RECEIVED JUL 17 1980

ROUTING AND TRANSMITTAL SLIP

Date 7/9/80

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. M. André	6. L. Frieden		
2. T. Witham	7. C. Kimbrel		
3. M. Bird	8. D. Melia		
4. F. Campbell			
5. T. Muzzio			

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Second and last batch of comments on draft RSA-7.

While a number of reviewers suggested "more," e.g. intake/outcome status, it seemed obvious from the meeting with the 10 initial projects on 6/16-18/80 that we (all of us) are not ready to go much beyond a polished draft RSA-7 at this time because of lack of an IL nomenclature, uniform definitions, project(s) ability to gather data, experience, etc., etc. Do you agree?

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Bob Jones	3212 MES
	Phone No. 202 245-0757

5041-102
☆ U.S. G.P.O. 1977-241-530/3090

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REGIONAL OFFICE
Office of Human Development Services
Region VIII

TO : Bob Jones
Independent Living, RSA

DATE: April 22, 1980

FROM : Regional Rehabilitation Program Specialist
Region VIII

REFER TO: RORS

SUBJECT: Draft RSA-7

Thank you for the opportunity to review and comment on the proposed RSA-7.

I have taken the liberty of demonstrating my suggestions with graphics and you will find them attached.

You will note that I have attempted to coordinate the RSA-7 with the R-300 and I have attached a copy of that code list.

First, I have extended the age to cover preschool and thus serve those preschool clients served under Part C. The additional age groupings also allows for the possibility that some clients will be served in the 6-16 age group. It seems that documenting those numbers is important.

I am suggesting that we add Hispanics as an origin that should be documented. Perhaps we can lead the Title I program in recording this data.

You will note that I added a section entitled Work Status at Referral. I have duplicated that data collected by the R-300 with very minimal revisions. I feel this is valuable data to demonstrate the relationship with the Title I program.

I would also like to suggest the addition of a Status at Closure section. I again have borrowed from the Title I, R-300 and made revisions that separate Title I and Title VII.

The aforenoted revisions and/or additions can still be collected on a one page document as demonstrated.

I also would like to see documentation of the actual numbers of severely disabled individuals on staff, utilized as consultants, involved as peer counselors, etc. Perhaps this could be added in a brief narrative.

Once again thank you.

Mayta Bird

cc: Mary Andre
Frank Campbell
Ted Witham

HELP ELIMINATE WASTE HEW COST REDUCTION PROGRAM

GPO 846-074

REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20201

COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING

QUARTERLY REPORT FOR THE PERIOD ENDING _____ 19___, TITLE VII, PART _____ FUND

ENTRY AMEND	Name	Phone No.
	Number and Street	State Zip

CHARACTERISTICS OF CLIENTS SERVED DURING THIS REPORT PERIOD

AGE	No. Served
(1) 0-6	
(2) 6-16	
(3) 16-21	
(4) 21-29	
(5) 30-39	
(6) 40-49	
(7) 50-59	
(8) 60 and Over	
Not Available	

SEX	No. Served
(1) Male	
(2) Female	

VR AGENCY REFERRALS	No. Served
(1) Referred to VR	
(2) Referred from VR	

RACE	No. Served
(1) White	
(2) Black	
(3) Hispanic	
(4) American Indian or Native American	
(5) Asian or Pacific Islander	
(6) Not Available	

WORK STATUS AT REFERAL	No. Served
(1) Wage and salaried, competive	
(2) Sheltered Workshop	
(3) Self-employed (Except BEP)	
(4) State-agency-managed business enterprises (BEP)	
(5) Homaker	
(6) Unpaid Family Worker	
(7) Not working-student	
(8) Trainee- or worker (non-competitive labor market)	
(y) Not available	

DISABILITY	LIVING SITUATION AT REFERAL: ALONE	RELATIVES OR FRIENDS	FOSTER OR GROUP HOME	INSTITUTION	OTHER
(1) Blind					
(2) Deaf					
(3) Orthopedic Impairment					
(4) Absence of Limbs					
(5) Mental Illness					
(6) Mental Retardation					
(7) Other Impairments					

SERVICES PROVIDED CLIENTS DURING THIS REPORT PERIOD

SERVICES \ SOURCE OF SERVICES	PROGRAM STAFF No. Served	PUBLIC AGENCIES No. Served	PRIVATE AGENCIES No. Served
(1) Information & Referral Only			
(2) Intake Counseling			
(3) Diagnosis and Evaluation			
(4) Attendant Care Counseling			
(5) Attendant Care Assistance			
(6) Rights & Benefits Counseling			
(7) Peer Counseling			
(8) IL Skills Counseling & Training			
(9) Housing Assistance-Independent			
(10) Housing Assistance-Group Living			
(11) Special Services-Blind			
(12) Special Services-Deaf			
(13) Vocational Services			
(14) Health Services			
(15) Physical Restoration			
(16) Transportation Assistance			
(17) Social & Recreational Services			
(18) Homemaker Services			
(19) Emergency Services			
(20) Other Services			

STATUS AT CLOSURE

1) Unable to locate or contact or moved
2) Handicap too severe or unable to benefit from services
3) Refused services or further services
4) Death
5) Institutionalized
6) Transfer to another agency
7) Failure to cooperate
8) Not severly disabled
9) Transfered to Ticle I program
0) Other

R-300 Code List

STATISTICAL REPORTING SYSTEM 3005.03 (84)

CODE LIST FOR FORM SRS-RSA-300

Agency Code - (See RS Manual)

Part 1 Item B - County Code
Enter the three digit code from the code list provided by your agency.

Part 1 Item D - Referral Source Codes

(1-) Educational Institutions
- 10 College or university (institution offering higher than secondary education)
- 12 Vocational school (including business, trade, and other technical)
- 14 Elementary or high school
- 16 School for the physically or mentally handicapped
- 19 Other educational institution

(2-) Hospitals and Sanatoriums
- 20 Mental hospital
- 22 Other chronic condition or specialized, hospital or sanatorium
- 24 General hospital
- 29 Other hospital or clinic (except public health clinic)

(3-) Health Organizations and Agencies
- 30 Rehab. Facility (except Community Mental Health Center)
- 32 Community Mental Health Center
- 34 State Crippled Children's Agency
- 38 Other public health department, organization, or agency (including public health nurse or clinic)
- 39 Other private health organization or agency

(4-) Welfare Agencies
- 40 Public welfare agency (State and local government)
- 44 Private welfare agency

(5-) Public Organizations and Agencies
- 50 Social Security Disability Determination Unit
- 51 Social Security District Office
- 52 Workmen's Compensation Agency (Federal and State)
- 53 State Employment Service
- 54 Selective Service System
- 55 State Vocational Rehabilitation Agency
- 58 Correctional institution, court, or officer
- 59 Other public organization or agency (not specifically education, health or welfare)

(6-) Private Organizations and Agencies
- 60 Artificial appliance company
- 62 Employer (private)
- 69 Other private organization or agency (not specifically education, health or welfare)

(7-) Individuals
- 70 Self-referred person
- 72 Physician, n.e.c.
- 79 Other individual, n.e.c.

Part 1 Item G - Disability as Reported (See RS Manual)

Part 2 Items B and C and Part 3 Items G and H - SSDI and SSI Status
- 0 Not an applicant
- 1 Applicant - Allowed benefits
- 2 Applicant - Denied benefits
- 3 Applicant - Status of application pending
- 4 Not known if an applicant (Do not use in Part 2 Items B and C if accepted for EE or VR services. Do not use in Part 3 Items G and H if closed in status 26.)
- 6 Benefits discontinued or terminated

Part 2 Item D - Race
- 1 White
- 2 Negro
- 3 Indian
- 4 Other
- Y Not available

Part 2 Item H and Part 3 Item N - Reason for Closure
- 1 Unable to locate or contact; or moved
- 2 Handicap too severe or unfavorable medical prognosis
- 3 Refused services or further services
- 4 Death
- 5 Client institutionalized
- 6 Transfer to another agency
- 7 Failure to cooperate
- 8 No disabling condition (closures from 00 or 02 only)
- 9 No vocational handicap (closures from 00 and 02 only)
- Y Other

Part 2 Item I - Disabling Conditions (See RS Manual)

Part 2 Item K - Marital Status
- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- Y Not available

Part 2 Item O and Part 3 Item I - Work Status
- 1 Wage or salaried worker - competitive labor market
- 2 Wage or salaried worker - sheltered workshop
- 3 Self-employed (except BEP)
- 4 State-agency-managed business enterprise (BEP)
- 5 Homemaker
- 6 Unpaid family worker

DO NOT USE THE FOLLOWING CODES AT CLOSURE FOR STATUS 26 CLOSURES
- 7 Not working - student
- 8 Not working - other
- 9 Trainee or worker (non-competitive labor market)
- Y Not available

Part 2 Item Q - Monthly Family Income (including earnings)
- 0 $ 0.00 - 149.99
- 1 $150.00 - 199.99
- 2 $200.00 - 249.99
- 3 $250.00 - 299.99
- 4 $300.00 - 349.99
- 5 $350.00 - 399.99
- 6 $400.00 - 449.99
- 7 $450.00 - 499.99
- 8 $500.00 - 599.99
- 9 $600.00 and over
- Y Not available

Part 2 Item R and Part 3 Item K - Type of Public Assistance
- 0 None (Do not use at closure if client received PA between referral and closure. See code 9.)
- 1 SSI-aged
- 2 SSI-blind
- 3 SSI-disabled
- 4 Aid to families with dependent children (AFDC)
- 5 General assistance (GA), only
- 6 AFDC and SSI in combination
- 7 (Do not use)
- 8 Type(s) not known
- 9 PA received between referral and closure only. (Do not use in Part 2 Item R. Record dollar amount of first check.)
- Y Not available (Do not use in Part 2 Item R if accepted for EE or VR services. Do not use in Part 3 Item K if closed in status 26.)

Part 2 Item R - Time on Public Assistance
- 0 Not receiving public assistance
- 1 Less than six months
- 2 Six months but less than one year
- 3 One year but less than two
- 4 Two years but less than three
- 5 Three years but less than four
- 6 Four years but less than five
- 7 Five years or more
- Y Not available

Part 2 Item S - Primary Source of Support
- 00 Current earnings, interest, dividends, rent
- 01 Family and friends
- 02 Private relief agency
- 03 Public assistance, at least partly with Federal funds
- 04 Public assistance, without Federal funds (GA only)
- 05 Public institution - tax supported
- 06 Workmen's compensation
- 07 Social Security Disability Insurance benefits
- 08 All other public sources
- 09 Annuity or other non-disability insurance benefits (private)
- 10 All other sources of support
- YY Not available

Part 2 Item T - Type of Institution
- 00 Not in institution at referral
- 01 Public mental hospital
- 02 Private mental hospital
- 03 Psychiatric inpatient unit of general hospital
- 04 Community mental health center - inpatient
- 05 Public institution for the mentally retarded
- 06 Private institution for the mentally retarded
- 07 Alcoholism treatment center
- 08 Drug abuse treatment center
- 09 School and other institution for the blind
- 10 School and other institution for the deaf
- 11 General hospital
- 12 Hospital or specialized facility for chronic illness
- 13 Institution for the aged
- 14 Halfway house
- 15 Correctional [illegible]
- 16 Correctional institution-juvenile
- 17 Other institutions and living arrangements

Part 3 Item C - Social Security Claim Type (See RS Manual)
- 1 DIB
- 2 CDB-OA
- 3 CDB-DI
- 4 [illegible]
- 9 No Trust Fund [illegible]

Part 3 Item [illegible] - Federal [illegible] Program Identification (See RS Manual)

Part 3 Item L - Occupation (See RS Manual)

STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF VOCATIONAL REHABILITATION SERVICES

P. O. BOX 26053

RALEIGH 27611

JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

CLAUDE A. MYER
DIRECTOR

April 16, 1980

William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD
Rehabilitation Services Administration
Washington, D. C. 20201

Dear Bill:

Thanks for the opportunity to review and comment on the proposed initial reporting requirements for Part B funded projects, and the proposed RSA-7 and instructions. We are all hoping that your efforts here will do something to spark a dedicated effort within RSA to revamp the outmoded reporting system for the Basic Support program. We have included in our response some of the review ideas for our contracted Independent Living Center program staff.

I think the work you have done is excellent. Obviously you (or someone) has put a great deal of time and thought into the proposal. We would like to remind you, more than anything else, of the following:

1 - State Agency-operated programs should have little to no problem implementing the majority of requirements as proposed.

2 - State Agency-contracted programs will present a greater challenge for implementation due to:

a) the levels of management sophistication,
b) the different norms of accountability, and
c) the need to remain flexible

3 - All programs will have difficulty collecting good demographic information from telephone calls. The Berkley ILC clearly lists this kind of counseling help as one of their biggest volume services, and we feel it will be next to impossible to complete much of a form.

4 - All programs, but especially those operated by the State Agency, will have reporting difficulty because of the client sorting problems (when to report under ILC, when to report under basic program, how to report under both). These questions loom as critical issues when addressing reporting requirements.

I trust these statements will provide the guidance you seek. I believe the proposed system will have some marginal success initially, but that its face validity will become stronger over time. If we can help further, please let me know.

Sincerely,

Bob H. Philbeck
Deputy Director

BHP/jb

cc: Mr. Claude A. Myer
Mr. Ron Loftin
Mr. John Dalrymple
Mr. Ben Rickman

The Commonwealth of Massachusetts
Massachusetts Rehabilitation Commission
Statler Office Building
20 Providence Street
Boston, 02116

April 25, 1980

William J. Bean, Ph.D.
Special Assistant for Independent Living Projects
Office of Program Development
Rehabilitation Services Administration
Office of Human Development Services
Department of Health, Education and Welfare
Washington, D. C. 20201

Dear Dr. Bean:

I am writing at the request of John Halliday of this agency, to whom you wrote on March 27, 1980 requesting comment on the proposed Title VII-B data gathering instrument.

I have reviewed your material and have the following comments:

1) I am strongly supportive of the concept of a M.I.S. for Title VII-B Grants.

2) Any data system devised for the purposes outlined by you should, in my opinion, include "client benefit" and/or "client outcome" measures and tracking instruments. Admittedly, development of tools for these purposes is difficult and may lack complete objectivity and absolute reliability. However, merely to recapitulate services delivered in no way speaks to issues of program effectiveness and provides a poor basis for "justifying" a program.

Commenting on the form itself:

3) I see no need to capture client characteristic data (e.g., age, sex, disability, etc.) on a quarterly basis. Useful information to be monitored quarterly would seem to be: referrals, entrants, services delivered, benefits and outcomes achieved.

4) The manner in which "race" is expressed is incomplete in terms of such ethnic groups as: Cape Verdean, Hispanic, etc., which are significant populations for us. Our method has been to ask "ethnic origin".

   Also, the instructions on "race" are vague and seem to run counter to concepts of fair information practices and client participation. How would one know whether a black is recognized as Black, Hispanic or Cape Verdean without asking?

5) Secondary Disability data is not collected and I believe should be for the purposes of planning, program development and program justification.

6) Duration of time in the program is an additional desirable element for evaluating and comparing program effectiveness. Our approach to collecting this type of data is to have it expressed in ranges of time (e.g., 1-3, 4-6 months, etc.)

7) Characteristics of individuals "referred" or "entering" a program should be monitored; not those of individuals "served". Persons served from one year to the next will be counted again and again without any means of determining a program's outreach effectiveness to particular sub-groups (e.g., age, sex, disability, etc.)

8) "In-take Counseling" is defined as the process of determining or establishing program eligibility (I'm paraphrasing). I do not agree. My understanding is that in-take counseling is explanatory of the program's scope and purpose and exploratory of the individual's needs and interests. A determination of eligibility may be made at this point but may need to be deferred until more complete diagnostic and evaluative information is gathered and assessed.

9) Additional comments on the "Services":

   a. Separating "Attendant Care Counseling", Rights & Benefits Counseling", and "IL Counseling and Training" seems hair-splitting. I'd assume the first two were covered by the third.

   b. How to answer many of the service questions puzzles me. Are you looking for the number of individuals provided with a service or the number of services, bearing in mind that one individual might be transported three times per week for nine months?

Finally, for me to estimate the additional manpower required by your proposed instrument would be purely speculative. In Massachusetts we have required more data, without which I would be skeptical about basic program management skills and reasonable accountability.

I hope these comments are useful to you and I appreciate the opportunity to review your work. If I can be of further assistance, please write or call me at (617) 727-2180.

Sincerely,

Alfred J. LaRue
Assistant Director
Program Evaluation Unit

AJL/mg

CC: John Halliday

COMMONWEALTH of VIRGINIA

ALTAMONT DICKERSON, JR.
COMMISSIONER

Department of Rehabilitative Services

4901 FITZHUGH AVENUE POST OFFICE BOX 11045
RICHMOND, VIRGINIA 23230
(804) 257-0316

May 7, 1980

William J. Bean, Ph.D., Special Assistant
Independent Living Projects, OPD
Department of HEW
Office of Human Development Services
Rehabilitation Services Administration
Washington, D.C. 20201

Dear Dr. Bean:

Please pardon the delay in responding to your March 27, 1980 letter requesting advice and assistance regarding the minimum data report for Part B of Title VII. The basic suggestions I have for this form were presented to the CSAVR Independent Living Committee. They are:

1. Try to make the basic data element as similar to R-300 data as possible.

2. Utilize the R-300 disability codes, rather than the seven categories contained on the form.

3. It would be useful to analyze the cost of providing services by category. Therefore, cost data would be a useful addition to this form.

I plan to continue sub-committee work on the issue of data reporting. If we come up with additional suggestions, I will provide them to you.

Sincerely,

David,

David R. Ziskind
Deputy Commissioner

STATE OF WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington 98504

April 21, 1980

William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD
Department of Health, Education, and Welfare
Office of Human Development Service
Rehabilitation Services Administration
Washington, D.C. 20201

Dear Dr. Bean:

The draft reporting form entitled "Comprehensive Services for Independent Living" which accompanied your letter, March 27, 1980, deals well with the basic data required for reporting IL services provided. The necessity for such a report is very clear. A quarterly reporting period seems to me to be most appropriate. It is the intention of Washington State to require quarterly reporting from its subcontractors and this would fit in well with those plans.

Our only suggestion regarding the report format and content has to do with the section on Living Situation at Referral. It seems to me that a significant area is omitted entirely in the listing of the five living situations. That omission is, living with spouse and own children. I don't believe that it is adequately covered under the heading of living with relatives or friends. The presenting problem of a severely disabled person who is living with his or her spouse and/or own children is signigicantly different from the other situations described and ought to be accommodated by having a column especially for that purpose. It seems to me that its omission may reflect and support the misconception that severely disabled people are not married and supporting families. As you know, this is not necessarily true, especially with the disabled person who quite likely may be a family provider living in a situation with his spouse and children. We would suggest this category be added to the format, as well as a change in the instructions.

We thank you for the opportunity to comment on this report form and hope our suggestion has been of assistance.

Sincerely,

Lucille Christenson

Lucille Christenson
Assistant Director for Operations
Division of Vocational Rehabilitation
MS: OB-31C

LC:sgl

ROUTING AND TRANSMITTAL SLIP

Date 4/28/80

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. M. Andre'	6. L. Frieden		
2. T. Witham	7. C. Kimbrel		
3. M. Bird			
4. F. Campbell			
5. T. Muzzio			

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Comments to date on draft RSA-7. Not in as yet are:

Va., Ind., Mass., Me., Mo., N.C., Ka., Wa., and Seattle & Denver RO's.

We are considering 3-5 matrices, e.g. housing, showing status at intake and closure; if drafted, will be sent to same 19 who commented on initial one page draft. These matrices would be a page 2.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Bob Jones	Phone No.

5041-102
☆ U.S. G.P.O. 1977-241-530/3090

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

ilru
independent living research utilization

April 10, 1980

MEMO

TO: Bob Jones
Independent Living Unit
Rehab. Services Administration
Dept. of HEW
Washington, D.C.

FROM: Lex Frieden
Director
Independent Living Research
Utilization Project
The Institute for Rehab. and
Research
Houston, TX

RE: Proposed Form RSA-7, Quarterly Report for Title VII
Grantees

I believe this is a good basic document to begin with. However, I believe certain additional information should be sought. For example, I believe you should add three other matrices similar to the disability living situation matrix. Those matrices would cross-reference disability to three other important aspects of living for severely disabled people. The first would be attendant care and might be labelled attendant care or guardian situation. It might also be called attendant care or protective service situation. That situation may vary from none to service provided by family or friends, service provided by home health care agency, service provided by institution, and so forth. A second additional matrix would be transportation situation at referral and disability. Transportation situations may range from none to own and drive private vehicle, own private vehicle and hire driver, own private vehicle and use volunteer or friend as driver, use private para-transit service, use public para-transit service, use main-line public system, and so forth. The third additional matrix which I would recommend has to do with occupation. It would be disability and occupation at referral. Occupation may vary from none to working part-time as

volunteer, working full-time as volunteer, working part-time in private employment, and so forth. Together, I believe these additional matrices would provide valuable information about the needs of severely disabled people nationwide, and further information about the ability of independent living programs to meet those needs.

Another issue which needs to be addressed in any reporting system relates to client change or outcome. It is not too early to figure out a means for reporting client change. I suggest that any client who is provided services other than information and referral or intake counseling should be contacted from six-twelve months following the last date upon which they received services. This follow-up contact is useful for finding out if the program which served them can provide additional services, and whether or not the clients have made any substantial changes following services received from the program. Follow-up itself might be in the form of a short questionnaire. This questionnaire would be completed over the telephone by the program. The respondant would be asked certain basic questions similar to the ones on the proposed report form RSA-7. In addition, the clients would be asked whether or not they had made any changes in the principle areas of living situations, transportation situations, attendant care situations, or occupation. Data from these follow-ups could be pooled by the program on a quarterly or annual basis and reported to RSA. I believe it is of utmost importance to insure a systematic mechanism for providing these kinds of data to the Administration and Congress. The main justification for supporting independent living programs is that they enable disabled people to live more independently. Therefore, it is necessary to demonstrate improvement in order to justify continued support for these programs.

I'll send you a rough draft summary of a report which we are in the process of preparing. This report deals with the New Options independent living program which operated from 1976 through 1979 with research and demonstration funding provided by RSA. I believe this report reflects the kind of information which the Administration and the Congress are interested in. I will forward several copies of our complete report as soon as it is finished. Thank you for giving me an opportunity to comment on this proposed reporting system. I look forward to seeing any changes which you might make in the form or system.

LF/jr

South Carolina
Vocational Rehabilitation Department

J. S. DUSENBURY
EXECUTIVE OFFICER AND COMMISSIONER

301 LANDMARK CENTER, 3600 FOREST DRIVE
P. O. BOX 4945
COLUMBIA, SOUTH CAROLINA 29240

April 15, 1980

William J. Bean, Ph.D., Special Assistant
for Independent Living Projects, OPD
Rehabilitation Services Administration
Office of Human Development Services
Department of Health, Education, and Welfare
Washington, D. C. 20201

Dear Dr. Bean:

Reference is made to your letter of March 27, requesting that a member of our staff review the draft regarding minimum basic data reporting from the Part B, Title VII, Centers for Independent Living Projects. Enclosed are the notes which Paul Knight wrote me after reviewing this draft. I am in agreement with Paul's assessment and felt it was not necessary to rewrite it.

I would like to say that I think it is absolutely essential that we recognize the need to establish the same type of reporting system for those individuals we provide beneficial services which turn out to be independent living improvements where we initially intended rehabilitation. I have long felt that our reporting system reflects many things that are not essential, and on the other hand does not report many activities which greatly contribute in the nature of services to our clients who don't become rehabilitated. I have encouraged CSAVR to use this time (when OMB seems to be interested) to develop a more meaningful reporting system. Should there continue to be resistance to modify the system on the national level, it will be my intention to develop strategies of my own which will help me better justify the expenditure of both Federal and State money in those instances where clients don't become completely rehabilitated.

Any ideas which you might have on this would be helpful to me. I think it would be very easy to do, if I had the time.

Yours very truly,

Joe Dusenbury

Joe S. Dusenbury
Commissioner

JSD:ndd

CC: Mr. Joseph H. Owens, Jr.

M E M O R A N D U M

DATE: April 3, 1980

TO: Mr. Joe S. Dusenbury, Commissioner

FROM: Paul G. Knight, Director, Independent Living Program PGK/c

SUBJECT: Minimum Basic Data Reporting From Part B, Title VII Centers for Independent Living Projects

I have reviewed the letter, material including the "Draft" proposed Form RSA-7 for reporting information on Independent Living Projects. Dr. Bean requested that you respond to the draft according to the specific topic as follows:

The necessity of such a report

It is my opinion that there is a definite need for reporting basic information to RSA, because we all know that whenever Congressional hearings are held, it is helpful to have numbers to indicate who was assisted by the program. Furthermore, the reporting process should be held constant and uniform throughout the nation; therefore, an acceptable RSA reporting document, i.e., the draft should be developed. Each state should report the same kind of minimum data so that there is consistency and comparative measures can be applied.

Report format and content

The quarterly report appears to be basic in requirements and relative. The report does not request data pertaining to vocational status at entry and upon termination from services in the project. You may want to reflect the following data: (1) number of clients who maintain or increase employment opportunity, and (2) number who increase ability to function independently. The section of the form reflecting services provided during the report period does not attend to the matter of reflecting change or degrees of change as a result of service.

In other content areas, it is noted that the report does not have a category to enumerate the number of Hispanic clients served in the project.

The section "agency referral" should be expanded to include other types of referral sources, i.e., self-referrals or referrals from other public or private agencies.

The section for "disability" reporting may present some problems since it does not fully capture all types of severe disabilities.

The section for reporting "services" is broad and reflects activities in some cases.

Report instructions

The report instructions appear clear and relative enough. It may prove helpful to cite examples in your instructions.

Report definitions

The report definitions appear straightforward.

Availability of data on hand

It would appear that the basic minimum data required for reporting on the proposed RSA Form 7 would be available resulting from intake counseling and the assessment of clients. The South Carolina Agency has decided to gather R-300 type information on intake for the Independent Living Project clients.

The estimated burden, i.e., manpower required

The quarterly report will require time, especially with an initial gathering. However, once we know the data required for reporting, the instruments or tools can be developed to assist in computer reporting. The report would take approximately 8 to 12 man hours.

Mr. Dusenbury, I hope these comments will help to provide incentive to act on the reporting requirement at an early date.

PGK/cgc

Attachments

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
Office of Human Development Services
Rehabilitation Services Administration

TO : William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD

DATE: April 22, 1980

FROM : Robert E. Jones
Vocational Rehabilitation
Program Specialist (IL), OPD

SUBJECT: Telephone Conversation this Date with Mr. Mike Steinhauer, Illinois Department of Rehabilitation Services

Mr. Steinhauer called in response to your letter of March 27, 1980, requesting a review of and comments on the draft RSA-7 to gather aggregate data on the Part B, Title VII CIL projects.

He said that he did not have any major problems with the content, format and accompanying definitions presented in the draft RSA-7.

He did offer at least two very positive recommendations should the reporting Form be approved by OMB and implemented. First, he cautioned about the very minimum type of data to be gathered, and noted that similar data from two different jurisdictions may actually reflect entirely different information if qualitative analyis were possible. His primary concern was that if and when such data are gathered and published, that appropriate explanations (cautions) be included to prevent improper conclusions or interpretations.

Secondly, Mr. Steinhauer suggested or recommended that collateral information could be developed and released, e.g. a brief annual or semiannual analysis of individual project accomplishments towards meeting its stated goals and objectives. As he noted, and I agree, this would provide (1) background or complementary information to the RSA-7 data, and (2) information to others interested in planning and/or operating a Center for Independent Living. Mr. Steinhauer suggested that this type of effort might be assigned to RSA Regional Office staff.

During our conversation, Mr. Steinhauer mentioned that his agency will be monitoring and evaluating its IL activities and indicated that reporting requirements are a part of this activity. I encouraged this since many States are active in the same areas vis a vis independent living, and in the not too distant future the results of such activities may put RSA well ahead in its own evaluation-accountability work. He also mentioned that Illinois now has a State-funds-only PCA program.

Mr. Steinhauer did not indicate that the proposed RSA-7 would place a burden on the State.

cc:
Mr. Steinhauer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Social and Rehabilitative Services
VOCATIONAL REHABILITATION
40 Fountain Street
Providence, R.I. 02903
(401) 421-7005

April 10, 1980

William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD
Office of Human Development Services
Rehabilitation Services Administration
Washington, D.C. 20201

Dear Dr. Bean:

I appreciate the opportunity to review the draft for minimum basic data reporting for Part B - Title VII.

The need for such reporting is critical, especially in this day of accountability and economic recession. The task is difficult since many projects are different in approach and service delivery.

The proposed format seems to meet the basic need and would not cause a burden for the centers. Relating to our own project, we would not have a problem completing the form, since most of the information is being gathered for our own program evaluation. The report instructions and definitions are concrete and concise.

One observation that was made by our Program and Evaluation Unit was that the draft report does not show data at time of closure. A gross measure such as "living situation at closure" may be sufficient for this type of a report.

Overall, we are in favor of the draft proposal and recommend an immediate implementation.

Thank you again for providing us the opportunity to have input into this draft. Looking forward to seeing you in Washington at the CSAVR Spring meeting.

Sincerely,

Edward J. Carley
Administrator
Vocational Rehabilitation

EJC:JH

cc: William A. Messore

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF VOCATIONAL REHABILITATION SERVICES
LABOR AND INDUSTRY BUILDING
TRENTON, NEW JERSEY 08625

JOHN J. HORN
Commissioner

GEORGE R. CHIZMADIA
DIRECTOR
(609) 292-5987

April 10, 1980

William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Office of Human Development Services
Rehabilitation Services Administration
Washington, DC 20201

Dear Dr. Bean:

I have reviewed your letter and attachments of March 27 and have the following comments:

The suggested "draft," submitted periodically is necessary for RSA and the state agency to collect data for program planning and development.

The report format, instructions, and definitions are clear and will require minimum manpower to complete the report.

At the present time, we have minimum data. We have some information as to "need" coming from those counties where offices for the handicapped have been established.

If our Center is funded, our agency program evaluation staff will be working closely with center staff to begin to collect qualification data as well as the basic quantitative and demographic data reflected on the draft report. Also, if the center begins to serve vocational rehabilitation extended employee clients, we expect they can be tracked and reported on by our present computer system.

Sincerely,

John E. Ellis, (W

John Ellis, Coordinator
Independent Living Rehabilitation Service

JE:lmw

cc: A. Marinelli

THE URBAN INSTITUTE 2100 M STREET, N.W. WASHINGTON, D.C. 20037

April 2, 1980

Dr. William Bean
Special Assistant for Independent
Living Projects
3216 M. E. S.
330 C Street, S. W.
Washington, D. C. 20201

Dear Dr. Bean:

I have reviewed your proposed format for the quarterly report of "Comprehensive Services for Independent Living." While I am very pleased that RSA is initiating efforts to develop a long needed and essential reporting format, I have a number of concerns about the limited data that would be collected with the proposed instrument.

To put my concerns in their proper perspective, let me first outline the major reasons why we need data on ILR programs funded under Title VII. These reasons are taken from our final report on the ILR demonstrations funded under the 1973 Rehabilitation amendments.

* Justify existence of ILR. The purpose of ILR is to return handicapped people to a level of independent functioning. If this is not demonstrated, the existence of the program may be questioned.

* Justify level of expenditures. It must be shown that ILR dollars are used in the most efficient fashion with tangible results.

* Reporting requirements. Under Section 13 of the Rehabilitation, Comprehensive Services and Development Disabilities Act of 1978, RSA is required to submit a full and complete annual report to Congress and the President on activities carried out under the Act, including statistical data reflecting services and activities provided to individuals during the proceeding year.

* Improve ILR techniques. ILR is new and there is little experience in how best to provide ILR services. Reporting systems can show how factors of various program types can improve ILR service provision.

* Insuring service delivery to the target population. ILR is to serve the severely disabled who have no immediate vocational goal. If other populations are served as well, there will be fewer dollars left to serve the target population and clients within the target population may be held back from reaching their fullest potential.

* Insuring equitable closure criteria. It must be assured that clients who no longer require or who cannot benefit from services are closed so that others can be served. It must be made certain, however, that clients who need ILR services to maintain their newly acquired level of functioning are not closed out.

* Determining how to best use similar benefits. Funding for ILR is low, but costs are high. Therefore, the best use must be made of other funding sources if the most efficient use of our ILR funds is to take place. To do this, there must be continual collection of information on the use of similar benefits.

The information required to fulfill these needs must be based on individual client information. Data on client improvement, data on services and cost by client type can only be obtained by collecting information on each client participating in the program. General information such as that proposed in your quarterly report can tell us a few general characteristics of the population served and what services were provided. It cannot reveal what types of clients needed which services, which clients gained from provision of services and how they benefitted, or tell what specific types of CIL programs are most effective for which type of client. In addition, information on similar benefits can only be obtained by collecting cost and funding source information on each client. Until such information is collected, we will not be able to adequately justify the ILR program, we will be limited in our ability to plan for effective ILR programs, we will not be able to adequately compare the effectiveness of various approaches to ILR, and we will not be able to maximize the use of similar benefits--so critical as ILR dollars are few. Many of these and other concerns are laid out in the previously noted final report. I encourage you to refer to those making decisions on ILR reporting formats to our study.

I am aware of the efforts currently underway through the ABT Associates study on the RSA Management Information System. The study was set up to design a system for vocational rehabilitation. Recently, they were asked to look at a system for ILR. I feel that a simple add on to a VR project is inadequate for the unique needs of ILR programs. First of all, the CIL concept

is very different from the VR system. ILR Service provision approaches differ not only from VR, but even among CIL's. Success criteria for VR clients is relatively simple--Did the client become "employed" (as defined by the Rehabilitation Act)? ILR has no such simple success criteria. VR is oriented toward case closure (all VR cases are expected to be closed within a reasonable time). Some ILR clients will need lifelong services and hence closure is not always relevant. The unique and changing pattern of ILR client needs reported in our study require special analysis and attention when developing a reporting system. The diversity of program features of various CIL approaches needs special attention if we are to accurately capture and compare the effectiveness of various models of service provision. These and other factors lead to the conclusion that an intensive effort, specifically focused on ILR, is needed for an effective ILR reporting system--a single add on to a project geared toward the VR system is inadequate. Detailed study and developmental efforts are needed.

I would, therefore, strongly recommend that RSA work with NIHR to fund a project to develop a reporting system for ILR. Detailed analysis of the many ILR issues, and extensive development and testing would be required, but information is needed now, in these, the early, critical years of ILR. I would recommend then that you follow the suggestions presented in our final report:

1) Develop a basic reporting system collecting information on client characteristics, basic service and cost (by funding source) information, simple improvement indicators, and program features information. This system would collect and analyze basic information on each client served, and would provide basic information for ILR needs until a refined system is developed.

2) Develop a refined system based on extensive study and development, and with special focus on improvement indicators and client/family assessment of services. The refined system would be tailored to ILR program structures, would be tested and finalized, and result in a complete "system" including data forms, a priori plans for comparison and analysis, computor programs, format for presentation of results and a dissemination structure.

These ideas are presented in more detail in our final report.

As I doubt you would be able to fund such a project in FY 1980, I would also recommend that you use your proposed format until such a project is

funded and has established the basic system. With your proposed reporting format, we can tell how many people were served, a little about their characteristics, and, generally, what types of services were provided--important information indeed, but lacking in depth. I encourage funding of a project to develop a more extensive system at the earliest possible date, as such a system is critical for an effective, efficient program of ILR.

If you have any questions, I would be happy to meet with you at your convenience.

Sincerely,

Timothy C. Muzzio

Timothy C. Muzzio
Research Associate

TCM:ve

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF VOCATIONAL REHABILITATION
99 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

DEPUTY COMMISSIONER FOR
VOCATIONAL REHABILITATION

April 21, 1980

William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD
Department of Health, Education, & Welfare
Office of Human Development Services
Rehabilitation Services Administration
Washington, D.C. 20201

Dear Dr. Bean:

As you requested in your letter of March 27, 1980, I have had members of my staff review the proposed minimum basic data reporting requirements for Part B, Title VII Centers for Independent Living projects.

The proposed reporting system is a necessary management and evaluation tool. The specific format is acceptable to us. However, there are three areas of concern we would like to bring to your attention. They are:

1. Severe disability is defined within the instructions according to Title VII regulations, that is with regard to cost and duration of services. Later in the instructions, however, the VR definition of severe disability is inserted and the two seem to be used interchangeably. Since the definitions will for the most part be mutually exclusive from the Title VII Part A program, we believe there will be a need to adopt a more inclusive definition of severe disability for independent living centers. The definition under Title VII Part A is very limiting. Independent Living Centers do not have sufficient funding to provide services to disabled people who require long term costly services as defined in the regulations for the severely disabled under Title VII Part A.

2. The reporting form includes a listing of those services which independent living clients are receiving. More specific information is needed relative to the source of services provided. It is unclear whether the services received by clients must be provided by the Independent Living Center or whether the service is to be included in the report regardless of who provided the service.

3. The form attempts to document the living situation at referral for each client. However, the categories provided do not reflect functional or actual independence. For example, a married individual would not be considered as independent by virtue of the fact that he might live with a relative.

I hope the above comments will be of assistance to you. If you have questions or require further information, please call Mr. Fred Francis at (518) 473-4824.

Sincerely yours,

Basil Y. Scott
Deputy Commissioner

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION IV — ATLANTA

TO : Bill Beam, Special Project Director for Independent Living

DATE:

FROM : Perry Levinson and Martha Carrick, and Mary Andre REPLY TO:
Office of Rehabilitation Services, Region IV

SUBJECT Comprehensive Services for Independent Living: Quarterly Report

After lengthly discussion and analysis, we believe the Quarterly Report requires several important changes that will better reflect the basic purposes and goals of the independent living rehabilitation program: (1) to maintain and increase employment opportunity and (2) to increase ability to function independently.

We therefore, suggest the following tables be included in the Quarterly Report as additional tables:

Vocational Status at Entry	Vocational Status Changed To: 1	2	3	4	5	6	7	8	Total
1. Competitively Employment									
2. Sheltered Employment									
3. Unpaid Family Worker									
4. Ready for Employment									
5. On-the-job Training									
6. Vocational Training or School									
7. V.R. Client									
8. None of the Above		10		10			10		40
Total									

The importance of this table is to measure the extent to which a Center's clients change. At first, we would have only the horizontal column total filled in: i.e. most clients would begin in 7 or 8 and none would have changed vocational status in the first quarter. As the program became more varied (arrangement or attendant care for employed persons) entry status would illustrate this and the longer the program exists, the more vocational changes would be recorded. Assume that this was the fourth quarterly report and the above numbers appeared in the table. It would mean that the cumulative number of clients that had been served was 40; that 10 had been referred to V.R.; that 10 were now ready for employment; 10 were now sheltered employees; and 10 had made no change in vocation status.

This chart forces attention on before and after degree of change and is therefore an implied expectation of performance.

2. Living Arrangement (LA)

LA at Entry

LA Status Changed To:

	1	2	3	4	5	TOTAL
1. Not licensed or supervised home						
2. Licensed group/ supervised (parent/ guardian) home						
3. Intermediate Care Facility						
4. Skilled Nursing Facility						
5. State Institution						
Total						

The five categories form a scale that measures degree of independence of living arrangements.

The second category "licensed group/supervised (by parent or guardian) home" has been combined because there is no prior reason to assume that changing from living with a guardian or a parent to a group home is more or less dependent than revising their living arrangements." The underlying degree of movement can only be estimated by the third table (Extent of assistance required).

Again, early Quarterly Reports will be only horizontal total columns filled in and as LA statuses change the cells in the table will begin to be filled in.

3. Assistance Required (AR)

AR Status Changed To:

AR at Entry	1	2	3	4	5	Total
1. Asst. of another person not required						
2. Asst. required intermittently						
3. Asst. required for less than 1/2 of ADL						
4. Asst. required for more than 1/2 of ADL						
5. Asst. required for all ADL						
Total						

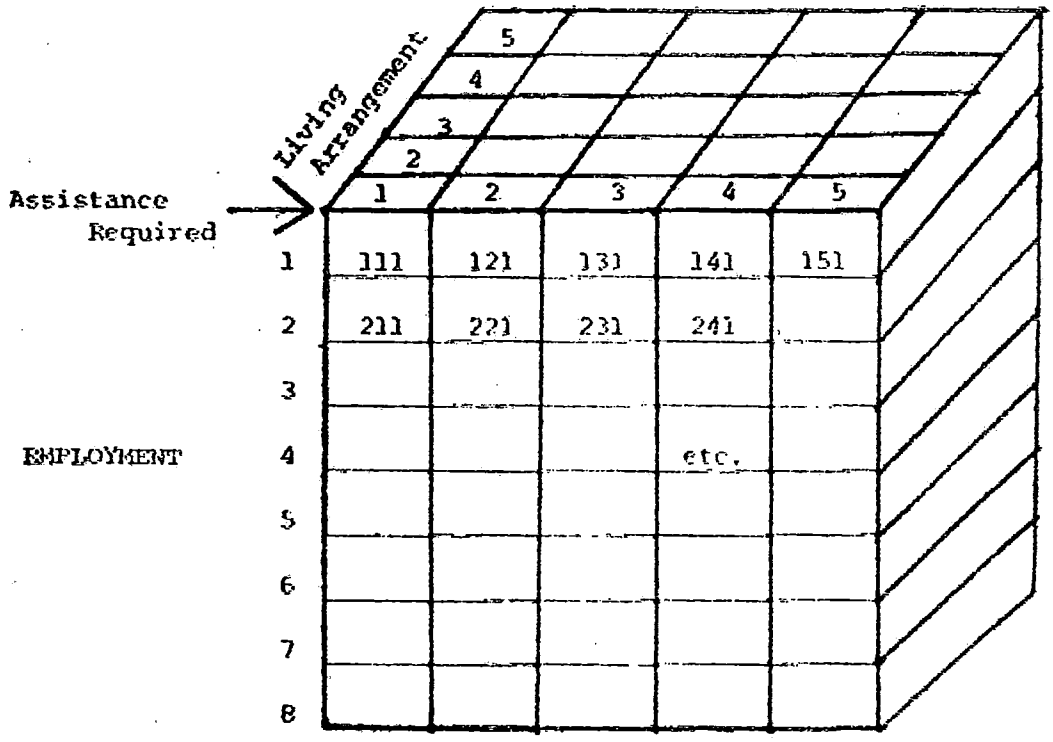
Definitional problems may still exist in classifying clients into categories 1-5 on AR. One suggested criteria is the number of hours of attendant care required. Discussions with IL project directors should lead to more refined definitional boundaries between the five categories.

Note that clients who can be classified in AR 1 or 2 and simultaneously in LA 1 are "quality" homemaker closures. Since homemaking is more related to LA and AR we have deleted it from our measurement of vocational status.

Summary

All three tables are relatively objective reliable measures that can and should be tracked over time. They represent three of our most important criteria or program success and even in these early draft experimental reporting requirements, they should be tested. If included in our first report forms, they set up clear and unequivocal evidence that RSA knows what the independent living rehabilitation program is expected to achieve.

When individual client records become more standardized, it will be possible to report each client as occupying a cell in the three dimensional table upon entry and in a series of changed positions (cells) over time:



While <u>each</u> dimension can be tracked over time as indicative of program success, our full understanding of program movement (number of clients in ICF's who move from AR category 4 to AR 2) can only be accomplished when we <u>cross</u>-classify clients along these three dimensions.

In addition to the above suggested additions, there are several items on the proposed Quarterly Report which we feel need some modifications to more clearly capture the information necessary to begin evaluating the effectiveness of the Independent Living Projects. We would like the following considered:

"Race" - there is no category to enumerate the number of Hispanic clients served by the project.

"Agency Referral" - we suggest that this section be expanded to include other types of referral sources, i.e. self-referrals, or referrals from other public or private agencies.

"Disability" - this section presents some problems as it does not fully capture all types of severe disabilities nor does it allow for a means to enumerate clients with multiple disabilities. Perhaps the classification of disabilities in terms of functional limitations would be more all inclusive and also would relate more to the types of services being provided. Examples of this would be: sensory, speech, mobility, phychological and neurological disabilities.

"Services" - the services listed are in some cases too broadly stated and some are activities rather than services. While it is recognized that great pains have been taken to keep this instrument as simple as possible, there is a problem in placing too many restrictions on the types of information being collected. We suggest that as many possible services as can be envisoned be given recognition and counted at least in the first several quarters. This way the projects themselves, will be able to judge where their greatest needs are, i.e. transportation, rights counseling, attendant care training, etc.

For example, if after six months of operation it can be determined that a project has had many requests for service relating to attendant care and very few if any requests for housing information, budget management or recreation counseling, then more staff time, training and expenditures can be devoted to the areas of greatest need.

As you can see from the time and attention which has been given to this project, there is a great deal of interest and commitment to developing a sound evaluation system for the Independent Living Program here in Region IV. If we can be of any further assistance, please call on us at any time.

cc: Frank Campbell - Region XI
Ted Witham - Region V
Mayta Bird - Region VII
Bob Davis- RSA Resource Management

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION V — CHICAGO

TO: Bob Jones,
RSA Washington

DATE: April 9, 1980

FROM: Theodore J. Witham, Senior Program Specialist
RORS, Region V

SUBJECT: Draft RSA 7

The form and accompanying materials have been reviewed. It generally looks good and the purposes and rationale holds up well. I recognize the realities which preclude developing an ideal system but have commented in four categories on issues that may merit considerstion.

Process

The basic premise of the materials seems to be that Central Office will be the sole user of reported data, and that the primary use of it will be to answer public and congressional inquires, to provide overall national accountability and as a basis for requesting additional funds. Lacking in its concept and process is recognition that overall management, stewardship responsibilities, and other functions are vested at three other levels as well. These levels and general uses are:

1). Immediate project staff who often view the report itself as an obligation but who should be able to use the report generated data as part of the information that is needed for client case management purposes;

2). The State VR agency staff who should be able to use the report to relate program activities and client program to project objectives as well as to the relationship of the project to a number of other relavant State issues and accountabilities;

3). The Regional RSA office which may have some role in overall program monitoring, evaluation, technical assistance and management.

The process of reporting indicates only that a copy be sent to C. O. presumably from each project site without going through the State Agency who as grantee is responsible or through the Regional Office who has yet to be determined functions.

I cannot help but feel that part of the current problems being encountered with OMB in relation to many RSA reports are due to the failure to articulate the total need and use of reports within the entire system.

Content

1). An age breakout younger than the age of 21 would be useful. As RSA moves to the Department of Education it can be expected that services to school age persons will be a question to be raised.

2). Race - Hispanics should be listed.

3). VR agency referrals should be expanded to accomodate community referrals, self, family or friend and other (specify). Many projects will be more broadly based than VR, also a heavy deinstitutional emphasis in some areas is possible.

4). The extent of functional limitations at entry would be more significant in showing program benefit than disability. It should be added to given an understanding of the major problems which are presented.

5). Despite the probability that initially there will be few "exits" there should be some means to deal with it. Otherwise the system is incomplete and will not even accommodate the few exceptions that might occur in the initial year. Omission also implies that "exit" for some is not a desirable goal.

Format

1). The report cannot be adequate for Parts A or C so why imply it will?

2). Greater consistency would occur if instead of having "Quarterly Report for the period ending _____ 19____" it read "Quarterly Report for the quarter Oct. 1-Dec. 31, 19__. Jan. 1-Mar. 31
Apr. 1-June 30
July 1-Sept. 30

We have found that any device to simplify reporting and reinforce reporting dates is useful.

3). The format should capture both activity during reporting periods and on a cumulative basis. Therefore as an example for age, sex, race, etc. the number served column should be split into served this quarter, and cumulative. Without this it will be difficult to determine overall project progress.

4). Each quarterly report should have a space for overall program narrative, with its format suggested in the instructions to highlight specifics such as, project progress this quarter, problems encountered, problems corrected, plans for corrections etc. A good deal of useful information is available to the State Agency and the Regional Office.

Instructions

A. Purpose

1). Both the nature and scope of services is reported not just the scope.

2). The form calls for reporting, its collection referred to should be stressed as being a precondition of the report which is carried out on a day to day operational basis.

3). If the change previously suggested under format is not made then at this point the period covered by each quarter should be identified.

B. Transmittal of the Report.

If there is a role for the Regional Offices then a copy should be mailed to the RO or again depending on other issues yet to be discussed all should be sent through the RO. The manner in which the State Agency is involved should also be addressed.

C. If a cumulative aspect is added a collary change in instruction is needed. Also addition of Hispanic is needed. If the referral service is expanded instruction should be added.

If a category which identifies dunctional limitations such as mobility, communication, self care etc. is added a fairly explicit instructions would be needed.

In summary, I feel additional thought should be given to the expanded use of the reported data to meet more than just CO needs as well as to the manner in which it is to be transmitted. Fundamental to this is the recognition and determination of roles, relationships and responsibilities of all four major operational components. Thanks for the opportunity to comment.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr Bean

Office of Human Development Services

DATE: April 15, 1980

TO : John Lavin
Acting Associate Commissioner
Program Development

ATTN : Dr. William Bean

FROM : RSA Regional Program Director

SUBJECT: Comments on Draft Report on Comprehensive Services for Independent Living-Your Memorandum of April 2, 1980

The following are our comments on the draft reporting document.

1. Designation of "Race" should be changed to "Ethnicity" and should include Hispanic.

2. The instructions never clarify whether the report measures individuals (i.e., unduplicated counts) or units of service (i.e., the number of times a service has been provided regardless of the person who receives it). We suggest that all demographic data (everything other than services) be unduplicated and that all data on services provided be in a duplicated count for convenience.

3. The purpose of the cross tabulation of disability by living situation is elusive. If this was done in the interest of saving space, receiving the services of a forms designer may be a better alternative. A forms designer would help because the numerous lines on the page are very hard on the eyes.

4. The difference in the "group home" and "institution" is not readily apparent. What may be a group home to one may be an institution to another.

5. A place should be provided on the form for the signature of a responsible official.

for Louie L. Terango

ROUTING AND TRANSMITTAL SLIP

Date 3/26/80

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Lex Frieden		
2.		
3.		
4.		
5.		

	Action		File		Note and Return
	Approval		For Clearance	XXX	Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Bob Jones	Phone No. 202 245-0757

5041-102
☆ U.S. G.P.O. 1977-241-530/3090

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

Form RSA-7

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF HUMAN DEVELOPMENT
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20201

Form Approved:
OMB No.

COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING

QUARTERLY REPORT FOR THE PERIOD ENDING _____ 19___, TITLE VII, PART _____ FUNDS

PRIMARY GRANTEE	Name	Phone No.
	Number and Street	State Zip

CHARACTERISTICS OF CLIENTS SERVED DURING THIS REPORT PERIOD

AGE	No. Served
(1) Under 21	
(2) 21-29	
(3) 30-39	
(4) 40-49	
(5) 50-59	
(6) 60 and Over	
(7) Not Available	

RACE	No. Served
(1) White	
(2) Black	
(3) American Indian or Alaskan Native	
(4) Asian or Pacific Islander	
(5) Not Available	

SEX	No. Served
(1) Male	
(2) Female	

VR AGENCY REFERRALS	No. Served
(1) Referred to VR	
(2) Referred from VR	

DISABILITY	LIVING SITUATION AT REFERRAL: ALONE	RELATIVES OR FRIENDS	FOSTER OR GROUP HOME	INSTITUTION	OTHER
(1) Blind					
(2) Deaf					
(3) Orthopedic Impairment					
(4) Absence of Limbs					
(5) Mental Illness					
(6) Mental Retardation					
(7) Other Impairments					

SERVICES PROVIDED CLIENTS DURING THIS REPORT PERIOD

SERVICES \ SOURCE OF SERVICES	PROGRAM STAFF No. Served	PUBLIC AGENCIES No. Served	PRIVATE AGENCIES No. Served
(1) Information & Referral Only			
(2) Intake Counseling			
(3) Diagnosis and Evaluation			
(4) Attendant Care Counseling			
(5) Attendant Care Assistance			
(6) Rights & Benefits Counseling			
(7) Peer Counseling			
(8) IL Skills Counseling & Training			
(9) Housing Assistance-Independent			
(10) Housing Assistance-Group Living			
(11) Special Services-Blind			
(12) Special Services-Deaf			
(13) Vocational Services			
(14) Health Services			
(15) Physical Restoration			
(16) Transportation Assistance			
(17) Social & Recreational Services			
(18) Homemaker Services			
(19) Emergency Services			
(20) Other Services			

DRAFT

Quarterly Report for Comprehensive Services for Independent Living

A. PURPOSE OF THE REPORT

Form OHD-RSA-7 is to be used by project sponsors for reporting, on a quarterly basis, the scope of services provided to and selective characteristics of the severely disabled persons served by the Centers for Independent Living (CIL). This form calls for the collection of these data at the end of each quarter during the fiscal year.

The periodic data obtained by this form will assist RSA in evaluating individual Project performance on a continuing basis. The data will also help identify unanticipated problems encountered by a Project and will enable RSA to plan and implement program development refinements to better meet the independent living service needs of severely disabled persons. These data are also needed to respond to information requirements of the Administration, the Department, and Congress; as well as informational requests from other persons and agencies engaged in rehabilitation activities.

B. TRANSMITTAL OF THE REPORT

Mail a copy of the form directly to the Rehabilitation Services Administration, Department of Health, Education, and Welfare, 330 C Street, S.W., Washington, D.C. 20201. Mail early enough to be received on or before the 25th of the month following the period covered by the report.

C. INSTRUCTIONS FOR COMPLETING FORM

Period: Enter the date of the last day of the quarter covered by the report.

Funding Identification: Indicate whether services covered by the report were provided by Part A, B, or C Funds (for this initial period only services provided by Part B Funds will be used).

Primary grantee: Enter the full name, address and telephone number of the primary grantee.

CHARACTERISTICS OF CLIENTS SERVED DURING THIS REPORT PERIOD

The following characteristics are to be reported collectively for all clients served during the current reporting period:

Age - Enter the total number of persons served in the age group which corresponds to the age of the client on his or hers last birhtday before referral to the CIL.

Age Distribution:

1.. Under 21

2. 21-29

3. 30-39

4. 40-49

5. 50-59

6. 60 and over

7. Not Available

Race - Enter the total number of clients served for each racial category. This information is needed to evaluate if

services are being provided to persons in minority groups, and every effort should be made to complete this item. An individual should be included in the group to which he appears to belong. Eliciting information as to the racial identity of an individual by direct inquiry is not encouraged. For persons who are of mixed racial/or ethnic origin, you should use the category which most closely reflects the individual's recognition in his community. The different racial categories are:

1. White -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black -- A person having origins in any of the black racial groups of Africa.
3. American Indian or Alaskan Native -- A person having origins in any of the original peoples of North America, and who maintains cultural identification through affliation or community recognition.
4. Asian or Pacific Islander -- A person having origins in any of the original peoples of the East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Phillipine Islands, and Somoa.
5. Not Available

VR Agency Referral - Enter the total number of clients served who were either referred to or referred from a vocational rehabilitation agency during the period covered by this report.

Sex - Enter the total number of males and females served in the period covered by this report.

Disability by Living Situation at Referral - Independent living rehabilitation services, by law, are to be provided to severely handicapped individuals. A "severely handicapped individual", as defined in Part 1363 of P.L. 95-602, is an individual "whose ability to function independently in family or community, or whose ability to engage or continue in employment is so limited by the severity of his or hers physical or mental disability that independent living rehabilitation services which are appreciably more costly and of appreciably greater duration than vocational rehabilitation services are required in order to enable acheiving a greater level of independence in functioning in family or community or engaging or continuing in employment".

All disabling condition information should be determined by the intake counselor from what he perceives the client's

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disability to be or from what the client tells him about the cause of his functional limitations. The use of medical records or documents prepared by physicians are not required in the determination of a disabling condition.

Individuals with multiple impairments should be included in the disability category which is most significantly responsible for the client's limited ability to function independently. The disability categories in this form are very broad. Counselors are to determine to the best of their ability, using the disabling condition coding structure and identification of the severely disabled prepared by RSA (see Attachment A), which condition would be more directly associated with the client's functional limitations.

Enter the total number of persons served during the quarter covered by this report for each disabling condition by the client's living situation at the time of referral to the CIL. Each category refers to the disability (defect, impairment or disease) which necessitated the client's need for independent living services.

Disability categories:	RSA Disability Code
1. Blindness	100-149
2. Deafness	200-229
3. Orthopedic Impairments	300-399
4. Absence of Extremities	400-449
5. Mental Illness	500-522
6. Mental Retardation	530-534
7. Other Impairments	600-699

Living situations at referral are - Indicate whether the individuals were living:

1. Alone
2. With relatives or friends
3. In a foster or group home
4. In an institution (public or private)
5. In an arrangement not mentioned above (Other)

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DEFINITIONS RELEVANT TO THE PREPARATION OF REPORT

BACKGROUND:

Independent living rehabilitation services may be: (a) provided direct by the grantee or its agent, e.g., contractor; (b) arranged by the grantee or its agent with other public agencies or private agencies or individual providers through referral or cooperative agreements or other means; or (c) a combination of (a) and (b).

Examples of service providers are:

Program Staff - individuals employed or contracted by the grantee or its agent and paid direct from grant funds such as intake counselors, peer counselors, interpreters for the deaf, or supervisor of information and referral services.

Public Agencies - including but not limited to a State agency administering social services under Title XX of the Social Security Act, area agency for the aging, local housing authority, State agency administering the rehabilitation program under Title I of the Rehabilitation Act, or the State Medicaid agency.

Private Providers - include but are not limited to homemaker services under the auspices of a home health agency, physicians, hospitals and clinics, prosthetic and orthotic suppliers, or pharmacies.

SERVICES:

Information and Referral (I&R) Services Only - Refers to information about the services provided by the independent living program or provided by cooperating agencies to eligible individuals, and referral to such agencies when indicated, as well as follow-up with these community agencies which provide or make available such services. It includes a brief assessment (but not diagnosis and treatment) to

facilitate appropriate referral. Only implies that no other service is provided under a continuing written service plan, although I&R services may have been provided more than once to an individual client.

Intake Counseling - Intake counseling is provided to each severely handicapped individual who requests services to determine that individual's need for specific independent living services which can be provided by the program or provided by other agencies upon referral thereto. Intake counseling determines or establishes that the person is severely handicapped by a physical or mental disability, and is in need of and able to benefit from one or more of the services offered by the program, and/or cooperating agencies, in terms of living more independently in family and community, or securing and maintaining employment.

Diagnosis and Evaluation - These are services provided by the program, or arranged with other cooperating agencies, to determine need for specific services, treatment, remedial or other assistance, which may or may not have been evident at intake,but do require more definitive appraisal by qualified specialists in order to assure the most appropriate plan for greatest possible improvement.

Attendant Care Counseling - The training of a severely handicapped person, who is in need of attendant care, in the role of an employer or supervisor in selecting, using and managing or discharging a personal care attendant (PCA).

Attendant Care Assistance - Attendant care is assistance provided by another person to a severely handicapped person in meeting his/her personal needs. Attendant care assistance is the provision of such a service, i.e., personal care attendant (PCA), by the program, or the referral of PCA's from a registry to a handicapped person, or advising a handicapped person of potential PCA's by name from a registry, or referral to other agencies which provide such services.

Rights and Benefits Counseling - Rights and benefits counseling include advocacy, in an active sense, if necessary. Such services may be provided on an individual or group basis, in order to ensure that the severely handicapped person is aware of and assisted, if necessary, to pursue all legal rights and benefits for which he or she may be eligible.

Peer Counseling - A service provided a severely handicapped individual, and/or his or her family members, by another person of similar or shared experiences who is disabled or, as the case may be, a parent of a family member who is disabled. It is a service that can be provided on an individual or group basis, and is directed toward a better understanding of problems concomitant to disability and their resolutions.

Independent Living Skills Counseling and Training - Independent living skills counseling and training refers to those tasks which are a part of everday life but in which the severely disabled person may lack knowledge and experience, such as shopping, managing one's financial affairs, utilization of public transportation, etc. It also refers to training in performing personal care activities or activities of daily living (ADL).

Housing Assistance - Independent - Refers to the provision of information or direct services to assist a severely handicapped individual rent or purchase any type of residence of his or her own selection. A program or cooperating agency may maintain a registry of accessible housing throughout the community that has been developed through surveys and other methods, and this type of information would be shared with the handicapped person. Direct services include advice and assistance in making application for subsidized rental or guaranteed loan programs administered by local, State or Federal agencies, as well as providing transportation and other assistance in helping a handicapped person inspect possible housing, or provision of or arranging

for necessary housing modifications. This type of housing - independent - implies full control by the consumer of direction and responsibility for his or her own living space as well as the arrangement for any needed services.

Housing Assistance - Group Living - Refers to the direct provision of, or arrangement through cooperating agencies, group living accommodations that remain under the control and management of the particular provider agency. While there may be consumer involvement, the agency providing these residential services also retains responsibility for the provision or coordination of needed services such as attendant care, meals, homemaker or chore services, and other services appropriate to the individual needs of the residents. Such housing may be temporary or provided only in emergencies, transitional in preparing a client for a permanent living situation in the community, or long-term housing depending upon the needs and interests of a severely disabled individual.

Special Services - Blind - These are services for blind persons, and include orientation and mobility training, reader services, talking book or other audio material, Braille materials and services, and similar services that may be required on an individual client basis.

Special Services - Deaf - These are services for deaf persons, and include interpreter services, TTY equipment and training in the use thereof, training in communication skills, adaptation of audio signal equipment or devices also to visual signal output, and other similar services that may be required on an individual client basis.

Vocational Services - Vocational services refer to vocational counseling, vocational evaluation (including extended evaluation), vocational adjustment, job seeking skills, OJT, education, technical training, and job placement. It is expected that the basic vocational rehabilitation program, under Title I of the Rehabilitation Act,

will be fully utilized when vocationally oriented services are required in the development of a vocational plan, or preparing for, securing or maintaining employment.

Health Services - Health services, or health maintenance, means the provision of or arrangement for or referral to those health care services, including emergency medical services, which are necessary for a severely handicapped individual to maintain or improve his or her functional capabilities, and those services which might contribute to avoiding complications or reactivations of the severely handicapped impairment or the development of additional impairments. Every effort should be made to identify third party liability, e.g., Medicare, Medicaid and private health insurance, resources which can be used to defray all or part of the cost of required health care services.

Physical Restoration - Physical restoration services include all services listed at 45 CFR 1361.1 pertaining to physical restoration.

Transportation Assistance - This includes all necessary travel in connection with a severely handicapped individual's engaging or maintaining employment or improving his or her ability to carry out independent living activities within family or community.

Social and Recreational Services - These services include the provision or identification of opportunities for greater client involvement in meaningful interpersonal relationships and active participation in community affairs. Supportive services, e.g., peer or other counseling, may be provided to encourage or stimulate a client's abilities and skills to engage in appropriate social activities of his or her own choice. Recreational opportunities are similarly identified or provided, using to

the maximum extent possible existing facilities and resources, and may include a wide range of indoor or outdoor recreation activities that may be competitive, active, or quiet such as the examples given at 45 CFR 1362.109(e). The purpose of recreational activities is to: promote personal satisfaction; provide equal recreation opportunity; provide normalization experiences; foster social interaction and physical and mental health and mobility; and provide individualized rehabilitation and therapeutic activities to alleviate the effects of disabilities.

Homemaker Services - Homemaker services, including chore services such as cleaning, that are provided or arranged with cooperating agencies, and rendered in the client's place of residence in order to maintain and manage a household including the preparation of one or more meals.

Emergency Services - Include those provided or arranged in the areas of medical or attendant assistance, medical supplies, equipment repair, food shopping, transportation, and in similar unanticipated emergencies, e.g., that might have a potential life-threatening implication.

Other - Other programs and services, necessary to provide resources, training, counseling, services or other assistance of substantial benefit in promoting the independence, productivity and quality of life of severely handicapped individuals.

# # # # #

ATTACHMENT A

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IDENTIFICATION OF THE SEVERELY DISABLED

RSA Disability Code

100-119	Blindness, both eyes
120-129	Blindness one eye, other eye defective
140-149	Other visual impairments if, with correction, unable to obtain driver's license for visual reasons
200-219	Deafness, able or unable to talk
220-229	Other hearing impairments if loss exceeds 70 decibels in better ear in conversational range with correction
300-319	Orthopedic impairment involving three or more limbs
320-339	Orthopedic impairment involving one upper and one lower limb (including side)
340,341,343, 350,352,354, 357,359	Orthopedic impairment involving one or both upper limbs (including hands, fingers, and thumbs) - if both, and assistance of another person or devices is needed for activities of daily living
360,361,363, 370,372,374, 377,379	Orthopedic impairment involving one or both lower limbs (including feet and toes) - if locomotion is impaired to a degree that bilateral upper limb assistance devices are required, or individual is unable to utilize public busses or trains
355,375,395	Multiple dystrophy
356,376,396	Multiple sclerosis
358,378,398	Accidents and injuries involving the spinal cord

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400-409 Loss of at least one upper and one lower extremity (including hands, thumbs, and feet)

410-419 Loss of both major upper extremities (including hands or thumbs)

430-439 Loss of one or both major lower extremities

if bilateral at the ankle or above, or if one at mid-thigh that requires bilateral upper limb assistance devices, or individual is unable to utilize public busses or trains

500 Psychotic disorders

if now requiring institutional care in a mental hospital or psychiatric ward of a general hospital; or has history of being institutionalized for treatment for three months or more, or on multiple occasions; or meets the description for moderate or severe on the next page.

Mild: Minor distortions of thinking with little or no disturbance in activities of daily living. With provision of rehabilitation services, can maintain independent living in the community and engage in competitive employment. Able to accept direction, maintain adequate interpersonal relations and concentrate sufficiently to perform job requirements. Only under occasional conditions of particular internal, social or economic stress, may require follow-up supervision, guidance or support. Includes one-time, short-term institutionalized dischargees doing well on medication

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Moderate: Definite disturbances of thinking with mild disturbances in behavior. Includes hospital dischargees who require daily medication to avoid rehospitalization. With provision of rehabilitation services, capable of maintaining themselves in the community and of engaging in low-stress competitive employment, but at least initially requiring continuing supervision, guidance, motivation and support. Misunderstanding of instructions, activity, self-isolation, or over-reaction in gesture, speech or emotion may be displayed during the VR process and may cause concern to people in the work milieu.

Severe: (a)Severe disturbances of thinking and behavior that entail potential harm to self or others; (b)or, in the extreme, severe disturbances of all components of daily living, requiring constant supervision and care. Persons in (a) with the provision of rehabilitation services may be capable of maintaining themselves in the community and to engage in limited or sporadic productive activity only under continuing supervision in sheltered or protective environment, including halfway houses. They are unable to communicate readily and have difficulty differentiating between their fantasies and reality. Their behavior is disruptive and often menacing to others, marked by shouting, vulgarity, carelessness of dress and excretory functions. These symptoms and possible suicidal attempts necessitate continuing observation, professional intervention and medication, especially during early stages of the rehabilitation process.

510 Psychoneurotic disorders

if now requiring institutional care in a mental hospital or psychiatric ward of a general hospital; or has history of being institutionalized for treatment for three months or more, or on multiple occasions; or meets the description of moderate or severe.

Mild: Stress reactions to daily living without substantial loss of personal or social efficiency. With the provision of rehabilitation services, can maintain independent living in the community and engage in competitive employment. Can accept direction, maintain adequate interpersonal relations and concentrate sufficiently to perform job requirements. Only under occasional conditions of particular internal, social or economic stress will require supervision, guidance and support after placement.

Moderate: Stress reactions which modify patterns of daily living. Can maintain themselves in the community and perform adequately in low-stress competitive employment with the provision of rehabilitation services. May require medication and continuing supervision, motivation and support at least during early post-placement. Their fears, indecision, loss of interest or occasional odd behavior will be evident during the rehabilitation process, and may moderately interfere with job performance and other worker's activities in employment when stressful situations arise.

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Severe:	Stress reactions to daily living that result in continuing regression and tissue-organ pathology. Capable of productive work but only under sheltered, non-competitive conditions in a highly structured or protective environment, at least initially. May require continuing medication. Bizarre and disruptive behavior, loss of interest in activities of daily living, problems with memory and concentration will be evident in the counseling process. These symptoms and the client's interference with other workers necessitate continuing supervision, guidance, motivation and support by professional staff in the work situation. Conversion reactions, poor eating and cleanliness habits may create considerable health problems.
532,534	Mental retardation - moderate and severe
600	Colostomies resulting from malignant neoplasms
601	Laryngectomies resulting from malignant neoplasms
602	Leukemia and aleukemia
616	Cystic fibrosis
620	Hemophilia
621	Sickle cell anemia
630	Epilepsy - if not seizure-free for two years
640-644	Heart conditions - if classified 2C or worse in the New York Heart Association Classification as adopted by the American Heart Association

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640-644	Heart conditions if classified 2C or worse in the New York Heart Association Classification as adopted by the American Heart Association.
651-654,659	Respiratory system conditions if maximum breath capacity is less than 55 percent of predicted or shortness of breath on climbing one flight of stairs or walking 100 yards on the level.
664	Colostomies (from other than malignant neoplasms)
671	End-stage renal failure
680	Cleft palate and harelip with speech imperfections
684	Laryngectomies (from other than malignant neoplasms)
685	Aphasia resulting from intracranial hemorrhage, embolism, or thrombosis (stroke)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

4/2/80

Lex - FYI

Copy of identical letter sent out 3/27 requesting comments on draft IL data gathering form.

Bob Jones

Dear

At the recommendation of Mr. C. Owen Pollard, Chairman of the CSAVR Committee on Independent Living, I want to seek your advice and assistance regarding minimum basic data reporting from the Part B, Title VII Centers for Independent Living projects.

As you know, by the end of this fiscal year, RSA expects to have 75 Center program projects nationally. I am certain that you share the concern of RSA for uniform information about these very important projects. For example, it is crucial that RSA have basic Center program data in preparing annual budget justifications, as well as in the preparation of reports to the Administration and the Congress. RSA efforts thus far have resulted in a draft, one-page form that would provide aggregate information about each Center project. A copy of this draft form is enclosed for your information and comment.

It will be very much appreciated if you, or a member of your staff, can take time from your busy schedule to review this draft and return your comments and recommendations to me by April 21, 1980. Please feel free to make any comments you believe appropriate; however, we are especially interested in your observations regarding:

- o the necessity of such a report
- o report format and content
- o report instructions
- o report definitions
- o availability of data
  - on hand
  - if requirements known in advance
- o estimated burden, i.e., manpower required.

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
OPD:ILP	WJBean	3/27						
OPD:ILP	REJones	3/27						

I am writing to several State rehabilitation agencies suggested by Mr. Pollard, i.e., the States represented on his Evaluation and Reporting Subcommittee and those additional States not represented but which now have Part B grants, and upon receipt of all responses, we will work very closely with him and his Committee in the finalization of an acceptable report form. It then will be necessary to obtain the review and approval of the Office of Management and Budget (OMB) before the form can be implemented.

I also have enclosed some additional background information about the need for the report, its scope, uniformity, and periodicity. Please feel free to call me at (202) 245-0890 or Bob Jones of my staff at (202) 245-0757, if you have any questions or if we can be of assistance.

Again, let me emphasize how much I personally appreciate your assistance in this matter, and I look forward to receiving your comments.

Sincerely,

William J. Bean, Ph.D.
Special Assistant for Independent
Living Projects, OPD

Enclosures (2)

cc: Mr. Pollard
Dr. Bean
Mr. Jones
RO involved on the 2 lists

bcc: RC's IV, V, VIII, and X

OPD:ILP:REJones:dmm 3/27/80

ADDITIONAL INFORMATION

RSA Draft Form to Gather Minimum Basic Data on Centers for Independent Living Funded Under Part B, Title VII of the Rehabilitation Act

Need

Section 5513 of Interim RS Manual Chapter 5500 lists several reasons for collecting data about the new and unique Centers for Independent Living program. In addition, inquiries about the Centers program that pertain to the number of severely handicapped persons served, types of disabilities represented, types of services provided and how they are provided, as well as many other pertinent questions, are being raised more and more frequently by a variety of interested individuals and groups. RSA has been exploring, over the past few months, the task of gathering data about the Centers program, and has been formally and informally encouraged to initiate such activities at the earliest possible date.

Scope

The Scope of data to be gathered has been held to a minimum for several reasons. For example, it is not believed that data on client outcomes will be significantly available in the near future because of the time required to activate a Center program as well as the time required for client progress to achieve independent living goals. At the same time, the method of choice to gather information about client outcomes, and other client-centered data, may ultimately be an individual client report form such as the R-300. A report that presents aggregate data, such as the one proposed by RSA in draft, does not easily lend itself to expanded data elements without increasing the burden of preparation as well as the burden of collating and analyzing a number of such reports that are submitted at any one time.

Uniformity

Uniformity in the types of and ways in which data are submitted is necessary if the data from several sources are to be collated, analyzed and presented in summary for the entire Centers program nationally. However, to achieve this there has to be agreement as to the terms or definitions used, table construction, form content, and instructions. Although each Center program project will submit an annual progress report on program activities, such information will not (and should not) be presented uniformly because each project will need to address individually stated goals and objectives; even where certain goals may be mutually shared, it may not be possible to collate diverse presented information on a single topic into a national program finding.

Periodicity

It is not believed that the annual progress reports from the Center program projects will satisfy the current nor immediate future data needs of RSA. In addition to the matter of uniformity, there is the issue of timeliness. For example, the initial ten projects approved in FY 1979 will submit progress reports July 1, 1980, although some have been operational for only six months or less. The first full year of operations for these projects will not be reported until July 1981. Similarly, the sixty-five new FY 1980 Center projects will not submit a progress report on a full year of operations until sometime in 1982. In the meantime, RSA will have had to complete or initiate two Congressional budget justifications, and have completed or initiated two reports to the President and the Congress as

required by Section 13 of the Act. Aside from these budgetary and reporting activities, RSA will need basic information about the Centers for program planning and development, and technical assistance purposes. ~~An annual~~ a minimum frequency of quarterly reporting would most adequately meet the needs of RSA for as current data as possible.

ROUTING AND TRANSMITTAL SLIP Date 3/3/80

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Lex Frieden		
2.		
3.		
4.		
5.		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Attached presented to RSA Commissioner and his top staff 2/29/80. Decision made at that time to refine contents of Attachment I and seek OMB approval within two weeks. Long-term data needs, such as those in Attachment II, not really addressed at 2/29 meeting, but there was agreement that same for Title VII must relate to Title I and be included in RSA's current MIS development effort. Please call Bill or me if you have any questions or if either of us can help you.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Bob Jones	Phone No. 202 245-0757

5041-102
☆ U.S. G.P.O. 1977-241-530/3090

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

J. Lavan

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : Commissioner of Rehabilitation Services

DATE: JAN 29 1980

FROM : Acting Associate Commissioner
Program Development

SUBJECT: Part B, Title VII Project and Program Accountability

The purpose of this memorandum is to strongly recommend that RSA take immediate steps to initiate activities that will adequately address the subject, a subject I know both of us consider urgent and crucial to the successful implementation of all parts of Title VII by RSA. My specific action recommendations are given at the conclusion of this memorandum.

Obtaining Independent Living Rehabilitation (ILR) data is a separate issue from reviewing current RSA reporting activities, and I believe that RSA needs to move forward as rapidly as possible now in developing both immediate and long-term approaches to Title VII data collection in order to be fully accountable for the program.

First, I want to review some of the background on which this memorandum is based, and describe for you what Dr. Bean has done so far on the subject.

As indicated above, accountability applies to at least two levels of Part B: (1) project implementation and management that results in achieving individually stated project goals and objectives; and (2) RSA administration and management of the overall program, including its project grant (and later, formula grant as well) stewardship responsibilities, in meeting nationally legislated program purposes. Project-by-project accountability or evaluation is attainable via annual progress and expenditure reports assessed against stated program objectives and approved budgeted funds, site visits and reviews, and the like. National program accountability or evaluation is dependent, in part, upon analyses of cumulative project information, e.g., from annual progress reports, but more importantly, RSA initiatives that ensure the gathering of accurate and uniform information from all projects more frequently than annually. Because of the differences between/among the Part B projects, it is not anticipated that a significant and meaningful national evaluation can be accomplished based upon annual progress reports as the sole source of information.

For example, we must be in a position to know the following on a current rather than annual basis:

- o that the severely disabled persons for whom the program is intended are in fact receiving services;
- o the extent to which disabled persons are actively participating in project direction and being employed by the projects;
- o that there are measurable or observed individual independent living gains directly related to the services provided;
- o a profile or description of the population benefiting from Part B projects;
- o whether other social welfare agencies are cooperating with Part B projects in the provision of needed services for which ILR clients are eligible and entitled; and
- o other equally important and pertinent information.

Attachment I lists what Dr. Bean and I believe to be the minimum essential information needed on a current basis, e.g., quarterly. Attachment II lists examples of long-term data requirements that: (1) should be captured as soon as possible; (2) become a part of the total RSA data system; and (3) be compatible with Title I data requirements insofar as possible. Both lists need further refinement, as discussed later, and the long-term data requirements should be finalized as quickly as possible and made immediately known to the projects so that necessary data re sources may be developed. I believe this to be an especially important action step since the first ten Part B projects estimated serving up to 4,000 clients. This presents an invaluable data source as we continue to plan, evaluate and develop the Part B program and prepare for the implementation of Part A. The more rapidly we announce or have in place the basic requirements of an ILR data system, the sooner we will be able to gather significant information on which to base our decisions. We cannot delay getting ILR data while waiting for Part A, which will not be funded in FY 1980, and probably not in FY 1981.

The interim Manual Chapter on Part B projects emphasizes project self-evaluation, and states that RSA "will prescribe a minimum evaluation requirement for all Centers in order to assure and facilitate the collection of uniform needed information" (part 5512). This Chapter also speaks about reporting and record keeping by grantees, and notes that such reports "shall be submitted in the form and at intervals prescribed by the Commissioner" (part 5513). This latter Manual part also emphasizes the need "to collect pertinent data as rapidly as it becomes available" in light of "Department, Congressional, State and local government, and consumer interest", and mentions the use of these data by RSA in overall program planning, development, and evaluation. Earlier, in connection with the Title VII State plan,

we advised the States that, "The Rehabilitation Services Administration is currently working on reporting requirements to track individuals served under the independent living rehabilitation programs. These will be issued later." (RSA-PI-79-22, July 25, 1979)

The initial Part B Peer Review group which met last September stressed the need for RSA to develop and implement an ILR data system to capture data that will result from the first ten Centers for Independent Living projects. When Dr. Bean met with representatives of the Developmentally Disabled Consortium December 12, 1979, one strong recommendation was that RSA take necessary steps now to implement a data collection process in connection with the Part B projects. We now have the benefit of the Urban Institute final report on the five independent living projects funded in 1975 under Section 130 of the Rehabilitation Act. One recommendation made by UI is:

> ... it is of the utmost necessity that uniform ... reporting systems be developed for the Independent Living Rehabilitation Programs under parts A, B, and C of Title VII.

Section 13 of the Rehabilitation Act requires the RSA Commissioner to make annual reports to the President and the Congress "on the activities carried out under this Act." Such reports must be "full and complete", and "shall include statistical data reflecting services and activities provided individuals during the preceeding year". I do not believe that individualized annual progress reports from the Part B projects will enable us to satisfy this requirement.

By mid-August 1979 Dr. Bean's staff had developed a draft paper (Attachment III) on minimum Part B project data needs. This paper merely put in writing <u>one</u> approach, and was not intended to present an agency position - the primary purpose of this paper was to provoke thoughtful discussion as well as to stimulate action. It was shared with RSA regional office staff who have been designated to work with the Part B program, and on September 28, 1979, with a broad group of Central Office staff. To date, four RSA Central Office staff have sent Dr. Bean written comments on this staff paper. (Attachment IV)

Dr. Bean's staff also reviewed the project evaluation components for each of the first ten Project B projects, and a number of them are very well developed, especially the one from Massachusetts. On October 29, 1979, he wrote to Owen Pollard on the subject and sent him copies of his staff paper and the Massachusetts evaluation protocol. Dr. Bean wrote to Owen in his capacity as Chairman of the newly created CSAVR Committee on Independent Living, and invited his comments as well as those of his Committee members on Part B data needs.

In addition, Dr. Bean and his staff have reviewed and considered all or parts of: the R-300; the "... Model Federal/State/Facilities Reporting System for Medical and Vocational Rehabilitation Facilities" developed by Walker and Associates under contract with RSA; and "Project Standards for RSA Discretionary Programs" by Berkeley Planning Associates, also under contract with RSA. None of these instruments would completely satisfy certain unique data elements of Part B, and because of the vocational "outcome" orientation of two of them, they would require substantial modification to capture the independent Living rehabilitation concept. In addition, it is indicated that the two contract-developed reporting systems may not be on-line until as late as 1982. As you know, the R-300 is submitted at closure, and closure in the independent living program is still somewhat of a question mark since we do not have in hand necessary data to make valid decisions in this regard. The two systems developed by contractors are, for the most part, annual reports, but as noted above, I believe that our immediate data needs demand greater frequency, e.g., quarterly.

Dr. Bean has informally identified four Regional Office staff to assist us on a task force on this subject. They are staff who have already been designated by the RSA Regional Program Directors to work with Title VII, and they volunteered to help us.

It has been suggested to Dr. Bean that he consider the use of a contractor to develop a reporting system. Insofar as time is concerned, I don't believe that our immediate data needs will allow this approach; besides, it is strongly believed that sufficient RSA, State rehabilitation, project, and other talent already exist, and can be made available on a priority basis to address in rather short order immediate RSA ILR data needs. RSA long-term data needs, which must be compatible with the overall RSA MIS, present another issue which must be explored soon and decisions made, e.g., whether or not to contract for ILR data systems development, types of data needed, outcome measurements, "closure" and the like, so that an acceptable system may come on-line within a year to eighteen months - or in any event, prior to the implementation of Part A.

Dr. Bean and I are well aware of the OMB restrictions on data gathering; however, we are, at the same time, convinced that a reasoned discussion with OMB staff where we would have an opportunity to present our current dilemma, i.e., a void of minimum uniform ILR information on a current (quarterly) basis, would be productive and allow us to more fully meet RSA Title VII accountability responsibilities. As things stand now, we are in an untenable position; whereas others, e.g., General Accounting Office, the new Department of Education Inspector General's Audit staff, and outside contractors under different auspices, can "evaluate" the Part B program as they determine, we cannot.

My recommendations are as follows:

1. Present this issue to the RSA Management Council, and solicit endorsement for a two-stage ILR data collection system as well as necessary supporting actions:

   a. Immediate or short-term data collection from the Part B projects on a quarterly basis covering the data elements suggested in Attachment I or as subsequently modified;

   b. Long-range data collection as suggested in Attachment II, which when fully developed, could replace the short-term system and would be compatible with the overall RSA MIS;

   c. Designate a small ad hoc RSA work group to further refine a short-term data collection instrument within thirty (30) days (this group could be augmented as needed by non-RSA staff);

   d. Gain support for presenting the short-term data report form to appropriate OMB staff within fifteen (15)days after the instrument in c. above is ready; and

   e. Designate a continuing RSA work group, which may be augmented, e.g., by resources from the National Center for Education Statistics upon transfer to the new Department, to pursue the issue of RSA long-range ILR data needs with a resolution within eighteen (18) months or before Part A is implemented.

2. Present RSA ILR data systems needs to OMB staff within forty-five (45) days from beginning of process in 1. above, and seek OMB approval in principle of this approach:

   a. Outline the complexity of the ILR program, e.g., eligibility, services, outcomes or gains, closure, etc., and need for data;

   b. Present a planned bilateral (short and long-range) data approach;

   c. Describe in detail the purpose of the short-term system, and explain its importance, as well as that of the proposed data elements sought in meeting Administration, Departmental, and Agency management responsibilities in administering an Act of Congress; in particular, the implications of these data in relation to the Part A program when funded;

   e. Assuming OMB approval in principle, proceed to further modify the short-term data system based on OMB recommendations (OMB staff may want to be kept involved as steps are accomplished), to be completed within fifteen (15) days;

f. Seek formal OMB approval within fifteen (15) days of the short-term system for a time-limited period, e.g., eighteen (18) to twenty-four (24) months; and

g. Implement with all project/grantees as quickly as possible, perhaps early in the third quarter of FY 1980.

3. In the event that RSA is precluded from initiating minimum data collection as one segment of its Part B program accountability effort, it is recommended that the problem be immediately brought to the attention of OHDS-DHEW, and that Secretary Hufstedler be kept informed.

The primary focus of the above, and the attachments, is current program reporting, i.e., it does not include financial reporting. I am certain that John Eger can assist us in this regard should RSA and/or OMB consider it appropriate to obtain fiscal data in conjunction with quarterly program reporting.

John A. Lavan

Attachments (3)

SAMPLE TIME SCHEDULE FOR ILR SHORT-TERM DATA COLLECTION INSTRUMENT DEVELOPMENT AND IMPLEMENTATION

1. Present to RSA Management Council — 2/1/80
2. Further refine short-term data instrument — (32 days) — 3/3/80 complete
3. Present short-term instrument and data plans to OMB for approval in principle — (47 days) — 3/18/80 complete
4. Finalize short-term instrument per OMB recommendations — (62 days) — 4/2/80 complete
5. Obtain OMB approval — (77 days) — 4/17/80 complete
6. Implement short-term instrument with all Part B projects — (92 days) — 5/2/80

Suggested Data Elements for Part B, Title VII
Quarterly Reporting

1. Full name, address and telephone number of grantee and contractors, if used. Also, name of grantee project director or contact person, as well as responsible representative of each contractor.

   Note: It may be determined necessary to obtain a composite report from the grantee, supported by similar individual reports from each local CIL site.

2. Date report prepared, name and signature of person preparing the report and his/her address and telephone number should data require clarification; and ending date of quarter being reported.

3. List of service providers participating or cooperating with the CIL, e.g., Title XIX, Title XX, etc., and an indication of the types of services being provided. In addition, the grantee or contractor should indicate the extent to which referrals are being made and CIL clients actually being served by the cooperating agencies.

   Note: Cooperative arrangements between each CIL, and other agencies that have a responsibility to serve CIL clients, are of paramount importance to the success of a CIL program. In addition, it is not sufficient to have formal or informal agreements alone, i.e., there must be access to and actual provision of services.

4. A list of all services provided in the quarter being reported by type of service, e.g., peer counseling, homemaker services, etc., which are either provided direct by the project or arranged (including through referral) but provided by cooperating agencies.

   Note: At some point in time it will be helpful to have a measurement of these services, e.g., units of services based on encounters or some other means. Whether this information should be gathered from the beginning of data collection or at some future point should be determined. Expenditures by cooperating agencies on behalf of CIL clients also should be tracked.

5. List of types of disabilities represented in the population served based on a uniform nomenclature such as currently used in the RSA-300.

   Note: A secondary data collection effort might be directed toward the identification of multiple disability incidence among clients served, e.g., in addition to deafness, retardation, and cerebral palsy, the CIL also serves persons who are deaf-blind, retarded-cerebral palsied, etc.

6. Referral <u>only</u> services provided by type of referral, e.g., sixteen referrals to Medicaid, ten referrals to Social Security, etc., for solo encounters or clients for whom CIL services are non-continuing under an IWRP.

   Note: A CIL should also gather information on unavailable services and report any action taken or planned to correct such situations.

7. Client demographic information in cumulative numbers by: age (e.g., under 21 and at ten year increments through age 59, and over 60); male - female cumulatively; marital status; and ethnicity.

   Note: Above age-male-female can be presented in single grid.

8. Number of professional and clerical staff who are employed full or part time, and paid from the grant or other sources.

   Note: The above can be presented in a single grid, and also should reflect volunteer effort. It would be helpful to have staff turnover (resignations or leaving a project for other reasons) reported.

9. Number of handicapped persons on project or CIL staff who are paid from grant or other funds.

   Note: Section 711(c)(1) requires that handicapped persons be employed by the CIL.

10. Description of the active participation of handicapped persons in CIL program operations.

    Note: Section 711(c)(1) requires assurance that handicapped persons are "substantially involved in policy direction and management" of the CIL.

11. Number of persons served by the CIL who are eligible for VR services, with data on: (a) persons jointly served, and (b) persons served by the CIL who are referred to VR.

    Note: (b) could further distinguish between initial referral to VR and rereferral (cases already known to VR, e.g., previously unsuccessful). One purpose of this element is to begin identifying percentage and/or number of CIL clients who are found, after IL services are provided, to have VR potential for sheltered or non-sheltered employment. A further data sub-element could be those CIL clients for whom sheltered or non-sheltered employment is arranged without requiring further VR services.

Long-Term Data Needs
Comprehensive Services for Independent Living
Title VII - Rehabilitation Act

Suggested Data Elements

NOTE: When finalized, this information should be made known to the recipients of Title VII formula and/or project grant funds, including contractors and sub-grantees under Part A, prior to data collection so that necessary data resources may be developed in advance. It is anticipated that a considerable amount of these data should be available from intake and IWRP records for clients receiving continuing services, and from other types of records and documentation maintained in support of routine program management.

CLIENT INFORMATION

- name
- sex
- marital status:
  - married
  - separated
  - widowed
  - divorced
  - never married
  - not available
- age
- date of birth
- case number
- Social Security number
- referral source and date
- beginning date of continuing services
- income source/amount at referral:
  - none
  - insurance compensation
  - SSI
  - SSDI
  - AFDC
  - employed (sheltered-non-sheltered)
  - self-employed
  - other
- disabling condition(s) **
- relatives:
  - parent(s)
  - spouse
  - child(ren)
- eligibility for paid health care:
  - Medicare
  - Medicaid
  - other
- living arrangement: *
  - at referral
  - during CIL services
  - at suspension of CIL services
- ethnicity:
  - white
  - Negro
  - American Native
  - Hispanic
  - Asian
  - Oriental
  - other
  - not available
- highest grade completed:
  - less than 12
  - 12
  - undergraduate:
    - incomplete
    - complete
  - graduate:
    - incomplete
    - complete
  - post-graduate
    - incomplete
    - complete
- attendant care provided:
  - family
  - paid by client or third party
  - friend
  - other
  - not needed
- employment history:
  - never employed
  - retired
  - employed within:
    - last year
    - last five years
    - last ten years
  - unknown
- primary occupation(s)
  - not applicable
  - _____ ***
- cause of disability(ies)
  - trauma
  - disease
  - congenital
  - unknown
- attending school at referral:
  - special education
  - vocational education
  - primary
  - secondary
  - college
  - graduate
  - postgraduate
- veteran status

* own home, family home, ICF, SNF, foster home, hospital, transitional, public/private institution

** RSA Codes, Manual Chapter 3005.03(23)

*** Use RSA codes, Manual Chapter 3005.03(45)

CLIENT ASSESSMENT (at referral and continuing)

- mobility
- independent living skills
- ADL
- psychological
- memory
- social
- vocatio...
- housing
- assistive or adaptive aids:
  - prostheses
  - ortheses
  - wheelchair
  - hearing
  - visual
  - special ‖
  - other
- economic resources
- communication ǀ
- general health status (including use of medications, need for special diet, etc.)
- behavior
- recreational
- educational
- attendant care

but not

- eligibility for other programs/participating:
  - Medicaid
  - Medicare
  - SSI
  - SSDI
  - educational
  - AFDC
  - Social Services (Title XX)
  - other

ǀ hearing, speech, vision, and language barriers
‖ hand splints, driving, work situation adaptation, etc.

SERVICES NEEDED/PROVIDED ⊖

- intake counseling
- referral (by type of service)
- independent living skills
- peer counseling
- education
- housing (by type)
- transportation (by type)
- special services for the deaf and the blind (by type)
- group living arrangements
- foster care
- recreation
- driver training
- mobility training
- emergency services
- advocacy ⊖⊖
- attendant care
- ADL
- job seeking skills
- vocational training
- training in equipment maintenance
- home health care
- day care
- homemaker services
- preparation for community living
- social activities
- health maintenance
- counseling on therapy needs
- other

⊖ Based on continuing needs assessment, and provided direct or arranged.
⊖⊖ Including assistance with legal rights or benefits.

CLIENT OUTCOMES #

Living Situation

1. return to usual living arrangement but with less dependency in (specify)
   - with supportive services
   - without supportive services
2. transitional housing until permanent housing arranged
   - with supportive services
   - without supportive services
3. community living arrangements:
   - own, rent, share
   - solo, with other(s)
   - with supportive services
   - without supportive services

Social/Recreational Situation

1. increased social interaction
2. increased ability to utilize and benefit from recreational activities
3. increased participation in community affairs

Personal Situation

1. manage attendant needs
2. manage financial affairs
3. personal ADL and food preparation
4. mobility
5. adequately communicate with others

(the above may be accomplished with or without the assistance of others, and/or assistive or adaptive devices)

Employment Situation

1. referral to VR
2. CIL project employment
   - full time
   - part time
3. initial or future employment beyond project
   - full time
   - part time
   - sheltered
   - nonsheltered
4. training leading to employment
5. education leading to employment
6. self-employment (full or part time)
7. unpaid:
   - family worker
   - homemaker
   - other
8. none planned

Unsuccessful

Where client accepted for services, continuing assessments made, services provided, but client unable to achieve significant gains, and CIL services suspended.

Client status when CIL services suspended. Living, social/recreational, personal, and employment situations reflective of continuing assessment, services provided to meet identified needs in order to achieve IWRP goals.

NOTE: In general, the following only would be applicable to project grants, in particular, those funded under Part B.

Administrative Considerations

1. written policies and procedures:

   intake, personnel, expenditures, service duration, etc.

2. cooperative arrangements with other agencies:

   those that exist and those actively utilized

3. policies on confidentiality

4. exchange of client information, and referral/rereferral process between CIL and State VR agency

5. budgeting process, including plans for future support beyond Federal Part B grant assistance

6. involvement of handicapped persons in policy making and CIL management

7. employment of handicapped persons by CIL project

8. methods of client assessmene, e.g. use of functional limitation instruments

9. special surveys of available/unavailable IL services

10. consumer involvement (other than #6. above)

11. minutes of advisory group meetings

12. involvement of volunteers

13. equipment inventory

14. use of CIL by State VR agency (particularly if not direct VR operated)

15. income from other sources

16. tracking services and their costs provided by cooperating agencies

17. relationship with State VR agency(ies), e.g. referral/rereferral

18. other

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MINIMUM DATA REQUIREMENTS

CENTERS FOR INDEPENDENT LIVING

Background

The purpose of Centers for Independent Living authorized by Part B, Title VII of the Rehabilitation Act of 1973 as amended, is to provide a combination of independent living rehabilitation services which will enable severely disabled individuals to live more independently in family and community, or to secure and maintain employment. Project grant funds are awarded by RSA to successful applicants to plan, establish and operate Centers which will provide or arrange for the provision of independent living rehabilitation services for severely disabled persons who need them and can benefit from them. There are no statutory limitations on eligibility for these services, i.e., there is no economic needs test which must be met, nor are there age or type of disability(ies) restrictions. There are no durational limitations which time-limit service delivery by a Center to an individual. Primary applicants are State VR agencies, but under certain circumstances provided by law and regulations, other public and private nonprofit agencies may apply for grants. Currently, there are no RSA imposed data requirements on these Centers; however, it is assumed that project sponsors, whether or not they are State VR agencies, are already involved with data reporting requirements as a part of on-going administration.

It is important to keep the above information in focus as minimum data requirements are designed. In addition, and so as not to

unnecessarily burden grantees with excessive or redundant requests for data, maximum use should be made of individual and/or aggregate project information RSA will have on hand. The possible use of contract or research grant funds to conduct special studies or assessments should be anticipated.

RSA Data Needs

The data needs of RSA relate primarily to its mission and delegated functions or responsibilities. These include the provision of national leadership, program planning, evaluation and development, fiscal accountability, and sound public management of programs authorized and funded by the Congress. Data are also needed by RSA in order to be responsive to the informational requirements of the Administration, the Department, and the Congress, and those of the public, as well as persons and agencies engaged in rehabilitation activities. RSA will also actively encourage the exchange and dissemination of information between Centers for Independent Living and among the Centers and other programs serving the severely disabled.

Types of Data Needed

	Examples
Fiscal	- budgeting, expenditures, grantee or other contributions, accounting, income, etc.
Services	- kinds, direct, provided by others, utilization, how provided, etc.
Client	- demographic, number, movement or outcomes, etc.

Types of Data (cont.)

Administration	- cooperative arrangements with other agencies, staffing, contracting, employment of disabled persons and participation of disabled persons in policy and decision making, use of volunteers, etc.

Immediate and Long-Term Data Needs

It is anticipated that immediate data needs will focus on Center implementation, scope of services, and selective client characteristics information including the number served. It is not believed that data pertaining to client gains or outcomes related to the services provided will be significantly available during the first twelve months of a project; however, efforts should be made to capture illustrative information about successful client gains which demonstate the potential and capacity of Centers. In any event, Centers should be informed in advance about the need for such data (client gains or outcomes) so that data gathering can begin as soon as possible. Certain data needed immediately or through FY 1980, may be requested on a frequent basis, e.g., quarterly. On the other hand, fiscal data might be gathered as usual for other discretionary projects, i.e., annually or at the end of a budget period, since fiscal information is usually accompanied by a progress report and together present a total picture of operations. Informal fiscal information could be obtained on an intermitent basis by RSA regional staff, through on-site visits, or other means.

Long-term data requirements are expected to focus more on client gains or outcomes related to the provision of needed services, including

changes in living arrangements from dependent (e.g., institutional care) to less dependent (e.g., foster care) situations, entrance into educational or training programs, acceptance by VR agencies, sheltered or non-sheltered employment, and the like. At the same time, there will be need to continue and prehaps refine early data collection activities, e.g., those pertaining to client characteristics.

Methods of Data Collection

Methods of data collection from Centers for Independent Living could parallel those currently used by RSA, i.e., direct use of OMB approved forms. The possibility of using a contractor or grantee could be explored as to feasibility. A decision will need to be made as to whether summary types of data reports should be required or whether reports such as the R-300 should be required on each severely disabled individual served. A summary report would resemble the quarterly A-13 report insofar as program data are concerned, i.e., fiscal data would be omitted.

The method(s) of data collection used should be reasonable in light of the Background statement above. They should meet mutual data needs of a Center and RSA. They should not burdern a Center with unnecessary data collection and report preparation. They should be as compatable as possible with current RSA data procedures.

RSA-300

The RSA-300 is the basic data reporting form used by RSA to assess program effectiveness and is initiated at time of referral and completed at closure (for any reason). This form does present many

data elements needed by the Centers for Independent Living program, particularly those pertaining to demographic data. However, the R-300 relates to the purpose of and eligibility for services under Title I of the Rehabilitation Act, namely: (1) the presence of a physical or mental disability; (2) the existence of a substantial handicap to employment; and (3) a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability. Accordingly, the form itself departs from the purpose of the Centers for Independent Living program in that services and outcome data provided focus on employment and economic factors rather than on services and outcomes focused on the reduction of dependence.

Nevertheless, certain methods used by the R-300 statistical reporting system do lend themselves to a reporting system for Centers for Independent Living. These include but are not limited to:

1. the format for reporting basic demographic data;
2. referral source codes;
3. disability codes;
4. marital status codes; and
5. primary source of support.

Data element codes will need to be developed for the Centers for Independent Living to cover such areas as:

1. living arrangements at time of referral;
2. living arrangements at time of closure;
3. attendant care;
4. ADL skills;
5. communication skills;

6. mobility; and

7. rereferral to VR.

In summary, the current R-300 would not meet the data needs of the Centers for Independent Living program although certain parts and codes applicable to this form could be adapted for use in the Centers program (and perhaps Part A formula grants under Title VII). Whether the R-300 should be modified to accommodate both the Title I and Title VII programs should be explored.

Program Evaluation

Periodic data gathered from the Centers will assist RSA in evaluating individual Center performance on a continuing basis. Performance can be assessed, for example, through analysis of certain reported data in relation to stated Center objectives. These data also can provide early identification of unanticipated problems encountered by a Center, and thus give opportunity for technical assistance, when appropriate, by RSA or others. However, it is not intended that these data be the only basis for Center evaluation, e.g., other data sources such as annual progress reports, special studies, and information gained during on-site visits also will be used.

Aggregate Center data will, in time, permit RSA to evaluate the Centers for Independent Living program in relation to statutory intent, i.e., to enable severely disabled persons to live more independently in family and community, or to secure and maintain employment. This data will assist RSA to identify exemplary models of service delivery which can be

replicated by others. All Center information will enable RSA to plan and implement program development refinements to better meet the independent living service needs of severely disabled persons.

Special Studies

Whether or not Centers for Independent Living data requirements are held to a minimum, it is expected that there will be need for studies of special interest subjects and program impact or effectiveness in reducing dependency. The folllowing are a few examples of such studies.

While gross data may be routinely gathered on the Centers program in providing or arranging for the provision of alternatives to institutional care, detailed information about such accomplishments for possible broader application to deinstitutionalization efforts may require special study by a research project. The utilization of the Centers program by State VR agencies to prepare severely disabled individuals for acceptance under Title I, assist where Title I does not provide a service while the individual is in the rehabilitation process, and to provide post employment services in order to maintain employment, could be the subject of a special study or analysis. The economics of selected successful individuals who are assisted to achieve sheltered or non-sheltered employment might be the subject of a special study. It is recommended that studies of this nature be very carefully considered before initiated since social welfare programs generally are economically marginal and do not lend themselves to valid, routine/economic analysis. Studies also could be initiated to assess how well the Centers program is meeting the

needs of specific age or disability groups of severely disabled persons, and to identify improvements in or adaptation of the Centers program to meet such needs. The whole area of advocacy in assisting severely disabled persons to gain access to legal and economic entitlements should be studied on a periodic basis so that information obtained may be broadly disseminated.

The above examples are not intended to all-inclusive since many subjects will emerge as the Centers program developes and matures. They are, however, intended to be illustrative of the types of special study subjects which would be inappropriate to attempt to anticipate much less cover in minimum data requirements for Centers for Independent Living.

Minimum Data Requirements Design

In order to meet immediate data requirements, a suggested format has been developed (Attachment A). This form would be used to gather uniform data quarterly from all Center projects and would require OBM approval. It is intended as an interim device, and whether it or something like it would be continued, such as the A-13, would have to be determined. The form does not capture data on gains or outcomes of clients since it is not anticipated that such information will be significantly available during the initial year of Center operation.

Long-term data needs will have to be met by a more sophisticated data gathering instrument. While certain of such data are static and can

be identified now, e.g., basic demographic data, the range or universe of data to be available is not entirely known at this time. While this should not delay the development of a sophisticated data instrument, it does, nevertheless, hinder refinement of it to ensure that critical areas where data elements are available are stressed, and where not available a more reasoned or feasible approach used. Similarly, less important data should not be gathered simply because it is available and "someone may use it some day..." The design of the long-term data collection instrument should keep in focus the potential diverseness of the Centers participating in the program, reasonableness, mutual RSA-Center data needs, and the possible use of contract or grant funds to conduct special studies.

A special ad hoc work group composed of RSA staff, Center representatives, State VR agency representative, and representatives from other interested Federal agencies, e.g., HUD and the NCHS-PHS, should be formed immediately to advise in the design of a long-term data report which could be implemented with OMB approval, by the fourth quarter FY 1980.

In the meantime, and within the first quarter of FY 1980, Centers which are funded from the FY 1979 supplemental appropriation should be sent a general outline of the types of data that will be required (Attachment B). Centers could then begin to build the data base necessary to supply the required data. An attempt should be made to make the outline as complete as possible so as to minimize the need by Centers to reconstruct their data resource, i.e., only a minimum number of data elements would have to be created.

Attachment III

OHD-RSA-7

DRAFT

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Rehabilitation Services Administration

Form approved
OMB No.
12/80

COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING

(1) (Quarterly Report for the Period Ending ____, Title VII, Part __ Funds)

(2) Name and complete mailing address of
Primary Grantee: _____

_____

Contractor or : _____
Subgrantee _____

(3) List Services Provided This Quarter: (use continuation sheet if necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(4) List Other Agencies with Whom there is a Written Cooperative Agreement: (use continuation sheet if necessary)

_____
_____
_____
_____
_____
_____

(5) Disabilities of Persons Served: (use list provided and continuation sheet if necessary)

_____
_____
_____
_____
_____
_____
_____

(6) * Includes all but referrals only. Enter total number of referrals only here: _____

(7) Individuals Provided Services This Quarter: Total_____ *

(8)

Age	Male	Female
Under 21	____	____
21-29	____	____
30-39	____	____
40-49	____	____
50-59	____	____
over-60	____	____

(9) Marital Status

Married ____
Separated ____
Widowed ____
Divorced ____
Never Married ____
Not Avail. ____

Ethnic

White ____
Negro ____
Indian ____
Hispanic ____
Other ____
Not Avail. ____

(10) Number of Program Staff

	Full Time		Part Time	
	Prof.	Cler.	Prof.	Cler
Paid from grant	____	____	____	____
Paid by other	____	____	____	____
Volunteer	____	____	____	____

Staff lost this quarter_____

(11) Disabled persons on staff paid from grant: (number) _____

(12) Disabled persons participate in policy and decision making: yes ☐ no ☐

(13) Number of disabled persons referred from program to State VR agency: _____

(14) This report prepared by:

_____ _____
signature date

DRAFT

Instructions for Completing OHD-RSA-7
Quarterly Report
Comprehensive Services for Independent Living

This report is to be completed by the agency (a) providing services or arranging for the provision of them by others, and (b) determining eligibility, independent living needs, and the ability of the severely disabled person to benefit from services, at intake. This may not always be the same as the grantee agency since under Part B, for example, a State VR agency grantee may contract; it would be the contactor that would report through the State VR agency to RSA.

1. Complete by giving the Federal fiscal quarter ending date. E.g., the first Federal fiscal quarter in FY 1980 ends on 12/31/79. Insert the appropriate Part designation of Title VII - A, B, or C.

2. Give the name and address of the primary grantee, i.e., the agency to which RSA awarded funds. Generally, this will be the State VR agency but may, in some instances, be another public or a private nonprofit agency if the State VR agency did not apply for a grant (under Part B) within a specified time. As indicated above, unless the State VR agency is both the primary grantee and provides the services or arranges for them, and determines eligibility, the second line, "Contractor or Subgrantee," should be completed by the agency submitting this report through the State VR agency to RSA.

3. List all services by type that were provided during the quarter being reported. Indicate after each with a "D" if they were provided direct by staff (including volunteers) of the agency reporting, or indicate with an "A" if they were arranged for and provided by a cooperating agency. Use continuation sheets if necessary.

4. List all agencies with which a cooperative agreement has been negotiated. Also, list cooperating agencies where a written agreement is unnecessary, e.g., State VR agency, but indicate after each "NWA" (no written agreement). Use continuation sheets if necessary.

5. List all major disabilities represented in the client population served, including multiple disabilities when present. Use continuation sheets if necessary.

6. Give total number of referrals made during quarter, e.g., those made by an information and referral service, Center counselors or intake worker, and the like. Do not list any other services, since referral and all other services should appear in item 3. If one disabled person were referred to three potential resources, this would count as three referrals.

7. Give the total number of persons served this quarter. The number given may include previously reported clients. Include disabled persons receiving services over a period of time, or those only provided counseling and/or advocacy services; do not include referrals only since they will be covered in item 6.

8. In this table show the total number served this quarter by age group and male-female.

9. Total number served this quarter by matital status. In the separate column, show the same total but by ethnicity.

10. Complete to show full staffing resources available to the program.

11. Enter the number of disabled persons employed full or part-time. It is not necessary to limit to those only paid from grant (or contract) funds.

12. Indicate whether disabled persons are participating in policy and decision making. This entry will be verified at a later date.

13. Insert the number of severely diasbled persons referred thos quarter to the State VR agency Title I program.

14. The report is to be signed and dated by the person preparing it. It would be helpful to have that person's telephone number if it is different than that of the reporting agency.

Each Center for Independent Living which receives Part B, Title VII grant funds, periodically will be required to submit information to RSA. The primary purpose of this minimum data requirement is to assist RSA in program evaluation, planning and development.

Several types of reporting will be required. Centers which apply for continuation grants must, in addition to a continuation grant application form, also submit a written progress report and an expenditures report covering the budget year or period. Similarly, Centers completing Federal project grant support, i.e., the Center is no longer eligible for project grant support or is not applying for continuation grant funds under Part B, Title VII, must submit a final narrative report, including an evaluation of the project, as well as a final expenditures report. Initially, RSA will require a one-page quarterly report from all new Title VII programs. This quarterly report will focus on services provided and limited summary data descriptive of the severely disabled persons served; minimum information also will be requested about project administration.

The Rehabilitation Services Administration will be developing a more comprehensive data reporting form which it is hoped can be implemented by July 1980. This form will cover certain basic demographic data about the severely disabled persons served and information about project administration similar to the initial quarterly report mentioned above. However, in addition, this more comprehensive report form will include a second major focus on individual client gains or outcomes that are related to services provided. Again, the purpose will be to assist RSA in program evaluation, planning and development.

The following is a description of the core or principle subject areas of major interest to RSA and which will be covered by the more comprehensive report form

or management information system when it is developed and implemented. This information is being shared with all new Title VII grantees in order to enable them to begin early data resource collection which will facilitate the completion and submission of comprehensive reports sometime following July 1980. If additional subject areas are added to the following list, RSA will inform all grantees in advance so that data resources may be expanded as nescessary by individual grantees.

Data Resources

Counseling and advocacy in an active sense to assure provision of all services and benefits for which the severely disabled individual is in need of, eligible for, entitled to and is able to use, are required features of all Center programs. This process begins at referral or intake and is continued as long as the client is an active recipient of Center services, including counseling and advocacy. The RSA Guidelines for the Centers program discuss the necessity to develop a service plan for those persons who receive services over a period of time (see RSM 5502). The service plan will become a part of the case record which also will contain information about all services delivered as well as reflect observed or measured client progress. For example, some Centers may elect to use one or more of the currently available functional assessment instruments, but this is not being required by RSA at this time. Each Center will maintain financial and expenditure records which are subject to audit. There will be written Center procedures as well as minutes of advisory or similar groups which reflect consumer participation.

The above are intended as examples of data resources since the list of actual or potential resources could be extensive. Basically, however, it will be necessary for all Centers to record and document all pertinent information about persons served, services rendered or arranged, supporting financial or expenditure

information, and pertinent management or administrative information on staffing, operating procedures, and the like. If these data resources are complete, particularly the client case records and financial records of total Center operations, and well maintained, then each Center should be able to respond to the management information needs of RSA, while at the same time meet their own management and evaluation requirements.

Core Program Information Areas

Demographic (Client)	Client name; current address; sex; matital status; date of birth; age; referral source; referral date; Social Security number; ethnicity; number in family; highest grade completed; employment history; income (including SSDI, SSI, general welfare; compensation, other) and amount; primary source of support; date accepted for service; disabling condition(s); living situation at referral (own or parents' home, foster home, hospital, transitional, institutional including both SNF and ICF, shared with friends or relatives, other); eligibility for/recipient of Medicare, Medicaid, and/or other health insurance; and attendant care provided by family or other(s) at time of referral.
Assessment (Client)	Mobility; communication; independent living skills; ADL; social; psychological; general health status (including use of medications and need for special diet); memory; behavior; educational; vocational; need for attendant or other assistive care; and need for prostheses or ortheses, hearing or vision aids, or other assistive or adaptive devices.

Services (Provided or arranged)

Intake counseling; advocacy; referral; attendant care; independent living skills; ADL; jobseeking skills; training in maintenance of client's equipment; special services for the deaf or blind; peer counseling; health maintenance; housing and transportation referral and assistance; transitional housing; individual/group social or recreational activities; assistance with legal rights and/or benefits; counseling on therapy needs; community group living arrangements; education or training to prepare for community living and participation in community; surveys, directories or other activities to identify accessible transportation, housing, shopping, recreation, etc.; home health; day care; foster care; home health care; and other appropriate services which promote independence and quality of life.

Outcomes (Clients)

Measured and/or observed reductions in dependence, e.g., on others, as a result of gains in independent living abilities, including decreases in assistance (personal and/or financial) needed prior to Center services, which can be related to Center services already provided or arranged, or which continue to be managed by the client or others apart from the Center program. The measured and/or observed ability of a severely disabled person to live more independently in family and community, or to secure and maintain employment which can be related to services arranged or provided by a Center program.

Examples of gains are: significant changes in living arrangements; improvements in ADL; increased mobility; acceptance into the Title I VR program; full or part-time employment in sheltered or nonsheltered setting; entrance into an educational or training program; return to pre-Center program living situation but with less dependence on others; improved independent living skills; assistance with medical care or income through eligibility for SSDI or SSI; improved ability to utilize community recreational or other resources; and ability to better manage personal affairs.

Administration (Center)

Written policies and procedures (e.g., client intake, personnel, expenditure of funds, service duration, etc.); cooperative arrangements with other participating agencies; attendant training program; financial accountability; policies on confidentiality and record retention; budgeting process; involvement of disabled persons in decision and policy making; employment of disabled persons; client assessment; client service plan; special surveys or studies of available/unavailable resources or services needed by clients; minutes of advisory meetings; consumer involvement; volunteers; equipment inventory; income (from any source); and relationship with State VR agency, e.g., mutual referral, VR use of Center services, etc., unless Center operated by State VR agency.

Attachment IV-a

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
Office of Human Development Services
Rehabilitation Services Administration

TO : Dr. William Bean

DATE: October 2, 1979

FROM : Jack Bailey
Jack Bailey

SUBJECT: Data Needs of Independent Living - Your Memorandum of September 28, 1979

Of special interest to the Division of Agency Liaison is data on linkages and use of community resources (which is also of great interest to others in RSA in regard to "similar benefits").

As against the R-300, you seem to be taking this into consideration. I know it is difficult to make a balance so that paper work will not be overwhelming, but I suggest full consideration of data showing involvement of other agencies. This should include information on, for example, joint clients and services provided by such resources as special education, community mental health, aging programs, etc. Some individuals, in fact, may be the "prime" client of the other agency.

Perhaps you could consider a secondary data collection system involving sampling on a periodic basis.

Attachment IV-b

October 6, 1979

Memorandum to: Bill Bean

From: Willman Massie WM

Subject: Comments on Data Needs for the Independent Living Program

Before offering specific comment on your material, I will mention some of my experiences in the development of a reporting system for recipients of Vocational Training Services Projects authorized in the 1965 legislation.

Initially, we began with a quarterly report. We were particularly interested in knowing how well the projects were being utilized, characteristics of clients, the number of persons referred, the number rehabilitated, the type of job skill training received, the kind of work performed at the time the person was closed as rehabilitated, and the wage at closure.

We deliberately limited the number of report items to those that we thought were particularly important.

I do not recall that we ever had any complaints from grantees stating that it took too long to fill out the form, or that any of the report items were of little consequence.

In the early years of the program, arrangements were made to issue a quarterly news-letter which summarized some of the statistical data. In addition, we summarized narrative information about interesting and innovative things done in individual projects.

The news-letter was well received and was sent to all projects, state agencies, RSA regional offices and central office staff.

After severel years, we reworked the form and reduced some of the items. At the same time, we added a few items to reflect the high degree of interest in serving the severely handicapped. The number of report periods was reduced. We sent to a semi-annual report form. Statistics from the last six months of the project year were combined with the first six months to constitute an annual report which was then submitted with the continuation grant request.

In the early years, we also required that each project submit a one page form (Form 41 a) on each client closed as rehabilitated. This form provided information about the job placement in relation to training received in the rehabilitation facility, wage ~~at~~ at closure and comparative information between sources of support at the time of entry into the project and at the time of closure. We finally discontinued use of the form because of lack of staff to tabulate and OMB insistence to cut-back on reporting requirements.

Suggested precautions

1. Limit the reporting system to items that are clearly needed and justified. There is a temptation to collect more information than is really needed.

2. Keep the items simple.

3. Design the report form carefully to minimize confusion and simplify preparation.

4. Limit the items to those that really need to be reported every time the form is prepared.

   Some kinds of items lend themselves to being reported in the narrative of the application or the progress report submitted with a continuation grant request.

5. Don't ask for more information than you can handle with staff resources.

6. Make instructions for the preparation of the report as simple and clear as you can.

7. Make early plans for feed back of tabulated information to projects, State rehabilitation agencies, and RSA.

Comments on the draft of the quarterly report

Item 3. List services provided this quarter.

Comment: I assume all grantees will be required to include in their application a list of the services to be provided.

I question the inclusion of this item on the report form unless you are seeking information as to the volume for reach type of service. If you retain this item, suggest that you list the services that are most likely to be offered and leave several blanks on the form for the insertion of additional kinds of services. Have a column that also shows the number of clients that receive each service during the report period. Knowledge about the extent of utilization of each service would seem to be most important. Do you want to know what services were provided by a center operated by the grantee in comparison to services provided by other community agencies?

Item 4. List other agencies with whom there is a written cooperative agreement

Comment: Suggest this be provided in the narrative of the application and not used in the report form.

Item 5. Disabilities of persons served

Comment: Would list the primary disability categories on the form itself and ask for the number of clients in each category. Do not ask for secondary disabilities as well for this gets more involved and may present some problems in tabulation and reporting.

Unless you have a specific check list of disability categories, you will get all kinds of reporting which will really complicate tabulation and reporting.

Item 6. Need more clarification on this item. May also want to record.

Item 7. Does this include services by the grantee as well as those provided by different community agencies?

Item 10. Number of program staff

Comment: You will get this information in the application. Is it necessary to also ask for this each quarter? Do you also want to know about staff turnover each quarter?

If you retain this item, suggest it be for staff on board as of the last day of the report period.

Item 12. Would suggest you get this information through the application rather than having it on the quarterly report.

Other Comments

1. Would you like to know sources of support at time of referral to the Center?

2. Would you like to know the extent of mobility of each person at the time of referral to the Center?

3. Suggest you consider a report every four months instead of every three months.

Based on comments in your memorandum, I have the impression that you anticipate the collection of a considerable amount of information in the future. OMB clearance of an extensive reporting system form would be hard to obtain in the current climate concerning data collection.

I am attaching some form we used in the TSG Grant program.

MEMORANDUM

Attachment IV-c

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
Office of Human Development Services
Rehabilitation Services Administration

TO : William Bean
Special Assistant for Independent Living

DATE: October 17, 1979

FROM : Director, Office of Administrative Support

SUBJECT: Independent Living Data Needs

I agree with you that we should try to move as rapidly as possible in developing a "data set" for the Independent Living Program. Your paper was a well conceived one. However, one over riding concern of mine is the data set that is developed must adequately allow us to evaluate and measure the effectiveness of the program. In order words, we must not collect information for the sake of information. Rather, the information that we gather, for the most part, must relate to the overall intent of the program, i.e., to meet the current and future needs of individuals whose disabilities are so severe that they do not presently have the potential for employment, but may benefit from VR services which will enable them to live and function independently.

Finally, the evaluability assessment effort that we are engaged in with Mr. Wholly of ASPE will include Independent Living. This effort is related, in part, to developing a data set for this program. I'll be happy to talk with you on this matter. Let's do so when you feel it is appropriate.

Hubert I. Davis

Attachment IV-d

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
Office of Human Development Services
Rehabilitation Services Administration

TO : William Bean
Special Assistant
Independent Living Project

DATE: November 29, 1979

FROM : Director, Deafness & Communicative Disorders Office

SUBJECT: Data Needs on the Independent Living Program Under Title VII of the Rehabilitation Act

We share your concern over the need for well-designed data reporting instruments for Independent Living projects. Our experience in monitoring Section 304(b)(1) Special Projects for the Deaf has indicated very clearly the need for regular and thorough data collecting. Certainly not the least important outcome of project data keeping has been the opportunity for the projects to evaluate constantly their own performance.

We thought the draft for quarterly reporting by Independent Living projects was quite exhaustive, covering those facets through which much useful and usable information will be obtained.

With the Special Projects for the Deaf, we find periodic site visits important in gaining deeper insights on the client populations served and on the strengths and weaknesses of the projects, individually and collectively.

We are disappointed that none of the 10 funded Independent Living projects is for deaf people. We hope that in the next round at least one will materialize to serve as a much needed model in the provision of services to severely disabled deaf individuals for whom few effective facilities exist.

Boyce R. Williams