind. Insurance carriers and self-injured employers often resist funding the necessary time and training to facilitate an injured worker obtaining competitive qualifications and typically argue that they are only liable for helping the injured worker to meet minimum qualifications for an occupation.

Negative views of VR by insurance carriers. According to the Hawai’i Department of Labor & Industrial Relations (2013) there were 1,052 VR cases out of 29,402 processed workers’ compensation cases in Hawai’i. The cost associated with vocational rehabilitation services as compared to total case costs represented approximately 2%. Despite the small number of cases and cost of vocational rehabilitation services, there exists a generally negative view of vocational rehabilitation services by insurance carriers. The second author has routinely experienced insurance carriers objecting to vocational rehabilitation referrals and reasonable rehabilitation plans when the injured worker is clearly eligible for the benefits. In addition, insurance carriers do not routinely advise injured workers of their right to vocational rehabilitation services.

The Future of Private Vocational Rehabilitation

It appears that VR as an integral part of rehabilitation of an injured worker is diminishing. Instead of being a mandatory service provided within a State’s workers’ compensation system, vocational rehabilitation services is often an option with significant limits or excluded altogether. The availability of vocational rehabilitation services in the workers’ compensation system varies by State. Some states, such as Pennsylvania, New Jersey, Delaware, Kansas, Texas, and New York, do not offer vocational rehabilitation services as part of their workers’ compensation system. Other states, such as Hawai’i, Louisiana, Nevada, Washington State have significantly limited services, and states such as Florida, Arizona, and Oregon offer VR services as an option as part of their workers’ compensation system. Virginia and Georgia workers’ compensation law indicates vocational rehabilitation services are mandatory. VR providers are either private or non-profit entities or State Rehabilitation agencies. The future of private VR in Hawai’i appears stable. Vocational rehabilitation remains an optional service in the Hawai’i workers’ compensation system; however, individuals often elect to participate as they see the benefits of VR services to facilitate their return to employment. Within the past ten years no bill has been introduced to the Hawai’i Legislature that requests to dissolve vocational rehabilitation services; however, insurance carriers and their constituents routinely introduce bills during each legislative ses-

sion in efforts to limit the scope and cost of VR services.

VRCs play a vital role in the workers' compensation system within the State of Hawai'i by facilitating the return to the workforce process for employees after an injury. Hawai'i is one of the few remaining states in the country that continue to provide VR services to injured workers and the local government continues to see the value of providing this service. VRCs provide services within standards set forth by State government statutes, administrative protocol, and legal precedent. Given that the payer source are insurance carriers or self-insured employers, VRCs typically face business and ethical dilemmas on a frequent basis during the course of providing services and are admonished to utilize an ethical decision making model. Further issues in private VR services in Hawai'i may not have been discussed in this article and the authors encourage other practicing private VRCs in Hawai'i to submit comments or future articles to further expand on the subject matter.

Conclusions

In closing, we recognize that although the aim of VR professionals is to provide "high quality" employment for persons with disabilities, current changes in legislation prove to be challenging to VR agencies in terms of budgetary and staffing requirements and the ensuing ethical principles (e.g., justice, fidelity, non-maleficence) that may arise. There is still a lot of work to do and the field compels VR personnel to accept this charge. Conscientious and consistent collaboration is necessary; educating oneself, partners, and clients on the key changes in legislation and their impact on the field of VR is vital. What the authors have found through the research and writing of this article is that VR personnel continue to view challenges with hope and vigor for they provide VR professionals (in both the public and private sectors) with the impetus to continue on in service and dedication to their field.

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