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RSA [Rehabilitation Services Administration] Conference '77

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SUB-GOAL 3: EMPLOYMENT

RSA Goal Statement

To improve through State agencies the process of job identification, placement, and follow-up support and assure increased opportunities for optimal employment related to the present and potential job market including homebound employment and self employed.

Introduction

Three prioritized problem areas have been established as the primary sub-areas under employment: (a) Job Identification/Development, (b) Job Retention and Advancement, and (c) Job Placement. Job identification (broadly conceived to be job development) is emphasized as a first priority because without an adequate market, the available skills cannot be sold (placed). Of second priority is job retention and advancement because on a cost/benefit measurement alone, programs cannot be justified if entry into the labor market does not have durability connected with it. Finally, while job placement is the visible tip of the iceberg and the glue which holds the other components together, more resources are currently available and can be applied in this area. The lower prioritization of job placement is based solely on the need to allocate resources to other areas where there is greater need and where less is known.

Job Development and Identification

1. Prioritized Statement of Objectives:

   A. To develop ways that consumers can more effectively participate in job development for the handicapped.

   B. To identify the data needs, develop the data base, and devise data utilization systems for effective job development activities.

   C. To conduct a state-of-the-art of current job development techniques.

2. Rationale: The phenomena of consumer activism/advocacy is a growing movement from the grass roots which promises great potential for developing and increasing job opportunities for the handicapped. Yet, little is known on how to facilitate new program thrusts based on consumer participation or how they should fit into the larger rehabilitation rubric. Resources for the near term should be allocated to facilitate this high priority area. Consumer participation is given a higher priority than the establishment of an adequate data base on job development because the surge is there and will not wait on a larger more systematic effort. The creation of an organized, continually updated knowledge (data) base, however, is a matter of some urgency if systematic planning for improvements in the job development area are to occur. Efforts should begin now to initiate the building of a foundation of basic knowledge. Finally, the building of a knowledge base on job development should not hinder the use of

available techniques. Thus, a modest investment in a state-of-the-art which has immediate application potential is of high near-term priority. In addition, such a state-of-the-art should contain some knowledge on attitudes and behaviors which impact on job development.

3. Sub Objectives: Consumer Participation

   A. To explore and develop effective means for consumer participation in job development activities, not only as receivers but also as providers of services.

   B. To develop the means, or an instrument for consumer evaluation and participation in the assessment of the performance of local level Vocational Rehabilitation Programs.

   C. To conduct a census of handicapped homebound individuals and identify those capable of and interested in employement.

4. Sub-Objectives: Data Base

   A. To study those factors which, on a broad scale, affect the acceptance or rejection by employers of hiring handicapped workers.

   B. To study the economic incentives and disincentives for employment of the handicapped by industry, occupation, and federal regulations.

   C. To evaluate the current status and appropriateness of public relations techniques for promoting the hiring of the handicapped.

5. Sub-Objectives: Job Development Techniques State-of-the-Art

   A. To evaluate the current incidence and effectiveness of job matching through job modifications and restructuring.

   B. To explore the types of conventional employment in which the handicapped have an advantage, i.e. which by the nature of the occupation uses the handicap as an asset rather than a liability.

   C. To develop methods through which unions can be more involved in job development to include OJT and apprenticeship programs.

Job Retention and Advancement

1. Prioritized Statement of Objectives:

   A. To identify the optimal peer support structure in the community and work environments which enhance job retention and advancement and to conduct a research and demonstration project on support methods.

B. To determine the effectiveness of various support strategies which would reduce the disparity between disabled and non-disabled employees.

C. To locate and build upon currently successful divisions in various service delivery systems which promote job retention and advancement for handicapped employees.

D. To identify new techniques which promote reduction of uncertainty and discomfort in interactions between disabled and non-disabled employees; then, through various media and promotional means enhance in the general population an increased awareness and sensitivity to the handicapped worker.

2. Rationale: Once a handicapped worker is gainfully employed in the competitive job market, it is important to keep the worker on the job. Currently the structure of work and community environments provide little support to the handicapped employee. In fact, the most frequent complaint from handicapped employees is a feeling of social isolation and a lack of opportunity for advancement. The problem is further compounded by many work related expenses which must be borne by the handicapped worker. There are various economic support strategies currently available to alleviate this disparity but means must be found to determine how to implement them in a fair and equitable manner. The objectives listed break down into a comprehensive thrust to address this problem.

3. Sub Objectives: Peer Support Structure
To make available funds to some coalition of national handicapped advocacy groups for a project which will include among its objectives the following:

A. A review of current fair hearing/arbitration practices between labor and management and provide an advocacy role to protect the rights of the handicapped.

B. Provide education to management and unions on the abilities of the handicapped.

C. Implement the concept of having a peer support person for newly hired handicapped employees.

D. Develop a study to identify a common group of handicapped supervisors, foremen, executives, etc. for the purpose of determining the specific abilities, attributes, characteristics, and coping strategies which contribute to the advancement of successful handicapped individuals.

4. Sub-Objectives: Reduction of Disparity

A. To determine the means available and effectiveness of various support strategies for reducing the economic disparity between disabled and able-bodied workers (e.g.: tax incentives to employers, tax relief to individuals, etc.)

B. To identify methods for reducing the current disparity between disability groups established by legislation and federal regulations.

5. Sub Objectives: Successful Divisions Within the Service System

A. Provide for evaluation components in major I & E projects and experimental modes or particularly successful divisions of State service system agencies.

B. Develop the necessary materials and documents necessary to transplant successful job retention and advancement skills to other VR agencies.

Job Placement

1. Prioritized Statement of Objectives:

A. To establish at the national level a working coalition of representatives from industry, labor unions, consumer groups, and service providers to bring together the interests and perspectives of all constituencies concerned with job placement of the handicapped.

B. To determine and analyze the various incentive and disincentive variables operating on job placement.

C. To develop and expand opportunities for placement of handicapped individuals in non-competitive employment positions.

2. Rationale: Currently an open exchange of views and needs between consumers and service system providers is enhancing and making more effective the delivery of system services to consumers. It is clear that the perspectives and needs of the parties involved in job placement of the handicapped (industry, unions, service system providers, and consumers) is necessary to make that effort more effective and efficient. Thus, the most urgent priority in job placement is a bringing together of the concerned constituencies. Further, there is an apparent need to develop a taxonomy of the incentives and disincentives which affect the job placement of the handicapped. Those factors and variables which act as disincentives to placement should be eliminated, corrected, or controlled and the incentives should be applied in a fair and effective manner. However, a realistic response to the mandate for promoting the right of all persons to self-esteem through employment activities must allow for the fact that there is an increasing number of persons whose initial and perhaps permanent employment will require a level of placement below that of the competitive job market.

3. Sub Objectives: Job Placement Coalition
The national coalition of representatives from industry, labor unions, consumer groups, and service system providers will have as its objective to act as an advisory council on the following objectives:

A. To develop a placement model for the handicapped similar to the Interracial Council of Business Organizations or the National Alliance of Business Organizations.

B. To convene conferences on job placement of the handicapped composed of representatives from the four primary constituencies drawn from and held in regional areas.

C. To determine the extent of and factors contributing to the mis-placement or unsuitable job placement of the handicapped.

D. To share and exchange information on new methods, technologies, and production modifications which facilitate training and placement of the handicapped.

E. To establish a labor forecasting structure for the placement of disabled persons modeled after the Bureau of Labor Statistics.

4. Sub Objectives: Incentives and Disincentives

A. To determine and analyze the components of various reward systems, e.g.: wage subsidies and tax incentives for employment of disabled workers.

B. To determine methods to expand employer's use of OJT and apprenticeship programs for the handicapped.

C. To devise methods to modify currently existing OJT and apprenticeship programs so as to be suitable for disabled workers.

D. To identify and evaluate the incentives and disincentives operating at various levels within Vocational Rehabilitation agencies.

E. To identify and evaluate the incentives and disincentives operating in workshop placement and from workshop placement to competitive employment.

F. To determine alternative ways of providing placement services other than assigning it as a counselor's responsibility.

5. Sub Objectives: Expand Opportunities in Non-competitive Employment

A. Evaluate and develop rural and homebound placement opportunities.

B. Develop model work cooperative programs.

C. Develop transitional placement opportunities.

20 May 77
Friday

Lee,

here are all the notes, working materials, etc. behind the final draft of our group. Our ideas, I think, are very good. As a whole the report is not well-rationalized nor broken down by Eval vs Research issues. But then we didn't spend much time on that

Ally

Alexander
1st day

Problem Statements Developed

by Four Task Groups on the

First Day of the

RSA PARTICIPATORY PLANNING CONFERENCE
Houston, Texas
May 16, 1977

GROUP I. RECRUITMENT AND SELECTION

Leader: Jack O'Neill Stuart: Recorder

Four major problem areas were outlined in the Ann Arbor report for recruitment and selection:

A. Outreach

B. Referral

C. Eligibility Determination

D. Individualized Client Planning

These four areas were retained and specific problems, or questions within each area were developed by the group. The problems have not been placed in order of priority in this report.

A. OUTREACH

1. Will effective outreach burden rehabilitation services or will it create increased funding?

2. Confidentiality restrictions cause outreach and referral problems because vital information about potential clients is not always available.

3. The characteristics of outreach efforts must be specified:

   (a) Should outreach be towards agencies, schools, physicians, or clients? What client groups should be included?

   (b) Should outreach be focused on specific groups or broadly aimed at the general population? Inappropriate referrals could be a problem.

   (c) What should be the timing of outreach efforts, i.e. before injury, after hospitalization, etc.? What is the relationship between costs and time of referral? Early outreach efforts may not be perceived until a problem is perceived (such as when a person is injured).

   (d) Can consumer or other groups act as outreach agents?

4. Gradual and traumatic onset of disability require different outreach strategies.

5. Data on current client populations is needed. What is definition of severe or moderate disability?

6. Information within the rehabilitation system needs improvement:

   (a) Clients and families need more information about available services.

   (b) There is a need for better communication between agencies, physicians, clients, etc., about the services offered.

7. Some groups may require cultural or educational changes before they will accept rehabilitation services. Should this be an area of intervention?

8. Will outreach efforts result in increased rehabilitation cost/effectiveness?

B. REFERRAL

Note: The Outreach and Referral areas were seen as closely linked and many of the questions could be placed in either area.

1. People don't fit neatly into service categories.

2. There are often problems in determining which agency should be "responsible."

3. What are problems with time of referral, i.e., there may be eligibility overlaps if a person is referred to a new program before finishing an earlier one.

4. What are the characteristics of a good referral system? How are referrals done now?

5. Physicians, agencies, etc. often don't have enough information about available services to make good referrals.

6. The impact of early versus later referral for different populations needs study.

7. The term "successful referral" needs to be defined.

C. ELIGIBILITY DETERMINATION

1. Are young or employable clients more eligible than aged or severely disabled?

2. Is a different incentive system for vocational counselors needed? Should quality or timeliness of service be included as factors along with number of cases handled?

3. It may not be possible to get funding for early interventions, i.e. before problem becomes really serious.

4. There is no common definition of "outcome" among medical, VR, financial, legal, etc. approaches.

5. Program planners and auditors often use different standards and need to work together.

6. Good data base of clients needed. Data on prevalence and incidence of need is required.

7. Interstate and intrastate differences in eligibility requirements cause problems.

8. What is the best mix of severely and moderately disabled clients for improving the costs/benefits ratio?

9. What is definition of "minimally handicapped" and "severely handicapped"?

10. Are vocational goals or services still relevant with the severely disabled or aged populations.

11. What are the effects of the "cost effectiveness" approach compared to the "equal opportunity" approach? Who should decide eligibility issues?

12. A longer time frame for considering services is needed. It is sometimes desirable to have clients enter and leave the system several times over a period of years. Should services be oriented toward a lifetime of disability for some clients?

13. There is a gap between eligibility legislation and practice--how should this be resolved?

D. INDIVIDUALIZED CLIENT PLANNING

1. Education and planning with family as well as client is needed.

2. Long-term (anticipatory) planning is required. Preparation for lifetime disability should be considered.

3. What are implications of gradual versus sudden handicapping for planning, and what are planning requirements of young versus aged; severely disabled versus mildly disabled; etc.?

4. What data is available on the effectiveness of individualized planning?

5. Language and cultural differences cause unknown or undocumented effects.

6. What should be the role of the client?

7. Projections of labor market needs in the future are required for current planning. How do counselors get information and what sources do they use? How can information be provided for counselors?

8. It is wasteful to make a plan with a client who moves to another area where conditions are different. How far ahead should planning project?

DS/mw
5/16/77

GROUP II - Restoration and Training

Mills - Leader
Lehmkuhl - Recorder

Sub-goal: To improve, through State agencies, the program content and use of physical and mental restoration, vocational training and other supportative rehabilitation services.

Summary of Problem Statements Elicited from the Group:

1. Develop methods for restoration of a positive self-concept/self-esteem in patients and clients.
2. Improve the delineation of the pros and cons of residential facilities, such as the Woodrow Wilson Residential Community, in various kinds of community settings.
3. Clarification of the role of the peer service organizations in restoration and training.
4. Clarify the value of preventive psychology (stress tolerance building) techniques in vocational rehabilitation.
5. Identify Supplementary Security Income disencentives.
6. Improve understanding of neuropsychological factors associated with impairments such as cerebral palsy.
7. Determine cost-effectiveness of vocational rehabilitation funds expended in skill training of culturally and socio-economically disadvantaged as compared with physically and mentally disadvantaged.
8. Determine predictor of success for physical, psycho-social, and vocational rehabilitation.
9. Develop methods for helping to ensure that service providers and clients are knowledgable about other rehabilitation services that might be of benefit to a patient or client.
10. Emphasize identification of needs and interests of the individual client.
11. Improve delineation of standards for eligibility for services - should be in terms of potential to benefit.

12. Identification of the critical incidents in the rehabilitation process that affect the outcome.

13. Develop a more acceptable classification system for identifying and communicating rehabilitation activities.

14. Identify and clarify disencentives that operate to affect achievement of rehabilitation potential.

15. Document the seriousness of the effect of the multiple entitlement system in impeding the attainment of rehabilitation goals.

16. Develop methods for documenting or testing the effect of the "absence" of selected rehabilitation services.

17. Apply scientific methods of system analysis to the identification of cost-effectiveness of specific activities.

18. Collect information which might enlighten us about cause-effect relationships in populations which:

    a. were believed to have good voational rehabilitation potential which was not fulfilled;

    b. had good physical rehabilitation outcome, but short durability;

    c. were seriously disabled and successfully re-entered society without going through the RSA system.

19. Develop improved methods for translating known service capabilities into geographic areas with low population density.

20. Develop improved methods for providing rehabilitation services to populations with different social, cultural and economic characteristics.

21. Develop useful state-of-the-art descriptions in order to get technical know-how into the hands of those who can make good use of it.

22. Develop methods for making most effective use of the family.
23. Increase the availability of sheltered employment settings for physically as well as mentally disabled individuals.
24. Develop improved methods for utilizing the existing capability in telecommunications.
25. Develop techniques for improving the integration of physical rehabilitation and vocational rehabilitation.
26. Develop good community-based services for the mentally and physically handicapped.
27. Improve methods for correcting the underemployment of special categories of disadvantaged individuals.
28. Reduce interference of the "system" in local innovative activities.
29. Reach agreement on terminology which can be used to categorize, classify and communicate rehabilitation activities.
30. Improve language used to describe family involvement and adjustment.
31. Develop strategies to accomplish effective integrations of health, social and rehabilitation services for an individual who may be eligible for multiple programs having differing concepts of purpose, eligibility criteria, reimbursement mechanisms, and time and service exclusions.
32. Develop methods for ensuring adequate follow up with personalized counselling service.
33. Determine what constitutes a critical caseload for a counselor
34. Redefine what constitutes a successful outcome in rehabilitation.
35. Determine the impact of incomplete or improperly timed access to rehabilitation services.
36. Revise the process of discharge planning (from an acute-care hospital) to include consideration of rehabilitation goals for the patients.

37. Determine the impact caused by the absence of a single authority over access to the variety of services needed by an indivudal on the basis of his condition.at the time and his or her
38. potential to respond to the service.

38. Clarify the appropriate role (practical and legal) for provision of psychiatric and psychological services to persons in the rehabilitation system as constrasted with other systems.

It was suggested that the group consider the usefulness of the definitions recently adopted as working statements by the World Health Organization (attached).

From: WHO DOCUMENT WHA 29/24 dated April 28, 1976

In 1975 ILO published a provisional glossary of terms covering vocational rehabilitation and employment of the disabled,[1] and UNESCO is considering the publication of a similar document on special education technology. The United Nations Rehabilitation Unit has pointed out, in many publications, the necessity for clear definitions of all the terms used. Many other definitions have been published but have not been universally accepted. Difficulties are also presented in the course of translation and by the fact that several of the terms used are of legal and administrative importance, e.g., terms of eligibility of invalids for pensions. The attempts to define "impairment", "disability", etc. have almost exclusively been concerned with those resulting from physical manifestations and neglected those in which the primary impairment is psychological.

It is quite clear that agreement on the definitions of terms in this area will not be reached for several years. Meanwhile, for this programme to proceed a set of clear and logical operational definitions is needed.

1.2 Definitions concerned with phases in the disability process

In the International Classification of Diseases, the development of an illness is considered to follow the pattern shown in the model below, the phases of which relate to the natural history of disease:

etiology ⟶ pathology ⟶ manifestation[2]

This concept of disease indicates only a part of the problem which makes people seek health care. A sick person also experiences changes in his accustomed social role. If these are long-lasting or severe enough, the patient perceives a need for care which is not primarily related to the pathological manifestations of disease. Thus, there is a need for a complementary pattern to describe the changes in social role resulting from the disease:

⟶ impairment ⟶ functional limitation ⟶ disability

Each of these terms is defined below (see also Fig. 1).

(i) Impairment

An impairment is a permanent or transitory psychological, physiological, or anatomical loss and/or abnormality. For example: a missing or defective part, tissue organ, or "mechanism" of the body, such as an amputated limb, paralysis after polio, myocardial infarction, cerebrovascular thrombosis, restricted pulmonary capacity, diabetes, myopia, disfigurement, mental retardation, hypertension, perceptual disturbance.

(ii) Functional limitation

Impairment may cause functional limitations which are the partial or total inability to perform those activities necessary for motor sensory, or mental functions within the range and manner of which a human being is normally capable, such as walking, lifting loads, seeing, speaking, hearing, reading, writing, counting, taking an interest in and making contact with surroundings. A functional limitation may last for a short time, a long time, be permanent, or reversible. It should be quantifiable whenever possible. Limitations may be described as "progressive" or "regressive".

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[1] ILO Glossary of Terms. Vocational rehabilitation and employment of the disabled. Provisional edition, ILO, Geneva, 1975.

[2] Further clarification of these terms may be found in the paper by P.H.N. Wood (see footnote 1, page 6).

(iii) Disability*

Disability in which functional limitation and/or impairment is a causative factor, is defined as an existing difficulty in performing one or more activities which, in accordance with the subject's age, sex and normative social role, are generally accepted as essential, basic components of daily living, such as self-care, social relations, and economic activity. Depending in part on the duration of the functional limitation, disability may be short-term, long-term or permanent. In this context we will only deal with long-term and permanent disability.

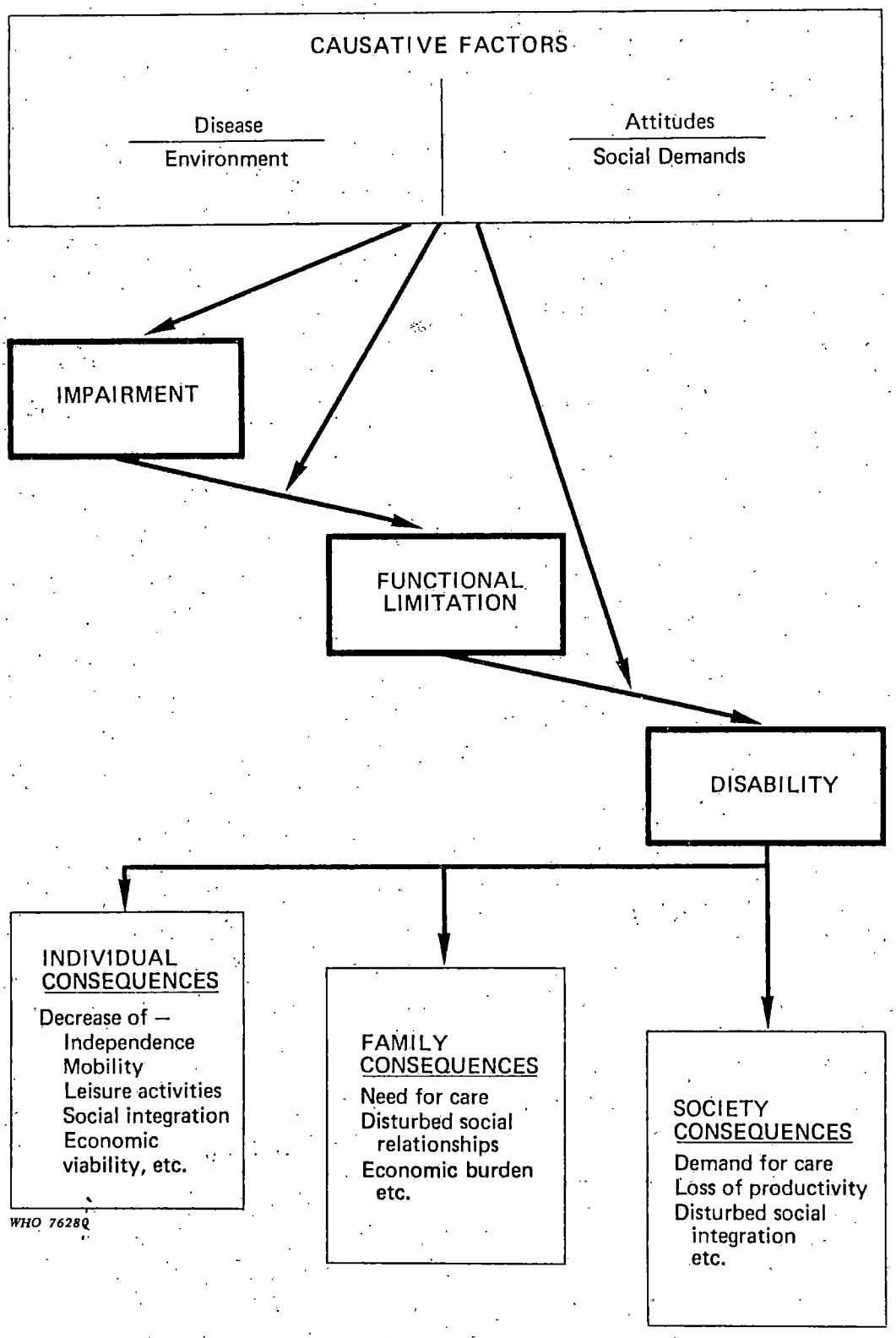
It should be recognized that difficulties related to disability are not only experienced by the individual himself (e.g., in the form of varying degrees of dependency on others, physically, psychologically, or economically, for their subsistence and personal care; decreased mobility and ability to take part in leisure time activities; and in disadvantaged social relationships such as stigmas, reduced social status, segregation, and isolation) but also by other persons close to him. The family must deal with the problems related to the disabled person (need for care, disturbed social relationships, economic burden, ostracism of family members, and malnutrition of family members as a consequence of the breadwinner's disability) and for society as a whole there are many implications (increased demand for care and economic support, loss of productivity in housework and child services, and the need for bringing down physical barriers e.g., stairways and steps).

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* The terms "ability" and "disability". In the past, the use of the terms "disability", "limitation", "impairment", etc. has been criticized since they reflect a negative view of a person. It has sometimes been advocated that one should instead describe the "activities" of an impaired person. It is true that the outcome of rehabilitation to a certain degree depends on the patient's abilities and the extent to which these can be redirected to compensate for existing functional limitations. However, this question is not a simple one. An ability may be present (e.g., verbal intelligence), but the use of it may be held back by the lack of another ability (e.g., lack of proper speech). A full description of a patient should thus include both his abilities and his disabilities/impairments/functional limitations.

The term "disability", however, in stating the existence of a problem, is globally accepted, and generally implies that all abilities that are not impaired are present and normal. It would be confusing to introduce the alternative approach for problem description, which would involve a more complicated statement of the presence of a long list of abilities. Thus the focus on "abilities" is more useful in defining a strategy of intervention than in defining the problem.

FIG. 1
THE DISABILITY PROCESS



GROUP III - EMPLOYMENT

Frieden - Leader
Alexander - Recorder

SUMMARY: Three primary problem/issues were identified and prioritized in the following order: a) Job Development - Identification, b) Job Retention and Advancement; and c) Job Placement. These three major problem areas subsume many specific employment issues. Three issues were seen as related to all three major employment problem/issues: a) Attitudes/Prejudice and Rejection of the handicapped; b) Consumer Involvement/Activism and Coalitions; c) Problems with the Service Delivery System. Thus, the three primary problem/issues of Job Development, Retention, and Placement have in common three thematic and pervasive issues: Attitudes, Consumerism, and Problems with the Service Delivery System.

PRIORITY 1: Job Development - Identification, Specific Issues

a) Many of the current problems in this area relate to enforcement/compliance or implementation of existing Federal Regulations (500's).

b) There is a need to determine, on a broad scale, industries which are "acceptors" or "rejectors" of handicapped employees.

c) There is a lack of adequate information on the existing job market for handicapped persons.

d) There are many myths prevalent in industry on the additional costs of hiring handicapped persons (e.g. Insurance).

e) The employment potential of the homebound handicapped is not currently being met.

f) Unions should be identified as employers.

g) There is a lack of involvement of Unions in all areas of job development/identification for the handicapped (as well as in training, placement, upgrading, and retention of jobs).

h) There is a lack of adequate development and identification of OJT and apprenticeship programs.

i) There should be an emphasis placed on developing the job market for the homebound and the self-employed.

j) (Placement issue also) There is a lack of adequate information in industry on job restructuring, modification of job descriptions, and job sharing.

PRIORITY 2: Job Retention and Advancement, Specific Issues

a) Any or all of the following potential problem areas for the handicapped employee may hinder job retention and/or advancement: Training, transportation, language interpretation, family, legal, maintenance of assistive devices,

misplacement, and career ladders.

b) Disincentives. Many government programs act as barriers to or negation of other government programs. (e.g. SSI)

c) There is a severe deficit of advancement opportunities for the handicapped employee once in a job position.

PRIORITY 3: Job Placement, Specific Issues

a) There is a lack of adequate information in industry on job restructing, modification of job descriptions, and job sharing for the handicapped worker.

b) Specifically, there is a lack of information on the costs of development and modification of equipment, aids and adaptive devices.

c) There is currently an under-utilization of state-of-the-art technology in equipment, aids, and adaptive devices.

d) There are limitations on current state-of-the-art technology in equipment, aids, and adaptive devices.

e) Many industry jobs for the handicapped are "deadends."

f) There is currently a mismatch between the jobs available in the industrial market and the job training given to handicapped clients.

g) There is need for more and better placement techniques for the handicapped worker.

h) Determination of industry "acceptors" and "rejectors" will enhance placement efforts.

i) There is a lack of involvement of both unions and management in placement (as well as training, upgrading, and retention).

j) The minority handicapped are underserved in job placement.

k) The hiring practices of many industries are in effect discriminatory to the handicapped.

Beyond involvement in the three primary employment problems, some specific issues of Attitudes, Consumerism, and the Service Delivery System were identified.

Specific Issues Relating to Negative Attitudes/ Prejudice/Retention of the Handicapped Worker

a) The problems of negative attitudes in industry is related to the prevalence of many myths about the costs of hiring and retaining handicapped employees.

b) The presence of negative attitudes in industry is not uniform, there are "rejectors" and "acceptors."

c) In many cases the actual performance of handicapped workers changes negative attitudes and belies the myths prevalent in industry.

Specific Issues Relating to Consumerism

a) The issue of consumerism or coalitions of various concerned groups is probably best considered as an issue in Capacity Building (sub - goal 4).

b) The current coalition of consumers and service system providers is beneficial to both and is an integral part of the three primary employment problem areas.

c) There is a need to include industry and unions in the current coalition of consumers and providers.

d) There is a problem of how to more effectively use consumers in the provision of services (e.g., peer placement and counseling).

e) Consumer involvement in service delivery system problems should input in two ways: as an advisory group on policy and program structure, and at the client level as a feedback loop for evaluation.

f) The consumer movement should include the handicapped in work cooperatives.

Specific Issues Relating to Problems with the Service Delivery System

a) The problem of definition of "handicapped" and "severely" are problems for the service system.

b) The Rehabilitation Counselor is the focus of much controversy in the Service Delivery System, e.g., unrealistic expectations, role definition, real world complexities, limited knowledge, etc.

c) There is need to evaluate the functioning of various agencies in at least three areas: technological assistance, communication between agencies, and communication between levels within an agency.

d) There is an underfunding of capital expenditures for the development of facilities for enhancement of employment opportunities for the handicapped.

e) The present service delivery system does not meet the needs of clients without current vocational potential.

f) There is currently a lack of review procedures for clients with extended employment at pay rates less than the minimum wage.

g) There is a lack of parity in the provision of services to various disability groups.

SUB-GOAL 4: CAPACITY BUILDING

BRAMMELL-LEADER
COLE - RECORDER

SUB-GOAL:

To improve state capacities in policy, program, and resource management so that available rehabilitation resources can best be utilized to achieve the program mission, goal, and sub-goals.

GROUP MEMBERS PRESENT:

Brammell, Owens, Glenn, Broman, Shea, Cairnes, Norley, Pelton, Whipple, Puth, Simmons, Cole.

GROUP PROCESS:

Several steps were used to derive problem statements within sub-goal 4. Initially all group members were invited to state and discuss issues they felt were important. The group then reviewed reports from previous planning conferences in Denver and Ann Arbor and the reference taxonomy of R & E to identify additional issues. Finally, 31 problem statements derived from this process were distilled into 11 major problem areas which will be refined and prioritized when the group reconvenes on Tuesday morning.

PROBLEM 1:

Clear, relevant, operational definitions are lacking for the terms severe disability and most severe disability that incorporate both the individual and the environment.

PROBLEM 2:

There is inadequate assessment of needs of the disabled population.

inadequate demographic data

scope of problems unknown

inadequate methods for assessing needs (greater consumer involvement needed)

PROBLEM 3:

Effective indices are lacking for predicting rehabilitation outcomes and there is a failure to utilize known indices.

PROBLEM 4:

Increased and better organized R & D efforts are needed.

improved definition of needs and prioritization of problems

improved coordination of efforts to avoid redundancy

investigation of barriers to conducting research such as problems of access to state agency data and personnel

PROBLEM 5:

Increased and better organized research utilization efforts are needed to improve distribution of information and new technologies to state agency personnel, providers, and consumers.

PROBLEM 6:

There is a need to explore role definitions within the rehabilitation process and to increase effectiveness of manpower utilization.

inadequate guidelines for manpower utilization in service delivery and in research

need to cultivate rehabilitation leadership at all levels in federal and state agencies, legislative bodies, service delivery systems

need for improved training and career development for vocational rehabilitation counselors and other professionals

inadequate guidelines for case management

PROBLEM 7:

Improved management mechanisms are needed within the rehabilitation process.

inadequate and inappropriate monitoring and control systems for facilities, state agencies, and documentation of client outcomes (case closures)

evaluation standards used primarily for measurement and not as development goals

inadequate planning for use and monitoring of impact of federal discretionary funds

PROBLEM 8:

Improved organization and delivery of rehabilitation services are needed.

inadequate organization of a hierarchy of services (mix of counseling and training, relative emphasis on employment)

inadequate coordination and referral information

match of service capacity to needs

inadequate follow-up and follow-along services

problems in coordinating diverse sources of sponsorship

PROBLEM 9:

There is a need for improved assessment, development, and coordinated utilization of all community resources (private, voluntary, state) available to the disabled population.

need for assessment of relative costs of disability, both social and financial, with and without rehabilitation (maintenance vs. employment)

lack of adequate alternatives for those who are refused vocational rehabilitation services

resources for independent living

matching of all available resources to defined needs

PROBLEM 10:

Efforts are needed to improve employment opportunities and placement for the disabled population.

incentives to industry to hire persons with handicaps

improved methods and training for job development and selective placement

PROBLEM 11:

Improved methods are needed for effectively utilizing and supporting consumers and consumer advocates at all levels in the rehabilitation process.

GROUP I. RECRUITMENT AND SELECTION

Leader: O'Neill
Recorder: Stuart

Three problem areas were outlined. Specific research objectives and evaluation objectives were prioritized within each area.

PROBLEM I. ELIGIBILITY AND SELECTION

There is a lack of knowledge of the components and their mix and how they affect the process of determining applicant eligibility, applying selection priorities and the total outcome of the process. These components may include federal and state legislative and administrative priorities, counselor incentives, age and employability of clients, cost/benefit factors, disability type, severity of disability, and the issue of equal opportunity. Thus, state agencies lack sufficient information to determine what, if any, changes need to be made in the eligibility determination process and the application of selection priorities.

Prioritized Research Objectives

1. Determine how the mix of clients, in terms of severity of handicap and other informal constraints, affects the relationship between benefits and party.

2. Determine alternative models, methods, and instrument for better eligibility determination systems.

Prioritized Evaluation Objectives

1. Determine the effect of current eligibility requirements on acceptance of the severely handicapped into service status.

2. Determine the relationship between currently used counselor eligibility criteria and those established at federal and state levels by legislative or administrative action.

3. Determine the sufficiency of appropriate data sources, counselor incentives and diagnostic services in establishing eligibility status and subsequent selection.

4. Determine the relationship between the time required to establish eligibility and its impact on the client's acceptance of services.

5. Determine the impact of use of extended evaluation on acceptance of the severely disabled into the VR program and the probability of success in terms of employability.

6. Determine the impact of federal and state policy on variations in SA caseload composition.

PROBLEM II. INDIVIDUALIZED CLIENT PLANNING

It is not known whether the IWRP is an effective tool and process for facilitating individualized client planning and improving service delivery. Furthermore, it is not known whether the implementation of the IWRP responds to recurring client needs in the long term. Finally, it is not known whether in individualized client planning, appropriate personnel are being utilized.

Prioritized Research Objectives

1. To determine effectiveness and efficiency in developing individual client programs and involving the client in planning the IWRP, and to experiment with alternative methods of developing client plans, including use of multidiscipline teams.

2. To determine the effect of the IWRP on the service delivery outcome.

3. To determine the effect of the client assistance/advocacy approaches on (1) the role and function of the counselor, (2) the service delivery system, and (3) the outcome.

4. To determine if the IWRP is responding to recurring client needs in the long term.

5. To determine whether the IWRP is equally effective for different client groups.

6. To determine the impact of involving significant others in the planning process.

PROBLEM III. OUTREACH AND REFERRAL

There is a lack of information on the types, prevalence and incidence of disability, from which state agencies can determine the magnitude of service demands. Little is known about how the disabled population is informed of services and referred to the appropriate agency at the appropriate time to obtain an optional rehabilitation program. More specifically, information is needed on how various service providers, institutions, and consumer groups should be involved in the process of outreach and referral, and whether present funding is adequate to meet these service demands. Also, confidentiality restrictions may cause problems because vital information about potential clients is not always available or is difficult to obtain.

Prioritized Research Objectives

1. To determine the prevalence and incidence of need, including data on specific target populations, and projection of need in the near and long-term future.

2. To determine the relationships between type of disability, age of onset, timing of rehabilitation and outcome.

3. To identify positive and negative factors, e.g. geographic, cultural, characteristics of the target groups, time and resource allocation in the establishment of effective outreach systems and to develop and refine methods, instruments and models which can be used in improving outreach programs.

4. To determine the efficiency and effectiveness of using community organizations, especially consumer groups, as a means of increasing applicants from target populations.

Prioritized Evaluation Objectives

1. To determine the restraints, costs and delays of confidentiality regulations on outreach and referral processes.

2. To determine the efficiency and effectiveness of the rehabilitation agencies in acquainting various groups (service providers, general public, applicants, and referral sources) with rehabilitation services.

3. To determine efficiency and effectiveness of inter-agency feedback on VR agency practices and client outcomes.

4. To develop standards and criteria for the continued assessment of the referral processes.

DS/mw
5/17/77

GROUP II. RESTORATION AND TRAINING

Leader: Mills
Recorder: Lehmkuhl

The group began by identifying some thirty-nine problem areas or questions in the restoration and training process for handicapped people. When these thirty-nine were turned into the total group, several of them were identified by Dr. Garrett as overlaps with other groups and a decision was made to give definition problems to Group I, disincentive problems to Group III, family problems to Group II, use of technology to Group IV, relationship of opportunity to the type of training people get to Group II, questions of consumerism to Group IV and questions of evaluation of performance to Group IV.

The group was charged with the mission of (1) trying to categorize the materials we are working on, (2) get to prioritization and (3) try to get to setting up an array of research objectives and evaluation objectives.

If there is a question on whether an item is a research item or an evaluation item, make the distinction as follows: If you need to develop a methodology of evaluation, that would come under research. If you know the methodology and want to test efficiency or effectiveness, consider it under evaluation.

The group proceeded to see if the thirty-nine problem areas could be reduced to three or four major categories. After an initial, full-group discussion on this, four categories were identified. These were later reduced to three.

The large group was broken into three discussion groups for the purpose of rewriting the descriptions of the three categories. These were defined as follows:

Category I

What are the current physical and mental restorative interventions and vocational training activities in the V.R. process, how effective are they and how can they be improved so as to result in the optimal rehabilitation of disabled individuals?

Category II

What are the ways in which community resources (including family) can be used in the rehabilitation of the disabled individual and the family?

Category III

What are the optimal techniques that will reduce barriers and open gateways in the rehabilitation process?

Then Group II as a unit went through each of the thirty-nine problem areas and assigned each of these to one of the three categories. There were some problems of overlap and duplication. As work and discussion proceeded, there was group consensus that certain problem areas should be changed from one category to another. Through this process the categories were better defined and the problems more specifically identified.

Next there was a Group II effort to give priorities to the three major categories.

During the lunch hour on Tuesday, our recorder, Dr. Donald Lehmkuhl, took the thirty-nine problems listed and had them copied under the three main categories to facilitate consideration of priorities.

Group II then voted on the priorities to be given to the three categories. The vote was almost even on giving first priority to Category I and Category III, but Category I was given first priority by a slight margin. Category III was given second priority. Category II was definitely third and received no votes for first priority.

The participants in Discussion Group II were then given an opportunity to choose which category they would like to work on in trying to develop a set of research and evaluation objectives and in trying to give some priority to these objectives. The three groups were reasonably evenly divided.

After the first round of separate sub-group discussions and reporting back to Group II as a unit, it was noted that the group working on Category III had received their list of problem items and had divided them into research issues and evaluation issues.

Sub-Group II had written four objectives.

Sub-Group I had attempted to develop a sample statement of a research objective and then to adapt it to three or four problem items.

Dr. Garrett had volunteered to prepare a draft statement of rationale for the entire group in Restoration and Training (See separate document)

The first reporting helped each sub-group to see how they might proceed in (1) separating research items from evaluation items, (2) in giving priorities and in (3) preparing research and evaluation objectives along the format used in the 1977 RSA Strategies document for the Michigan report.

The sub-groups then returned to work separately.

GROUP II - Subgroup I

A. Mental Illness

Problem

The National Institute of Mental Health has developed the concept of a community support program to meet the comprehensive service needs of people severely disabled by mental illness which also requires the active participation of state V.R. agencies.

Research Objective

To identify the role and function of state V.R. agencies as components of the NIMH sponsored community support programs.

1. What are the service responsibilities to be accepted by V.R. agencies?

2. To identify methods for integrating treatment and V.R. services.

3. How can the primary responsibility for case management for a given individual be determined?

4. What should be the V.R. role in the provision of follow-up services for clients jointly served by V.R. and by community mental health centers?

B. Mental Restoration Service

Problem

With some one hundred psychotherapeutic modalities currently in use in the U.S., state V.R. agencies need assistance in determining which of these are sufficiently effective to warrant their purchase as services for emotionally disturbed clients.

Research Objective

To analyze the effectiveness of the multiple psychotherapeutic modalities currently in use and to recommend those that should and should not be used by state V.R. agencies for their clients.

1. What should be done about those techniques now in vogue but which lack endorsement of the American Psychiatric Association?

2. How should V.R. work out the role of psychologists as therapists in the V.R. process?

3. What is the treatment responsibility for clients between V.R. and C.M.H.C. (similar benefits)

Objective

To determine the cause-effect relationship between certain rehabilitation services and various outcomes.

1. Why was rehabilitation not achieved in handicapped persons who were believed to have good potential?

2. Why did certain handicapped persons achieve good physical rehabilitation outcomes but maintain this for only short duration?

3. Why do certain severely handicapped persons successfully re-enter society without going through the state-federal rehabilitation system?

Objective

To identify the critical incidents in the service delivery process that affect the rehabilitation outcome.

1. How can we identify the conditions and factors in the rehabilitation process that seem to contribute to or detract from the desired outcomes for the handicapped individual?

2. What common incidents tend to contribute to success or result in failure in the V.R. process?

3. How can the positive incidents be proliferated and the negative be eliminated?

Objective

To develop procedures for building stress tolerance in the individuals in the rehabilitation process.

Rationale: Handicapped persons perhaps more than persons in the general population need to learn how to cope with problems of living which produce stress, and those particular problems which have a bearing on their ability to get and hold a job.

1. Are there stress situations common to handicapped individuals?

2. How can the stress problems of a particular individual be identified?

3. What are the best known, the most successful and the most economical means for building stress tolerance in individuals?

4. How can stress tolerance be implemented in the rehabilitation process?

II. PROBLEM - Community resources (including the family) in the rehabilitation of the individual and the family appear to be non-existent or inadequate in restoration and training services.

A. Research Objectives:

1. To demonstrate effective community-based services for adjustment of the individual.

- How can we improve the effectiveness of residential facilities for vocational training? for independent living?
- How can peer group service organizations best participate in physical restoration? in mental restoration? in vocational training? in placement? in daily living activities? in vocational rehabilitation related transportation? in socialization? in interpersonal skill development? in attendant locators?

2. To demonstrate more effective use of family involvement in delivery of rehabilitation services.

- How can the potential of a family's involvement in the rehabilitation process be evaluated and utilized?
- How can a family be trained to provide indicated services?
- Does family role and potential differ in as opposed to congenital disabilities?
- What is the role of genetic counseling and family planning in rehabilitation services?
- How can a family be made more aware of and deal with such feelings as guilt and resentment which may limit opportunities for helpful involvement in the rehabilitation process?

3. To demonstrate how more effective use can be made of sheltered employment opportunities for severely disabled.

- Can accomodated opportunities be developed in "mainstream" (open) industry?
- Can sheltered workshops for mentally limited be converted readily to meet needs of physically handicapped?

- What are the opportunities for an enclave approach for severely disabled as an alternative to sheltered workshops?

4. To identify effective techniques and services to assist the family in their adjustment to the disabled individual.

- How can family members be trained to assist in small business enterprise objectives?
- What services do family members need to assis in adjustment to de-institutionalization?
- How can group techniques be used by state vocational rehabilitation to provide services for families?
- What implications does health maintenance and long-term care of the disabled individual have on services to the family?

B. Evaluation Objectives:

1. To determine whether state vocational rehabilitation agencies are providing services to family members.

- Is there evidence that state vocational rehabilitation agencies are actually providing such services? How many? How much?

2. To evaluate the extent of family involvement in the execution of the WRD.

- Do state vocational rehabilitation agencies collect significant data on family? do they use the? how?
- Is the family informed of the service plan? at what point in the process? how (reactive/participative)?
- Are there data to suggest a relation between family data, their use, and client outcomes?

3. To evaluate the cost effectiveness of state agency use of rehabilitation facilities.

- How do state agencies utilize facilities to whom they have made grants?
- How do state agencies determine where their support will go? limited to "approved" (e.g., CARF) facilities?

- For what purposes are state agencies using sheltered workshops? for evaluation? for personal adjustment? for vocational training? for extended employment?
- What policies govern the process of subsidization for extended employment?

GROUP II - Subgroup 3

III. PROBLEM - What are the optimal techniques that will reduce barriers and open gateways in the rehabilitation process?

A. Objective: To improve the accumulation, dissemination and usage of information.

RESEARCH

1. How can useful state-of-the-art descriptions be developed in order to get technical know-how into the hands of those who can make good use of it?

2. How can the predictor of success for physical, psycho-social and vocationa rehabilitation be determined?

3. How can improved methods for utilizing the existing capabilities in telecommunications be developed?

EVALUATION

III., Cont.

B. Objective: To improve the interfacing of client needs, services and sponsorship.

RESEARCH

1. How can strategies be developed to accomplish effective integration of health, social and rehabilitation services for an indivudal who may be eligible for multiple programs having differing concepts of purpose, eligibility, criteria, reimbursement mechanisms and time and service exclusions?

2. How can methods be developed to improve translation of known service capabilities into geographic ?

3. How can documentation of the seriousness of the effect of the multiple entitlement system in impeding the attainment of rehabilitation goals be accomplished?

4. How can the impact caused by the absence of a single authority over access to the variety of services needed by an individual on the basis of his/her condition at the time and his/her potential to respond to the service be determined?

5. How can the process of discharge planning be revised to include consideration of rehabilitation goals for the patients?

6. How can the role for provisions of psychiatric and psychological services to persons in the rehabilitation system as contrasted with other systems be clarified?

7. How can methods be developed for helping to ensure that service providers and clients are knowledgable about other rehabilitation services that might be of benefit to a patient or client?

EVALUATION

III., Cont.

C. Objective: To improve rehabilitation program management effectiveness and efficiency.

RESEARCH

1. How can the delineation of standards for eligibility for services be improved in terms of potential to benefit?

2. How best can what constitutes a critical case load for a rehabilitation counselor be determined?

EVALUATION

1. How can what constitutes a successful outcome in rehabilitation be defined?

2. How can the cost effectiveness of major cost centers of case services funding be determined?

3. How can scientific methods of system analysis be applied to the identification of cost effectiveness of specific activites?

4. How can the method of reimbursement for services be correlated with the effectiveness of the rehabilitation program?

SUB-GOAL 4

WORKING DRAFT OF

PROBLEM AREAS

PRIORITIZED RESEARCH OBJECTIVES

PRIORITIZED EVALUATION OBJECTIVES

(SUMMARY OF TUESDAY AFTERNOON SESSION)

SUB-GROUP 4: CAPACITY BUILDING

PROBLEM 1:

There is a need to broaden the information base in rehabilitation in order to provide individualized care/services to disabled persons.

need to improve demographic data base (# 13 Den.)

need to better investigate scope of problems (# 3 Den.)

need for improved methods of assessing needs (consumer involvement needed)

need to investigate and monitor rehabilitation system requirements

need to monitor usage of services

need to investigate interaction of information and resources

need to improve predictive indices and utilization of indices (# 4 Den.)

need for assessment of relative costs of disability, both social and financial, with and without rehabilitation (maintenance vs. employment) (# 6 Den.) (# 7 Den.)

Research Objectives

1. To expand the information and knowledge base needed for planning and management of the Vocational Rehabilitation Program.
   - A. To expand and make better use of information on the skills and resources needed to address the specific problems of the handicapped, by disability
     - a. identify primary barriers to employment (physical, architectural, attitudinal, social, structural) by disability and methods for alleviating the barriers
     - b. determine costs of service provision, by disability

c. identify particular manpower skills needed for various disability groups, and how these skills can be made accessible to VR (without VR necessarily having funding responsibility)

d. to determine public and private (voluntary) capabilities for serving the handicapped as a basis for planning their utilization in rehabilitation of VR clients

B. To improve methods for assessing needs, by a survey and study of unmet needs (covering extent of need and approaches to meeting the need)

a. including geographic distribution of unmet needs

b. determining, via PFP'S, extent of need states are currently able to meet

c. determining needs as perceived by consumers and disability advocacy groups

d. determining needs as seen by providers, referral agencies

e. determining needs of those rejected for VR and those who are "failures" from VR

C. To investigate and monitor the current rehabilitation system to assure that the system results in the availability of optimum and timely services for the population at risk.

D. To monitor usage of services

a. to be better able to plan for types of service needed and their financing

b. to be better able to determine which patterns of service are most appropriate and most effective for different disability types

E. To have better information to predict possibilities of success (and nature of outcomes) with given combination of resources and client characteristics

F. To obtain demographic data on the entire population at risk, including non-successful cases, ineligible cases and unreferred persons as well as successful closures

G. To determine what data exists from other sources (other programs such as DD, Office of Handicapped in Education, ...) which would be useful to RSA in planning its programs

H. To determine the interactions which should take place in RSA with data from the various sub-systems of RSA

2. To improve the quality of the existing data base in VR (financial, statistical and other) to assure that data is complete, comparable across programs, and used in a timely manner.

3. To improve our knowledge of the social and human (as well as financial) costs and benefits of rehabilitation and following-up and maintaining rehabilitation versus not rehabilitating disabled persons.

PROBLEM 2:

There is a need to improve research technology in rehabilitation.

Sub-Problem 2:1

Increased and better organized R & D efforts are needed. (#5 Den.)

improved definition of needs and prioritization of problems

improved coordination of efforts to avoid redundancy

investigation of barriers to conducting research such as problems of access to state agency data and personnel

Research Objectives

1. To develop and implement a system, involving consumers, state/federal agencies, and facilities, to identify and prioritize research needs.
2. To develop and implement a system of communication of identified research needs to appropriate research sources.
3. To effect improved coordination of research efforts to avoid redundancy.
4. To develop a system of cost/benefit prioritization of research projects.

Evaluation Objectives

1. To determine the impact of the state evaluation unit on the state program of rehabilitation.
2. To develop appropriate methods of selection of peer reviewers whose background and capabilities allow for valid judgements regarding the merit of proposal content.

Sub-Problem 2:2

Increased and better organized research utilization efforts are needed to improve distribution of information and new technologies to state agency personnel, providers, and consumers. (#8 Den.) (#12 Den.)

Research Objectives

1. To develop for each project a utilization plan with funding for direct transfer of transferable results to clients or service providers.
2. To demonstrate and evaluate the feasibility of making funding of research projects conditional on the involvement of potential users in the refinement of the research design and the development of the utilization plan.

3. To investigate problems of manufacturing, marketing and cost/benefit determination of devices produced by rehabilitation research.

4. To gain effective control of R & E results by means of information centers that can organize, evaluate, package, and disseminate research results to prospective users.

5. To build in service agencies a capacity for self-renewal and on-going problem-solving, a capacity, in effect, to become their own change agents.

6. To generate and/or acquire new knowledge to change research utilization and adoption of innovations.

7. To determine the state-of-the-art of research utilization.

Evaluation Objectives

1. To develop simulation models of the vocational rehabilitation federal/state system to assist state legislatures and Congress by projecting consequence of proposed changes in the system.

2. To evaluate active and completed projects and the impact of the latter on the field, feed these evaluation results back to R & E managers, researchers, and service agencies, and thus improve both R&E and service programs.

PROBLEM 3:

There is a need to explore role definitions within the rehabilitation process and to increase effectiveness of manpower utilization.

need to develop guidelines for manpower utilization in service delivery and in research (#9 Den.)

need to characterize, identify, recruit, and retain effective rehabilitation personnel

need to investigate the attitudes of rehabilitation professionals and of society toward disabled persons and the impact of these attitudes on the rehabilitation process and on the individual's realization of his/her potential

need for improved training and career development for vocational rehabilitation counselors and other professionals

Research Objectives

1. What is the optimal type/degree of specilization among service delivery staff?
2. What is the optimal role/responsibility pattern for rehabilitation counselors?
3. Identify those individual characteristics that influence successful employment in rehabilitation.
4. What is the optimal training mix to prepare a person for entrance into rehabilitation?
5. What are the most effective and efficient in-service and training techniques and and approaches to train rehabilitation workers?
6. What is the attitude of rehabilitation professionals toward rehabilitation clients and what is the impact of these attitudes on the clients realization of his/her potential?
7. What is the attitude of the general public toward the rehabilitation client and the impact for client realization of his/her potential?
8. What factors influence a person to pursue a career in rehabilitation?
9. What factors contribute to an individual continuing employment in rehabilitation?
10. Develop a model career development program for rehabilitation workers.

Evaluation Objectives

1. Assess and evaluate present staffing patterns and workloads in selected rehabilitation agencies.

   Purpose: To make use of existing knowledge and role definitions in future decision making.

2. Compile accurate data on a random sample of all types of rehabilitation workers employed rehabilitation.

   Purpose: To obtain information in reference to pre-employment training, in-service training and job satisfaction and movement within the system.

PROBLEM 4:

Improved administration/management mechanisms are needed within the rehabilitation process. (# 2Den.) (# 18 Den.) (# 16 Den.)

need to develop more adequate and appropriate monitoring and control systems for facilities, state agencies, and documentation of client outcomes (case closures)

need to develop evaluation standards that can be used as development goals as well as measurement tools

need to improve planning for use and monitoring of impact of federal discretionary funds

Sub-Problem 4:1

There is a need to develop more adequate and appropriate monitoring of rehabilitation efforts: state, federal, private

Research Objective

1. There is a need to develop a tool to monitor rehabilitation effort:
   facilities state, federal,
   programs private, voluntary

   to insure consistency with stated goals/mandates

   to insure fiscal accountability

   to insure coordination with other programs/facilities to avoid duplication of effort

Evaluation Objective

1. There is a need to test the tools to see if data acquired from its use insures consistency in meeting goals/mandates.

Sub-Problem 4:2

There is a need to document client outcomes.

Research Objectives

1. What are the current criteria of effectiveness (performance, outcome, success) in the VR program

   client criteria

   agency, rehabilitation professional criteria

   community, social criteria

2. What is the best way to establish an on-going client outcomes information bank?

Evaluation Objective

1. Assess the value of a client outcome information bank in affecting policy, program, and management decisions.

Sub-Problem 4:3

There is a need for improved control systems to insure that organizations and facilities (all levels) meet policy and standards guidelines.

Research Objectives

1. What is the current management control system (s)?

2. How can the current control mechanism be improved?

Evaluation Objective

1. Assess the utility of current control systems (if any).

2. Assess the utility of new control systems.

3. How well do organizations/facilities meet policies/standards established by legislation/ regulation at the present time?

Sub-Problem 4:4

There is a need to review the evaluation issues that may affect the administration/ management aspects of the rehabilitation process.

Research Objectives

1. State-of-art-study of alternative evaluation models applicable to RSA program.
   Purpose: To make use of the existing knowledge and select feasible direction.
   Approach: A search (literature and other sources).
   Timing: A 12 month project, in the first year of a long term project. Implementation and completion dates not specified.

2. Development of a bank of evaluation instruments related to desired results (outcome and process): tools for VR administrators and counselors.
   Purpose: To assure the relevance and accessibility of evaluation instruments to the continuing problems of the agency.
   Approach: Search existing information systems and catalog identified materials.
   Timing: A 12 month project in the second year of a long term project. Implementation and completion dates not specified.

3. Establishment and application of criteria to evaluation model (s).
   Purpose: To assure valid and reliable assessment.
   Approach: Search literature, survey agencies, and use consultation team.
   Timing: A month project in the second or third year of a long term project. Implementation and completion dates are not specified.

4. The design of a caseload performance evaluation system as part of "bottoms up" evaluation planning system.
   Purpose: Not specified.
   Approach: Not Specified.
   Timing: Not specified.

Evaluation Objectives

1. To describe and evaluate existing and proposed evaluation models which will enable the identification of optimal model (s), including measureable objectives to be applied to the RSA and VR systems.

   Rationale for Prioritization

   This objective has highest priority because it is fundamental to all evaluation activity required by the law (Section 401, Rehabilitation Act of 1976 and RSA regulations). It is the activity which must occur first. It would also build on previous R & E projects.

SUBPROBLEM 4.5

Problem II: Outcome Measures

It is not known whether consistent and technically competent outcome measures can be developed which will improve program performances.

Prioritized Evaluation Objectives

To establish an ongoing program evaluation system to improve VR performance at top management, middle management, and case carrier levels (This system could be used to evaluate the accomplishment of stated VR agency goals and the processes leading to the attainment of these goals).

Rationale for Prioritization

This objective flows naturally from the first objective under Subgoal III. It is important because it helps to carry out the law (Section 401) and its regulations in concrete terms and allows for practical evaluation of the project(s). It would also take advantage of prior R & E work.

Evaluation Projects

Project: A pilot test of optimal program evaluation systems.

Purpose: To pilot test theoretically optimal program evaluation systems in a few locations to determine how these systems can be made to actually work in the field.

Approach: Test theoretically "best" systems among a collection of state-of-the-art program evaluation systems to determine if they actually work in total. Study the interaction of parts to determine necessary modifications to make them feasible on a generalized basis.

Timing: A 24 month project of a long term project (Two years length of time necessary to locally develop, implement, and test specific effects of the program evaluation system on the ultimate mission of the agency being evaluated). Implementation and completion dates are not specified.

SUBPROBLEM 4:6

Problem III: Incentives and Disincentives

Added knowledge is needed about what combination of incentives or disincentives (barriers) operate to further impede the installation and the utilization of program evaluation (What is the federal role?).

Prioritized Evaluation Objectives

To develop a optimal set of incentives, which when structured within an organization, will encourage the development, installation and utilization of evaluation systems in such a way that program performance will be maintained and improved.

A. To determine why existing incentives have not contributed more toward the development of technically competent evaluation systems in the programs and projects of RSA.

B. To determine why current incentives have not contributed more toward the installation and utilization of an existing evaluation system which is appropriate to a program or project within RSA.

C. To determine why existing incentives have not enhanced a greater degree to which the evaluation system improves program performance.

Rationale for Prioritization

These objectives seem logical in sequence to Objectives A and B. After a system is developed, it needs to be put in place. The manner in assuring the use of any system needs to be determined and brought to bear on its installation. Temporarily, therefore, it is intermediary. Hopefully, it would build on prior R & E knowledge.

Evaluation Projects

Project 1: Resistance/acceptance of installation of evaluation in VR facilities.

Purpose: To determine conditions under which successful installation and utilization of evaluation systems take place (CARF requirements that facilities install an evaluation system in each facility has met with variable success).

Approach: Survey states/locals that represent a continum from least to most successful installation of facility evaluation system.

Timing: A 36 month project beginning in FY '78.

Project 2: Use of incentives to increase desired program performance.

Purpose: To obtain a set of performance evaluation data on a group of counselors, supervisors, or district VR managers and to relate their performance level to a pre-determined level of reward/incentive to test the reward/incentive system (Evaluation results are frequently unrelated to management decisions).

Approach: Set up experimental groups, reward system, evaluation performance and criteria in three state agencies related to three or four types of disabled clients.

Timing: A 36 month project beginning in FY '78.

Project 3: Effects of changes in availability of money resources absolutely and temporarily on delivery of service to the client and support agencies.

Purpose: To define specifically any detrimental effect of the availability of money services on the services delivered to the client and/or the system (organization).

Approach: Not specified. (This has the greatest priority within the problem area since any detrimental effect must be defined).

Timing: A 12 month project.

Project 4: A study of the effects of providing RSA funding for the establishment of a program evaluation staff in VR program.

Purpose: To test the hypothesis that providing funds for a staff member, with appropriate support dedicated to the mission of program evaluation, would result in a more effective effort than is now experienced.

Approach: Select certain agencies within the system which are comparable in mission. Within this selection, provide identified agencies with funding to provide staff. After a specified time, compare the results of the effect of their program's evaluative activity.

Timing: A 36 month project to be implemented in FY '78 and completed in FY '81.

Project 5: Identification of the conditions or incentives which effect organizational response to program evaluation requirements.

Purpose: A case study of agency(ies) to determine what incentives are required to enable it to respond to program evaluation missions.

Approach: Develop a catalog of incentives, such as funding, staffing, and training, and determine their impact on performance. Conduct a case study of agencies.

Timing: A 24 month project. Implementation and completion date not specified.

Sub-Problem 4:7

There is a need to improve the planning for use and monitoring of impact of federal discretionary funds (special project funding).

Research Objectives

1. How are decisions regarding appropriation of discretionary funds currently made?
2. How is the impact of these funds measured?
3. How are the efforts funded by discretionary funds monitored?

Evaluation Objectives

1. What is the current impact value of discretionary funds?
2. How can the impact of discretionary funds on the rehabilitation process be enhanced?

Sub-Problem 4:8

There is a need to determine the role of federal, state, and private agencies in the removal of transportation, attitudinal/environmental, housing, legal, and contractual barriers to rehabilitation.

Research Objectives

1. What are the barriers to rehabilitation?
2. How do these barriers prevent or impede rehabilitation?

Evaluation Objectives

1. What methods of barrier removal have been tried?
2. What impact have these methods had?

PROBLEM 5:

Improved organization and improved delivery of rehabilitation services are needed. (#10 Den.)

need for more adequate organization of a hierarchy of services (mix of counseling and training, degree of emphasis on employment)

need for improved coordination and referral information (#11 Den)

need for more appropriate match of service capacity to needs (#15 Den.)

need to improve follow-up and follow-along services

need to coordinate diverse sources of sponsorship

need for more adequate guidelines for case management (#14 Den.)

Research Objectives

1. Is follow-along service more cost effective than repetitive openings of the same case?

2. To what degree are the traditional rehabilitation program services changing to respond to the population of disabled people recently de-institutionalized?

Evaluation Objectives

1. Is there an effective system through which identified deficits in service capacities are made known to levels of administration with the power to correct these deficits?

2. Are services provided in a rational sequence so that the client moves in a systematic fashion through the steps necessary to rehabilitation?

3. Are rehabilitation programs frequently blocked because needed services which are necessary for later procedures have not been provided?

PROBLEM 6:

There is a need for improved assessment, development, and coordinated utilization of all community resources (private, voluntary, state) available to the disabled population.

lack of adequate alternatives for those who are refused vocational rehabilitation services

resources for independent living and other supportive services

matching of all available resources to defined needs

Research Objectives

1. To identify needed community services (such as housing, attendant care, transportation, personal or family counseling) that are required to support successful employment of state agency clients.

2. To investigate what happens to disabled individuals who are not accepted for vocational rehabilitation services.

   - What services are needed by such individuals?

   - Are they referred to appropriate community resources?

Evaluation Objectives

1. To evaluate successful rehabilitation cases in a variety of settings (urban, small cities, rural) where vocational rehabilitation clients are receiving needed supportive services from other community resources to facilitate employability.

   - What supportive services are provided?

   - How are they financed and supported?

   - How are they coordinated?

   - What role does the vocational rehabilitation counselor play in this coordination?

2. To evaluate cooperative relationships that have been developed between vocational rehabilitation agencies and other community resources to develop comprehensive service models.

   - relationships between two agencies

   - relationships between vocational rehabilitation agency and facilities

   - relationships between vocational rehabilitation agency and consumer groups

   - relationships between vocational rehabilitation agency and community officials

3. To evaluate programs that have been successful in removing or minimizing environmental barriers (attitudinal, functional, structural) to permit improved lifestyles for disabled individuals.

PROBLEM 7:

Improved methods are needed for effectively utilizing and supporting consumers and consumer advocates at all levels in the rehabilitation process. (#17 Den.)

Research Objectives

1. Does consumer and/or advocate representation result in an identifiable difference in the nature of decisions reached, policies formulated and/or services provided in rehabilitation programs?

2. Does consumer and/or advocate representation result in improved service delivery systems generally, in part, or in particular aspects or areas?

3. Will governmental financing of consumer and/or advocate groups enhance their effective capacity to become involved in consumer and/or advocate representation or will the subsidization be counter-productive as part of rehabilitation programs?

4. Are the results of rehabilitation programs positively influenced by consumer and/or advocate representatives independent of the perceived soundness (emotional stability, maturity, etc.) of the consumer and/or advocate representation?

Evaluation Objectives

1. In the rehabilitation program, is there consumer and/or advocate involvement which is truly significant or is it only tokenism?

2. Is consumer and/or advocate involvement found at all levels in the rehabilitation program operational structure, including administration, policy formulation and delivery of services?

3. Does consumer and/or advocate representation involve handicapped individuals who are clearly representative and who evolve as spokesmen through a democratic process?

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RSA GOAL STRATEGY

MISSION

Through national leadership, technical assistance, and financial support, and, in conjunction with State rehabilitation agencies and other public and voluntary agencies, to stimulate, develop, implement, and assist in the administration and maintenance of rehabilitation programs which provide services for handicapped individuals leading to maximum participation in gainful employment.

GOAL

TO PROVIDE QUALITY VOCATIONAL REHABILITATION SERVICES FOR ELIGIBLE HANDICAPPED INDIVIDUALS WITH PRIORITY GIVEN TO THE SEVERELY HANDICAPPED LEADING TO MAXIMUM PARTICIPATION IN GAINFUL EMPLOYMENT.

SUB-GOALS

1. Recruitment and Selection:

   To assure that State agencies improve the process of outreach, referral, eligibility determination and individualized client planning so that handicapped individuals receive appropriate services.

2. Restoration and Training:

   To improve through State agencies the program content and use of physical and mental restoration, vocational training, and other supportive rehabilitation services..

3. Employment:

   To improve through State agencies the process of job identification, placement, and follow-up support and assure increased opportunities for optimal employment related to the present and potential job market including homebound employment and the self employed.

4. Capacity Building:

   To improve State capacities in policy, program, and resource management so that available rehabilitation resources can best be utilized to achieve the program mission, goal, and sub-goals.

PARTICIPATORY PLANNING CONFERENCE ON RESEARCH AND EVALUATION

May 16, 17, 18, 1977
Houston, Texas

AGENDA

MONDAY, MAY 16, 1977

8:00 - 9:00 a.m.	REGISTRATION	
9:00 a.m. (TANGLEWOOD III)	Introduction	Dr. William A. Spencer
	Welcome	Mr. H. B. Simmons
	Goals of Conference	Dr. James Garrett
	Conference Design and Logistics, and Introduction to First Group Assignment (common categorization to be used for all prioritization)	RTC Staff
10:00 a.m.	Coffee (available in foyer)	
10:15 - 12:00 noon (See separate listing for rooms)	Group Assignment: 1) Presentation of Group Leader and Participants 2) List and prioritize problems by subgoals, including rationalization of prioritization	
12:00 - 1:30 p.m.	Lunch	
1:30 - 3:30 p.m.	Complete Group Assignment	
3:30 p.m.	Coffee (available in foyer)	
3:30 - 4:30 p.m.	Plenary Session - 4 group reports Subject: "Prioritized Problems for R&E Presented by RSA Subgoals"	Dr. Harvey Hirschi

TUESDAY, MAY 17, 1977

8:00 a.m.	Plenary Session: 1) Review of "Prioritized Problems for R&E Presented by RSA Subgoals" 2) Introduction to Second Group Assignment
9:00 - 12:00 noon	Group Assignment (second and third days): List of R&E Objectives and prioritization with rationalization of Objectives (Day 1 - focus on objectives Day 2 - focus on prioritization and rationalization)
(10:00 a.m.)	Coffee (available in foyer)
12:00 - 1:30 p.m.	Lunch
1:30 - 3:30 p.m.	Continue Group Assignment
3:30 p.m.	Coffee (available in foyer)
3:30 - 4:30 p.m.	Plenary Session - 4 group reports . . . . . Dr. Joseph Moriarty Subject: "Status Report on Prioritized Objectives with Rationalization Amenable to RSA"

WEDNESDAY, MAY 18, 1977

8:00 - 11:00 a.m.	Completion of Group Assignment
(10:00 a.m.)	Coffee (available in foyer)
11:00 - 12:00 noon	Plenary Session - 4 group reports . . . . . Dr. Gordon Cumming Subject: "Report on Prioritized Objectives with Rationalization Amenable to RSA"

MEETING ROOMS

PLENARY SESSIONS - TANGLEWOOD III

Group I (green) - BRIARGROVE II

Group II (red) - TANGLEWOOD III

Group III (blue) - OAKSHIRE

Group IV (orange) - FOREST COVE

REFERENCE MATERIAL

FY77 R&E Plan

Evaluation Participatory Planning Conference Report, March, 1977

RSA Goal Strategy

Taxonomy of R&E

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Dr. Dennis Stuart
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COORDINATOR

Mrs. Nelda Montgomery
Administrative Assistant
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GROUP ASSIGNMENTS

1. Recruitment and Selection
(Green)

O'Neill - Leader
Cummings
Irwin
Whitcraft
Stover
Hansen
Johnson
Reeder
Galbreaith
Burress
Schein
Muzzio
Stubbs
Campbell
Burleigh
Stuart - Recorder

2. Restoration and Training
(Red)

Mills - Leader
Thurman
Beasley
Hoehne
Spencer
Enis
MacFarlane
Bensberg
Scadden
Glaser
Vash
Garrett
Brinkley
Skelley
Johnston
Dixon
Lehmkuhl - Recorder

3. Employment
(Blue)

Frieden - Leader
Hirschi
Cheshire
Moriarty
Hipkins
Kim
Schreiber
Bowe
Anderson
Engstrom
Eshelman
Levinson
Alexander-Recorder

4. Capacity Building
(Orange)

Brammell - Leader
Owens
Glenn
Broman
Shea
Hawkins
Cairnes
Norley
Pelton
Whipple
Puth
Vialle
Simmons
Cole - Recorder

WILLIAM A. SPENCER, M.D.
Houston, Texas

5/11/77

Lex - Thought you might want to see who is in your group. Still don't have an agenda.

Nelda

GROUP ASSIGNMENTS

1. Recruitment and Selection
(Green)

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Cummings
Irwin
Whitcraft
Stover
Hansen
Johnson
Reeder
Galbreaith
Burress
Schein
Muzzio
Stubbs
Campbell
Burleigh
Stuart - Recorder

2. Restoration and Training
(Red)

Mills - Leader
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Beasley
Hoehne
Spencer
Enis
MacFarlane
Bensberg
Scadden
Glaser
Vash
Garrett
Brinkley
Skelley
Johnston
Dixon
Lehmkuhl - Recorder

3. Employment
(Blue)

Frieden - Leader
Hirschi
Cheshire
Moriarty
Hipkins
Kim
Schreiber
Bowe
Anderson
Engstrom
Eshelman
Levinson
Alexander-Recorder

4. Capacity Building
(Orange)

Brammell - Leader
Owens
Glenn
Broman
Shea
Hawkins
Cairnes
Norley
Pelton
Whipple
Puth
Vialle
Simmons
Cole - Recorder

Baylor College of Medicine
FLEMING DEPARTMENT OF REHABILITATION • 713 797-1440

May 10, 1977

To: All Attendees
Participatory Planning Conference
May 16-18, 1977
Houston, Texas

From: William A. Spencer, M.D.

Enclosed is the list of participants for the planning conference to be held in Houston on May 16-18, 1977. A reservation has been made in your name at the Holiday Inn-Medical Center. Again, the address is: 6701 South Main Street, Houston 77030 (tel: 713 797-1110). You may take the airport bus to the South Main Terminal and either walk, take a taxi, or call the hotel courtesy car. The hotel is approximately 3 blocks from the terminal.

RSA has decided it will not use a per diem rate for expense reimbursement but rather will observe the policy of the Baylor College of Medicine for expense reimbursement. That is, reimbursement of actual cost of the hotel room and of the transportation costs plus an allowance of $20/day for food.

Unfortunately, there is no agenda available at this time for the meeting. It is still in the hands of the U. S. mail system between Washington and Houston.

Registration is scheduled from 8:00 - 9:00 a.m. on Monday, May 16, on the P-1 level of the hotel.

William A. Spencer

1333 MOURSUND AVENUE • HOUSTON, TEXAS 77030

WILLIAM A. SPENCER, M.D.
Houston, Texas

4/14/77

Lex - this does not pertain to you but I wanted you to have everything that the other participants have.

Nelda

Baylor College of Medicine
FLEMING DEPARTMENT OF REHABILITATION • 713 797-1440

April 15, 1977

TO: All Participants

FROM: William A. Spencer, M.D.

RE: R&E Participatory Planning Meeting
May 16-18, 1977
Houston, Texas

I am pleased that you can participate in the R&E Planning meeting to be held in Houston, Texas May 16, 17 and 18, 1977. The meeting will be held at the Holiday Inn-Texas Medical Center at 6701 South Main Street, telephone (713) 797-1110. A room reservation has been made for you there for guaranteed late arrival on Sunday, May 15. Room charges are $23/day for singles and $27/day for doubles. If for any reason you plan your arrival for some time other than Sunday afternoon or evening, please let me know. I anticipate that the conference will begin Monday morning around 8:30 or 9:00 o'clock.

To get to the hotel from the airport, I suggest you take the airport bus to the South Main Terminal which is a few blocks south of the Holiday Inn. A schedule is enclosed. From this point you may either walk to the hotel, call the hotel courtesy car, or take a taxi. You should make your own air travel arrangements. A form for expense reimbursement will be provided to you at the meeting. I understand from RSA central office that your per diem allowance is $35.00. Should you have any questions regarding the room or travel arrangements, please call my office at (713) 790-9121.

The meeting topic and agenda will be furnished to you as soon as it is received from RSA central office. A list of participants will also be sent when it is in final form.

William A. Spencer

cc: Dr. James Garrett

Baylor College of Medicine
FLEMING DEPARTMENT OF REHABILITATION • 713 797-1440

March 22, 1977

Mr. Lex Frieden
New Options Program, TIRR

Dear Lex:

As the host for a research and evaluation participatory planning effort being conducted by the Rehabilitation Services Administration under Dr. James F. Garrett, Executive Director of Research, I am pleased to invite you to participate in a conference to be held in Houston May 16, 17 and 18, 1977. The meeting will be held at the Holiday Inn-Medical Center, 6701 South Main Street, adjacent to the Texas Medical Center. Two previous planning sessions have been held at other Research and Training Center locations and were considered to be highly productive by those participating because of the balance of perspectives and interests represented which cut across professional, public administrative, and consumer areas. This coordinating and planning effort is to provide a major input by many persons such as yourself with knowledge of and experience in the rehabilitation field. Together, we can establish feasible and practical near-term and long-term objectives for RSA to incorporate in its forward research and evaluation strategy on behalf of the handicapped for the balance of this decade.

Your attendance at the Houston conference is especially desirable and important because of your area of interest and competence. The conference will involve group processes to establish characteristics of important researchable issues, criteria for program evaluation, and priorities that will help influence future program goals for rehabilitation of the handicapped.

Disucssion topics and an agenda will be provided later by Dr. Garrett's office prior to the meeting date. You will also be furnished with a list of other participants.

It will indeed be regrettable if you cannot attend. However, should you be unable to do so, please notify me immediately by telephone (collect 713-790-9121) so I may confer with Dr. Garrett's office concerning alternates. The per diem

March 22, 1977

established by the government is $35/day of which $23.00 will be required for the hotel room. In addition, coach class air travel and ground transportation will be provided for all attendees. First class air travel will be paid for any handicapped participant.

In order to facilitate the early planning of the meeting itself, I will appreciate it very much if you will notify my office of any of your special needs, e.g. (1) do you need special van transportation from the airport to the hotel and return (2) if blind, do you wish to have a reader available during the conference (3) if deaf, please let me know so that we may have interpreters available (4) will you be accompanied by anyone. All rooms of the hotel are wheelchair accessible. Again, I request that you telephone my office (ask for Mrs. Montgomery) as soon as possible with your special needs requests so they may be incorporated into our planning.

Sincerely,

William A. Spencer M.D.

William A. Spencer, M.D.
Principal Investigator
Research and Training Center No. 4

cc: Dr. James Garrett

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SUB-GOAL 2: RESTORATION AND TRAINING

To improve through state agencies the program content and use of physical and mental restoration, vocational training, and other supportive rehabilitation services.

The group began by identifying some thirty-nine problem areas or questions in the restoration and training process for handicapped persons. When these thirty-nine were reviewed by the total group, several of them were identified by Dr. Garrett as overlapping with the charge to other groups and a decision was made to give definition problems to Group I, disincentive problems to Group III, family problems to Group II, use of technology to Group IV, relationship of opportunity to the type of training handicapped persons receive to Group II, questions of consumerism to Group IV and questions of evaluation of performance to Group IV.

The group was charged with the mission of (1) categorizing the problem areas elicited from the group, (2) developing an array of research objectives and evaluation objectives, and (3) arranging the objectives in priority order.

If there is a question about whether an item is a research item or an evaluation item, the group was advised to make the distinction as follows: If you need to develop a methodology of evaluation, that would come under "research". If you know the methodology and want to test efficiency or effectiveness, consider it under "evaluation".

The group found that the thirty-nine problem statements could be organized into three major problem areas. In looking at the barriers to the achievement of the sub-goal, the following general problems (listed in order of priority) were identified:

I. What are the current physical and mental restorative interventions and vocational training activities in the vocational rehabilitation process, how effective are they, and how can they be improved so as to result in the optimal rehabilitation of disabled individuals?

II. What are the optimal techniques that will reduce barriers and open gateways in the rehabilitation process, to include (a) process of fiscal management and policy implementation and (b) process of information collection and dissemination?

III. What are the ways in which community resources (including family) can be used in the rehabilitation of the disabled individual and the family?

Rationale for Prioritization

The rationale for this prioritization is based upon the concept of near-term payoff. The knowledge of an improvement of current techniques (including their effectiveness) will result in an early increase in the quality of rehabilitation services. There is an important time sequence in all of this - improvement is needed in the current system before we can incorporate new techniques.

There is, however, great potential within those systems serving the disabled but outside VR control which can be tapped to make the current programs more effective and efficient. Capital needs to be made of these "similar benefits" so as to assure that they create - and not negate - a larger resource pool. The uncertainties within these systems, so difficult to coordinate as they are, makes the outcome of this effort less dependable and thus somewhat longer-term.

It is also felt that the development of newer techniques and methods will generally increase the quality and quantity of services. Some of these are now little used in the state-federal program and need a period of trial before they can be incorporated. Some are associated with other service delivery systems (e.g. welfare) with which rehabilitation has had little affinity and so present psycho-social barriers to acceptance which again suggests longer-term payoff. The magnitude of the resources involved in the second problem, however, dictates its higher priority.

Each of the thirty-nine statements were reviewed and assigned to one of the three categories. There were some problems of overlap and duplication. As work and discussion proceeded, there was group consensus that certain problem areas should be changed from one category to another. Through this process the categories were better defined and the problems more specifically identified.

The participants were then given an opportunity to choose which problem area they would like to work on in trying to develop a set of research and evaluation objectives and in trying to give some priority to these objectives. The three groups were reasonably evenly divided. The following statements are arranged in priority order within each category.

PROBLEM I

What are the current physical and mental restorative interventions and vocational training activities in the vocational rehabilitation process, how effective are they, and how can they be improved so as to result in the optimal rehabilitation of disabled individuals?

A. Mental Illness

The National Institute of Mental Health has developed the concept of a community support program to meet the comprehensive service needs of people severely disabled by mental illness which also requires the active participation of state VR agencies.

Prioritized Research Objective

1. To identify the role and function of state VR agencies as components of the NIMH sponsored community support programs.

    a. What are the service responsibilities to be accepted by VR agencies?

    b. What methods should be used for integrating treatment and VR services?

    c. How can the primary responsibility for case management for a given individual be determined?

    d. What should be the VR role in the provision of follow-up services for clients jointly served by VR and by community mental health centers?

B. Physical and Mental Restoration Services

With some one hundred psychotherapeutic modalities as well as even greater numbers of physical and medical therapeutic modalities currently in use in the U.S., state VR agencies need assistance in determining which of these are sufficiently effective to warrant their purchase as services for emotionally disturbed clients, as well as those with physical impairments.

Prioritized Research Objectives

1. To identify the critical incidents in the service delivery process that affect the rehabilitation outcome.

    a. How can we identify the conditions and factors in the rehabilitation process that seem to contribute to or detract from the desired outcomes for the handicapped individual?

    b. What common incidents tend to contribute to success or result in failure in the VR process?

    c. How can the positive incidents be proliferated and the negative be eliminated?

2. To document what services are generally considered essential in rehabilitation program planning for the major categories of disability or handicap, and to test the effect of the absence of, incomplete delivery of, or improperly timed access to, any one of these services in the VR process.

    a. What are considered to be the essential services for selected major disability categories?

b. Can we introduce a retrospective study of the effect on the VR process when one of these essential services is absent, incomplete or improperly timed?

3. To develop methods for achieving utilization of existing knowledge that could be applied to the restoration of a positive self-concept/self-esteem in patients and clients.

   a. What are the appropriate approaches for building a positive self-concept, self-esteem?

   b. What are the optimal methods for assessing the need for, or enhancement of, positive self-concept/self-esteem?

   c. What are the most efficacious strategies and procedures for facilitating their application to the patients and clients who need this type of assistance?

4. To study and evaluate the effectiveness of presently used methods for identifying the needs and interests of the individual client.

   a. What techniques are currently being used in the VR process to determine the needs and interests of clients?

   b. How can we evaluate the relative efficacy of the techniques or procedures now being used?

5. To analyze the effectiveness of the multiple psychotherapeutic modalities currently in use and to recommend those that should and should not be used by state VR agencies for their clients.

   a. What should be done about those techniques now in vogue but which lack endorsement of the American Psychiatric Association?

   b. How should VR work out the role of psychologists as therapists in the VR process?

   c. What is the treatment responsibility for clients between VR and CMHC (similar benefits)?

6. To develop procedures for building stress tolerance in the individuals in the rehabilitation process.

Rationale: Handicapped persons perhaps more than persons in the general population need to learn how to cope with problems of living which produce stress, and those particular problems which have a bearing on their ability to get and hold a job.

a. Are there stress situations common to handicapped individuals?

b. How can the stress problems of a particular individual be identified?

c. What are the best known, the most successful and the most economical means for building stress tolerance in individuals?

d. How can stress tolerance be implemented in the rehabilitation process?

7. To determine the cause-effect relationship between certain rehabilitation services and various outcomes.

a. Why was rehabilitation not achieved in handicapped persons who were believed to have good potential?

b. Why did certain handicapped persons achieve good physical rehabilitation outcomes but maintain this for only short duration?

c. Why do certain severely handicapped persons successfully re-enter society without going through the state-federal rehabilitation system?

8. To improve methods for identifying and correcting the underemployment of special categories of handicapped individuals.

a. How can the aspect of underemployment be identified and documented for handicapped groups?

b. What are the major barriers to achieving appropriate levels of employment for such handicapped persons?

c. What social, legal and advocacy techniques can best be utilized to achieve appropriate levels of employment?

9. To develop and improve methods for providing VR services to various categories of handicapped individuals with different social, cultural or economic characteristics.

a. Are there readily identifiable circumstances that need to be considered because of different social, cultural or economic characteristics which affect the rehabilitation process of individuals in the same disability category?

b. If there are such identifiable differences in need, how can services be individualized to meet those needs?

10. To develop techniques for improving the integration of physical rehabilitation and vocational rehabilitation.

a. What are the current standard practices in the sequence of services for physical restoration and vocational training?

b. To what extent do current practices prolong the rehabilitation process?

c. What effect might be obtained in the rehabilitation process by concentrating on procedures to parallel, telescope, or integrate the delivery of restorative, training, and other services?

11. To study and better understand the effectiveness of innovative neuropsychological treatment approaches with various categories of impairment, e.g., cerebral palsy, mental retardation.

a. What are the current innovative neuropsychological treatment approaches?

b. What is the evidence of efficacy, under what conditions, and for what kinds of patients?

Rationale for Prioritization

The rationale for this prioritization is based on the desire to have immediate payoff in the form of improved rehabilitation delivery process. The identification of the components deemed essential in leading to the most completely rehabilitated individual and the barriers impeding this process will permit the implementation of an optimized rehabilitation program. Research will be required to determine the impact upon the rehabilitation process of eliminating or delaying the provision of services deemed essential. Further, populations of clients with varying degrees of disabilities and various backgrounds will require individualized service programs. These specialized and supplemental programs must be identified and comprehensively evaluated.

The psychological needs of the individual client must be recognized and optimal resources provided. Appropriate counseling services must be made available to each client in order to meet his specialized needs, build his self-concept, and develop stress tolerance.

(NOTE: The subgroup did not have sufficient time to develop Evaluation Objectives.)

PROBLEM II

What are the optimal techniques that will reduce barriers and open gateways in the rehabilitation process to include (a) process of fiscal management and policy implementation and (b) process of information collection and dissemination?

A. What can be done to improve rehabilitation restoration and training program management and service delivery effectiveness and efficiency?

Prioritized Research Objectives

1. To improve the accumulation, dissemination and usage of management, service and evaluative information?

   a. How can useful state-of-the-art descriptions be developed in order to get technical knowledge into the hands of those who can make appropriate use of it?

   b. How can predictors of outcomes of physical, psychosocial and vocational rehabilitation or their combinations be developed and used?

   c. How can existing capabilities in the technology of acquisition, processing and distribution of information be used?

2. To optimize system performance to achieve person specific outcomes.

   a. Direct attention should be given to telecommunications for timely communication of knowledge bases, decision support and evaluation in system operation and conduct of the rehabilitation process.

Prioritized Evaluation Objectives

1. What are the current practices which form a base line for evidence of incorporation and usage of current knowledge?

   a. Evidence of understandable knowledge and information.

   b. Evidence of matching of knowledge and technology to appropriate target groups.

   c. Evidence of preservation of effective practices, elimination of ineffective practices and evidence of adoption of indicated new practices.

B. What can be done to improve the interfacing of client needs, services and sponsorship.

Prioritized Research Objectives

1. To what extent does the interaction of the living and work or school environment, the physical condition, psychosocial and vocational/educational needs determine actual rehabilitation outcomes?

   a. How can the delineation of standards for eligibility for services be improved in terms of potential to benefit?

   b. What constitutes a successful outcome of rehabilitation?

2. How can strategies be developed to accomplish effective integration of health, social and rehabilitation services for an individual who may be eligible for multiple programs having differing concepts of purpose, eligibility, criteria, reimbursement mechanisms and time and service exclusions?

Prioritized Evaluation Objectives

1. How to measure improved success rate in selection of those with a greater proportion of successful outcomes.

2. How to get evidence of preservation of individualization of the rehabilitation plan according to potential benefit.

3. How to get evidence of optimal use of existing resources.

   a. How can documentation of the seriousness of the effect of the multiple entitlement system in impeding the attainment of rehabilitation goals be accomplished?

      (1). How extensive is this problem?

      (2). Is it possible to change various entitlement specifications through political processes?

      (3). What are the most critical kinds and features of non-vocational rehabilitation services to be changed or integrated?

      (4). How can methods be developed for helping to ensure that service providers and clients are knowledgable about other rehabilitation services that might be of benefit to a patient or client?

   b. How can the impact caused by the absence of a single authority over access to the variety of services needed by an individual on the basis of his/her condition at the time and his/her potential to respond to the service be determined?

   c. How to detect the usage of outcome information in planning and changes in non-vocational rehabilitation programs.

   d. Should authorization for services be on the basis of potential to benefit rehabilitation process standards or performance in achieving outcomes, or a combination of both?

      (1). How can the cost effectiveness of major cost centers of case services funding be determined?

      (2). How can scientific methods of system analysis be applied to the identification of cost effectiveness of specific activities?

      (3). How can the method of reimbursement for services be correlated with the effectiveness of the rehabilitation program?

e. Given a large variation among target populations of service resource available and accessibility, how can services be matched to need?

(1). How can methods be developed to improve translation of known service capabilities into geographic areas of low density population?

(2). How can the role for provisions of psychiatric and psychological services to persons in the rehabilitation system as contrasted with other systems be clarified?

4. How can the process of science planning achieve a compatible continuum of near-term institutional and long-term, community-based rehabilitation outcomes for the patient?

a. How can the features of non-institutional living which lead to adaptation and adjustment be anticipated and fostered in the rehabilitation process?

5. How to measure the extent of agreement of expected and actual outcome?

6. How do process standards and performance standards compare in quality of outcome in matched and controlled situations?

(NOTE: The subgroup did not have time to develop a statement of rationale for the prioritization.)

PROBLEM III

Community resources (including the family) in the rehabilitation of the individual and the family appear to be inadequate in restoration and training services.

Prioritized Research Objectives

1. To demonstrate effective community-based services for adjustment of the individual.

a. How can we improve the effectiveness of residential facilities for vocational training? for independent living?

b. How can peer group service organizations best participate in physical restoration? in mental restoration? in vocational training? in placement? in daily living activities? in vocational rehabilitation related transportation? in socialization? in inter-personal skill development? in attendant locators?

2. To demonstrate more effective use of family involvement in delivery of rehabilitation services.

a. How can the potential of a family's involvement in the rehabilita- process be evaluated and utilized?

b. How can a family be trained to provide indicated services?

c. Does family role and potential differ in acquired as opposed to congenital disabilities?

d. What is the role of genetic counseling and family planning in rehabilitation services?

e. How can a family be made more aware of and deal with such feelings as guilt and resentment which may limit opportunities for helpful involvement in the rehabilitation process?

3. To identify effective techniques and services to assist the family in their adjustment to the disabled individual.

a. How can family members be trained to assist in small business enterprise objectives?

b. What services do family members need to assist in adjustment to de-institutionalization?

c. How can group techniques be used by state vocational rehabilitation to provide services for families?

c. What implications does health maintenance and long-term care of the disabled individual have on services to the family?

4. To demonstrate how more effective use can be made of sheltered employment opportunities for severely disabled.

   a. Can accommodated opportunities be developed in "mainstream" (open) industry?

   b. Can sheltered workshops for mentally limited be expanded readily to meet needs of physically handicapped?

   c. What are the opportunities for an enclave approach for severely disabled as an alternative to sheltered workshops?

Rationale for Research Priorities

The prioritization is based on the premise that expanded and increased community-based services can provide the most immediate impact on the delivery of rehabilitation services. A focal point of community-based services is the peer-gap service organizations and their potential impact on service delivery. Concomitant to these services is the impact of the family. A dimension of support services which requires greater focus and emphasis, therefore, is services to (and for) family. Finally, the emphasis on sheltered employment settings adds another dimension to the development of total community-based services. The expansion and refinement of these priority areas provides a complete network of community-based support systems to meet the individual's rehabilitation needs.

Prioritized Evaluation Objectives

1. To assess the impact of peer group service organizations on service delivery in the state/federal rehabilitation program.

   a. To what extent peer groups are utilized by state V.R. agencies, i.e., counseling, placement, evaluation, referral?

   b. How are state agencies supporting through financial agreements and purchase of services?

   c. Do peer group service organizations have built-in evaluations of their services? What is the nature and extent?

2. To evaluate the extent of family involvement in the execution of the WRD.

   a. Do state vocational rehabilitation agencies collect significant data on family? do they use the data? how?

b. Is the family informed of the service plan? at what point in the process? how (reactive/participative)?

c. Are there data to suggest a relation between family data, their use, and client outcomes?

3. To determine whether state vocational rehabilitation agencies are providing services to family members.

a. Is there evidence that state vocational rehabilitation agencies are actually providing such services? How many? How much?

4. To evaluate the cost effectiveness of state agency use of rehabilitation facilities.

a. How do state agencies utilize facilities to whom they have made grants?

b. How do state agencies determine where their support will go? limited to "approved" (e.g., CARF) facilities?

c. For what purposes are state agencies using sheltered workshops? for evaluation? for personal adjustment? for vocational training? for extended employment? What policies govern the process of subsidization for extended employment?

Rationale for Evaluation Priorities

Prioritization of the evaluation issue is based on the impact that this information will have in the rehabilitation process.

Rehabilitation agencies' heavy use of peer groups requires that we know what we are doing, especially with the emphasis on the severely disabled.

If we follow research trends, we need to be knowledgable about how families need to and get involved in the rehabilitation process as a base for more research and demonstration activities. Service to family members may not be as popular an area but needs to be studied. We put large sums of money into facilities and we need to provide continued support for activities initiated in prior years.

Evaluation of these aspects and their effect on the client, peer service group and family will assist in adjusting our procedures to fully utilize these services in the rehabilitation of the severely disabled.

SUB-GOAL 1: RECRUITMENT AND SELECTION

To assure that state agencies improve the process of outreach, referral, eligibility, determination and individualized client planning so that handicapped individuals receive appropriate services. Three problem areas were outlined. Specific research objectives and evaluation objectives were prioritized within each area. Each objective is classified as long term (L) or short term (S).

PROBLEM 1. ELIGIBILITY AND SELECTION

There is a lack of knowledge of the components and their mix and how the affect the process of determining applicant eligibility, applying selection priorities and the total outcome of the process. These components may include federal and state legislative and administrative priorities, counselor incentives, age and employability of clients, cost/benefit factors, disability type, severity of disability, and the issue of equal opportunity. Thus, state agencies lack sufficient information to determine what, if any, changes need to be made in the eligibility determination process and the application of selection priorities.

Prioritized Research Objectives

1. Determine how the mix of clients, in terms of severity of handicap and other informal constraints, affects the relationship between benefits and costs. (L)

2. Determine alternative models, methods, and instrument for better eligibility determination systems. (L)

Prioritized Evaluation Objectives

1. Determine the effect of current eligibility requirements on acceptance of the severely handicapped into service status. (L)

2. Determine the relationship between currently used counselor eligibility criteria and those established at federal and state levels by legislative or administrative action. (S)

3. Determine the sufficiency of appropriate data sources, counselor incentives and diagnostic services in establishing eligbility status and subsequent selection. (L)

4. Determine the relationship between the time required to establish eligibility and its impact on the client's acceptance of services. (L)

5. Determine the impact of use of extended evaluation on acceptance of the severely disabled into the VR program and the probability of success in terms of employability. (L)

6. Determine the impact of federal and state policy on variations in SA caseload composition. (L)

Rationale for Prioritization

The highest priority items reflect a concern with accommodating severely disabled clients while maintaining a cost effective system. Work is needed to clarify the objectives in this area and to specify methods for achieving them. The social mandate in this area requires immediate action.

The record-tier items deal with the necessity for better data sources and the data management techniques required to operate and monitor the system. The system can function without such research, but will operate with unknown efficiency.

PROBLEM II. INDIVIDUALIZED CLIENT PLANNING

It is not known whether the IWRP is an effective tool and process for facilitating individualized client planning and improving service delivery. Furthermore, it is not known whether the implementation of the IWRP responds to recurring client needs in the long term. Finally, it is not know whether in individualized client planning, appropriate personnel are being utilized.

Prioritized Research Objectives

1. To experiment with alternative methods of developing client plans, including the use of multidiscipline teams. (L)

2. To determine if the IWRP is responding to recurring client needs in the long term. (L)

3. To determine the impact of involving significant others in the planning process, (L)

Prioritized Evaluation Objectives

1. To determine the effect of the IWRP on service delivery outcomes, the efficiency in developing individual client programs and involving the client in planning the IWRP. (S)

2. To determine the effect of the client assistance/advocacy approaches on 1) the role and function of the counselor, 2) the service delivery system, and 3) the outcome. (L)

3. To determine whether the IWRP is equally effective for different client groups. (S)

Rationale for Prioritization

Since the IWRP is a tool and process presently being used, it is necessary to determine its effectiveness. In addition, it has potential for broader use and other alternatives. We must go beyond the client and consider involvement of significant others.

PROBLEM III. OUTREACH AND REFERRAL

There is a lack of information on the types, prevalence and incidence of disability, from which state agencies can determine the magnitude of service demands. Little is known about how the disabled population is informed of services and referred to the appropriate agency at the appropriate time to obtain an optional rehabilitation program. More specifically, information is needed on how various service providers, institutions, and consumer groups should be involved in the process of outreach and referral, and whether present funding is adequate to meet these service demands. Also, confidentiality restrictions may cause problems because vital information about potential clients is not always available or is difficult to obtain.

Prioritized Research Objectives

1. To determine the prevalence and incidence of need, including data on specific target populations, and projection of need in the near and long term future. (S)

2. To determine the relationship between type of disability, age of onset, timing of rehabilitation and outcome. (S)

3. To identify positive and negative factors, e.g., geographic, cultural, characteristics of the target groups, time and resource allocation in the establishment of effective outreach systems and to develop and refine methods, instruments and models which can be used in improving outreach programs. (L)

4. To determine the efficiency and effectiveness of using community organizations, especially consumer groups, as a means of increasing applicants from target populations. (L)

Rationale for Research Prioritization

Effective and efficient planning depends, in part, upon the adequacy of the data base. VR agencies presently lack sufficient information about the numbers and characteristics of disabled people and about the projected distribution of these groups in the future. Rational decisions with respect to outreach and referral, as well as other aspects of the rehabilitation process cannot be made without these facts and projections. An important, but secondary, problem is the timing of intervention in rehabilitation, both as to the temporal point and type of intervention. This problem will also vary by disability group, taking account of sudden versus slow congenital onsets and onsets at various points in the life cycle. Next in urgency is the need for a better understanding of how a host of factors -- geographic, cultural, etc. -- influences the outcome of outreach programs using different approaches to various disability groups. Finally, the use of consumer groups themselves needs to be studied. While this latter topic can be subsumed under the third research priority, it has been separately presented to ensure awareness of the importance of consumer groups as an effective outreach approach.

Prioritized Evaluation Objectives

1. To determine the restraints, costs and delays of confidentiality regulations on outreach and referral processes. (S)

2. To determine the efficiency and effectiveness of the rehabilitation agencies in acquainting various groups (service providers, general public, applicants, and referral sources) with rehabilitation services. (S)

3. To determine efficiency and effectiveness of inter-agency feedback on VR agency practices and client outcomes. (L)

4. To develop standards and criteria for the continued assessment of the referral processes. (L)

Rationale of Evaluation Prioritization

Obtaining names and information about potential applicants to rehabilitation programs is necessary to initiate outreach aimed at obtaining appropriate referrals. If the process is restrained by confidentiality regulations, it impedes the entire program of communication relating to rehabilitation services. Once an initial outreach and referral process is established, it is necessary to continue feedback and continue evaluation of the process. Development of functional standards and criteria with respect to outreach and referral will then be necessary to continue with long range goals.

DEFINITIONS

All of the task groups noted a lack of common definitions for terms used in rehabilitation research and evaluation and the recruitment and selection group was asked to address this issue. The group reinforces the clear need for 1) the refinement and improvement of definitions, 2) the development of standard measurement techniques, 3) investigation of the subsequent effects of specific definitions on outcomes and research, auditing and operational procedures, and 4) the prevention of the misuse of definitions, i.e., formulation of definitions designed to support a particular position.

It was felt that the group lacked sufficient knowledge of previous or on-going efforts at establishing acceptable definitions and it is recommended that the problem is of sufficient magnitude to justify establishment of a standing RSA committee to address these issues.

STATEMENT OF ADDITIONAL CONCERNS

Research and evaluation issues of broader concern than recruitment and selection surfaced during the deliberations. An outline of these issues is presented below.

1. Preventive Mechanisms

   Concern was expressed as to RSA's program in research and evaluation focused on prevention of handicapping conditions.

2. Long Term Trends

The nature and mix of the RSA client population is greatly influenced by social, medical and technological changes such as epidemics, medical breakthroughs, automotive design or reduced accidents achieved caused by a reduction in the speed limit. Long range planning taking such issues into account may be worthwhile areas for future participatory planning conferences to consider.

3. Findings in Related Fields

It is recommended that consideration be given to more fully identifying and utilyzing research in related fields. Research applicable to RSA's mission might be given support by RSA to ensure better focus.

4. Program Evaluation

Overall evaluation of major RSA component programs such as RRRI's, REC's, special projects and discretionary grants is needed to judge how their efforts support the overall RSA mission and goals.

5. Evaluation Methodologies

General evaluation methodologies and standards should be developed to meet RSA missions and goals. Such methodologies and standards should be useful to future participative planning conferences.

6. Conference Format

Concern was expressed as to the utilization of the expertise of the group members. Some felt the process of group assignment might be reviewed. Task assignments were seen as being more of a staff nature than creative and a need was felt for a more open format (perhaps every second year) to allow broader issues to be discussed. It was felt that previous conference results could be better utilized as a foundation in following conferences.

SUB-GOAL 4

CAPACITY BUILDING

STATEMENT OF PROBLEMS, RESEARCH OBJECTIVES AND EVALUATION OBJECTIVES

RSA PARTICIPATORY PLANNING CONFERENCE
Houston, Texas
May 16-18, 1977

SUB-GOAL 4: CAPACITY BUILDING

To improve state capacities in policy, program, and resource management so that available rehabilitation resources can best be utilized to achieve the program mission, goal, and sub-goals.

MEMBERSHIP OF PLANNING GROUP FOR SUB-GOAL 4

Dr. Homer Brammell, Leader
Dr. Mary Broman
Dr. G. D. Cairnes
Dr. Vernon Glenn
Mr. Jess Irwin
Ms. Delores Norley
Mr. Joseph Owens
Dr. Rodney Pelton
Mr. Al Puth
Ms. Susan Shea
Dr. Harold Vialle
Dr. Warren Whipple
Dr. Jean Cole, Recorder

PROCESSES AND OUTCOMES

The group began its work by identifying general problem areas, drawing on the experience of group members and on reports of previous RSA participatory planning conferences in Denver and Ann Arbor. Some material from these earlier conferences is incorporated into the report which follows.

Seven problem areas have been identified within RSA Sub-goal 4, Capacity Building. Each problem area cuts across the policy, program and resource management areas articulated in the sub-goal statement. The matrix, with problem area prioritization is displayed below:

Priority Rating	Problem Area	Policy	Program	Resource Management
4.6	Information Base			
4.1	Consumers & Advocates			
3.9	Administration/Mgmt.			
3.9	Organization & Delivery Systems			
3.5	Manpower			
3.5	Community Resources			
3.1	Research Technology			

Priority was determined by each task force member assigning a priority number to each problem area according to the following scale:

5 Most Urgent

4 Urgent

3 Less Urgent

2 Needed, but not Urgent

1 Not a Priority

The priority ratings of all members were averaged to achieve a group consensus.

In each of the seven problem areas, research and evaluation objectives were defined and prioritized by smaller groups of persons drawn from the membership of the larger task force.

PROBLEM I

There is a need to upgrade and broaden the information base in rehabilitation in order to provide improved individualized care/services to disabled persons.

Prioritized Research Objectives

Priority Category

(5)

1. To expand the information and knowledge base needed for planning and management of the vocational rehabilitation program.

   A. To expand and make better use of information on the skills and resources needed to address the specific problems of the handicapped, by disability.

      a. identify,by disability,primary barriers to employment (physical, architectural, attitudinal, social, structural) and methods for alleviating the barriers.

      b. determine costs of service provision, by disability.

      c. identify particular manpower skills needed for various disability groups, and how these skills can be made accessible to VR (without VR necessarily having funding responsibility).

      d. to determine public and private (voluntary) capabilities for serving the handicapped as a basis for planning their utilization in rehabilitation of VR clients.

(5) B. To improve methods for assessing needs, by a survey and study of unmet needs (covering extent of need and approaches to meeting the need).

a. including geographic distribution of unmet needs.

b. determining, via Program and Financial Plans, extent of need states are currently able to meet.

c. determining needs as perceived by consumers and disability advocacy groups.

d. determining needs as seen by providers, referral agencies.

e. determining needs of those rejected for VR and those who are "failures" from VR.

(3) C. To obtain better information for predicting possibilities of success (and nature of outcomes) with given combination of resources and client characteristics.

(4) D. To obtain demographic and other data on the entire population at risk, including non-successful cases, ineligible cases and unreferred persons as well as successful closures.

(2) 2. To improve our knowledge of the social, human, and financial costs and benefits of rehabilitation (and maintaining rehabilitation) versus not rehabilitating disabled persons.

Rationale for Prioritization

The highest priority items include obtaining information by disability on skills, resources and services needed. There has been too much amalgamation of disability types and of severely disabled with non-severely disabled in the planning and delivery of VR services. We need to know the costs of serving different groups and particular service and skill needs of different groups. Much of this data is available now, but it is untapped.

A second highest priority item is improving methods for assessing need and identifying unmet need. Improving the methodology for assessing need is critical. We have some methods, but these need to be refined in order to fully serve the needs of all who want and can benefit from VR services. We have been serving some needs and may even have saturated the needs in some areas, but there are other needs (geographically, or for particular disability groups or particular services)

for which we have not fully optimized our resources. We have demonstrations which show us how to serve some of these further needs, but approaches have not been transferred broadly.

The remaining research objectives (obtaining better data on unsuccessful cases, on predicting outcomes, and on social costs and benefits of rehabilitating), while not as critical as the first two to reaching an ultimate goal of serving all who want and need rehabilitation services, are nonetheless important to assure optimum utilization of existing or easily obtained products of the information systems.

Prioritized Evaluation Objectives

1. To expand the information base and knowledge base needed for planning and management of the vocational rehabilitation program.

(4) A. To investigate and monitor the current rehabilitation system to assure that the system results in the availability of optimum and timely services for the population at risk.

(3) B. To monitor usage of services.

a. to be better able to plan for types of service needed and their financing.

b. to be better able to determine which patterns of service are most appropriate and most effective for different disability types.

(2) C. To determine what data exist from other sources (other programs such as DD or Office of Handicapped in Education) which would be useful to RSA in planning its programs.

(3) D. To determine the interactions which should take place in RSA with data from the various sub-systems of RSA.

(5) 2. To improve the quality of the existing data base in VR (financial, statistical, grant and other) to assure that data are complete, comparable across programs, and used in a timely manner.

Rationale for Prioritization

The highest priority item is to improve the quality of our existing data base, especially the R-300, and the financial reporting system. We have 90 % of the elements of an excellent data system, but we have no assurances of sufficient quality to permit

confidence in its use. Fortunately, a great deal of this confidence can be insured by taking relatively simple measures in the short term, and further refinement could be obtained in the long term on such issues as comparability across programs.

Also of high priority is a continuing monitoring process for the VR system. We have never had a comprehensive evaluation system. With such a system, which would identify or "flag" weak points in the program, operations could be corrected in the planning stage to improve the basis for resource allocation.

The other items for evaluation, while of lesser priority, are part of rounding out full use of our data system capability.

PROBLEM II

Improved methods are needed for effectively utilizing and supporting consumers and consumer advocates at all levels in the rehabilitation process.

Research Objectives

1. Does consumer and/or advocate representation result in an identifiable difference in the nature of decisions reached, policies formulated and/or services provided in rehabilitation programs?

2. Does consumer and/or advocate representation result in improved service delivery systems generally, in part, or in particular aspects or areas?

3. Will governmental financing of consumer and/or advocate groups enhance their effective capacity to become involved in consumer and/or advocate representation or will the subsidization be counter-productive as part of rehabilitation programs?

4. Are the results of rehabilitation programs positively influenced by consumer and/or advocate representatives independent of the perceived soundness (emotional stability, maturity, etc.) of the consumer and/or advocate representation?

Rationale for Prioritization

The need for consumer and/or advocate representation will be emphasized by demonstrating the precise nature of the impact on the rehabilitation process. In other countries governmental support of consumer and/or advocate groups has resulted in stable representative organizations which offer the necessary cross-section of knowledgeable resource people for consumer and/or advocate involvement.

Evaluation Objectives

1. In the rehabilitation program, is there consumer and/or advocate involvement which is truly significant or is it only tokenism?

2. Is consumer and/or advocate involvement found at all levels in the rehabilitation program operational structure, including administration, policy formulation and delivery of services?

3. Does consumer and/or advocate representation involve handicapped individuals who are clearly representative and who evolve as spokesmen through a democratic process?

Rationale for Prioritization

The requirement of consumer and/or advocate involvement is generally accepted and obviously there must be a method of assuring that the most effective people are used and that they are used optimally. Optimal use means utilizing experienced and represenative people at all levels of decision-making.

PROBLEM III

Improved administration/management mechanisms are needed within the rehabilitation process.

Rationale for Prioritization of Sub-Problems

There are six sub-problem areas within Problem Area III, each with research and evaluation objectives. All sub-problem areas are considered important, but vary in the degree of urgency with which they need to be approached in order to solve the problems of administration/management mechanisms.

Evaluation issues are given top priority because administration and management of the rehabilitation process cannot be properly understood or modified without a comprehensive knowledge and evaluation base. Client outcomes have almost equal importance in that management mechanisms should be evaluated in the context of the final product of the system, the client. Monitoring and control systems are quite similar in purpose (to insure compliance with stated goals/mandates) and have equal importance. Barriers to the rehabilitation process should fall as the process is understood and as evaluation, monitoring and control of the system are established and, therefore, has fourth priority. The understanding of the availability and use of federal discretionary funds may be important to the managers of the rehabilitation system but does not have major impact on the administrative/management process and is considered least important.

Sub-Problem 1:

(5) There is a need to review the evaluation issues that may affect the administration/ management aspects of the rehabilitation process.

Prioritized Research Objectives

1. State-of-art-study of alternative evaluation models applicable to RSA program.

2. Development of a bank of evaluation instruments related to desired results (outcome).

3. Establishment and application of criteria to evaluation model(s).

4. The design of a caseload performance evaluation system as part of a "bottoms up" evaluation planning system.

5. Development of consistent and technically sound outcome measures which will improve program performance.

6. Determination of why existing incentives have not contributed more toward the development of technically sound evaluation systems in the programs and projects of RSA.

7. Determination of why current incentives have not contributed more toward the installation and utilization of an existing evaluation system which is appropriate to a program or project within RSA.

8. Determination of why existing incentives have not enhanced a greater degree to which the evaluation system improves program performance.

Prioritized Evaluation Objectives

1. To describe and evaluate existing and proposed evaluation models which will enable the identification of optimal model(s), including measurable objectives, to be applied to the RSA and VR systems.

2. To investigate resistance to installation of evaluation in rehabilitation facilities.

3. To investigate the use of incentives to increase desired program performance.

4. To study the effects of providing RSA funding for the establishment of a program evaluation staff in the VR program.

5. To identify the conditions or incentives which affect organizational response to program evaluation requirements.

Sub-Problem 2:

(4) There is need to refine documentation of client outcomes.

Prioritized Research Objectives

1. What are the current criteria of effectiveness (performance, outcome, success) in the VR program (client criteria, agency and rehabilitation professional criteria, community and social criteria)?

2. What is the best way to establish an on-going client outcomes information bank?

Prioritized Evaluation Objective

1. Assess the value of a client outcome information bank in affecting policy, program, and management decisions.

Sub-Problem 3:

(4) There is a need for improved control systems to insure that organizations and facilities (all levels) meet policy and standards guidelines.

Prioritized Research Objectives

1. What is the current management control system(s)?

2. How can the current control mechanism be improved?

Prioritized Evaluation Objectives

1. Assess the utility of current control systems (if any).

2. Assess the utility of new control systems.

3. How well do organizations/facilities meet policies/standards established by legislation/regulation at the present time?

Sub-Problem 4:

(3) There is a need to develop more adequate and appropriate monitoring of rehabilitation efforts at state, federal, private levels.

Prioritized Research Objective

1. There is a need to develop a tool to monitor rehabilitation efforts in facilities and programs (state, federal, private, voluntary):

   to insure consistency with stated goals/mandates
   to insure fiscal accountability
   to insure coordination with other programs/facilities to avoid duplication of effort.

Prioritized Evaluation Objective

1. There is a need to test the tool to see if data acquired from its use insure consistency in meeting goals/mandates.

Sub-Problem 5:

(2) There is a need to determine the role of federal, state, and private agencies in the removal of transportation, attitudinal/environmental, housing, legal, and contractual barriers to rehabilitation.

Prioritized Research Objectives

1. What are the barriers to rehabilitation?

2. How do these barriers prevent or impede rehabilitation?

Prioritized Evaluation Objectives

1. What methods of barrier removal have been tried?

2. What impact have these methods had?

Sub-Problem 6:

(2) There is a need to improve the planning for use and monitoring of impact of federal discretionary funds (special project funding).

Prioritized Research Objectives

1. How are decisions regarding appropriation of discretionary funds currently made?

2. How is the impact of these funds measured?

3. How are the efforts funded by discretionary funds monitored?

Prioritized Evaluation Objectives

1. What is the current impact value of discretionary funds?

2. How can the impact of discretionary funds on the rehabilitation process be enhanced?

PROBLEM IV

Improved organization and improved delivery of rehabilitation services are needed.

Prioritized Research Objectives

1. What are the consequences of a comprehensive coordinated delivery system on rehabilitation management and client outcomes?

2. To what degree are the traditional rehabilitation program services changing to respond to the population of disabled people recently de-institutionalized?

3. Is follow-along service more cost effective than repetitive openings of the same case?

Rationale for Prioritization

The priorities as listed represent the logical steps to obtain information for improving the organization and delivery of services.

Prioritized Evaluation Objectives

1. Is there an effective system through which identified deficits in service capacities are made known to levels of administration with the power to correct these deficits?

2. Are services provided in a rational sequence so that the client moves in a systematic fashion through the steps necessary to rehabi litation?

3. Are rehabilitation programs frequently blocked because needed services which are necessary for later procedures have not been provided?

Rationale for Prioritization

It is extremely important to determine how deficits in service delivery are recognized and communicated so that planning can be done to provide more comprehensive services. It is also important to evaluate problems in the sequencing or completeness of services from the perspective of the individual client.

PROBLEM V

There is a need to explore role definitions within the rehabilitation process and to increase effectiveness of manpower utilization.

Prioritized Research Objectives

1. What is the optimal type/degree of specialization among service delivery staff?
2. What is the optimal role/responsibility pattern for rehabilitation counselors?
3. Identify those individual characteristics that influence successful employment in rehabilitation.
4. What is the optimal training mix to prepare a person for entrance into rehabilitation?
5. What are the most effective and efficient in-service and training techniques and approaches to train rehabilitation workers?
6. What is the attitude of rehabilitation professionals toward rehabilitation clients and what is the impact of these attitudes on the client's realization of his/her potential?
7. What is the attitude of the general public toward the rehabilitation client and the impact for client realization of his/her potential?
8. What factors influence a person to pursue a career in rehabilitation?
9. What factors contribute to an individual continuing employment in rehabilitation?
10. Develop a model career development program for rehabilitation workers.

Rationale for Prioritization

The priority of research objectives is based on the information that the VR field has no comprehensive manpower plan that considers recruitment, education, training, deployment and utilization in relation to supply and demand and client outcome.

The listed priorities are based on (1) the need to identify optimal training needs and specific roles and responsibilities of rehabilitation workers; (2) to influence the selection of persons entering the profession; (3) to influence the retention and professional growth of persons in the profession.

Prioritized Evaluation Objectives

1. Assess and evaluate present staffing patterns and workloads in selected rehabilitation agencies in order to make use of existing knowledge and role definitions in future decision-making.

2. Compile accurate data on a random sample of all types of workers employed in rehabilitation in order to obtain information in reference to pre-employment training, in-service training, and job satisfaction and movement within the system

Rationale for Prioritization

These objectives represent logical components for evaluation to determine baseline information for developing a comprehensive manpower plan.

PROBLEM VI

There is a need for improved assessment, development, and coordinated utilization of all community resources (private, voluntary, state) available to the disabled population.

Prioritized Research Objectives

1. To identify needed community services (such as housing, attendant care, transportation, personal or family counseling) that are required to support successful employment for state agency clients.

2. To investigate what happens to disabled individuals who are not accepted for vocational rehabilitation services. What services are needed by such individuals? Are they referred to and served by appropriate community resources?

Rationale for Prioritization

The basic vocational rehabilitation goal of employment is frequently unattainable because individuals who possess good vocational skills lack fundamental supportive services. An awareness of these needs is essential for rational and appropriate vocational planning with clients, particularly with clients who are most severely disabled. The agency also has an obligation to be cognizant of the needs of potential clients who are refused services so that they can be referred to and served by other community resources.

Prioritized Evaluation Objectives

1. To investigate successful rehabilitation cases in a variety of settings (urban, small cities, rural) where vocational rehabilitation clients are receiving needed supportive services from other community resources, and to evaluate alternative models for (a) providing and (b) coordinating such services.

2. To evaluate cooperative relationships that have been developed between vocational rehabilitation agencies and other community resources to develop comprehensive service models (relationships between two agencies, relationships between vocational rehabilitation agency and facilities, relationships between vocational rehabilitation agency and consumer groups, relationships between vocational rehabilitation agency and community officials).

3. To evaluate programs that have been successful in removing or minimizing environmental barriers (attitudinal, functional, structural) to permit improved lifestyles for disabled individuals.

Rationale for Prioritization

A major problem in effectively utilizing an array of community resources is to assure their coordination. Objectives 1 and 2 are intended to evaluate successful models of service provision and coordination from the perspective of both the individual rehabilitation client and the vocational rehabilitation agency. Experience gained in successful models can then be utilized with all rehabilitation clients who need supportive services in the community. Objective 3 is intended to make successful experience in removing or minimizing environmental barriers more widely available to other communities.

PROBLEM VII

There is a need to improve research technology in rehabilitation.

Sub-Problem 1:

Increased and better organized R&D efforts are needed.

Prioritized Research Objectives

(5) 1. To develop and implement a system, involving consumers, state/federal agencies, and facilities, to identify and prioritize research needs.

(5) 2. To develop and implement a system of communication of identified research needs to appropriate research sources.

(4) 3. To effect improved coordination of research efforts to avoid redundancy.

(3) 4. To develop a system of cost/benefit prioritization of research projects.

Rationale for Prioritization

Objectives 1 and 2 are given high priority because fulfillment of these results in the creation of a comprehensive communication network, allows for insight into agency needs in the earliest stages of program planning, insures the relevance of research programs, and provides a built-in element of accountability. Highest priority is held by these objectives as they insure research validity as a precondition for research activities.

Many aspects of the state-federal program of VR are carried out without the benefit of recent scientific advances. Conversely, rehabilitation research planning is often conducted outside of the rehabilitation service setting. As a result, rehabilitation research results are not always applicable to or compatible with the needs of the state

agency. While participatory planning does surface many researchable issues of the agencies, the process is not considered a formal vehicle for the identification and communication of research needs and issues from consumers (clients and service providers). The communication process between research and practitioner groups will be strengthened by the creation of a system of identification, storage, and channeling of research needs to the appropriate research sources.

Objective 3 (the second priority) insures that research funds are not expended redundantly through lack of coordination of research efforts.

Objective 4will allow RSA to focus research efforts on the largest identified populations of need and on projects having greatest potential for success and research utilization.

Prioritized Evaluation Objectives

1. To determine the impact of the state evaluation unit on the state program of rehabilitation.

2. To develop appropriate methods of selection of peer reviewers whose background and capabilities allow for valid judgments regarding the merit of proposal content.

Rationale for Prioritization

There exists a disparity between operational procedures of the various state evaluation units. Investigation of this problem may lead to new legislation which will provide evaluation monies not tied to basic service grants. Objective 1, therefore, seems to be the first priority because of the magnitude of the problem and its effect on the management of the state-federal system as compared to the further development of peer review seen in Objective 2.

Objective 2 is intended to correct a deficiency in project reivew by providing an appropriate match of project reviewers and projects. Reviewers without substantive qualifications in the areas of review are not always able to render valid decisions and judgments regarding proposal content and merit.

Sub-Problem 2:

Increased and better organized research utilization efforts are needed to improve distribution of information and new technologies to state agency personnel, providers, and consumers.

Prioritized Research Objectives

1. To demonstrate and evaluate the feasibility of making funding of research projects conditional on the involvement of potential users in the refinement of the research design and the development of the utilization plan.

2. To develop for each project a utilization plan with funding for direct transfer of transferrable results to clients or service providers.

3. To gain effective control of R&E results by means of information centers that can organize, evaluate, package, and disseminate research results to prospective users.

4. To build in service agencies a capacity for self-renewal and on-going problem-solving, a capacity, in effect, to become their own change agents.

5. To generate and/or acquire new knowledge on the dynamics of change, research utilization, and adoption of innovations.

6. To investigate problems of manufacturing, marketing and cost/benefit determination of devices produced by rehabilitation research.

Rationale for Prioritization

Objectives 1 and 2 receive first priority because it is felt that the greatest impact on RU design and research utilization will come (1) from the involvement of users in early planning stages and (2) from the provision of funds for direct transfer to avoid the common problem of innovation-adoption time lag. This is highest priority because of the growing realization that direct transfer of findings to service is a more efficient and expedient means of research utilization than traditional RU practices.

Second priority is held by objectives 3, 4, and 5 as subsequent RU activities required for completion of a comprehensive RU system for RSA. Major emphasis was given to legislative requirements and RSA regulations, both of which emphasize utilization. The "natural sequence of RU events" was also determinative. Thus, we must plan before we can have results, and gain control of those results (storage-retrieval) before we can disseminate them properly and on demand. We must also have this knowledge in hand, so to speak, fully evaluated and validated, before we can seriously consider linking research and practice.

A third rationale was progress already made in RU. Thus, the Information Center will build on the abstracting and indexing already done, and on our prior experience with the Research Briefs. We can also consider promoting an innovative atmosphere in service agencies on the basis of experience gained from our Research Utilization Specialist program. The same program, along with our Research Utilization Laboratories, gives us a basis for proceeding toward our objective of linking research with practice.

In considering Objective 6, it is known that devices developed through rehabilitation research often remain within the research setting because of lack of early marketing and cost/benefit investigation to insure manufacturer's acceptance.

Prioritized Evaluation Objective

1. To develop simulation models of the vocational rehabilitation federal-state system to assist state legislatures and Congress by projecting consequence of proposed changes in the system.

Rationale for Prioritization

Evaluation of the state-federal system of rehabilitation in many important aspects is now infeasible because of lack of important definitions and measures. Studies now underway should provide a greatly expanded capacity for measurement of the VR system by FY79. These studies include finalization of definitions, instrument development for measure of changes in functional capability in various disabilities and service systems, cost and outcome measures. RSA has not been able to evd uate the impact of policy changes except by laboriously developed projections. With the availability of new information and efficient use of existing data, such as the R-300 system provides, it will be possible to evaluate changes in policy through use of simulation techniques. The development of simulation capacity for evaluation has been called for in Secretarial level evaluation conferences.

Baylor College of Medicine
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May 23, 1977

To: All Participants
RSA Participatory Planning Conference
Houston, Texas
May 16-18, 1977

From: William A. Spencer, M.D.

Attached are the reports of the four task forces of the Planning Conference. Please give these your consideration and let me have any additions, changes or comments to be received no later than June 7, 1977 in my office.

The four group reports will then be forwarded to Drs. Vialle and Dixon for final compilation.

Please accept my appreciation for your participation in and contributions to the Planning Conference.

William A. Spencer

cc: Dr. James Garrett

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Mid-Atlantic Regional Rehabilitation Association
Annual Conference, May 9, 1977, Charleston, West Virginia

Steve Meadows' letter inviting me to come and keynote this meeting set me up on cloud 9. It took me two full weeks to agree to risk taking up the challenge. I am honored. You see, I'm a Fed through and through. My work takes me from the Florida matter, to a think tank meeting on independent living rehabilitation at the Berkeley Center for Independent Living, to reworking the 1978 State plan preprint and instructions, to a meeting of the Client Assistance Project Directors.

This Spring I'm on a special assignment I'd like to describe in a minute. Right now, the most important thing I have to say, important above really, is that I have found rehabilitation people to be a "bright believing band." That says it for me, even though nobody has quoted Thomas Hardy for years. Rehabers don't need to be told they are a committed professional group, with a true sense of the worth of the work they do.

My special assignment, through June, is to join a mammoth long-range planning effort of the Office of Human Development. Our Acting Commissioner, Joe Mottola, named me the RSA emissary to the task force on the handicapped. Perry Levinson is reassuringly there from Atlanta.

The Carter Administration, you know already, has appointed Arabella Martinez as Assistant Secretary for Human Development and Frank Newgent of Wisconsin, as her deputy. The planning, like the budgeting, is described as zero based thinking - not literally zero based. The focus is on the consumer's needs for social services. In this planning, social services is used in the broadest possible sense. If you have not seen the recent task force report of the National Conference on Social Work, you should look into it for cues on what this Administration is considering in social services, and that includes rehabilitation.

In this work for and with OHD, I hear recognition and acceptance of the need for categorical or target group programs such as VR, and I am glad to report this to you.

This and other attention VR especially is getting from Federal and State legislators and their staffs, the General Accounting Office, the White House Conference on the Handicapped, Federal and State audits and other investigation, - underscores deeply the caution that we must not rest on our laurels, earned or unearned. We have simply got to tell our story - and tell it well. These people know some about VR but mostly they are a new generation and a new audience.

That brings us to "risk." Taking risks means looking ahead and venturing - with initiative and with an eye to possible gains and losses. He that would catch fish, says an old proverb, must venture his bait. Another old one - nothing venture, nothing have.

In our world, risk should be taken only within a setting of accountability - to oneself, to who and whatever can be affected, - for good or ill. No gambler, at the tables in Las Vegas, the N. Y Stock Exchange, or travelling the high seas or outer space, makes a move without assessing his risks as to possible gains or losses, and also as to the rules of the game, the market, the high seas or outer space.

As members of this "bright believing band", we professionals in rehabilitation - which is itself the business of risk-taking - are encircled by three rings. We are encircled by the circumscribed mission and legislative authority and funding of our agency rehabilitation programs. We are encircled by a clientele of handicapped applicants and clients who become more and more articulate about their service needs, their wants and expectations, and yes, their rights and complaints. Third in this three ring circle is the professional skills and aims to which we hold, sometimes too tightly.

The Rehabilitation Act sets the stage and authorizes risks worth taking. The purposes section of the Act says it well enough. To choose a few;

(1) Develop and implement comprehensive and continuing State plans for meeting the current and future needs for providing vocational rehabilitation services to handicapped individuals and to provide such services for the benefit of such individuals, serving first those with the most severe handicaps...

(3) conduct a study to develop methods of providing rehabilitation services to meet the current and future needs of handicapped individuals for whom a vocational goal is not possible or feasible so that they may improve their ability to live with greater independence and self-sufficiency;

(5) develop new and innovative methods of applying the most advanced medical technology, scientific achievement, and psychological and social knowledge to solve rehabilitation problems and develop new and innovative methods of providing rehabilitation services to handicapped individuals through research, special projects, and demonstrations;

(6) initiate and expand services to groups of handicapped individuals (including those who are homebound or institutionalized) who have been underserved in the past;

So, we have research, demonstration, special projects, innovation and expansion projects, and the Comprehensive Needs Study.

Impetus and prodding to take risks come also from the Act's specific provisions in title I. The individualized written rehabilitation program is a tool for many purposes if we would make it so, - for client participation, planning, objective setting, counseling, evaluating progress. Invitation to risk taking is also inherent in the provisions for consumer involvement, the emphasis on serving the severely handicapped, post employment services, and extended evaluation. And then there are the prods from you as the professionals and from the disabled who are more and more evaluators of our service delivery, pointing the way to risks worth taking. Risk taking for us must respect two controls which I call the properties. First, it must respect the necessary accountability to the agency for which we work. It isn't just Congress; it is the State agency or facility for which we work. Second, and equally important is that we must respect the dignity of each disabled person. These are the properties. None of us sees risk taking as inviting or condoning

malfeasance or mispractice or mistreatment of an individual.

We do not yet have a declaration of independence or a bill of rights for the handicapped, and we have only a rather limited Magna Carta in the Rehabilitation Act, the DD Act and few others. - the Education for the Handicapped Act.
But, armed with what we used to call " a sense of public trust" I would like to offer some ideas about where we should venture to take risks.
Although it is best I talk about taking risks under current authority, I cannot resist saying that the next big risk ought to come with new authority for Federal support of an extensive series of demonstrations, spread over the country, by State rehabilitation and other human service systems, for independent living rehabilitation, - with outcome measures for the individual, and,hopefully, for all age groups.
In VR, we need more risk capital, imagination, and energy investment in, let me choose, a dozen and a half areas, which I'm unable to put in priority order. They are neither new nor altogether mine. Each of you has his own list and perhaps we can talk together later about that.

-- we need speedier diagnosis and evaluation of rehabilitation potential

-- we need to use the extended evaluation authority more and in better ways

-- we need to experiment more with ways to give individual clients some elements of managing their own individualized written programs

Maine is in the beginning stages of trying out small client groups, with trained group leaders, putting a small sum of case service funds at the groups' disposal

Someone somewhere needs to risk a pilot effort with a partial, controlled voucher system for more self-reliant clients

-- we need to reinforce and rethink the counselor's job. We need to reinforce his training in what Fred Sachs calls the basics, to strengthen his role as

vocational expert for the disabled, and to back him up with specialists and consultants, for example, in labor market information, work station modification, job analysis. Could we redesign his job, relieving him of some of the responsibilities which have been packed on his back such as finding or developing similar benefits, checking on client attendance at training? Don Galvin has suggested strengthening eligibility determination by assigning it to an experienced senior counselor who would then turn the case over to a counselor and continue to play a kind of advocate role monitoring service delivery and case progress.

-- we need to risk assigning district offices a stronger placement resource and development role. Galvin has suggested they keep inventory of client skills, job orders, and major employer accounts.

-- we need to risk and develop ways to use client groups as service providers. I am told there are now close to 1,000 such groups in the country. The potentials are boundless, for early service provision for those with minimal positive prognosis for VR, for referral, for purchase of services by VR.

-- we desperately need outcome measures for individuals we serve, to measure their improvement, whether or not their VR is successful. We have wrung our hands over this one for too long.

-- we need to take risks - major to some of us- to place more women into management positions in rehabilitation. And for women clients we must risk vocational objectives outside society's stereotypes, in newer vocations. When we rehabilitate a homemaker, let's be sure that is the best difference VR could make for that woman. And let us risk holding our ground when a woman trained for a vocation, winds up as a homemaker because she has

married and will be out of the labor market for a spell, probably in and out a couple of times during her productive years.

-- we need to risk moving more into rehabilitation of those disability groups which are significantly underserved or essentially unserved. Your list will no doubt differ, but I mean the homebound, those with progressively deteriorating conditions such as MS, MD, CF.

-- Almost companion to this is the need to invest some innovations and expansion project money in risks, not to use it all to expend the supply of case service money for the severely handicapped.

-- we need to risk real, substantial entries into services for family members where that will make the difference in a client's rehabilitation, and in post employment services which VR has been ginger about. And I could well say the same about the extended evaluation authority.

-- we need to risk focussing more on self employment and small business opportunities for single clients or groups, getting help, for example, from the Small Business Administration, as a few agencies have. Missouri's Partners with Industry project is using an SBA supported Business Development Center at the University of Missouri to help inexperienced entrepreneurs in market analysis, training in business accounting, etc.

-- we need at all levels, especially counselors and State agency staff, to listen hard and well to consumers, to look thoughtfully at complaints, and to encourage them. Also in the listen-hard department is the need for counselors and State agency administrators to listen better to messages going both ways.

-- we need to risk translating knowledge into practice. In rehabilitation, as in other human services, we need VR and other specialists, an infusion of systems people whom Jim Garrett has called social engineers, problem solvers

to help us pull together the new knowledge, not just from VR, and to use a systems approach. We have surely tended to be provincial. And, to put it somewhat harshly, despite nearly a decade of research utilization, we are barely out of the stone age when it comes to putting to work in our service delivery the fruits of research, demonstration, training and special projects. Rehabilitation is big business now and we need to put management and quality control into effect, and I do not mean massive volumes of paper controls.

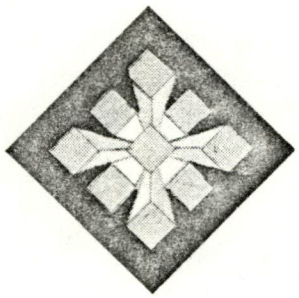
There is risk of course in putting anything new into practice. But RISK is the name of the game, and there are risks worth taking. And who can know better than those who work at delivering the services.

There is one shopping list for taking risks.

Let me try to tie this together briefly. American ingenuity and practicality and individualism have always been our strength, and rehabilitation has embodied all three, often very well. Now, there are more in the cast of characters and the audience. We face planners, evaluators, legislators, auditors, other service delivery systems, and the disabled as individuals and as groups. There is surely a great fund of support and resources within these groups for good risk taking in rehabilitation - if we will only look, listen, and show and tell rehabilitation's story well and genuinely. We must be able to say rehabilitation has taken good, sound risks and they made the difference.

We are a "bright believing band". Others see us this way, and we must see to it that more and more public decision makers, employers, and the disabled see us this way.

Miriam M. Stubbs
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Rehabilitation Program Evaluation:
PROBLEMS, OBJECTIVES, AND PROJECTS
A Participatory Planning Conference Report

Don K. Harrison
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March, 1977

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This participatory Planning Conference on program evaluation, held on January 10-12, 1977, was sponsored by the Rehabilitation Services Administration, and was conducted in cooperation with The University of Michigan, Rehabilitation Research Institute. The contribution of persons instrumental in planning and participating in the conference is acknowledged.

From the Rehabilitation Services Administration, appreciation is expressed to James F. Garrett, for serving as conference chairperson, and to James Taylor for serving as RSA liason.

Appreciation is expressed to the conference participants, (See Appendix A) who came to Ann Arbor on January 10-12, 1977, for providing stimulating ideas.

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INTRODUCTION

This report provides an overview of the process and results of the "Participatory Conference on Rehabilitation Program Evaluation," sponsored by the Rehabilitation Services Administration (RSA) in cooperation with The University of Michigan Rehabilitation Research Institute (UM-RRI), which was held in Ann Arbor, Michigan, on January 10-12, 1977. The goal of the conference was to generate and prioritize program evaluation objectives consistent with the emphasis of the Rehabilitation Act of 1973. These will be used to develop RSA's evaluation objectives, projects, and long range strategy.

PARTICIPANTS

The conference was attended by forty-one invited participants. This group provided representation from the Council of State Administrators of Vocational Rehabilitation (CSAVR) Committee on Evaluation, the Research and Training Centers (RTC), State Vocational Rehabilitation (VR) agencies, consumers groups, contractors, university rehabilitation counseling programs, and selected RSA Central and Regional Office staff. In spite of major blizzards throughout the country, most of those who were invited to Ann Arbor were able to arrive at the conference. A complete list of participants is enclosed (See Appendix A).

RATIONALE FOR THE CONFERENCE

On the opening morning of the conference, Dean Wilbur J. Cohen, School of Education, The University of Michigan, discussed issues related to national health and welfare. James F. Garrett, Executive Director of Research, Rehabilitation Services Administration, suggested that the considerations which follow could provide a backdrop for the work of the conference participants:

1. The conference was motivated by RSA's commitment to the participatory planning process which involves input from a variety of groups.

2. RSA is actively developing a long-term (five-year) evaluation plan based on input from the participatory planning process.

3. During the past year, participatory planning conferences were held to set priorities for research and program evaluation for FY '77, but results of these conferences indicate that the research area was developed in greater specificity than the program evaluation area.

4. The results of the conference will be used for the purpose of establishing evaluation project priorities for FY '78 and will become input for research and evaluation conferences to be conducted this year.

(a) establishing evaluation project priorities for FY'78 and (b) developing a five-year evaluation plan.

5. A broad array of objectives should be explored which may stimulate both RSA evaluation projects and other program evaluation efforts within the province of existing program authority.

THE PARTICIPATORY PLANNING MODEL

The Conference design followed a participatory planning model which includes these components: (1) identification of problem areas, (2) development of objectives for each problem area, (3) prioritiztion of objectives, (4) development of rationale for prioritization, and (5) identification of projects related to objectives. During the Conference, the first day was devoted to identification of problem areas; the second day was devoted to the development of objectives, prioritizations of objectives, and development of rationale for prioritization; and the final day was devoted to identification of projects related to objectives. Thus, by the end of the Conference, major problem areas, prioritized objectives with stated rationale, and suggested projects were specified for the area of rehabilitation program evaluation.

USE OF RSA SUB-GOALS

As a way of organizing, participants were divided into working groups, and the four RSA Sub-Goals were used as a structure for the Conference. These Sub-Goals and their definitions are:

I. Recruitment and Selection: To assure that State agencies improve the process of outreach, referral, eligibility determination and individualized client planning so that handicapped individuals receive appropriate services.

II. Restoration and Training: To improve through State agencies the program content and use of physical and mental restoration, vocational training, and other supportive rehabilitation services.

III. Employment: To improve through State agencies the process of job identification, placement, and follow-up support and assure increased opportunities for optimal employment related to the present and potential job market including homebound employment and the self-employed.

IV. Capacity Building: To improve state capacities in policy, program, and resource management so that available rehabili-

tation resources can best be utilized to achieve the program mission, goal, and sub-goals.

Conference participants were divided into four groups with each group developing problem statements, objectives and projects related to its assigned RSA Sub-Goal.

THE CONFERENCE REPORT

This Conference Report provides a summary of the work of the "Participatory Planning Conference for Rehabilitation Program Evaluation." It is organized into four major sections relating to the RSA Sub-Goals of: I-Recruitment and Selection; II-Restoration and Training; III-Employment; and IV-Capacity Building. Each of these four sections presents the problems, prioritized objectives, rationale for prioritized objectives, and projects recommended by the Conference sub-groups for a particular Sub-Goal. Also included are a list of participants (Appendix A) and the design of the Conference (Appendix B).

SUB-GOAL I

RECRUITMENT AND SELECTION

To assure that state agencies improve the process of outreach, referral, eligibility determination and individualized client planning so that handicapped individuals receive appropriate services.

Problem I: Outreach

There is a lack of data on the rate and incidence of disability, especially specific disability targeted populations, from which state agencies can determine the magnitude of service demands. Likewise, little is known about how the disabled population is informed of services or what efforts are made to provide such information. The constraints in providing information on services have not been analyzed, and states do not have standards and criteria available as a basis for measuring effectiveness in outreach efforts.

Prioritized Evaluation Objectives

Develop criteria and standards from which the effectiveness of outreach programs to various target populations can be measured and improved.

A. To determine the prevalence and incidence of need, including data on specific target populations.

B. To determine the effectiveness of the State VR agencies in acquainting the general public with rehabilitation services.

C. To determine the impact of medical, social, educational, fiscal, and political outreach systems on VR.

D. To identify constraints, e.g. geographic, time, and resource allocation in the establishment of effective outreach systems.

E. To develop and refine methods, instruments and models which can be used in improving outreach programs based on the above.

F. To determine the effectiveness of using consumer groups as a means of reaching target populations.

Rationale for Prioritization

These objectives are considered important due both to the strategic nature of its position in the service delivery system and the general lack of emphasis on evaluating these areas within state agencies. Concurrent with these and other objectives, proper consideration should be given to alternative approaches and models of utilizing significant project outcomes within rehabilitation service delivery systems.

Evaluation Projects

Project 1: Utilization of consumer groups to reach target population.

Purpose: To evaluate whether educational and referral programs of consumer groups can increase the number of appropriate referrals to VR agencies.

Approach:

A. Develop a model program of education and referral to VR agencies that can be operated by consumer groups.

B. Develop an agreement with a group of consumer agencies to operate such a program during the project period.

C. Monitor the number of acceptances and denials of services by VR to target groups.

D. Establish comparative data to measure the effectiveness of this project.

Timing: A 36 month project to be implemented in FY '78.

Project 2: Establishment of prevalence and incidence of specific vocationally disabling conditions within geographic areas.

Purpose: To identify the potential client population that might benefit from VR services.

Approach: Modify previously developed instruments to identify those individuals in need of VR services and the specific services needed.

Timing: A 36 month project. Implementation and completion dates are not specified.

Project 3: Identification of the potential client population that might benefit from VR services.

Purpose: To evaluate the success of a VR program through the identification of the potential client population which might benefit from its services.

Approach: Modify previously developed instruments for regional use, process, collect data, utilize in educational process, and assess results.

Timing: A 36 month project to be implemented in FY '78

Problem II: Referral

Information on the scope and effectiveness of the referral process is lacking, and the necessary tools and strategies to gain such information have not been developed. Identification of effective models for the referral process has been minimal, and standards and criteria for states to follow in improving referral processes have yet to be developed.

Prioritized Evaluation Objectives

A. To determine the scope and to identify and analyze the components of the referral process (e.g., decisions made, events, documentation, feedback, etc.).

B. To develop and identify tools and strategies for surveying existing referral systems.

C. To identify effective referral models.

D. To develop standards and criteria for the continued assessment of the referral process.

Rationale for Prioritization

This objective, with the new emphasis in the Rehabilitation Act of 1973 upon the severely handicapped individual, needs a broader conceptualization and implementation within the community and for the consumer. The implementation and development of effective referral models are basic considerations which are also based upon continued assessment of the process.

Evaluation Projects

Project: Evaluation of State Agency Referral Processes.

Purpose: To describe and evaluate different operating models/ methods currently used and to develop a method for evaluating referral operations in a variety of agency locations.

Approach: The major tasks involved in the completion of this project are:

A. Identify and analyze the components of the referral process (e.g., decisions made, events, documentation, feedback, etc.).

B. Develop instruments and strategies, and survey existing referral models.

C. Develop appropriate measures of effectiveness, and identify effective models.

D. Develop methods for evaluating referral activities in a variety of settings.

Timing: A 24 month project to be implemented and completed by FY '79.

Problem III: Eligibility Determination

There is a lack of knowledge on how the mix of various components in the process of determining applicant eligibility affect the outcome of the process. Adequate measurements are not available on the impact of the process of implementing regulations prescribing eligibility criteria, counselor performance, use of supporting data, client time in the process, and other factors. Thus, State agencies lack sufficient information to determine what, if any, changes or improvements need to be made in the eligibility determination process.

Prioritized Evaluation Objectives

Survey operational determinants of eligibility to identify positive and negative components.

A. To determine the effect of current eligibility requirements on acceptance of the severely handicapped into service status.

B. To determine the relationship between currently used counselor eligibility criteria and those established legislatively.

C. To determine alternative models, methods, and instruments for better eligibility determination systems.

D. To determine the impact of having eligibility determinations performed in the absence of appropriate supportive data.

E. To determine the relationship between the time required to establish eligibility and its impact on the clients acceptance of services.

F. To determine the effectiveness of various diagnostic services in establishing eligibility status.

G. To determine how the mix of clients, in terms of severity of handicap and other informal constraints, affects the relationship between benefits and cost.

Rationale for Prioritization

This objective is considered important in the light of the rehabilitation emphasis on the severely handicapped individual. It is evident that many additional problems are occurring in eligibility decisions. The responsibility of the rehabilitation counselor has been broadened, and as a result, the counselor's decision making process needs evaluation.

Evaluation Projects

Project 1: Testing alternative models, methods and instruments for determining eligibility.

Purpose: To test whether the use of personnel other than the rehabilitation counselor would affect the nature of who is determined eligible, and to also measure the impact of this change on the counselor-client relationship.

Approach: Establish a number of demonstration projects in State agencies in which a variety of personnel patterns exist for the evaluation of eligibility determinations. Examples of the varied personnel include: newly designated eligibility specialists (or intake workers); counselors whose positions have been redesignated to case manager and counselor (counselor would be a case manager except when counseling is a needed service); and office supervisors who may be used to determine eligibility. Evaluation of such demonstration efforts would provide for a comparison of new approaches/models with the traditional approaches/models, against which measurement may be made of client acceptance rates, client disability characteristics and client outcomes.

Timing: A 24 month project with additional time for evaluation that follows clients through closure.

Project 2: Comparison of counselor eligibility decisions with legislative eligibility criteria to determine appropriate response to the recent General Accounting Office (GAO) and the Department of Health, Education, and Welfare (HEW) audit findings which specified problems in eligibility decision-making.

Purpose: To determine if counselors use criteria which is different from legislative criteria for eligibility, and to determine if counselor decision making or legislative criteria need to be changed.

Approach: Develop survey instrument which probes the specific interpretations of the legislation and regulations by counselors, auditors, other rehabilitation personnel, and selected legislative staff to determine where there is consensus or lack of consensus among these groups. Analysis of the survey data should lead to identification of differences and reasons for differential interpretations.

Timing: A 6 month project.

Project 3: Evaluation of the effect of time delays in establishing eligibility on clients' decisions to enter into VR Services.

Purpose: To determine whether there is a differential rate at which clients successfully enter into and complete services which is related to the time required to move from referral status to acceptance (Studies of this nature have been done in individual state agencies, but the impact is not clear; evaluation across several state agencies may have broader impact).

Approach: Establish demonstration project(s) in which client eligibility decisions are completed within one month (30 calendar days). Obtain contractor services to develop monitoring instruments and to compare demonstration applicants with non-demonstration applicants in terms of entry into the program and successful completion of the program.

Timing: a 12 month project.

Problem IV: Individualized Client Planning

Recent legislation requires joint planning by the counselor and the client which results in an individualized written rehabilitation plan (IWRP). States are also experimenting with Client Assistance Projects (CAP) as a means of increasing the effectiveness of rehabilitation plans for individual clients. It is not known, however, whether the IWRP of CAP's are effective methods leading to improved service delivery for either the total client population or for specific disability groups. In addition, little is known about the structure or effect of public or private resources on the development of individual client plans or their implementation.

Prioritized Evaluation Objectives

Assess the IWRP process and alternative methods of developing client plans to determine the most effective method for insuring joint planning with individual clients.

A. To determine counselor effectiveness in developing individual client programs and involving the client in planning the IWRP.

B. To determine the impact of the client assistance/advocacy approach to increasing the effectiveness.

C. To determine whether the IWRP is equally effective for different client disability groups.

D. To determine the effect of the IWRP on the service delivery system.

E. To determine the effect of the client assistance/advocacy approach on (1) the role and function of the counselor and (2) the service delivery system.

F. To determine the effectiveness of the IWRP process in state agencies operating their own facilities versus those state agencies privately operated facilities.

Rationale for Prioritization

This objective's importance is based on a newly added and important item in the service delivery system called the IWRP. The IWRP is still in the process of explication within the service delivery system, and it needs to be evaluated to determine its impact upon the improvement of the client's involvement at all stages of the service delivery system.

Evaluation Projects

Project 1: Evaluation of the IWRP in terms of its effect on counselor attitudes, different client groups, and different state agencies.

Purpose: To determine the effectiveness of counselors' ability to involve clients in the development of individual plans; to determine whether the IWRP is equally effective for different client groups (especially the mentally ill and mentally retarded); and to determine whether the IWRP is equally effective in state agencies using their own versus private facilities.

Approach: Examine existing reviews and studies, such as the audit exceptions and RSA's Program Administrative Review (PAR), to identify findings related to the IWRP's effectiveness and its deficiencies in the process. Based on these findings, design protocols for further exploration of causes for deficiencies and reasons for variation in effectiveness among different clients and agencies. Administer these protocols in a sample of state agencies, to identify possible improvements in the IWRP process which can make it effective for client groups with special needs and for state agencies of varying structures of service delivery.

Timing: A 12 month project.

Project 2: Evaluation of client assistant/advocacy approaches for increasing effectiveness of individualized planning.

Purpose: To determine whether current client assistance projects as an example of an advocate process are involving clients in the planning process; and to determine whether they are having a positive or negative effect on client-counselor relationships and on the service delivery system.

Approach: Obtain a sample of clients and their counselors (1) who have participated in direct assistance projects and (2) who have not been involved with such projects, and collect data and compare the two groups on: satisfaction with the planning process; degree to which planned services were delivered; types of service delivered; and outcome of the clients' services.

Timing: A 12 month project.

SUMMARY OF PRIORITIZED LISTING OF PROJECTS, RATIONALE, AND TIMING FOR SUB-GOAL I: RECRUITMENT AND SELECTION

1. Project: Evaluation of counselor eligibility decisions in terms of legislative eligibility criteria.

   Problem III - Eligibility Determination - Project 2

   Rationale: Designating who will receive services is most important, and counselor decisions are the most important component in that consideration.

   Timing: 1978

2. Project: Testing alternative models, methods, and instruments for determining eligibility.

   Problem III - Eligibility Determination - Project 1

   Rationale: Examining models seems to be one of the best means of determining control of entry.

   Timing: 1978

3. Project: Determining the incidence and prevalence of vocationally disabling conditions.

   Problem I - Outreach - Project 2

   Rationale: Identifying the people and population which would benefit from VR services and has an "across-the-board" applicability should be accomplished.

   Timing: 1978

4. Project: Evaluation of how time delay in establishing eligibility affects entry.

   Problem III - Eligibility Determination - Project 3

   Rationale: Evaluating the effect of delay of eligibility determination and its effect on the client is important to improving service delivery systems.

   Timing: 1979

5. Project: Evaluation of IWRP efectiveness.

   Problem IV - Individualized Client Planning - Project 1

Rationale: Evaluation of the effectiveness of individual client planning mechanisms which have been legislatively required is needed.

Timing: 1979

6. Project: Evaluation of client assistance/advocacy approach.

Problem IV - Individualized Client Planning - Project 2

Rationale: Examining client advocacy (already in place) to see if it should be continued and/or expanded should be accomplished.

Timing: 1980

7. Project: Evaluation of state agency referral process.

Problem II - Referral - Project 1

Rationale: Evaluating the referral process presents an on-going need.

Timing: 1981

8. Project: Evaluation of the use of consumer groups in outreach.

Problem I - Outreach - Project 1

Rationale: Investigating how consumer groups might be used as an additional outreach mechanism needs exploration.

Timing: 1982

SUB-GOAL II

RESTORATION AND TRAINING

To improve through State agencies the program content and use of physical and mental restoration, vocational training, and other supportive rehabilitation services.

Problem I: Ineffectiveness and Inefficiency

Restoration and training services preparatory to vocational placement seems to be inadequate in both effectiveness and efficiency.

Prioritized Evaluation Objectives

A. To define (operationally) restoration and training services.

B. To prioritize evaluation need areas in restoration and training services.

C. To determine desired restoration and training service (in terms of objectives which will require definitions, criteria, measurements and appropriate information systems to evaluate outcomes).

D. To determine restoration and training costs.

E. To determine effectiveness/cost for alternate service systems in restoration and training.

F. To develop and implement methods of utilizing evaluation outcome data such as: (a) providing feedback to service providers and (b) facilitating policy-procedure decisions to improve performance.

Rationale for Prioritization

Objectives represent elements and sequences by which effectiveness and efficiency of restoration and training support services may be improved.

Evaluation Projects

Project 1: Formulation of a framework for the evaluation of restorative and training services supporting the VR program.

Purpose: To establish basic operating definitions, objectives, criteria, and information systems for monitoring restoration and training outcomes and costs; to develop a method which is usable by state VR agency personnel to evaluate restoration and training; and to provide performance indicators with regard to improving preparation of clients for vocational placement.

Approach: Contract utilizing consortium of evaluation experts, state-federal VR representatives, and restoration and training providers. Modified Delphi Technique.

Timing: A 24 month project to be implemented as soon as possible.

Project 2: Determination of effectiveness/cost of alternative restoration and training services supporting the VR program.

Purpose: To provide decision-making information regarding which support agency VR should use and why; and to feedback information to support agencies for consideration in improving their patient or client outcomes, consistent with the objectives of maximum vocational placement at least cost.

Approach: Selected VR state agencies identify key restoration and training providers for evaluation. Track their past patients/clients through to VR closure. Utilize framework developed in Project 1 with technical assistance of Project 2 staff.

Timing: A 12 month project to be implemented and completed after Project 1 in FY '79.

Problem II: Limited and Fixed Resources

In many states, an increasing percent of fixed agency resources are expended for restoration and training in extended evaluation to meet the mandate for serving the severely disabled. Thus, the availability of resources for other rehabilitation services is reduced.

Prioritized Evaluation Objectives

A. To define the performance criteria and measurement devices for evaluating extended evaluation services.

B. To define alternative methods of evaluating client potentials and determine their relative effectiveness and efficiency for both severely and non-severely disabled.

C. To determine the pattern of utilization of extended evaluation activities by different State VR agencies in terms of the extent used, costs expended, and outcomes.

Rationale for Prioritization

Objective B is the most important because of its subsequent utilization potential for improving the use of fixed resources. Establishing performance criteria (Objective A) must, however, be addressed prior to evaluating effectiveness and efficiency (Objective B). Objective C will offer a state-of-the-art relative to determining eligibility and may be addressed independent of Objective A and B.

Evaluation Projects

Project 1: Exploration of performance criteria and measurement devices for evaluating extended evaluation services.

Purpose: To identify existing performance criteria and measurement devices.

Approach: A survey should be made of the literature and of current state agency practice to identify performance criteria and measurement devices. Deficiencies in current practice should be identified. Performance criteria and related measurement devices may subsequently be developed.

Timing: A 12 month (or less)project which should be implemented immediately.

Project 2: Methods of evaluating client potential, effectiveness, and efficiency.

Purpose: To develop recommendations for organizational utilization of client evaluation resources.

Approach: Identify different methods of evaluating client potential for VR eligibility. Compare effectiveness and efficiency of the identified approaches for both severely and non-severely disabled clients.

Timing: A 24-36 month project preceded by Project 1. Implementation and completion dates are not specified.

Problem III: Environmental Modification

The need to modify and adapt the job environment to the needs of the handicapped has not been fully responded to in the training and support program.

Prioritized Evaluation Objectives

To determine the extent to which job engineering, modification, job development, and architectural barrier removal have contributed to the placement process.

Rationale for Prioritization

Project 1: Evaluation of the Rehabilitation Engineering Center program.

Purpose: To determine whether engineering expertise can significantly contribute to placement.

Approach: Compare the effectiveness of Rehabilitation Engineering Center efforts at job re-engineering with traditional job modification re-engineering efforts.

Timing: A 12 month project to be initiated in FY '79.

Project 2: Evaluation of architectural barrier removal as promoted by VR agencies.

Purpose: To ascertain the contribution that architectural barrier removal has made on employment of VR clients.

Approach: Obtain a statistical sample by region and measure the knowledge of VR counselors and others of relevant barrier removal legislation and procedures.

Timing: A 12 month project to be implemented and completed in FY '78.

Problem IV: Relationship of Training Program to Opportunity Structure

Current training effort is not based upon an accurate assessment of job conditions and opportunities.

Prioritized Evaluation Objectives

To determine the extent to which manpower forecasting and labor analysis are utilized in establishing the content, process, and job-training skill programs of VR supported training.

Rationale for Prioritization

Not specified

Evaluation Projects

Project 1: Surveying of training activities to identify the role of manpower planning and forecasting in determining training structure and eventual placement.

Purpose: To determine if the manpower forecasting process has significantly contributed to the success rates and the appropriateness of post-training placement.

Approach: Survey a stratified sample of personnel in proprietary training programs, state operated rehabilitation facilities, and other rehabilitation facilities to determine their knowledge, understanding, and application of manpower forecasting principles techniques and the differential outcomes related to their use.

Timing: A 12 month project to be initiated in FY '78.

Project 2: Assessment of the differential impact and effectiveness of vocational training services grants in rehabilitation facilities.

Purpose: To determine whether utilization of manpower forecasting and job analysis contribute to successful quantitative and qualitative placement results.

Approach: Follow-up clients who received training services during the past ten years to relate utilization of manpower forecasting to short-term and long-term employment.

Timing: Time is unspecified. (A follow-up study to Project 1, incidence study FY '79, which should not be undertaken unless a significant number of vocational training service projects have indicated utilization of manpower analysis).

Project 3: Assessment of Projects With Industry.

Purpose: To determine whether the Projects With Industry program utilizes manpower forecasting in determining project priorities and to establish the full costs of providing such service.

Approach: Not specified.

Timing: Not specified.

Problem V: Relationship of Training and Employment

Client completion of vocational training program is not appropriate for employment outcomes.

Prioritized Evaluation Objectives

A. To determine if the training objectives were appropriate for the client.

B. To determine if the client's training objective was consistent with potential and real job requirements.

C. To determine if the training did or did not provide the individual client with appropriate skill competencies.

Rationale for Prioritization

These objectives represent logical components for evaluation to determine the adequacy of training in producing outcomes which relate to appropriate placement.

Evaluation Projects

Project 1: Taxonomy of vocational training outcomes which relate to occupations.

Purpose: Not specified.

Approach: Not specified.

Timing: Not specified.

Problem VI: Cost/Benefits

There is increased allocation of fixed resources for restoration and training to "high-cost - low-outcome clients" who ultimately do not reach gainful activity.

Prioritized Evaluation Objectives

A. To determine the extent (amount and ratio) of "high-cost - low-outcome client" service expenditure to total client service expenditures.

B. To define performance criteria and measurement devices for evaluating the effectiveness of providing restoration and training services to "high-cost - low-outcome clients."

C. To compare the effectiveness and costs of alternative restoration and training services.

Rationale for Prioritization

Objectives represent a logical sequence for evaluating the costs expended by state agencies on "high-cost - low-outcome clients" who are not rehabilitation at the time of exit from the rehabilitation process.

Evaluation Projects

Not specified.

Approach: Not specified.

Timing: Not specified.

SUB-GOAL III

EMPLOYMENT

To improve through state agencies the process of job identification, placement, and follow-up support and assure increased opportunities for optimal employment related to the present and potential job market including homebound employment and the self-employed.

Problem I: Enhancing Job Opportunities

Information is lacking about whether counselors and agencies are functioning with maximum efficiency and effectiveness in preparing, placing, retaining, and enhancing job opportunities for handicapped individuals with emphasis on severely disabled.

Prioritized Evaluation Objectives

A. To determine the extent to which counselors have access to support systems (e.g., job banks, medical, specialized services, training programs, consultation from business and labor unions, etc.) in the areas of preparation, placement, retention, and enhancement.

B. To determine variables and influences, with particular emphasis on employment and the world of work, which affect the functions of the counselors in their interaction with clients in the areas of job preparation, placement, retention, and enhancement.

C. To determine whether differences in client characteristics affect: (1) service needs, (2) services delivered, (3) rehabilitation success, and (4) client earnings.

Rationale for Prioritization

These objectives represent the essence of the rehabilitation function. It is important, therefore, to identify and to access existing knowledge, assumptions, practices, and agency support systems as they influence the employment goal of the rehabilitation system. It is anticipated that increased knowledge in this area will shape counselor practices, resource allocation, and agency policy.

Evaluation Projects

Project 1: A study of methods of job preparation and placement of the severely disabled.

Purpose: To evaluate the efficacy of alternative methods of job preparation and placement and to provide counselors with information on those techniques which prove most effective in preparing severely disabled clients for the world of work and which lead to the most effective placements of severely disabled clients.

Approach: Examine practices in the various state agencies, the private agencies, and other public facilities to seek improvements and innovations which may be used by all those in the public and private rehabilitation community. This evaluation research should be fed back into the system for immediate validation or rejection by the program.

Timing: A 36-48 month project. Implementation date not specified.

Project 2: The identification and assessment of the differential patterns of agency support in the areas of job preparation, placement, retention, and enhancement.

Purpose: To assess those systems which are most effective and efficient in supporting the counselors function in job preparation, placement, retention, and enhancement.

Approach: A select sample of state and private agencies will be drawn; interviews and/or questionnaires will be directed to staff at all levels; and attention will be given to such support systems as job banks and special support services, staff, and linkages with other agencies, etc. An analysis should be made of documentary materials, and an observation undertaken where appropriate.

Timing: A 12 month project (Additionally, a possible long-term evaluation study on demonstrating and testing alternative support systems may be derived from short-term evaluation study). Implementation date not specified.

Project 3: Assessment of the manner and degree to which counselors utilize labor market and other world of work variables in relating to job preparation, placement, retention, and enhancement of needs of clients.

Purpose: To determine the counselors level of knowledge and the manner in which they utilize such knowledge of the world of work in their interaction with clients and to determine the comparative significance of the world of work variables with other variables in the counselors decision making process.

Approach: Conduct an in-depth qualitative study which will involve in-depth face-to-face interviews with a comparatively small sample of counselors. Make a content analysis of case records and available tape recordings of counselor/client interviews.

Timing: A 12 month project beginning in FY '78.

Project 4: Assessment of the impact of the client characteristics on services needed and client outcomes determined by job preparation, placement, retention, and enhancement.

Purpose: Not specified.

Approach: Obtain a sample of state agencies and private facilities. Within each agency, analyze selected case records and interviews with clients and counselors. Emphasis should be placed on such variables as work history, education, family support, etc.

Timing: A 12 month project beginning FY '78.

Problem II. Lack of Data on Validity and Reliability of Information

Data regarding the validity and reliability of existing, routinely collected program data and the need for additional data are missing.

Prioritized Evaluation Objectives

A. To evaluate the reliability and validity of routinely reported data (e.g., R-300, P.E. standards).

B. To identify proposed analyses which will require the expansion of the data base (e.g., affirmative action, employer incentives, costs, etc.).

C. To develop an outline of this expanded data base system and determine the validity and reliability of the data.

D. To evaluate the management of the data base systems.

F. To create a census of the population eligible for VR services.

Rationale for Prioritization

Because a current study along this line is being conducted, this important issue was designated as second in order to reiterate its importance and the need for continuance while giving higher priority to other, perhaps not yet considered, evaluation issues.

Evaluation Projects

Project 1: An evaluation of the validity and reliability of routinely collected/reported data.

Purpose: To determine the existence of any errors in the present data base.

Approach: Use a combination of case file review, interview, and hand tabulation vs. computer tabulation to identify errors.

Timing: A 12 month project to be implemented and completed during FY '78.

Project 2: Identification of the need for an expansion of present data base.

Purpose: To expand evaluation capabilities through the expansion of available data collected on a routine basis.

Approach: Identify data requirements for proposed evaluations (e.g., affirmative action, employer incentives, non-duplicated case service costs, etc.) and determine which data is non-existent or non-existent on a routine basis.

Timing: A 24 month project to be implemented during FY '78 and completed in FY '79.

Project 3: Evaluation of the validity and reliability of expanded data base.

Purpose: To determine the existence of any errors in the additional data collected and to determine if the additional data (or the additional process) resulted in invalidating any parts of the existing system.

Approach: Use a combination of case file review, interview, and hand tabulation vs. computer tabulation to identify errors.

Timing: A 24 month project to be implemented during FY '80 and completed in FY '81.

Project 4: A study of the allocation of overhead costs of the VR program.

Purpose: To determine how overhead costs should be distributed among different cases (Current evaluations of the program often include class-specific benefit-cost analysis. These evaluations are based upon overhead case allocations which are prorated. This is clearly untenable. The amount of counselor effort, as well as other overhead, varies depending upon the degree of severity, case complexity, etc. With upwards of 1/2 of the program costs being indirect (overhead) costs, it is crucial that we understand the nature of these overhead costs and how they can be managed more efficiently).

Approach: Contact an accounting firm, particularly one with expertise in cost accounting and management of overhead, to study the resources used in the treatment of rehabilitation clients. These resources should be "allocated" explicitly by case. Monitor a random sample of clients throughout the rehabilitation process. Care should be taken to insure that a sample is drawn which will at least allow for overhead allocation over broad disability groups, demographic groups, and levels of severity.

Timing: A 24 month project. (Average time in the program is approximately 18-24 months, and a two year project would allow the accounting firm to follow clients from intake through closure). Implementation and completion dates not specified.

Problem III: Equity of Process and Outcome

Information is lacking about whether the placement process and outcome are equitable in regard to sex, nature and severity of disability, and other significant demographic variables of the client.

Prioritized Evaluation Objectives

Survey the placement process and outcomes to assess the equity of the system in regard to the sex, severity, and nature of the disability of the client to determine the interaction of the variables upon the

outcome of placement and retention of client in his/her field of employment.

A. To determine the impact of sex, nature, and severity of disability, etc., upon the placement process.

B. To determine the impact of sex, nature and severity of disability, etc., upon the quality of placement.

C. To determine the impact of sex, nature and severity of disability, etc., upon the retention of the person in the job market.

D. To explore the impact of sex, nature and severity of disability, etc., upon optimal employment related to the present and potential job market including homebound employment and self-employment.

Rationale for Prioritization

Non-discriminatory practices are both a legal and human requirement of the rehabilitation system. At the same time, treatment and service must be based upon the needs of the individual client. In order to assure increased opportunities for optimal employment, equity of the placement process and outcome must be considered a high priority.

Evaluation Projects

Project 1: Equity of placement in reference to sex of client, nature and severity of client's disability (and other demographic variables).

Purpose: To explore the equity of placement in regard to sex of client, nature and severity of client's disability and other client variables (e.g. cultural, background, age, time of onset of disabling condition, education, marital status, work history, etc.) upon the quality of placement.

Approach: Conduct an analysis of a national data sample; explore and deferentially analyze the variables (i.e., sex, severity and nature of disability, etc.) associated with the quality of job placement. Generate criteria of job placement quality and establish an evaluative rating. Draw a national sample and conduct a state-by-state examination to identify the nature and quality of job placement for individual clients in the sample. Relate the impact of the client's sex and the nature/severity of the client's disabling condition to the quality of client placement.

Timing: A 36 month project. Implementation and completion dates not specified.

Problem IV: Incentives and Disincentives

Relatively little seems to be known about the factors that may act as incentives and disincentives on the performance of rehabilitation counselors, particularly with respect to job development, placement, and follow-up.

Prioritized Evaluation Objectives

A determination is needed as to the effect of implicit and explicit incentives of the program's efforts in job identification, placement and follow-up support.

A. To examine the effect of the current closure system on a counselor's performance with respect to job identification, adequacy, and effectiveness of placement and follow-up.

B. To determine the relative strength of incentives and disincentives which affect client behavior and the likelihood of attaining status 26.

C. To determine the efficiency of various techniques to circumvent disincentives to 26 closure which are external to the rehabilitation system.

Rationale for Prioritization

The entire population at risk, as well as the professional rehabilitation community, is subject to incentives and disincentives which may induce specific behavior. The induced behavior may be beneficial in terms of quality rehabilitation closures, or it may mitigate against the mission of the program. Attention to these incentives-disincentives could lead to gains in program performance and social well-being.

RSA has been aware of the implications of incentives and disincentives in the program. The program has sponsored research in weighted case closure with an interest in investigating the alternative methods of evaluating counselor performance. In addition, the program has funded a study by the University of Alabama which initiates research in disincentives mitigating against 26 closures. This research should build on RSA's previous efforts.

An understanding of the dynamics of incentives and disincentives, both external and internal to the program, could lead to more effective legislation in the social welfare and disability areas.

Evaluation Projects

Project: Evaluation of current incentives and disincentives for the employment of the severely disabled.

Purpose: To develop a rational picture of incentives/discentives with regard to employment of the severely disabled in order to improve the delivery systems.

Approach: Compare different systems of incentives/disincentives in different societies and its effect on employment of the severly disabled. Conduct a comparative study of employed versus unemployed severely disabled in relationship to the role of incentives/disincentives in employment.

Timing: Not specified.

Problem V: Coordination of External Resources

Interdisciplinary based planning and coordinated service delivery systems are essential in meeting the rehabilitation needs of clients; however, very little data are available from evaluation which may be used as a basis for improving coordinated service delivery.

Prioritized Evaluation Objectives

Identify and evaluate present systems/procedures of multi-organizational service delivery on preparation, maintenance, and enhancement of employment, and develop a definition of evaluation adequacy, efficiency, impact, effectiveness, equality.

A. To develop a method for evaluating coordination of: facilities, e.g., institutions, housing, transportation, funding support systems; attendant support services, e.g., feeding, toileting, dressing; and coordination of governmental agencies at all levels.

B. To develop outreach to union resources.

C. To develop alternative efforts to enforce barrier free environment.

D. To develop alternative methods of coordination with employers.

E. To develop alternative methods of coordination of competing needs for placement of different placement groups.

F. To evaluate efforts of affirmative action for placement of disabled.

G. To evaluate public educational efforts to enhance the image of the work role of the disabled.

Rationale for Prioritization

Not specified.

Evaluation Projects

Project: Alternative methods of coordinating resources.

Purpose: To evaluate the current approaches to the coordination of external resources (facilities, services, agencies) in meeting the changing needs and optimal methods for delivering services to the severely disabled (these activities might include methods for improving placement, maintenance, and job enhancement).

Approach: Develop a method for evaluating coordination of services. Evaluation should include measures of effectiveness, impact, efficiency, adequacy, and equity. Investigate a number of allied problems related to coordination and employment including, among others, the following: (1) different criteria used by participating agencies in measuring output; (2) methods of coordinating after care and "follow-along" services to maintain employment; and (3) alternative methods of financing rehabilitation services. Review alternative approaches to deal with housing, transportation and other barriers to employment especially in regard to job maintenance and enrichment.

Timing: A 36 month project (First year may be needed to develop methodology for evaluation of the coordination of services. Years two and three may be needed to conduct the field study and publish results). Implementation and completion dates not specified.

SUB-GOAL IV

CAPACITY BUILDING

To improve State capacities in policy, program, and resource management so that available rehabilitation resources can best be utilized to achieve the program mission, goal, and sub-goals.

Problem I: Evaluation Methods

Empirical data is lacking about whether capacity building can take place unless service organizations have continuous and consistant technically competent methods of evaluation of outcomes.

Prioritized Evaluation Objectives

To describe and evaluate existing and proposed evaluation models which will enable the identification of optimal model(s), including measureable objectives to be applied to the RSA and VR systems.

Rationale for Prioritization

This objective has highest priority because it is fundamental to all evaluation activity required by the law (Section 401, Rehabilitation Act of 1976 and RSA regulations). It is the activity which must occur first. It would also build on previous R & E projects.

Evaluation Projects

Project 1: State-of-art-study of alternative evaluation models applicable to RSA program.

Purpose: To make use of the existing knowledge and select feasible direction.

Approach: A search (literature and other sources).

Timing: A 12 month project, in the first year of a long term project. Implementation and completion dates not specified.

Project 2: A bank of evaluation instruments related to desired

results (outcome and process): tools for VR administrators and counselors.

Purpose: To assure the relevance and accessibility of evaluation instruments to the continuing problems of the agency.

Approach: Search existing information systems and catalog identified materials.

Timing: A 12 month project in the second year of a long term project. Implementation and completion dates not specified.

Project 3: Establishment and application of criteria to evaluation model(s).

Purpose: To assure valid and reliable assessment.

Approach: Search literature, survey agencies, and use consultation team.

Timing: A 12 month project in the second or third year of a long term project. Implementation and completion dates are not specified.

Project 4: The design of a caseload performance evaluation system as part of "bottoms up" evaluation planning system.

Purpose: Not specified.

Approach: Not specified.

Timing: Not specified.

Problem II: Outcome Measures

It is not known whether consistent and technically competent outcome measures can be developed which will improve program performances.

Prioritized Evaluation Objectives

To establish an ongoing program evaluation system to improve VR performance at top management, middle management, and case carrier levels (This system could be used to evaluate the accomplishment of stated VR agency goals and the processes leading to the attainment of these goals).

Rationale for Prioritization

This objective flows naturally from the first objective under Subgoal III. It is important because it helps to carry out the law (Section 401) and its regulations in concrete terms and allows for practical evaluation of the project(s). It would also take advantage of prior R & E work.

Evaluation Projects

Project: A pilot test of optimal program evaluation systems.

Purpose: To pilot test theoretically optimal program evaluation systems in a few locations to determine how these systems can be made to actually work in the field.

Approach: Test theoretically "best" systems among a collection of state-of-the-art program evaluation systems to determine if they actually work in total. Study the interaction of parts to determine necessary modifications to make them feasible on a generalized basis.

Timing: A 24 month project of a long term project (Two years length of time necessary to locally develop, implement, and test specific effects of the program evaluation system on the ultimate mission of the agency being evaluated). Implementation and completion dates are not specified.

Problem III: Incentives and Disincentives

Added knowledge is needed about what combination of incentives or disincentives (barriers) operate to further impede the installation and the utilization of program evaluation (What is the federal role?).

Prioritized Evaluation Objectives

To develop a optimal set of incentives, which when structured within an organization, will encourage the development, installation and utilization of evaluation systems in such a way that program performance will be maintained and improved.

A. To determine why existing incentives have not contributed more toward the development of technically competent evaluation systems in the programs and projects of RSA.

B. To determine why current incentives have not contributed more toward the installation and utilization of an existing evaluation system which is appropriate to a program or project within RSA.

C. To determine why existing incentives have not enhanced a greater degree to which the evaluation system improves program performance.

Rationale for Prioritization

These objectives seem logical in sequence to Objectives A and B. After a system is developed, it needs to be put in place. The manner in assuring the use of any system needs to be determined and brought to bear on its installation. Temporarily, therefore, it is intermediary. Hopefully, it would build on prior R & E knowledge.

Evaluation Projects

Project 1: Resistance/acceptance of installation of evaluation in VR facilities.

Purpose: To determine conditions under which successful installation and utilization of evaluation systems take place (CARF requirements that facilities install an evaluation system in each facility has met with variable success).

Approach: Survey states/locals that represent a continum from least to most successful installation of facility evaluation system.

Timing: A 36 month project beginning in FY '78.

Project 2: Use of incentives to increase desired program performance.

Purpose: To obtain a set of performance evaluation data on a group of counselors, supervisors, or district VR managers and to relate their performance level to a pre-determined level of reward/incentive to test the reward/incentive system (Evaluation results are frequently unrelated to management decisions).

Approach: Set up experimental groups, reward system, evaluation performance and criteria in three state agencies related to three or four types of disabled clients.

Timing: A 36 month project beginning in FY '78.

Project 3: Effects of changes in availability of money resources absolutely and temporarily on delivery of service to the client and support agencies.

Purpose: To define specifically any detrimental effect of the availability of money services on the services delivered to the client and/or the system (organization).

Approach: Not specified. (This has the greatest priority within the problem area since any detrimental effect must be defined).

Timing: A 12 month project.

Project 4: A study of the effects of providing RSA funding for the establishment of a program evaluation staff in VR program.

Purpose: To test the hypothesis that providing funds for a staff member, with appropriate support dedicated to the mission of program evaluation, would result in a more effective effort than is now experienced.

Approach: Select certain agencies within the system which are comparable in mission. Within this selection, provide identified agencies with funding to provide staff. After a specified time, compare the results of the effect of their program's evaluative activity.

Timing: A 36 month project to be implemented in FY '78 and completed in FY '81.

Project 5: Identification of the conditions or incentives which effect organizational response to program evaluation requirements.

Purpose: A case study of agency(ies) to determine what incentives are required to enable it to respond to program evaluation missions.

Approach: Develop a catalog of incentives, such as funding, staffing, and training, and determine their impact on performance. Conduct a case study of agencies.

Timing: A 24 month project. Implementation and completion date not specified.

Problem IV. Extra-Agency Influences

Information is lacking about how extra-agency factors operate to affect achievement of goals to serve the severely disabled and other special target groups.

Prioritized Evaluation Objectives

To determine the nature and effect of extra-agency factors on a state agency's ability to achieve service goals and to solve unmet client needs.

A. To determine the effects on money resources and their impact on service to severely disabled and other special target groups.

B. To determine the relation of legislators on service to severely disabled and other special target groups.

C. To determine the relation of consumer groups on service to severely disabled and other special target groups.

D. To determine the effects of funding delays on service to severely disabled and other special target groups.

E. To collect and disseminate labor market and social-political trends.

Rationale for Prioritization

These objectives deal with more diffused data which makes them more difficult to utilize or generalize. While important, they are more peripherally related to the concerns represented by I-III, prior objectives under Subgoal IV. These also affect primarily special target groups as opposed to total program.

Evaluation Projects

Project 1: Evaluation of the impact of existing budget and fiscal policies on VR organizations.

Purpose: To identify detrimental effects and to offer solutions for current budget and fiscal policies which seem to have undesirable effects on programs and projects funded by the Rehabilitation Act of 1973.

Approach: Define unit of analysis (What projects and programs are to be evaluated?); define factors (budget and policy changes) which have occurred; develop instrument to determine change; apply instrument to the program/project; describe impact; and suggest changes.

Timing: A 12 month project. Implementation and completion dates are open.

Project 2: Evaluation of the impact of RSA support programs on the State Federal VR Program.

Purpose: To recommend changes in support service programs which could help the state/federal program to better achieve their goals.

Approach: Identify the RSA support programs; determine what their impact on state programs should be and develop an instrument to measure it; apply instrument to determine actual impact; describe divergence and conformance; and make recommendations.

Timing: A 12 month project. Implementation and completion dates are open.

Project 3: A study of the impact of significant others on VR program performance.

Purpose: To determine how others (organizations and individuals) can be mobilized to assist the VR program to improve performance.

Approach: Define significant others; determine how they may impact on VR; develop instrument to assess impact; and determine and recommend ways in which significant others can be used constructively.

Timing: A 12 month project. Implementation and completion dates are open.

Project 4: A study of the ability of organizations to cope with disequilibrium brought about by policy and programatic changes.

Purpose: To determine how organizations can respond in an effective fashion to changes in policy and programs of RSA.

Approach: Determine the organizations which will be assessed; determine policy and program changes that have been assessed; develop an instrument to measure organizational response; apply instrument; determine findings; and make recommendations.

Timing: A 12 month project. Implementation and completion dates are open.

Problem V: Coordinated Service Delivery Systems

The consequences of comprehensive coordinated service delivery systems (umbrella) on rehabilitation management and work performance are not fully understood.

Prioritized Evaluation Objectives

To assess the effects of comprehensive coordinated service delivery systems (including "umbrella" agencies) on rehabilitation management in meeting client needs and agency accountability goals.

Rationale for Prioritization

While important in some instances, this objective has more limited application and so it comes last. This is not to negate the potential effects. However, too frequently this problem arises through ignoring prior R & E results.

Evaluation Projects

Project : A study of the effects of degrees of integration and coordination of rehabilitation service delivery systems on rehabilitation management.

Purpose: To determine how comprehensive service delivery systems and "umbrella" agencies affect the ability of rehabilitation (especially VR) agencies to meet client needs and agency accountability goals.

Approach: Conduct a state-of-the-art study to identify outcomes of such activities as services integration projects on the meeting of client needs and the ability of rehabilitation agencies to account for their financial, professional, and managerial contributions. A survey would identify state VR agencies which are part of

"umbrella" agencies of various types, e.g., human resources, manpower, etc., as well as those which are comparatively "independent" e.g., commissions. Comparisons on a variety of factors (e.g., client needs identification and fulfillment, numbers accepted for service, administrative costs as part of total costs, client service costs) between agencies identified above.

Timing: A 24 month project to be implemented in FY '80.

APPENDIX A

REHABILITATION PARTICIPATORY PLANNING CONFERENCE

LSIT OF PARTICIPANTS

REHABILITATION PARTICIPATORY PLANNING CONFERENCE

January 10, 11, 12, 1977
Ann Arbor, Michigan

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APPENDIX B

DESIGN FOR PARTICIPATORY CONFERENCE ON EVALUATION

DESIGN FOR PARTICIPATORY CONFERENCE ON EVALUATION

SUNDAY EVENING Caucus Room - Main Floor

Registration	Name tags with small group color code
Social Hour	Getting together with people in group
Reference Materials	List of RSA '78 Evaluation Objectives, List of Projected FY "78 Evaluation Projects

MONDAY

9:00 Chairperson - introduction, etc.

Keynote - Goals of Conference.....Dr. Garrett

Conference Design and Logistics.....RRI Staff

- Common categorization to be used for all prioritization

10:00 Coffee in small group rooms

Group Assignments

1. Presentation of group leader and participants
2. Take single RSA subgoal as content area and classify and prioritize problems
3. Identify problems in providing rehabilitation evaluation
   - Identification of evaluation problems
   - Which problems best evaluated by States, by Federal Government
   - Effective State/Federal administration of evaluation
   - Evaluation utilization

Group Leaders (4) and Recorders (4)

12:00 Lunch

1:30 - 3:30 Wrap up group assignments

- Relate to RSA subgoals

UM-RRI, March, 1977

MONDAY (Continued)

3:30 - 4:30 Plenary Session - 4 group reports

- Chaired by CSAVR selected person (all plenary sessions)

Subject: "Prioritized Problems for Evaluation Presented by RSA Subgoal"

4:30 - 5:30 Small Groups - 4 Group Leaders and 4 Recorders

- Each take single goal; prepare integrated report from input of 4 groups

TUESDAY

8:00 Plenary Session

Subject: "Prioritized Problems Classified by Goals"..... RRI Staff, evening before

9:00 Small Groups: 4 Leaders, 4 Recorders

Develop Report #2 "Prioritized Evaluation Objectives Based on Prioritized Problems"

Coffee in small group rooms

12:00 Lunch

1:30 - 3:30 Wrap up Group Assignments

- Relate prioritized objectives to RSA subgoals and to prioritized problems

3:30 - 4:30 Plenary Session
Subject: "Prioritized Objectives Amenable to Evaluation"

4:30 - 5:30 Small groups prepare Report #2 on "Prioritized Evaluation Objectives Presented by RSA Subgoal and Subsumed under Prioritized Problems" as for Report #1

- 4 Leaders, 4 Recorders

6:00 RRI prepare Report #2

WEDNESDAY

8:00 Plenary Session

WEDNESDAY (Continued)

8:00	Subject: "Prioritized Evaluation Objectives Presented by RSA Subgoal and Subsumed under Prioritized Problems"
9:00	Small Groups 4 Leaders, 4 Recorders
	- Develop Report #3: "Strategy for Evaluation Projects to Achieve Objectives, FY 78-82 (Develop titles, concrete and explanatory, and short rationalization for the project)
12:00	Lunch
1:30 - 2:30	Wrap up Group Assignment
2:30 - 3:30	Plenary Session - 4 Group Reports
	Subject: "Project Strategies"
	- RRI prepare Report #3 relating Project Strategies to Prioritized Problems and Objectives