

REPORT OF THE
RSA TASK FORCE ON VOCATIONAL EVALUATION
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REPORT OF RSA TASK FORCE ON EVALUATION

1. INTRODUCTION

A. STATEMENT OF PURPOSE

The RSA Task Force on Evaluation was formed to respond to the Zero Based Funding Report of January 23, 1980 that stated, "Arizona's Usage of Evaluation Services is excessive." The report concluded that the major factor in the alleged excessive usage was the over-use of pre-vocational evaluations. The report stated that (a) pre-vocational evaluations were not mandated by law or regulation; (b) pre-vocational evaluations are expensive.

To respond to the major charge that Arizona's usage of evaluations were excessive and to present a report which would have a positive impact on vocational rehabilitation, the following questions were addressed:

- a. Are we buying more evaluation services than we need to make rehabilitation decisions?*
- b. Are we getting our money's worth.*
- c. Are we following the evaluation recommendations?*
- d. What are results of evaluations?*
- e. How does issue of client rights effect use of evaluations?*
- f. If vocational is readily available (such as state-operated facility or level funded contract), is it used more than needed?*

B. PARTICIPANTS

Barbara Sinon, SSDI/SSI Coordinator, RSA

Doyle Cool, PVE Unit Supervisor, VR District I

Alice Newirth, Unit Supervisor, VR District I

Lenore Drake Counselor, VR District I

Mary Shane, Counselor, SBS-Phoenix

Brandon Arterbury, Counselor, VR District III

Santiago Lebron, Counselor, VR District II

Richard Duncan, Counselor, VR District V --- (Unfortunately, Mr. Duncan was only able to attend one meeting prior to resigning and leaving the state.)

C. CONSULTANTS AND/OR PUBLICATIONS USED

Report of Comprehensive Evaluation of Severely Disabled Persons, U. of A., Rehabilitation Department, 7-80

Report of Psychology and Rehabilitation Associates, Tucson, 8-80 (Appendix A)

Report of Vocational Development Program, N.A.U., 10-80 (Appendix B)

Report of Program Effectiveness, an analysis of Arizona VR Program by University of Michigan, 9-80 (Appendix C)

Doctoral dissertation by Clayton Boyer regarding Rehabilitation Counselor Vocational Decisions and Diagnostic Report Recommendations, U. of A., 1970 (Appendix D)

Report of a follow-up study on the relationship between work evaluators' recommendations and client placement by Dianne Williams 12-75 (Appendix E)

Interview with U. of A. staff by Mr. Lebron

Presentation by evaluator Roberta Rea of Arizona Industries for the Blind.

Federal Register - Rehabilitation Act (Appendix F)

Federal RSA Manual (Appendix G)

State RSA Counselor Manual

Zero based report

Printouts regarding PVE usage District I Clients

Report of Vocational Evaluation Study - District I PVE Unit, 1978

National and Local Financial Data Reports regarding VR

II. REVIEW OF REHABILITATION ACT AND PERTINENT FEDERAL/STATE REGULATIONS PERTAINING TO EVALUATIONS

The Zero Based Report stated that the counselor usage of vocational evaluations is excessive and that vocational evaluation is an optional service; no Federal or State requirements exist which require a client to receive the service.

The Task Force has reviewed the Federal Register and found several parts which appear to substantiate the need for vocational evaluation service. Specifically, the references are as follows:

1361.31 *Order of Selection for Services (b) in establishing the order of Selection of Services, the State Plan shall provide for selecting the most severely handicapped individuals for the*

provision of Vocational Rehabilitation services prior to any other handicapped individuals. (45% of Arizona's current caseload is certified as severely disabled, per O.I.S. Report 4/30/81.)

1361.34 Evaluation of rehabilitation potential: Preliminary Diagnostic Study (b) the State Plan shall provide thatand, in all cases, will place primary emphasis upon the determination of the individual's potential for achieving a vocational goal. The State Plan shall further provide that in all cases of mental or emotional disorder, an examination will be provided by physician (psychiatrist) or licensed psychologist.

1361.35 Evaluation of rehabilitation potential: Thorough Diagnostic Study (a) the State Plan shall provide that, as appropriate in each case, there will be a thorough Diagnostic Study which will determine the nature and scope of services needed by the individual, and which shall consist of a Comprehensive Evaluation of pertinent medical, psychological, vocational, educational, and other related factors which bear on the individual's handicap to employment and rehabilitation needs. (f) The State Plan shall provide that the thorough Diagnostic Study will include, in all cases to the degree needed, an appraisal of the individual's personality, intelligence levels, educational achievements, work experience, personal, vocational, and social adjustment, employment opportunities, and other data helpful in determining the nature and scope of the service needed. The State Plan shall further provide that the thorough diagnostic will include, as appropriate for each individual, an appraisal of the individual's pattern of work behavior, his ability to acquire occupational skill and his capacity for successful job performance, including the utilization of work, simulated or real, to assess the individual's capabilities to perform adequately in a work environment.

The Federal Rehabilitation Services Manual, Chapter 1505.01-1505.03 further expands on the need for comprehensive diagnostic services, particularly with the severely disabled client, as follows:

1505.03C The state agency should establish procedures which will assure individual appraisals to meet the varying needs of applicants. The extent of the preliminary evaluation may vary greatly from one individual to another, depending on the nature and severity of the problem.

The Task Force feels very strongly that the intent of the Federal Regulations is a clear mandate for comprehensive diagnostics and evaluation particularly with the severely disabled. While the regulations do not specifically require Vocational Evaluation service, they do require the information that can best be provided by a formalized vocational evaluation. Further, the regulations specifically require a psychiatric or psychological examination in all cases involving mental or emotional problems.

III. PRESENT METHODOLOGY AND PHILOSOPHY OF EVALUATION IN ARIZONA (STATISTICS, ETC.)

Considerable time and effort was expended by the members of the Task Force in analyzing financial and statistical data regarding evaluation in Arizona. It was eventually concluded that there were so many variables between states and the way in which data was reported that to pursue this avenue was an exercise in futility. (Report attached Doyle Cool, Supervisor, PVE Unit (Appendix H).)

Information available indicates that only about 20% of clients received vocational evaluation in the largest district. Data is not available for the smaller districts, but it is believed that their usage is considerably less than that. The only exception to that would be the Section for Blind Services which secured vocational evaluation services for 75-90% of their clients.

It was agreed to concentrate the efforts of the Task Force on analyzing the effectiveness of vocational evaluations and explore possible streamlining methods or other viable alternatives.

IV. ANALYSIS OF VOCATIONAL EVALUATION CASE STUDIES AND REPORTS FROM FACILITIES REGARDING FOLLOW-UP STUDIES

The Task Force reviewed several reports concerning the use and effectiveness of vocational evaluations with vocational rehabilitation clients. A summary of the findings of the reports is as follows:

- A. Rehabilitation Counselor vocational decisions and Diagnostic Report recommendations by Clayton Boyer, a doctoral dissertation at the University of Arizona, 1970. The findings were that (1) vocational rehabilitation counselors tended to act in accordance with the vocational recommendations, and (2) when the counselor did follow the report he was significantly more likely to close the case as rehabilitated. He concluded that the findings supported the expenditure of money to provide diagnostic evaluations for rehabilitation clients and that psychological and pre-vocational evaluations were meaningful aids to placement. An abstract of this report is attached (Appendix D).
- B. Psychology and Rehabilitation Associates, Tucson, Arizona, a self-evaluation study of Vocational Rehabilitation clients referred for testing from 9/78-2/79. The report was issued 8/80. In general, they found a significant disparity between their recommendations and counselor's actions. They tended to recommend direct job placement in many cases where the referring counselor did not find that course of action feasible or practical; and referring counselors use work adjustment services in many cases where the vocational evaluators recommended either direct placement, job training, a trade or business school. Possible explanations are: (a) In some cases evaluators overestimate the potential or the job readiness of the clients tested or (b) The rehabilitation process is made easier though costlier by enrolling clients in longer termed programs. The report is attached (Appendix A).

- C. Northern Arizona University, a program evaluation report of the Vocational Development Program 10/80. Their results indicated a high correlation between recommendations and counselor actions and that a high percentage of the clients evaluated were in "positive" VR status codes. The report is attached (Appendix B).
- D. Comprehensive Evaluation of Severely Disabled Persons, a project report by the Rehabilitation Department, University of Arizona, July 1980. The Task Force reviewed this most comprehensive report of the "process" of evaluation for severely disabled. Since it was primarily devoted to process rather than outcome, we did not include it in this report.
- E. A follow-up study on the relationship between work evaluator's recommendations and Client Placement, Diane M. Williams, 12/75, (Vocational Development Center, Menomonie, Wisconsin). This report concluded that a positive and significant relationship exists between the following of evaluator's recommendations and the successful placement of Vocational Rehabilitation clients. The report is attached (Appendix E).
- F. The Task Force members undertook to do their own study of cases which had been provided Vocational Evaluation Services. A 10% random sample was taken from closed cases for the calendar year 1979. The number of cases reviewed was 73. The percent of successful closures was 38%. Of significance was the high degree (48%) of 08 closures (closures before the initiation of a Rehabilitation Plan, unfeasible, moved, unable to locate, etc.). In general, it was found that with the successful closures there was a high correlation between the vocational recommendations and the eventual case outcome. The vocational evaluations at the Arizona Industries for the Blind are lengthier and more individualized, and their positive results are much higher than the other units studied.

It was found among the unsuccessful closures (08) a high percentage of severely disabled with emotional illness as the major disabling condition. In general, the reviewers found that the vocational evaluations were of excellent quality and were an excellent tool, but that certain changes in the selection of clients and procedures could be considered. This will be discussed in the next section of the report. The three reports from the Task Force are attached (Appendices I, J, K).

V. FINDINGS AND RECOMMENDATIONS

After reviewing pertinent reports and client files,

A. FINDING

The Task Force finds that Vocational Evaluation service is a valuable service in the rehabilitation of disabled persons. Vocational evaluation is a unique service that requires specialized persons to perform this function along with specialized equipment. For the severely disabled

client this type of service cannot be replicated by paper and pencil tests administered by the counselor, nor can it be replaced by the G.A.T.B. The type of information received from these evaluations is well justified by pertinent Federal Regulations pertaining to the severely disabled and the use of the thorough Diagnostic Study.

RECOMMENDATION

That vocational evaluations continue to be secured on an individual basis, when needed.

B. FINDING

The Task Force finds that, while the Vocational Evaluation service is valuable, it may be in some cases somewhat improperly used as a screenout or motivational test rather than for the purpose intended. This is evidenced by the almost 50% 08 closure rate following evaluations and by the high "no show" rate (15%) reported by the evaluation facilities.

RECOMMENDATION

1. That full vocational evaluations may be ordered in selected cases after there is some tangible evidence of the client's motivation for rehabilitation. They should not be ordered routinely or as a test of the client's motivational level.
2. That counselors be given training in certain paper and pencil tests; such as, interest inventories, personality tests and general ability tests; i.e., Wide Range Achievement Test (WRAT). The Task Force recognized the worth of the G.A.T.B. Test. The G.A.T.B. is a well-known, well-standardized test and very useful in a clinical setting. The Task Force feels that the administration of the G.A.T.B. by rehabilitation counselors would be highly impractical because of the very nature of the test. The G.A.T.B. is a group designed test which takes approximately 2½ - 3 hours to administer and requires a significant amount of equipment which requires extra security measures and special training.
3. That there be more use of short-term and specialized evaluations, where indicated. We note that this practice has already commenced in Phoenix and Tucson U. of A., and preliminary data is encouraging. Psychology and Rehabilitation Associates, Tucson, is also encouraging this practice.
4. That in cases of severe emotional disability, the required psychological evaluation be done prior to considering the scheduling of a full vocational evaluation.

C. FINDING

That considerable effort has already been commenced during the past several years by both the state and private evaluators to track clients through the system and provide data for improving the effectiveness of vocational

evaluations. That documentation of how vocational evaluations used was not always clear in the case file. In many cases, the reasons why vocational evaluations were not followed was not well documented.

RECOMMENDATION

1. That this self-evaluation system be continued and the results utilized for the benefit of concerned.
2. The Task Force would encourage more standardized methods of documentation as to why or why not counselors ordered vocational evaluations, and did or did not follow recommendations.

VI. SUMMARY

This Task Force has studied the usage and effectiveness of vocational evaluations in Arizona. We have found that vocational evaluations are a valuable tool and, where the recommendations are followed, there is a high degree of success. We have also found some misuse of these evaluations and recommend several alternatives and shortcuts, many of which have already been implemented.

pra

PSYCHOLOGY & REHABILITATION ASSOCIATES

Accredited by the Commission on Accreditation of Rehabilitation Facilities

19 North Norris
Tucson, Arizona 85719
792-3070

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Rehab Svce Admin

In January of 1980 Psychology and Rehabilitation Associates sent out follow-up questionnaires to counselors who had referred clients to this facility from September of 1978 through February of 1979. These questionnaires requested information on the present status of each client and also on the services they had received up to that point. The following is a report of those results.

Of seventy-nine questionnaires sent out, fifty-six were returned. This represents a 71% response rate. Those clients whose questionnaires were not returned were referred by counselors who had either retired, resigned, or transferred. Of the fifty-six clients on whom we received information, the statuses were as follows:

<u>STATUS</u>	<u>NUMBER OF CLIENTS</u>	<u>% OF TOTAL</u>
02	4	06
06	9	16
16	2	04
20	5	09
22	3	05
28	1	02
18	15	27
26	6	11
08	11	20

The clients still undergoing training were enrolled in the following training:

<u>TRAINING AREA</u>	<u>NUMBER OF CLIENTS</u>
1. G.E.D. Training	1
2. Junior College	
Teacher's Aide	1
Registered Nurse	1
General Studies	1
3. Auto Mechanics	2
4. Work Adjustment	3
5. University	1
Fine Arts	
6. Veterinary Assistant	1
7. Electronics Assembly	1
8. Medical Transcriber, Receptionist	1
9. Real Estate	1
10. Carpentry Apprenticeship	1

The clients closed at twenty-six were placed in the following areas:

<u>OCCUPATIONAL AREA</u>	<u>NUMBER OF CLIENTS</u>
1. Auto Body Repair	1
2. Conservation (Park Service Worker)	1
3. Physical Therapy Aide	1
4. IBM Worker at Goodwill	1
5. Secretary, Clerical Worker	1
6. Sheet Metal Worker	1

The eight clients in status twenty or twenty-two had received training or were employed in the following areas:

<u>OCCUPATIONAL AREA</u>	<u>NUMBER OF CLIENTS</u>
1. Cashiering	1
2. Finished Work Adjustment, no specified field	1
3. Dishwashing	1
4. Medical Receptionist	1
5. Clerical	1
6. Roofing Apprenticeship	1
7. Restaurant Bus-Girl, Telephone Soliciting	1
8. No Specified Training or Work Area	1

The following chart compares the recommendations made by Psychology and Rehabilitation Associates to the actual services provided by counselors:

<u>SERVICE</u>	<u>NUMBER OF RECOMMENDATIONS MADE FOR THIS SERVICE</u>	<u>NUMBER OF CLIENTS RECEIVING THIS SERVICE</u>
1. Direct placement	17	4
2. Job Training or Trade School	27	16
3. Junior College	2	6
4. University	2	2
5. Work Adjustment	8	15
6. Psychological Counseling	32	8
7. Vocational Coun- seling or Career Exploration	12	25
8. Question of Feasi- bility		
a. lack of interest or cooperation	3	9
b. no reasonable expectation for success	1	1
c. other	1	3
9. Question of Eli- gibility	0	2
10. Further Medical Services	13	10
11. Academic Remediation or G.E.D.	17	6
12. Training in Activities of Daily Living	4	0

A check of the fifteen clients receiving training reveals that nine are in training programs recommended by Psychology and Rehabilitation Associates and six are in programs other than those recommended by Psychology and Rehabilitation Associates. A similar check of the six clients successfully placed and closed reveals that three were placed in areas recommended by PRA while three were placed in areas other than those recommended by PRA. Of the eight clients ready for employment or placed on the job but not yet closed, four were in areas recommended by PRA while four were in areas other than those recommended by PRA. Of the twelve clients who either received training or were placed in areas other than those recommended by PRA, five were in areas involving higher skills, wages, or status than those recommended, four were in areas involving lower skills, wages, or status than those recommended, and three were

in parallel programs or positions.

Of the forty-three clients who received direct work related services (either direct placement or training ranging from the university to work adjustment), twenty-three received the general service which was recommended for them (i.e. job training, junior college, etc.), while twenty received general services in areas other than those which were recommended for them. The following chart breaks down the five direct work related services, and shows how the recommendations compare to the services provided.

<u>SERVICE</u>	<u>NUMBER OF CLIENTS WHO RECEIVED THIS SERVICE</u>	<u>NUMBER OF CLIENTS RECEIVING THIS SERVICE WHO WERE RECOMMENDED FOR IT</u>	
1. Direct Placement	4	3	(75%)
2. Job Training or Business School	16	12	(75%)
3. Junior College	6	3	(50%)
4. University	2	0	(00%)
5. Work Adjustment	<u>15</u>	<u>5</u>	(33%)
TOTAL	43	23	(53%)

The one client who was placed directly but had not received a recommendation for this service was an individual who, at the time of her evaluation, did not show an interest returning to work in an area feasible for her. At that time it was recommended that no services be extended to her.

The recommendations offered for the four clients who received job training or trade or business school instruction, although it was not recommended for them, were as follows:

<u>RECOMMENDATION</u>	<u>STATUS</u>
1. Junior College	26
2. Direct Placement	06
3. Direct Placement	18
4. Direct Placement	20

The recommendations offered for the three clients who were enrolled in a junior college program, although it was not recommended for them, were as follows:

	<u>STATUS</u>
1. Business School Training	06
2. Further Psychological Counseling and Career Exploration	06
3. Direct Placement	18

The recommendations offered for the two clients who were enrolled in a university program, although it was not recommended for them, were as follows:

	<u>STATUS</u>
1. Direct Placement	18
2. Direct Placement	26

The recommendations offered for the ten clients who were referred for work adjustment, although it was not recommended for them, were as follows:

	<u>STATUS</u>
1. Job Training	26
2. Direct Placement	20
3. Trade School	18
4. Direct Placement	18
5. Direct Placement	22
6. Job Training	22
7. Direct Placement	18
8. Direct Placement	26
9. Business College	18
10. Business College	06

As was mentioned before, a total of seventeen clients on whom feedback was provided were recommended for direct placement (this might include Job Readiness Training, Psychological Counseling, Further Medical Services, or some similar service, but would exclude formal job training, trade or business school, college or university work, or work adjustment). Four clients were actually placed without other formal training or education, and of those four, three were of the original seventeen recommended for this. The other fourteen clients received the following training or educational services or were otherwise served:

<u>SERVICE</u>	<u>PRESENT STATUS</u>
1. Work Adjustment	20
2. Closed, 08	08
3. Trade School	06
4. Work Adjustment	26
5. No Further Services Offered	28
6. Work Adjustment	18
7. Work Adjustment	22
8. Psychological Counseling (no training or education)	08
9. University	18
10. Trade School	18
11. No Further Services Offered	02
12. Psychological Counseling (no training or education)	06
13. Psychological Counseling (no training or education)	20
14. Work Adjustment	06

Conclusion

Of the many conclusions which might be drawn from these findings, two seem to be of the most significance: 1) the vocational evaluators at Psychology and Rehabilitation Associates tend to recommend direct job placement in many cases where the referring counselor does not find that course of action feasible or practical; and 2) referring counselors use work adjustment services in many cases where the vocational evaluators recommended either direct placement, job training, a trade or business school. It appears that counselors generally find that some clients require more extensive services than are believed necessary by the evaluators. Possible explanations for these incongruities are that: a) in some cases evaluators overestimate the potential or the job readiness of clients tested; or b) the rehabilitation process is made easier, though perhaps costlier, for the rehabilitation counselor by enrolling clients in longer term programs which either provide certificates



DATE: 11/3/80 APPENDIX B

SENT TO: J. McBlair, C. Warren, B. King

Elk Canyon School District

BY: L. Leonard, DISTRICT III

Northern Arizona University · FLAGSTAFF, ARIZONA 86011

INSTITUTE FOR HUMAN DEVELOPMENT
COLLEGE OF EDUCATION

Oct. 24, 1980

C. U. BOX 5630
(602) 774-2181
(602) 523-4791

VOCATIONAL DEVELOPMENT PROGRAM

Program Evaluation Report
For 1979-80 Contract Year

IHD file

I. Internal Evaluation System

A. Objective 1: Evaluate an average of 16 clients per month.

During the 1979-80 contract year, 186 clients were evaluated, which is an average of 16 clients per month. Most clients received comprehensive evaluations, including both psychological and vocational assessments. There were 171 psychological and 182 vocational evaluations performed.

During the six-month period of April 1, 1980 to September 30, 1980 there were a total of 151 clients referred and 93 evaluated. Of the 58 referred clients who were not evaluated, 37 were cancellations and 21 were "no-shows".

Since the required number of clients were evaluated, Objective 1 was achieved during the 79-80 contract year.

B. Objective 2: Provide appropriate and useful recommendations regarding evaluated clients to referring counselors. Measures of this objective are obtained by reviewing the feedback forms returned to I.H.D. by the V.R. counselors.

Counselors rate the IHD report on the following criteria: "Report answers referral questions; provides useful information and practical recommendations; gives the counselor a clear idea of how to proceed with the client; and the report is clearly written and internally consistent."

The counselors returned feedback forms for 87 of the clients evaluated at IHD (47%). As a group, the counselors said the IHD reports meet all the criteria 94% of the time and partially 6% of the time.

Objective 2 is also measured by comparing the IHD report recommendations to the counselors' plans for the client at 2 weeks after the client completes the evaluation. For the 1979-80 contract year, Table 1 shows the number and percent of cases in each level of agreement.

Table 1

<u>Level</u>	<u>Number of Cases</u>	<u>Percent of Cases</u>
Total agreement	15	23
Substantial agreement	21	32
Partial agreement	14	22
No agreement	14	22
Other (moved, etc.)	<u>1</u>	<u>1</u>
	65	100%

Data was available on this measure for only 65 of the clients. Substantial agreement is defined as more than half of the report recommendations being implemented by the counselor, and partial agreement means fewer than half of the recommendations are being implemented.

As can be seen from the table, there was substantial or total agreement between IHD report recommendations and the counselors' plans in 55% of the cases, with 22% more in partial agreement. This suggests that typically the counselors agree with and plan to implement the recommendations made in IHD reports.

C. Objective 3: Provide written evaluation reports within 10 days of client termination.

During the first half of the contract year, 48% of reports were submitted on time, and 52% were late. During the second half of the year, 66% of reports were submitted on time, and 34% were late. This shows improvement over the course of the year, but the goal of 80% of reports submitted on time was not achieved.

Some lateness of reports was due to unevenness of client flow. In months with substantially more than 16 clients, staff would get behind and stay behind for weeks. In addition,

Program Evaluation Report

many clients take tests which can only be scored by computer. Often, the 10 day time limit does not allow sufficient time for the test protocols to be mailed, scored, and returned.

D. Objective 4: Provide 4,000 hours of student training.

Table 2 shows the number of hours of student training provided in the contract year.

Table 2

Psychology interns	2680
Field work students	1173
Work-study students	<u>691</u>
	4544 hours

II. External Evaluation System

The external evaluation system is designed to show what happens to persons who at one time were IHD clients. Data on client status at six months follow-up is obtained from VR counselors. The number and percent of clients in each of the relevant VR status codes is shown in the following table for the six-month period of October 79 - March 80.:

Table 3

Number of Clients in V.R. Status Codes
at Six Months Follow-up

	<u>Status</u>	<u>Number</u>
02	Diagnostics being done	25
06	Extended evaluation	13
08	Closed from referral	10
10	Accepted "eligible"	6
12	Plan being developed	--
14	Psychological restoration	4
16	Medical restoration	1
18	Client in training	33
20	Ready for employment	--
22	Client employed	3

24	Interrupted	3
26	Closed successfully - client employed	--
28	Closed unsuccessfully	--
30	Closed before plan started	--

Table 4 shows the number and percent of clients in each of the codes used as objectives in the external evaluation system.

Table 4

Outcome on External Evaluation Objectives
 at six Months Follow-up
 (N=100)

Objective 1	Code 22	Client employed	3	} 3%
	Code 26	Case closed successfully; client employed	-	
Objective 2	Code 18	Client in training	33	} 33%
Objective 3	Code 14	Psychological restoration	4	} 5%
	Code 16	Medical restoration	1	
Objective 4	Code 02	Recommended diagnostics being done	25	} 38%
	Code 06	Extended evaluation	13	
				/ 79% Total

As can be seen from the table, 79% of the clients at follow-up were in positive status codes, suggesting that the IHD evaluation they received was beneficial to them.

Objective 5 in the external evaluation system is to minimize the cost per client. During the 1979-80 contract year, 186 clients were evaluated. According to the contract IHD was allocated \$29,024 for vocational evaluations and \$19,910 for psychological evaluations, for a total of \$48,934. When this figure is divided by 186, the cost per client comes out at \$263, which is just \$9 over the per-client cost allowed for in the contract (\$254).

Program Evaluation Report

Objective: IHD will provide four comprehensive evaluations per week (psychological and vocational) given the referral of four clients per week from RSA.

Total cost of vocational evaluations \$29,024

Total cost of psychological evaluations 19,910

\$48,934

4 clients per week x 4 weeks per month x 12 months=192
clients per year

\$48,934 ÷ 192 clients = \$254 estimated by RSA as cost
per client

SUMMARY

Of the four objectives in the internal evaluation system, the set goals were met for three of the objectives and not met for one of them.

The required number of clients were evaluated (an average of 16 per month). This was in spite of the fact that an estimated 30% of referred clients were either cancelled or did not show for the scheduled evaluation. Based on the data accumulated, the referring counselors rated the quality of IHD evaluation reports as meeting all criteria in 94% of the cases. IHD report recommendations were followed at least partially in 77% of the cases for which the counselors gave feedback. In addition, over 4500 hours of training were provided to students working in the program.

The only objective not met was in regard to the timeliness of reports being submitted to VR after client termination. There has been a steady positive trend since the summer of 1980, and timeliness of reports should not be a problem in the new contract year.

The results on the external evaluation system are quite positive, indicating that the majority of IHD clients are in positive VR status codes, receiving services recommended in IHD reports. In addition, the cost per client is at the very reasonable figure of \$263 for a 4-day comprehensive psychological and vocational evaluation.

VOCATIONAL DEVELOPMENT PROGRAM
Internal Program Evaluation

Rank	Objective	Measure	Time of Measure	Expectancies			Weight
				Minimum	Goal	Optim	
1.	Evaluate referred clients who are present for required length of time. Average of 16 per month.	Number and percent of clients referred who complete evaluation.	Eleven working days after client termination.	80%	90%	100%	30
2.	Provide appropriate and useful recommendations regarding evaluated clients to referring counselor.	1. Counselors' evaluations of reports. 2. Correspondence between report recommendations and counselors' plans for clients.	Fifteen days after report exit.	70%	80%	90%	30
3.	Provide written evaluation reports within 10 days of client termination.	Number and percent of reports completed on time.	Eleven working days after client termination.	60%	80%	100%	20
4.	Provide training to students.	Number of trainee hours provided.	End of each semester.	3000 hours	4000	5000	20

VOCATIONAL DEVELOPMENT PROGRAM
External Program Evaluation System

Rank	Objective	Measure	Time of Measure	Expectancies			Weight
				Min.	Goal	Opt.	
1.	Clients obtain employment, on-the-job training, or non-sheltered work.	Number and percent of former IHD clients in VR status codes 22 (employed) and 26 (case closed successfully; client employed)	Monthly				
2.	Clients obtain skill training or academic preparation for a job.	Number and percent of clients in VR status code 18 (client in training).	Monthly				
3.	Clients obtain recommended medical or psychological restorative services.	Number and percent of clients in VR status codes 14 (psychological restoration) and code 16 (medical restoration).	Monthly				
4.	Clients obtain further evaluations as recommended.	Number and percent of clients in VR status codes 02 and 06 (diagnostics or extended evaluation in progress).	Monthly				
5.	Minimize cost per client.	Divide contract dollar amount by number of clients evaluated to arrive at cost per client.	Yearly				

PROGRAM EFFECTIVENESS:
AN ANALYSIS OF THE ARIZONA VOCATIONAL REHABILITATION PROGRAM
AS REPORTED BY THE
REHABILITATION RESEARCH INSTITUTE
UNIVERSITY OF MICHIGAN

*FY 78 Az 30% of opened cases were 26's
Nat'l avg. 26%*

Competitive Employment AZ Avg. 93.9% - Nat'l Avg 81.9%

INTRODUCTION

The source document for the information contained in this paper is "Analysis of FY 1978 Data on the Vocational Rehabilitation Standards" published by the Rehabilitation Research Institute, School of Education, University of Michigan (UM-RRI). The report, published in June 1980, contains an analysis of the data submitted by state rehabilitation agencies in response to the mandated evaluation standards of the state/federal rehabilitation program. The purpose of the Standards, which are required by the Rehabilitation Act of 1973 and published in the Federal Register on December 19, 1975, is to (a) establish criteria to evaluate program effectiveness, (b) increase program accountability, and (c) encourage state vocational rehabilitation agencies to conduct more comprehensive self-evaluations.

An analysis of the information contained in the previously cited publication regarding the effectiveness of the Arizona Vocational Rehabilitation Program is presented in this paper.

PROGRAM EFFECTIVENESS:
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Client participation in employment is a basic index of achievement for the Vocational Rehabilitation program which is explicitly directed toward the goal of rehabilitating handicapped individuals. The final test of program effectiveness focuses on the number of successful rehabilitations, the quality of those placements, the material benefit to clients, and the durability of results over time.

Number of Successful Rehabilitations

The number of individuals who were successfully rehabilitated by the Arizona Vocational Rehabilitation program in FY 1978 was 2,126. This figure reflects a 69.4% increase over FY 1975. (See Data Element 1.4, page III-19, from the UM-RRI report which is attached.)

While it is important to know how a state vocational rehabilitation program's productivity compares with its prior year's performance, it is also desirable to contrast the state's performance with the national average. One way to accomplish this is to determine what proportion of the total accepted clients served were closed rehabilitated.

	<u>National</u>	<u>Arizona</u>
Comparison of the number of cases closed rehabilitated to the accepted clients served for FY 1978.	26%	30%

(See Data Element 1.4b, page III-20, from UM-RRI report which is attached.)

Quality of Placements

Judgments regarding the quality of successful closures may be based on data which reflect the proportion of clients placed in competitive employment as compared with those clients placed in non-competitive employment (work in sheltered

workshops, homemaking, and family work). Arizona's Vocational Rehabilitation program accomplishments in the area of quality of successful closures contrasted with the national figures are as follows:

	<u>National Average</u>	<u>Arizona's Average</u>	<u>Percentile Level</u>
Percent of individuals who were successfully rehabilitated who were placed in competitive employment.	81.9%	93.9%	100

(See Data Element 2-1, pages III-29 through III-32, from RRI report which is attached.)

Material Benefits to Clients

Having a job in a competitive field for which one has been trained is only a part of the story of successful rehabilitation. It is also important to be able to demonstrate that rehabilitated clients are able to command earnings which reflect an increase in their independence through acquisition of gainful employment. Arizona's Vocational Rehabilitation program's accomplishments with regard to material benefits to clients are as follows:

	<u>Regional Average</u>	<u>Arizona's Average</u>	<u>Percentile Level</u>
Average weekly earnings at closure of all rehabilitated clients, including clients with zero earnings at the time.	\$114.43	\$129.63	77

(See Data Element 2.8, pages III-73 through III-76 from UM-RRI report which is attached.)

Durability of Results Over Time

The final basis for gauging the program's effectiveness is the maintenance of job-related rehabilitation benefits over time. Unfortunately, there is a lack

of uniformity in reporting from state-to-state with respect to this area of the evaluation standards making any comparison of Arizona's performance to the national or regional performance level impossible.

In the area of retention of financial benefits at the time of the one-year follow-up, the mean weekly earnings for individuals rehabilitated by the Arizona Vocational Rehabilitation program was \$133.00 per week.

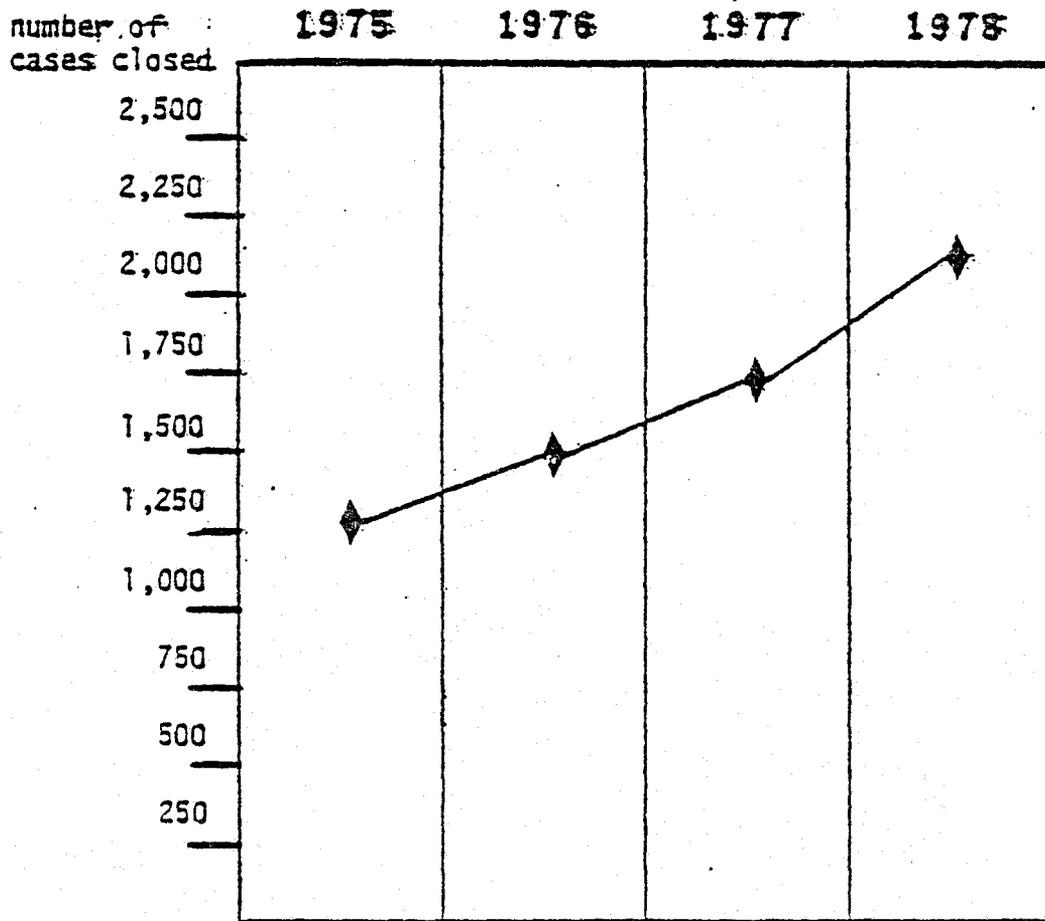
DATA ANALYSES

Data Element 1.4: Number of cases closed rehabilitated during the year (Status 26).

THIS AGENCY'S VALUE FOR FY 1978

2,126

THIS AGENCY'S VALUES FOR FY'S 1975, 1976, 1977 & 1978



ACTUAL VALUE 1,255 1,494 1,736 2,126

PERCENTAGE CHANGE BETWEEN

1975-76	1976-77	1977-78	1975-78
19.0 %	16.2 %	22.5 %	69.4 %

DATA ANALYSES cont'd.

I.4(b) Comparison of the number of cases closed rehabilitated (Status 26)
to the accepted clients served (Statuses 10-30) by this agency
for FY 1978.

Number of cases closed (Status 26) DE I.4	<u>2,126</u>	=	30 %	The per cent of accepted clients served who were closed rehabilitated (Status 26)
Number of accepted cases served DE I.2	7,122			

NATIONAL STATISTICS*

Number of cases closed (Status 26)	<u>294,398</u>	=	26%	The percent of accepted clients served who were closed rehabilitated (Status 26)
Number of accepted cases served	1,143,823			

*Source: Fact Sheet Booklet - Fiscal Year 1978

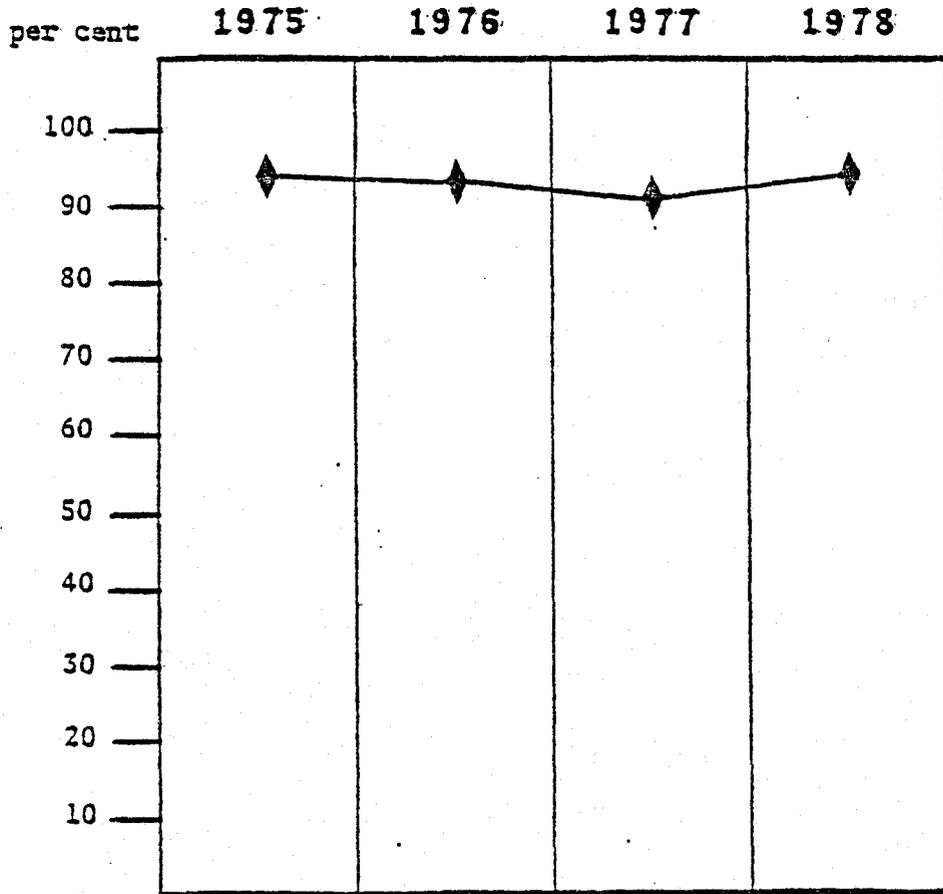
DATA ANALYSES

Data Element 2.1: Per cent of those placed in competitive employment
(wage and salary earners and self-employment).

THIS AGENCY'S VALUE FOR FY 1978

93.9%

THIS AGENCY'S VALUES FOR FY'S 1975, 1976, 1977 & 1978



ACTUAL VALUE 94% 93.6% 90.9% 93.9%

PER CENT CHANGE BETWEEN

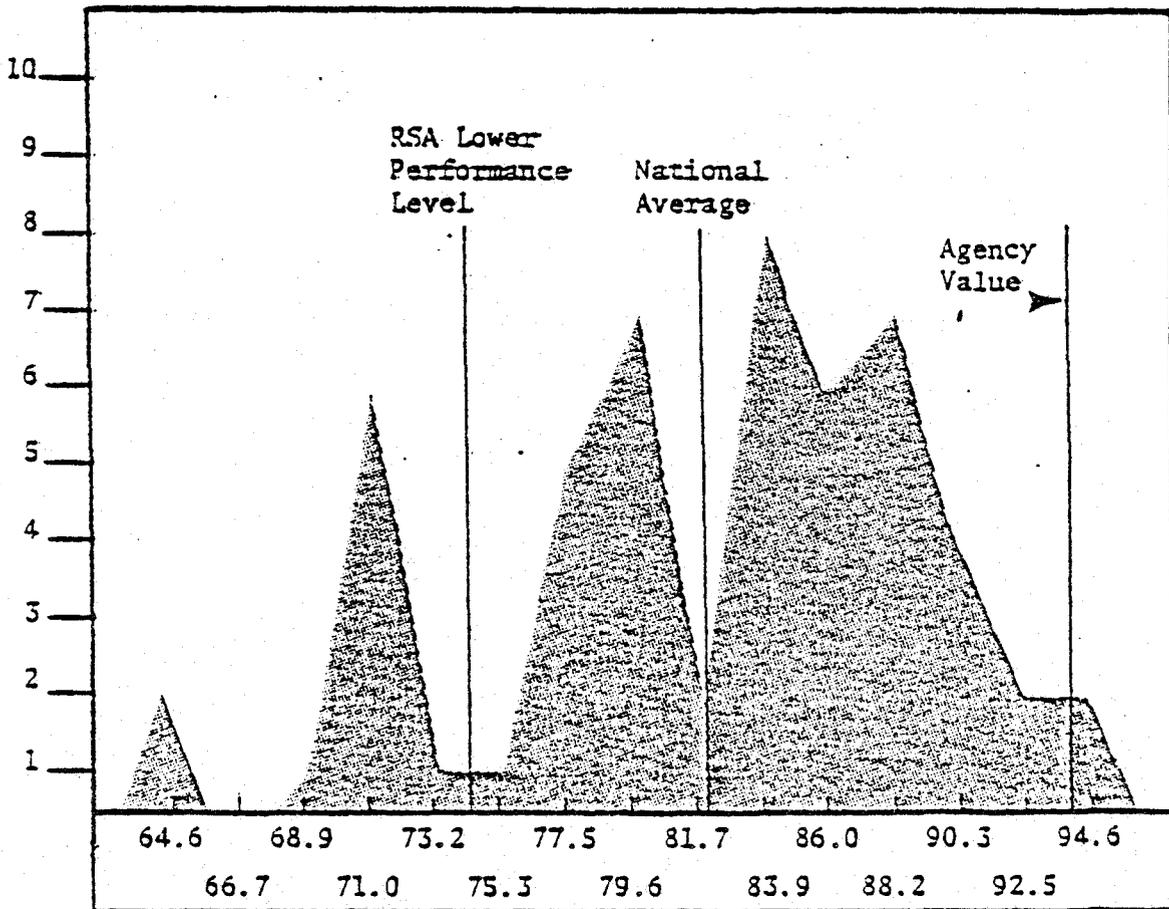
1975-76	1976-77	1977-78	1975-78
-0.4%	-2.7%	3.0%	-0.1%

DATA ANALYSES cont'd.

Data Element 2.1: Per cent of those placed in competitive employment (wage and salary earners and self-employment).

NATIONAL DISTRIBUTION

NUMBER OF STATES



DESCRIPTIVE STATISTICS

NATIONAL	STATE
NATIONAL AVERAGE_ 81.9%	THIS AGENCY'S VALUE_ 93.9%
RSA PERFORMANCE LEVEL	THIS AGENCY'S PERCENTILE
upper_	LEVEL_ 100
lower_ 74.5%	
MOST COMMON VALUE(S) (MODE)_ 83.9%	
MEDIAN VALUE_ 83.7%	

DESCRIPTIVE STATISTICS cont'd.

Data Element 2.1: Per cent of those placed in competitive employment
(wage and salary earners and self-employment).

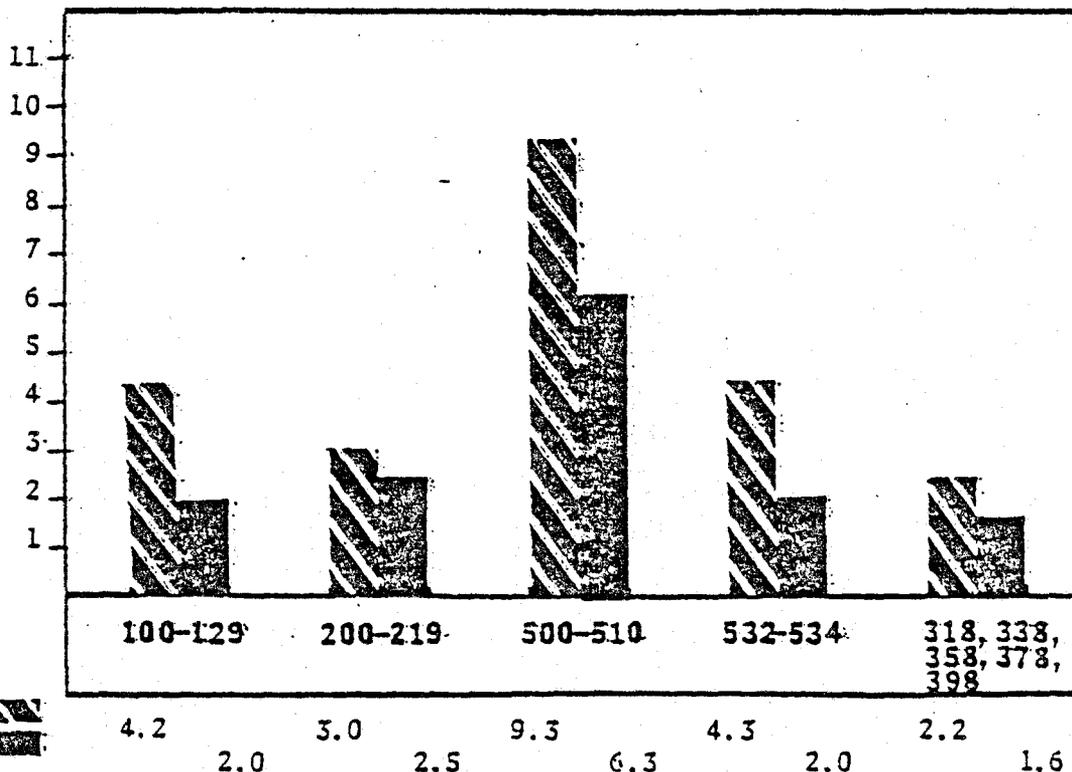
	1977	1978
NATIONAL		
NATIONAL AVERAGE	78.70 %	81.9 %
RSA PERFORMANCE LEVEL		
UPPER		
LOWER	68.72 %	74.5 %
MOST COMMON VALUE(S) (MODE)	85.0 %	83.9 %
MEDIAH VALUE		83.7 %
STATE		
THIS AGENCY'S VALUE	90.89 %	93.9 %
THIS AGENCY'S PERCENTILE LEVEL	98	100

DATA ANALYSES: cont'd.

Data Element 2.1: Per cent of those placed in competitive employment (wage and salary earners and self-employment).

SPECIFIC CASE ANALYSIS

PER CENT



RSA DISABILITY CODES

- 100-129 - VISUALLY IMPAIRED
- 200-219 - HEARING IMPAIRED
- 500-510 - MENTAL DISORDERS (SEVERE)
- 532-534 - MENTAL RETARDATION
- 318, 338, 358, 378, 398 - ORTHOPEDIC FUNCTIONAL IMPAIRMENTS

<p>clients closed in statuses 26, 28, and 30 who were in the selected disability groups</p> <p><u>706</u></p> <p>3,069 Total caseload (clients closed in statuses 26, 28, and 30)</p>	<p>= 23.0%</p>	<p>per cent of clients (closed in statuses 26, 28, and 30) agency represented by the above selected disability groups</p>
---	----------------	---

<p>clients from the selected disability groups placed in competitive employment</p> <p><u>442</u></p> <p>3,069 Total caseload (clients closed in statuses 26, 28, and 30)</p>	<p>= 14.4%</p>	<p>per cent of clients who were in the selected disability groups and were placed in competitive employment</p>
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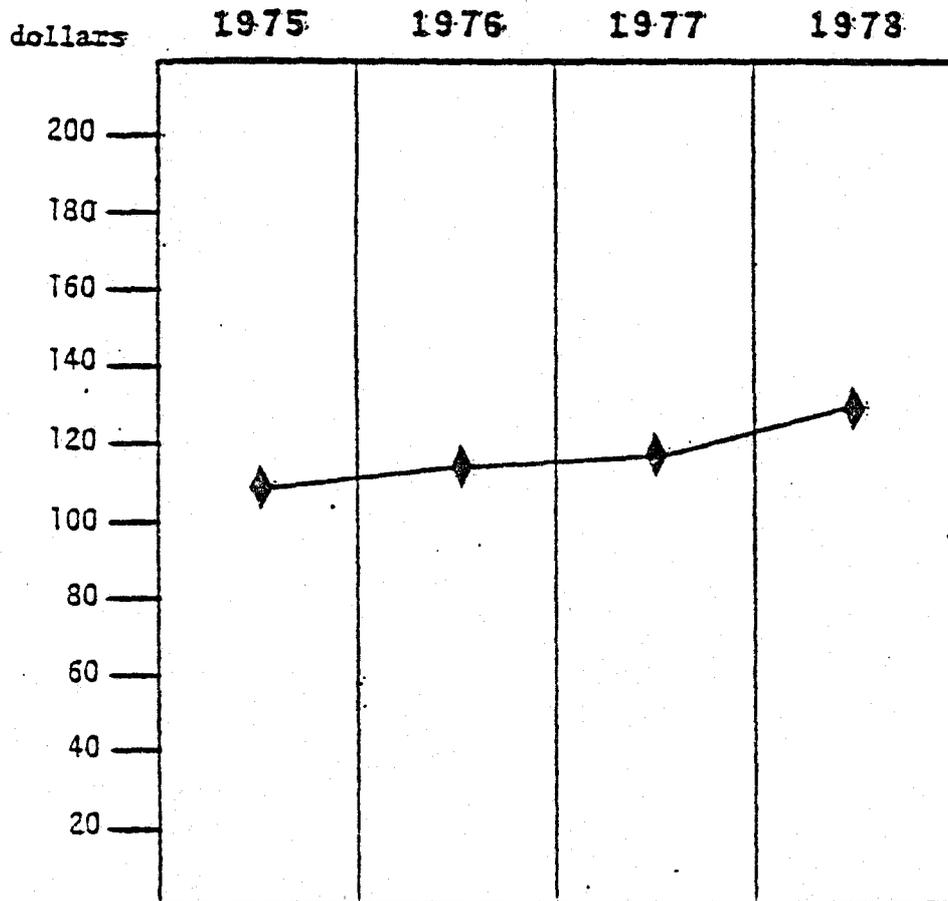
DATA ANALYSES

Data Element 2.8: Average weekly earnings at closure of all rehabilitated clients, including clients with zero earnings.

THIS AGENCY'S VALUE FOR FY 1978

\$129.63

THIS AGENCY'S VALUES FOR FY'S 1975, 1976, 1977 & 1978



ACTUAL VALUE	\$109	\$114	\$117.42	\$129.63
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PERCENTAGE CHANGE BETWEEN

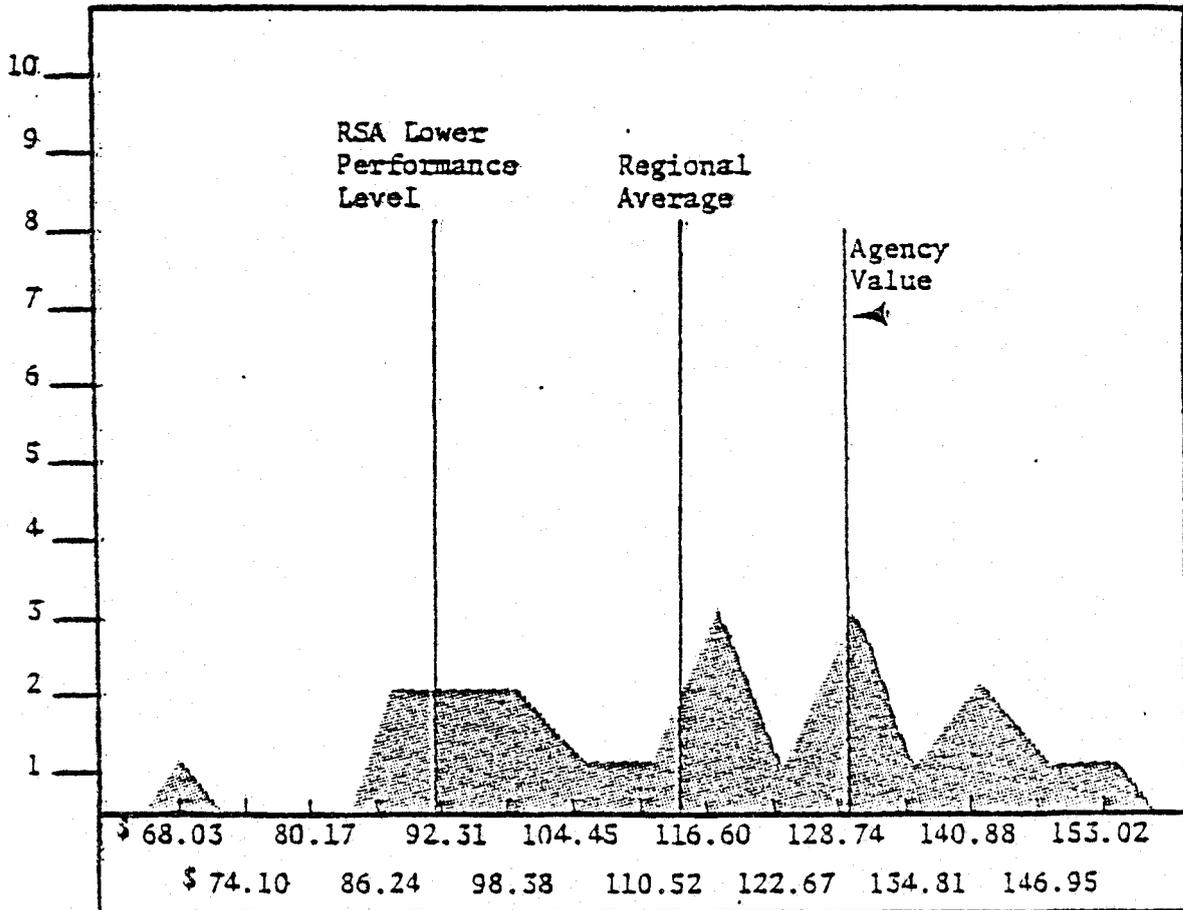
1975-76	1976-77	1977-78	1975-78
4.6 %	3.0 %	10.4 %	18.9 %

DATA ANALYSES cont'd.

Data Element 2.8: Average weekly earnings at closure of all rehabilitated clients, including clients with zero earnings (Regions 2, 3, 5, 9 General).

REGIONAL DISTRIBUTION

NUMBER OF STATES



DESCRIPTIVE STATISTICS

REGIONAL	STATE
REGIONAL AVERAGE_ \$114.43	THIS AGENCY'S VALUE_ \$129.63
RSA PERFORMANCE LEVEL	THIS AGENCY'S PERCENTILE
upper_	LEVEL_ 77
lower_ \$91.93	
MOST COMMON VALUE(S) (MODE)_ \$116.60, \$128.74	
MEDIAN VALUE_ \$114.78	

DESCRIPTIVE STATISTICS cont'd.

Data Element 2.8: Mean weekly earnings at closure of all rehabilitated clients, including clients with zero earnings.

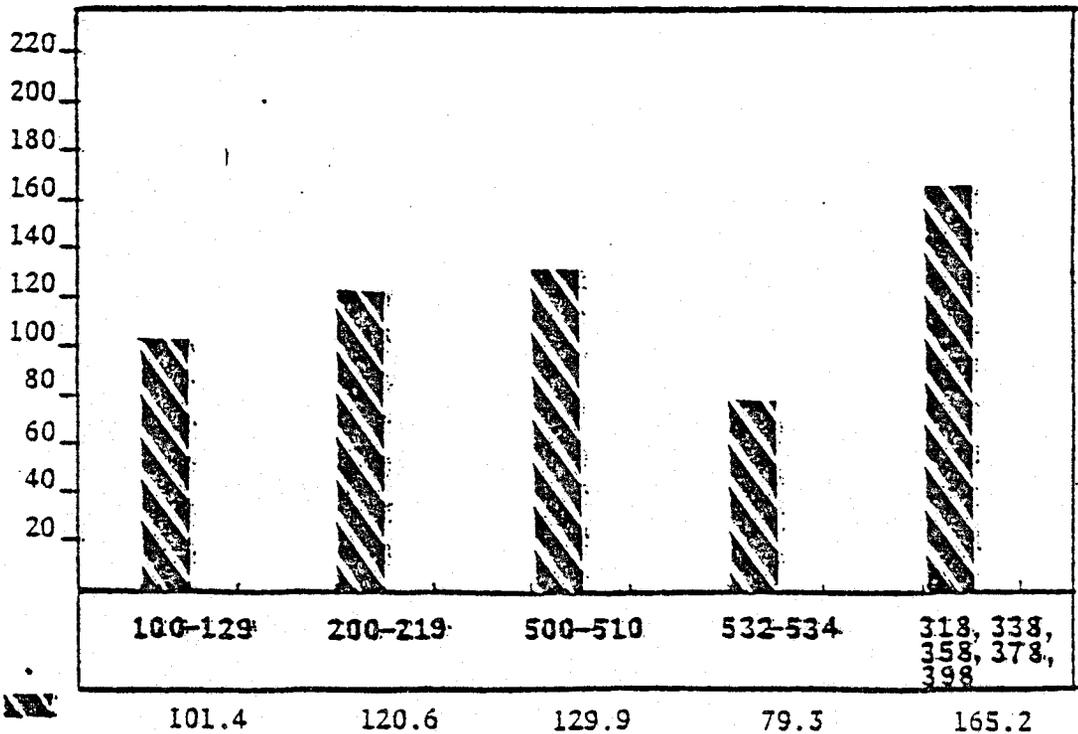
	1977	1978
REGIONAL		
REGIONAL AVERAGE	\$107.83	\$114.43
RSA PERFORMANCE LEVEL		
UPPER		
LOWER	\$ 75.00	\$ 91.93
MOST COMMON VALUE(S) (MODE)	\$100.17	\$116.60, \$128.74
MEDIAN VALUE		\$114.78
STATE		
THIS AGENCY'S VALUE	\$117.42	\$129.63
THIS AGENCY'S PERCENTILE LEVEL	71	77

DATA ANALYSES cont'd.

Data Element 2.8: Average weekly earnings at closure of all rehabilitated clients, including clients with zero earnings.

DOLLARS

SPECIFIC CASE ANALYSIS



RSA DISABILITY CODES

- 100-129 - VISUALLY IMPAIRED.
- 200-219 - HEARING IMPAIRED
- 500-510 - MENTAL DISORDERS (SEVERE)
- 532-534 - MENTAL RETARDATION.
- 318, 338, 358, 378, 398 - ORTHOPEDIC FUNCTIONAL IMPAIRMENTS

E9791
1970
265
Cep. 2

REHABILITATION COUNSELOR VOCATIONAL DECISIONS
AND DIAGNOSTIC REPORT RECOMMENDATIONS

by

Clayton Leon Boyer, II

A Dissertation Submitted to the Faculty of the

COLLEGE OF EDUCATION

In Partial Fulfillment of the Requirements
For the Degree of

DOCTOR OF EDUCATION

In the Graduate College

THE UNIVERSITY OF ARIZONA

1 9 7 0

referral population and the one year limitation, was considered not applicable. It is not known, however, if job tenure would be a more realistic criterion over a longer period of time.

General Summary

During the past two decades the public vocational rehabilitation program has experienced continual growth and development. With this growth has come a strong emphasis upon comprehensive diagnostic evaluation to determine the disabled individual's readiness and potential for rehabilitation. A review of the literature indicated little or no research specifically related to determining the quality of evaluations that were being provided to state rehabilitation agencies and the use of the report information by the counselor in vocational planning. This rapid growth and lack of research pointed up the need to examine the client-study evaluations provided by rehabilitation facilities in order to determine if the reports were used by the counselor in providing case services as well as in determining suitable vocational plans.

The Problem

Vocational rehabilitation agencies refer large numbers of clients and spend vast sums of money for psychological and prevocational evaluations. These services are purchased in order to increase counselor judgment in the development of a realistic plan for his client. The question remains, however, as to just how useful these assessments are to the counselor. The problem, then, was one of determining

whether those rehabilitation counselors who followed the diagnostic report recommendations were better able to close their clients in employment than counselors who did not follow the recommendations.

Research Design

This study was developed in three sections: (1) general description of the type of client referred for psychological and prevocational diagnostic evaluations, (2) evaluation of counselor use of the report recommendations, and (3) assessment of the overall psychological and prevocational evaluation recommendations as measured by length of employment during the year following closure.

In order to obtain a description of the referral population, general demographic information was recorded for each case referred for psychological and prevocational evaluations between January 1, 1961, and December 31, 1967. Means, percentages and standard deviations were computed.

In order to evaluate counselor use of the diagnostic report recommendations, the job family in which the client was closed, together with the diagnostic report vocational recommendations were identified according to the DOT code system. These were then compared to determine if the counselor followed or did not follow the report recommendations. A total of 86 cases were included in this section. The Significance of Difference between Percentages Test was computed for the two groups. The following null hypotheses were tested:

1. There is no significant difference between percentage of cases in which the counselors followed the diagnostic report

vocational recommendations and the percentage of cases in which the counselors did not follow the report recommendations.

2. There is no significant difference between the percentage of cases closed rehabilitated in which the counselors followed the diagnostic report vocational recommendations and the percentage of cases in which the counselors did not follow the report recommendations.
3. There is no significant difference between the percentage of cases closed not rehabilitated in which the counselors followed the diagnostic report vocational recommendations and the percentage of cases in which the counselors did not follow the report recommendations.

The final section of the study was an assessment of the psychological and prevocational report recommendations as measured by length of employment in the year following closure. A follow-up study of 71 cases closed employed was conducted. Two groups were determined and the Standard Error of the Difference between Means Test was computed. The following null hypothesis was tested:

4. There is no significant difference in the length of employment in the first year after closure in the number of cases whose placement was consistent with the diagnostic report vocational recommendations and the number of cases whose placement was not consistent with the report recommendations.

Results

This study obtained information regarding the type of client being referred for psychological and prevocational evaluations, counselor behavior regarding the vocational recommendations made in the client-study evaluations, and the effect of the recommendations as determined by job tenure in the year following closure.

The study was limited by the fact that the referral population was primarily in-school youth with disabilities in two categories, visual and hearing impairment. In addition, some 43.9% of the cases were the clients of one counselor which further affected the study.

For those DVR referral cases from the Arizona State School for the Deaf and the Blind the professionals charged with evaluating the client used a team-conference approach. The reason for this was the recognition that deaf and blind clients have more difficulty in the labor market. It was an experimental program designed to assist the counselor in making realistic vocational decisions with his client.

The first two hypotheses tested by this study were significant at or beyond the .05 level and indicated that: (1) vocational rehabilitation counselors tended to act in accordance with the vocational recommendations, and (2) when the counselor did follow the report recommendations he was significantly more likely to close the case as rehabilitated.

The third and fourth hypotheses yielded no significant differences. These results suggested that: (1) for those cases closed not rehabilitated there was no definite behavior pattern of the counselor

following or not following the recommendations, and (2) job tenure for the first year following closure was not significantly greater for either the followed or not followed groups. In order to more fully understand the latter finding, several factors were considered which might have had bearing on the results.

In general, the results of this study tended to agree with Sindberg, Roberts and Pfeifer (1968). Both studies indicated that rehabilitation counselors tended to follow the recommendations of psychologists and evaluators. In addition, it showed that when the counselor followed the report recommendations, he was significantly more likely to close the client as rehabilitated. This indicated that psychological and prevocational diagnostic evaluations were valuable sources of information to the counselor and could assist him in the total rehabilitation process.

Conclusions

1. The findings of the study seem to support the expenditure of money to provide diagnostic evaluations for rehabilitation clients.
2. The typical client referred for psychological and prevocational evaluation was characterized as:
 - (a) single at time of referral,
 - (b) Caucasian,
 - (c) male,
 - (d) hearing impaired,
 - (e) little or no work history prior to referral,
 - (f) twenty-two years of age,

(g) had completed the tenth grade, and

(h) had average intelligence.

3. Psychological and prevocational evaluations were meaningful aids to placement.
4. Regardless of case outcome, evaluation information was considered important by the vocational rehabilitation counselors, and they tended to act in accordance with the vocational recommendations.
5. Vocational rehabilitation counselors who followed the recommendations of evaluators and psychologists significantly more often closed their clients in employment than counselors who did not follow the recommendations.
6. In those cases closed not rehabilitated there was no definite behavior pattern of the counselor following or not following diagnostic report vocational recommendations.

Recommendations for Further Research

1. A study should be conducted which uses a cross-section of cases which would receive vocational and psychological evaluation and a cross-section of those which would not receive such services in a prevocational evaluation unit.
2. A rather atypical population was used in this study. It is recommended that a research study be conducted on a more typical referral population and comparison made of the findings.
3. The employment follow-up section of this study obtained only factual information regarding the type of job, length of employment and job duties. Future research efforts should involve a more extensive

follow-up in order to determine how the client felt about the job, why he left his initial job, and how the first employer felt about the client's performance.

4. Future research efforts should consider a replication of this study design employed on a concurrent basis in which evaluators, psychologists and counselors could be more involved in the research.

A Follow-Up Study on the Relationship
Between Work Evaluators'
Recommendations and
Client Placement

Dianne M. Williams

December 1975

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CHAPTER I

INTRODUCTION

Statement of Problem

An area of rather recent and fairly major concern in the field of vocational rehabilitation is that of follow-up. This concern appears to be two-fold. First, it relates directly to the actual following up of clients involved in rehabilitation programs to determine how they as individual clients have progressed toward their unique rehabilitation goals. This portion of follow-up attempts to determine the extent to which clients have become "rehabilitated" as a result of the rehabilitation process. Successfully rehabilitated clients have traditionally been viewed as those for whom the rehabilitation process has resulted in placement on a job.

Secondly, there is concern surrounding program evaluation much of which comes as a direct result of feedback from those clients who have been followed up and from their respective DVR counselors. This feedback, or follow-up information as it is often called, aids a facility in ferreting out its strengths and limitations in programs through which its clients are served. For this reason, program evaluation is vital to the very survival of the rehabilitation facility.

There exists, then, a very close and interdependent relationship between client follow-up and program evaluation in the field of vocational rehabilitation. Because of this interdependency, it becomes virtually impossible to consider the first aspect of follow-up as discussed here without considering the second aspect as well.

Both portions of follow-up are equally and mutually important to the field of vocational rehabilitation today. In their survey of follow-up procedures in rehabilitation facilities, Mason, Andrew & Dunn (1975) view follow-up studies as being extremely important. They further regard them as the best way of evaluating the effectiveness of services provided by facilities in general and rehabilitation facilities in particular.

In their monograph on Program Evaluation in Rehabilitation Facilities, Menz, Andrew, Currie, Dunn & Scheinkman (1974) stress the importance of knowing what is and what is not working within a facility. They cite a need for program evaluation to be done on a continuous and timely basis. Without meaningful and continuous feedback information regarding their effectiveness, facilities cannot continually improve their services in a realistic manner no matter how hard they strive to do so.

Feedback on client outcome is a vital tool in determining the effectiveness of recommendations as well as checking client progress in rehabilitation. Follow-up information is essential for accurate planning and development of more effective client services. Many facilities provide only follow-along services to clients and neglect the area of program evaluation. It is an area that facilities generally tend to overlook and its importance is usually under-estimated.

The study previously cited (Mason et al., 1975) also found that facilities tended to overlook the importance of seeking follow-up information from the purchasers of services.

The Commission on Accreditation of Rehabilitation Facilities (CARF) was established to upgrade and improve the quality of service, identify to the public competent facilities, to develop and maintain standards, provide objective review of organizations, offer a mechanism for program accountability, provide feedback information, and a forum for all involved to contribute to the standards-setting.

The Standards Manual for Rehabilitation Facilities was designed by CARF to fulfill a variety of functions one of which is to serve as a means of self-evaluation. Section 9: Program Evaluation reads, "The facility shall have an evaluation system to identify the results of facility services and the effect of the program on individuals served in such a way that program performance can be improved and community support can be enhanced."

The manual allows a great deal of room for interpretation by each rehabilitation facility. Program evaluation has certainly not been a priority or even a very realistic concern of rehabilitation facilities until quite recently with the advent of CARF standards and accreditation. There is presently a growing concern for accountability in the field which has probably contributed, along with the concern over CARF standards, to the increasing interest in program evaluation and client follow-up.

This follow-up study focuses on activities that occur after clients have been evaluated and recommendations have been made to the referral source. The study is concerned with the relationship between work evaluators' recommendations and their utility for DVR counselors in placing their clients.

Purpose

A primary purpose of this study is to determine to what extent a relationship exists between work evaluators' recommendations and the successful placement of clients by DVR counselors. The study includes case studies of 56 clients, all of whom were evaluated at the Vocational Development Center (VDC) in Menomonie, Wisconsin at some time between August 1974 and July 31, 1975.

This is a cohort study which concerns itself with all the clients referred by the DVR counselors from the La Crosse, Rhinelander, and Superior districts during the year beginning August 1, 1974 and ending July 31, 1975. Comparisons were made between recommendations by the work evaluators at the VDC and actual placement of the clients by their respective Division of Vocational Rehabilitation DVR counselors as reported by the counselors in telephone or personal interviews conducted with them.

Successful client placement is based on the DVR counselors' judgment as to whether or not the placement may be considered successful at

the time of the interview. The DVR counselor appears to be the most appropriate person to make this judgement as he is the one who has contact with the client, his employer, and/or supervisor(s) in combination with the experience and other pertinent information that would qualify him to make this type of determination.

Clients are referred to the VDC for evaluation by many agencies including the State Division of Vocational Rehabilitation. This study concerns itself with only those clients who have been referred by the counselors employed through the Rhinelander, Superior, and La Crosse district offices of DVR. Clients are evaluated primarily through the use of work samples for periods of one, two or three weeks by the advanced graduate work evaluation students supervised by trained evaluators.

Throughout this brief period of time, clients and evaluators work closely with one another in order to determine the vocational potential (strengths and limitations) of the client. Following the evaluation period, recommendations regarding the future possibilities for the client's placement in a job, training or adjustment program are then directed, in a written report, to the referring agency.

The evaluation process may certainly be affected by many variables, some of which are discussed below. The client's state of physical and mental well-being at the time may have an effect on the evaluation process. This in turn will affect the recommendations made by the work evaluator. The client's self-concept is an important aspect of his total well-being. It is important whether the client sees himself as a worker. Has he ever been employed? Do his friends or members of his family work? His attitudes toward work are crucial as well.

The ability of the work evaluator and the client to work together may greatly affect the evaluation. The experience of the evaluator and the severity of the client's disability may influence the evaluation process. The client may have new or multiple disabilities to contend with. Hopefully all these variables and the ones not mentioned will be taken into consideration when recommendations are drawn up.

The extent to which the DVR counselor employs or utilizes the work evaluator's recommendations in developing a case plan and in actual placement efforts is also dependent upon many things, some of which will be discussed at this time. The DVR counselor may not have access to the facilities and other community resources essential to the implementation of these recommendations with a particular client due to his geographic location. The recommendations may be too vague or unrealistic to be helpful. The counselor may have his own preconceived ideas about the client's abilities and be unable or unwilling to alter them. He may underestimate or overestimate his client's abilities. He may particularly like or dislike a certain client. Perhaps the client has failed before and the counselor is now overly cautious in the present endeavor. The client may sustain an additional injury making the recommended plan impossible to implement at the present time. These are but a few of the variables which might be encountered with regard to the relationship be-

tween work evaluators' recommendations and successful placement of clients by their respective DVR counselors.

Another purpose of this study is to determine the effectiveness of work evaluators' recommendations with DVR clientele. This is very important because it may be assumed the counselor has questions regarding his client or he would not refer the client for evaluation. It is important for the purposes of improving the evaluation process through feedback information to know how well the referral questions posed by the counselor are being satisfied. It is also important for feedback purposes to learn to what extent the evaluators' recommendations assist the counselor in actual rehabilitation planning for and placement of the client. This information is invaluable in planning and improving programs so as to better serve and meet the needs of clients.

Still another very real concern is the longevity with which the client retains his job or continues in training and adjustment programs after placement by the DVR counselor, as based on work evaluators' recommendations. This, however, is beyond the scope of this study. This type of information may often be available only after several years following placement.

Hypothesis

It is hypothesized that there is a positive and significant relationship:

1. Between work evaluators' recommendations being followed and the successful placement of DVR clients by their respective counselors.
2. Between the helpfulness of work evaluators' recommendations and successful DVR client placement.

Definition of Terms

The following terms are defined according to their use in this study:

Outcome: Placement of a client in a work, training, or adjustment situation or program or the closure of the case and termination of the client by the DVR counselor.

Recommendations: Suggestions included within the written report to the referral agency in regard to future vocational placement or training based on the evaluation of and discussion with a client.

Work evaluation: A systematic process of using work (real or simulated) as the medium for the estimate of work potential and work behavior.

Work evaluator: A vocational rehabilitation professional specialist whose primary responsibility is the systematic evaluation of client work potential and work behavior.

Work sample: A generic term used to describe all samples of both real and simulated work, irrespective of the purpose or use made of these work samples.

Limitations

In studies that are concerned with program evaluation, it is very difficult to identify specific causes of success or failure. These causes may be identified most readily within controlled experimental settings which, of course, is not the situation with this study or with similar studies concerned with program evaluation and follow-up. The outcome of this study may be altered by both known and unknown factors over which this researcher has no control.

Important limitations might be the inability to control variations in evaluator characteristics, counselor preferences, and client traits. Interpersonal relationships and personal biases play a major part in all aspects of life and the evaluation process is probably no different.

It is extremely difficult to measure successful placement of clients without the assistance of the DVR counselor's judgement of the situation. This involvement might introduce an element of bias into the study and one should certainly be aware of this problem.

Other influencing factors for which there is really no control are the attitudes and knowledge and experiences the client brings with him to the evaluation. It would probably also make some difference if he were forced to participate in the evaluation process against his will.

The client's self concept and attitude toward his disability can greatly influence the evaluation process as well as the total rehabilitation process. Attitude is certainly a variable that cannot easily be controlled in a free country!

It appears that these factors can and probably do have some effect on this type of research. It further appears virtually impossible to eliminate these factors.

CHAPTER II

REVIEW OF RELATED LITERATURE

The meager amount of literature regarding follow-up information on the relationship between work evaluators' recommendations and successful client placement is bewildering at best! There are many reasons for the existence of this situation. In a review of programs of evaluation and work adjustment Dunn (1969) noted that although many of these programs have been in existence for a number of years, the results of their work have been scattered in a multitude of final reports with diverse styles of reporting outcome data and an amazing number which fail to provide follow-up data or full reporting.

It has only recently become "officially" important for facilities to establish, utilize and maintain self-evaluation systems. The advent of the Commission on Accreditation of Rehabilitation Facilities (CARF) has been the primary factor in bringing about genuine concern in this area.

Gordon (1969) in a review of experiences of MDTA experimental and demonstration projects also appears to be in agreement with Dunn's observation. He suggested that because of local initiative in project design and goals that a comprehensive evaluation, even within a system, is precluded. He further implied that, for the same reasons, objective evaluation between projects is all but impossible.

Mason (1974) in her paper regarding follow-up procedures as they relate to rehabilitation facilities, indicated that the lack of follow-up programs and information within facilities was possibly due to the lack of pressure being placed on facilities thus far to be accountable and provide program evaluation data.

In his article entitled "Evaluating Vocational Evaluation", Barad (1972) noted that the literature of vocational evaluation reveals a "striking" absence of sound experimentation or interest in "evaluating vocational evaluation." He posed the question: "Does vocational evaluation work?" In Barad's opinion, based on limited amounts of research thus far, vocational evaluation offers significant help to individuals seeking competitive and sheltered employment. He maintained that the need to initiate controlled descriptive, validation and evaluative research along the lines of survey, correlational and experimental strategies is of utmost priority.

Follow-up of Work Evaluation Clients

Distefano (1970) studied the relationship between the rated performance in a vocational evaluation program and the successful job placement of 58 emotionally disturbed adults in a vocational rehabilitation program. His results lend substantial support to the predictive validity of evaluation ratings in vocationally relevant activities.

The determination of actual vocational success of a group of 126 cerebral palsy patients adds considerably to the significance of any predictive index.

Yue and Moed (1960) conducted their study involving the evaluation and follow-up of this group over a period of three years. At the conclusion of the study they praised vocational evaluation saying, "the high degree of correlation found between employment success and vocational evaluation is encouraging and supporting to the validity of careful, practical vocational evaluation."

In their follow-up study on occupational choice and job adjustment of 81 clients who had completed evaluation at the Curative Workshop of Milwaukee, Overs and Day (1968) reported that the work evaluation program was "doing the job it's supposed to be doing" and "the relatively high percentage of success justifies the cost." They found that 6 to 18 months after their evaluations, 60 percent of the clients continued to be employed.

A common question in the field of vocational rehabilitation concerns the type of clients referred for vocational evaluation. Other frequently occurring questions along this same line involve the use DVR counselors make of evaluation facilities. Currie (1974) administered a reasonable open-ended 16 item "Rehabilitation Counselor Facility Utilization Questionnaire" to ten DVR rehabilitation counselors. On his question concerning difficulty of case load, Currie found the overwhelming majority referred difficult to very difficult cases for vocational evaluation.

On the question concerning the characteristics of the clients being referred to facilities for vocational evaluation, the following were rank-ordered as being the most predominant:

1. Sketchy or poor work history
2. Mental retardation
3. Emotional disturbance or mental illness
4. Social inadequacy due to the lack of basic living skills
5. Multiple or severe disabilities

According to Baker and Sawyer (1971) there are five broad areas of recommendations that follow as a result of vocational evaluation:

1. Direct placement
2. Vocational training
3. Permanent sheltered employment
4. Adjustment services
5. Not feasible for vocational rehabilitation services

The work evaluator should clearly state his rationale for each of his recommendations so that the DVR counselor can gain an understanding of and an appreciation for the logic behind those recommendations. This "freedom through understanding" is especially cogent when the "not feasible" recommendation is made.

In her Survey of DVR Counselors' Requirements for Work Evaluation Reports, Oonk (1972) stated that 78 percent of the counselors surveyed felt that recommendations comprised one of the most essential sections of the report, the other two sections being vocational appraisal and work behavior and needs.

A study showing a correlation between evaluators' recommendations and client placement was conducted by Tacoma Goodwill Industries (Bashey & Silverton, 1966) with 92 emotionally disturbed clients. These clients were involved in a two month work evaluation program with provisions for a three month extension if necessary. The study disclosed that the evaluations saved DVR counselors considerable amounts of time in providing case services to these clients.

In regard to the effectiveness of evaluators' recommendations in the placement of clients by DVR counselors, Allison (1970) found that 77 percent of the decisions made by counselors were based on information gleaned from evaluation recommendations.

Tharbs (1971) in a follow-up study regarding client attitudes toward the Vocational Development Center (at that time known as the Evaluation and Training Center), found that former clients regarded their experience as a total and well rounded experience. The majority viewed it as having been effective in facilitating employment for a large number of them. Of the total sample, 76 percent indicated a willingness to recommend another person with a problem similar to their own to the VDC for evaluation.

Follow-up of Vocational Rehabilitation Clients

In addition to the valid and predictive nature of vocational evaluation, much of the literature cited below reveals another exciting characteristic of vocational rehabilitation as a whole--that is, it pays high dividends on taxpayers' investments.

The "Wood County Project" in Wood County, Wisconsin, found that for every dollar spent in the rehabilitation of the culturally handicapped, 67 dollars was earned in increased income alone (Wright, Reagles, & Butler, 1969).

In another follow-up study examining the vocational status of 50 mentally retarded clients who had received vocational rehabilitation services, Greco (1974) found 18 to 48 months after the cases had been closed that the mentally retarded were a vocationally stable group since they remained in an occupation once employment had been obtained. He also concluded that, if given the opportunity, the mentally retarded can pay their own way in the world. In general, the typical mentally retarded vocational rehabilitation client who has been employed in excess of 18 months will pay more monies into the government than was expended in order to rehabilitate him. Greco also stated that without the Division of Vocational Rehabilitation or a similar agency many of the 50 individuals involved in his study would

either be on welfare, receiving social security, or in a tax supported institution at a great cost to society.

The Minnesota Division of Vocational Rehabilitation asked the University of Minnesota's Work Adjustment Project (1969) to conduct a follow-up survey of former DVR clients. Among the questions for which the DVR sought answers were these:

1. Do clients who are rehabilitated stay employed?
2. Do they become self-supporting?

At the time of the follow-up (which for some was as long as 5 years) the major findings revealed that of the nearly 5,000 respondents, 81 percent of these rehabilitated clients were employed. At acceptance one fourth of the total group of rehabilitated DVR clients were on public assistance. At follow-up, only 1 in 7 were receiving public assistance. At acceptance, the typical rehabilitated client had no income; at closure, his average monthly income was approximately 275 dollars and at follow-up, monthly earnings averaged 345 dollars.

In a study developed to obtain precise information on the outcome of the 1956-57 Vocational Adjustment Center (VAC) "graduates" Wright & Trotter (1968) referred to long-term follow-up as "often one of the weakest aspects of rehabilitation programs." They argued that maintaining employment should merit as much concern as does securing employment. They found that predictions by VAC staff regarding future placability and employability were generally upheld by the follow-up study, ie. clients rated as more employable tended to have been employed for a longer period of time. Of the clients who had been placed on jobs after leaving VAC, the study also found family attitude (supporting or impeding) was an important factor in the client's vocational adjustment.

Successful rehabilitation is certainly more than merely placing people on jobs in most cases. It is also more than altering undesirable behavior; however, both may be very important aspects of the total rehabilitation process. Gendel, Glaser, Friedman & Neff (1957) revealed at the close of their follow-up study of a project which assisted handicapped persons to adjust to productive work, "the chief changes which appear to have taken place in successfully rehabilitated clients appeared to be in the realm of attitude and feeling, rather than in actual behavior."

Summary

In reviewing the literature as it relates to follow-up studies in vocational rehabilitation in general and work evaluation in particular, one cannot help but be impressed with the tremendous and positive strides the field has made in a relatively short period of time. It is certainly gratifying to note the scores of people whose lives have taken on new meaning and value through vocational rehabilitation. At the same time one is also made aware of the vastness of the task that lies ahead.

The literature tends to describe work evaluation as an effective, valid and predictive tool in the field of vocational rehabilitation. It further suggests that work evaluation is useful to DVR counselors, saving them considerable time and aiding them in the decision making process. It appears

that although long-term follow-up seems to be one of the weaker aspects of vocational rehabilitation, the rehabilitation process has been shown to be one that pays returning many tax dollars for those invested. Also implied in the literature was that many things influence the rehabilitation of individuals including their own attitudes and feelings and those of the people around them.

This investigator feels that based on reviews of available literature relating to follow-up studies of work evaluation and in light of the paucity of this literature, there appears to be definite need for further follow-up research as it relates to vocational evaluation.

CHAPTER III

PROCEDURES

Population and Subjects

The Vocational Development Center (VDC) provides vocational evaluation and job placement training services to people with widely varying vocational handicaps including the mentally retarded, physically disabled, mentally ill, public offenders and high school youth who need vocational direction. These people, comprising the client population of the VDC, are referred by many public and private agencies including the Division of Vocational Rehabilitation, Division of Corrections, mental health clinics, and various school systems. The VDC serves both male and female clients with numerous age groups and a variety of geographic locations being represented.

The sample of subjects for this research was selected from the total population of clients referred to the VDC for one, two, or three weeks of vocational evaluation between August 1, 1974, and July 31, 1975. Only those clients referred by DVR counselors from the Rhinelander, Superior, and La Crosse district offices of the State of Wisconsin Division of Vocational Rehabilitation during that particular period of time were selected as subjects for this study. It was felt that these agencies were representative of DVR agencies throughout Wisconsin and clients they referred to the VDC were representative of clients served by the VDC.

The client population consisted of a total of 56 DVR clients, with 42 males and 14 females, ranging in age from 14 to 53 years. Their mean age was 27.75 years and their modal age was 19 years.

Methods and Instruments

The instruments used in this research were Information Sheets, personal interviews and telephone surveys. The district supervisors of the La Crosse, Rhinelander and Superior DVR offices were contacted in order to enlist their support and obtain the cooperation of their staff members in this research. District supervisors, DVR counselors and other staff members were extremely cooperative in providing the requested information.

An Information Sheet was designed in order to gather the following information for each client: client's name, age, address, sex, DVR counselor, district office, period of evaluation, evaluator and recommendations. This information was extracted from VDC client files and recorded on the upper portion of each client Information Sheet. On each sheet were also listed the following questions for which answers were sought through telephone surveys or personal interviews with DVR counselors:

1. Has your client been placed in a work, training or adjustment situation or program?
2. In what specific program or type of work was he placed? Or, why was he not placed?
3. Were the recommendations of the work evaluator helpful? Why or why not?

4. Were the recommendations followed? If not, why not?
5. If the client was placed, in your opinion how successful or beneficial is the placement for this client?
 - a) very good
 - b) moderate
 - c) minimal
 - d) not at all
6. How long has the client been on his present job, training or adjustment situation?
7. What is the present DVR status of the client?

At the time of follow-up it had been between 90 days and 15 months since the clients had been evaluated at the VDC. All information was taken from VDC files and discussions with DVR counselors. At no time was any contact made with clients.

Definition of Terms

Successful client placement was based on the judgement of the DVR counselor as to how successful or beneficial the placement appeared to be at the time of follow-up. The DVR counselor appeared to be the most appropriate person to make this judgement in the light of his advantageous position of having access to, and contact with, several key people: the client, his employer and/or supervisor and others. This and other pertinent information combined with valuable experience would qualify the counselor to make that judgement.

"Unsuccessful" client placement included the following:

1. The client had been placed but had quit the job, training or adjustment program.
2. The client had disappeared, could not be located and the file was closed.
3. The client refused to cooperate or follow through and was not placed.

Several exceptions to the "unsuccessful" placement outcome were allowed:

1. The client was institutionalized or hospitalized and placement was delayed indefinitely.
2. The client was awaiting placement in recommended areas.
3. The client was determined "not feasible" for rehabilitation services in agreement with evaluation recommendations and the case was closed.

The client population was broken down into groups in order to inspect the data according to "successful" and "unsuccessful" client placement outcome. Both of these groups were further scrutinized in order to reveal the number of cases in which the work evaluators' recommendations were followed and the number of cases in which recommendations were not followed in each of the two groups. The relationship between the helpfulness of evaluators' recommendations, as indicated by DVR counselors, and "successful" or "unsuccessful" client placement efforts was also explored. The number of active cases was compared to the number of closed cases and this information was examined in relation to the "successful" and "unsuccessful" placement or rehabilitation outcome of clients involved in this research.

Analysis of Data

The statistical test used to test out the hypothesis was the chi-square. It was selected because the research design would probably violate the assumptions underlying parametric statistical tests.

The chi-square test for two independent samples was chosen because each of the two groups (recommendations helpful/recommendations not helpful) are independent, and because the "scores" under study are frequencies in discrete categories (successful placement and unsuccessful placement.) A two-tailed test of significance was used with the confidence level of .05 selected for the rejection of the null hypotheses.

The data were analyzed in 2 X 2 contingency tables with the following categories:

Table 1

- A. evaluators' recommendations followed (RF) with successful placement (SP)
- B. evaluators' recommendations not followed (RNF) with successful placement (SP)
- C. evaluators' recommendations followed (RF) with unsuccessful placement (UP)
- D. evaluators' recommendations not followed (RNF) with unsuccessful placement (UP)

Table 2

- A. evaluators' recommendations helpful (RH) with successful placement (SP)
- B. evaluators' recommendations not helpful (RNH) with successful placement (SP)
- C. evaluators' recommendations helpful (RH) with unsuccessful placement (UP)
- D. evaluators' recommendations not helpful (RNH) with unsuccessful placement (UP)

Statistical Hypothesis

It is hypothesized that there is no statistical difference in the rate of successful placements between:

1. That group of clients for whom work evaluators' recommendations were followed (RF) by DVR counselors and that group of clients for whom evaluators' recommendations were not followed (RNF)
2. That group for which evaluators' recommendations were helpful (RH) and that group for which work evaluators' recommendations were not helpful (RNH).

CHAPTER IV

RESULTS

Results of the Study

This study has attempted to determine the relationship between work evaluators' recommendations and the successful placement of clients by their respective DVR counselors. The subjects for this research were all DVR clients referred to the Vocational Development Center from August 1, 1974 through July 31, 1975 by DVR counselors from the La Crosse, Rhinelander and Superior district offices of the State of Wisconsin Division of Vocational Rehabilitation.

The data were analyzed in 2 X 2 contingency tables and compared successful placement (SP) and unsuccessful placement (UP) efforts with work evaluators' recommendations being followed (RF) and recommendations not being followed (RNF). Successful placement (SP) and unsuccessful placement (UP) categories were compared with work evaluators' recommendations viewed as helpful (RH) and not helpful (RNH) in the opinions of DVR counselors surveyed.

Each group was compared using the chi-square analysis. The results of this statistical test permit rejection of the null hypotheses and require acceptance of the alternative hypotheses:

1. There is a positive and significant relationship between work evaluators' recommendations being followed and successful placement of DVR clients by their respective counselors. The chi-square statistical test for this comparison resulted in $\chi^2 = 21.71$ which is a sufficiently large value to reject the null hypothesis at the .05 confidence level.

2. There is a positive and significant relationship between the helpfulness of work evaluators' recommendations and successful client placement by DVR counselors. Results of the chi-square statistical test for this comparison revealed $\chi^2 = 7.92$ which is a sufficiently large value to reject the null hypothesis at the .05 level of confidence.

Discussion

With the rejection of the null hypothesis and the acceptance of the alternative hypothesis, the results of this study indicate a positive and significant relationship between successful placement of clients and the following work evaluators' recommendations of DVR counselors. The study further indicates a positive and significant relationship between the helpfulness of evaluators' recommendations and successful DVR client placement.

It was found that 68 percent of the DVR counselors surveyed had followed the work evaluators' recommendations and had placed their clients accordingly. Of this group, 92 percent were successfully placed. Evaluators' recommendations were not followed for 32 percent of the clients and of those only 28 percent had been placed successfully.

The reasons given by DVR counselors for not following the recommendations of work evaluators tended to fall into four basic categories:

1. lack of client cooperation in following through on the plan
2. recommendations were unrealistic for the geographic area
3. client changed his mind
4. additional physical or emotional problems made recommendations impossible to implement

At the time of follow-up, 55 percent of the cases were classified as active and 81 percent of these clients had been successfully placed. Of the 45 percent whose cases had been closed, 60 percent of the clients were successfully placed.

Of the DVR counselors surveyed, 82 percent felt the recommendations were helpful in planning for and placing their clients. The counselors tended to indicate that evaluators' recommendations were helpful for the following reasons:

1. recommendations supported or documented the tentative plan the counselor had made
2. they provided new or additional information about the client and his abilities
3. they located appropriate job and/or training areas for the client
4. they were "useful"
5. they were "realistic"

Reasons were also given as to why the counselors felt the recommendations were not helpful in planning for and placing their clients. The most common reason was that the recommendations were "unrealistic" or impossible to implement in a given geographic area (particularly more sparsely populated rural areas) especially in view of the current economic situation.

CHAPTER V

CONCLUSIONS

Conclusions from Results

It may be concluded, based on the results of this research, that a positive and significant relationship exists between the following of evaluators' recommendations and the successful placement of DVR clients. It was apparent that the rate of successful placement was considerably higher when work evaluators' recommendations were followed. Conclusions may also be drawn as to the positive and significant relationship between the helpfulness of work evaluators' recommendations and the rate of successful client placement by DVR counselors. The majority of DVR counselors indicated that work evaluators' recommendations were useful to them in planning for and placing their clients.

Summary of the Study

The central purpose of this study was to determine the relationship between work evaluators' recommendations and the placement of clients by their respective DVR counselors. Another purpose was to determine the helpfulness of work evaluators' recommendations with the successful placement of DVR clientele.

In reviewing the literature as it relates to vocational rehabilitation, work evaluation is described as an effective, valid, and predictive tool in the field. It further suggests that work evaluation is useful to DVR counselors, saving them considerable time and aiding them in the decision making process. Although long-term follow-up appears to be one of the weaker aspects of vocational rehabilitation to date, the rehabilitation process has been shown to be one that pays, returning many tax dollars for those invested.

Also noted was that many things can and do influence the rehabilitation of individuals, including their own attitudes and feelings as well as those of people around them. The attitudes of clients' families, whether supporting or impeding, were shown to be particularly important factors in the clients' total vocational adjustment. In light of the information gleaned from the literature, a need for additional follow-up was apparent.

The population for this research consisted of 56 DVR clients who were referred to the Vocational Development Center for one, two or three weeks of vocational (work) evaluation between August 1, 1974 and July 31, 1975 by DVR counselors from the Rhinelander, La Crosse and Superior district offices of the State of Wisconsin Division of Vocational Rehabilitation.

The instruments and methods used in the research were Information Sheets, personal interviews and telephone surveys. All information was taken from VDC files and discussions with DVR counselors. No contact was made with clients.

The data were analyzed in 2 X 2 contingency tables and the chi-square statistical test was used to test the hypotheses. A two-tailed test of significance was used with the confidence level of .05 selected for the rejection of the null hypothesis.

Results of the statistical analysis required acceptance of the alternative hypotheses with sufficiently large chi-square values to reject the null hypotheses at the .05 level.

The alternative hypotheses state that there is a positive and significant relationship between:

1. work evaluators' recommendations being followed and successful placement of DVR clients by their respective counselors. (The chi-square statistical test for this comparison resulted in $\chi^2 = 21.71$.)
2. the helpfulness of work evaluators' recommendations and successful client placement by DVR counselors (Results for the chi-square statistical test for this comparison revealed $\chi^2 = 7.92$.)

Results of the study emphasized the utility of work evaluators' recommendations with DVR clients indicating that 82 percent of the DVR counselors surveyed felt the recommendations were helpful to them in planning for their clients. It was found that 68 percent of the DVR counselors surveyed followed work evaluators' recommendations in placing their clients. Of those clients whose counselors followed the recommendations, 92 percent were successfully placed. The counselors who placed their clients outside of the evaluators' recommendations comprised 32 percent of those surveyed. A 28 percent successful placement rate was shown by this group.

Recommendations

Based on the results and conclusions drawn from this research, it would appear useful to follow-up on these clients again in three to five years. This would help to determine the long term effect of placement efforts. Many of the clients included in this study were still in training at the time of the follow-up and a later study would probably reveal more complete information as to their rate of successful placement.

Additional long-term follow-up research might well be utilized to compare the rate of successful placement between that group of clients placed in accordance with work evaluators' recommendations and that group for which placement recommendations were not followed. Information gathered in such a study would contribute to our knowledge of long term placement. It might also provide more information regarding the long term ramifications of work evaluators' recommendations as they relate to placement areas.

It was interesting to note that only 68 percent of the DVR counselors surveyed followed the recommendations of the work evaluators with a 92 percent rate of successful placement. Further study would seem beneficial in order to determine why 32 percent of the DVR counselors did not follow work evaluators' recommendations, particularly in view of the high success rate for those who did. Information of this nature might assist in locating the limitations in any part of the rehabilitation process. Only as rehabilitation services are improved will ultimate client-centered goals be met.

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RULES AND REGULATIONS

with such provisions as he may find necessary to assure the correctness and verification of such reports.

§ 1361.22 Nondiscrimination in employment under construction contracts.

The State plan shall provide that the State agency will incorporate, or cause to be incorporated, into construction contracts (including construction contracts related to the establishment or construction of rehabilitation facilities) paid for in whole or in part with funds obtained from the Federal Government under the vocational rehabilitation program, such provisions on nondiscrimination in employment as are required by and pursuant to Executive Order No. 11246, and will otherwise comply with requirements prescribed by and pursuant to such order.

§ 1361.23 General administrative and fiscal requirements.

(a) The State agency shall adopt policies and methods pertinent to the fiscal administration and control of the vocational rehabilitation program, including sources of funds, incurrence and payment of obligations, disbursements, accounting, and auditing. The State plan shall provide for the maintenance by the State agency of such accounts and supporting documents as will serve to permit an accurate and expeditious determination to be made at any time of the status of the Federal grants, including the disposition of all monies received and the nature and amount of all charges claimed against such grants.

(b) The provisions of Part 74 of this title, establishing uniform administrative requirements and cost principles, shall apply to all grants made under this part except for the requirement concerning in-kind contributions under Subpart C of Part 74 of this title.

STATE PLAN CONTENT: PROVISION AND SCOPE OF SERVICE

§ 1361.30 Processing referrals and applications.

The State plan shall provide that the State agency will establish in writing and maintain standards and procedures to assure expeditious and equitable handling of referrals and applications for vocational rehabilitation services.

§ 1361.31 Order of selection for services.

(a) The State plan shall set forth the order to be followed in selecting handicapped individuals to be provided vocational rehabilitation services when such services cannot be provided to all persons who apply and who have been determined to be eligible or who have been determined to be in need of an extended evaluation of rehabilitation potential to determine eligibility. The State plan shall define priority categories of handicapped individuals for the provision of such services.

(b) In establishing the order of selection for services, the State plan shall

provide for selecting the most severely handicapped individuals for the provision of vocational rehabilitation services prior to any other handicapped individuals who have applied for such services.

(c) The State plan shall further provide for special consideration in the selection for vocational rehabilitation services and the provision of such services to those handicapped individuals whose handicapping condition arises from a disability sustained in the line of duty while such individual was performing as a public safety officer and the proximate cause of such disability was a criminal act, apparent criminal act, or a hazardous condition resulting directly from the officer's performance of duties in direct connection with the enforcement, execution, and administration of law or fire prevention, firefighting, or related public safety activities.

(d) The State plan shall further provide that vocational rehabilitation services being provided to any handicapped individual under the terms and conditions of the Vocational Rehabilitation Act shall not be disrupted as a result of the approval of a State plan under this part.

§ 1361.32 Services to civil employees of the United States.

The State plan shall provide that vocational rehabilitation services will be made available to civil employees of the U.S. Government who are disabled in line of duty, under the same terms and conditions as are applied to other handicapped individuals.

§ 1361.33 Eligibility.

(a) *General provisions.* (1) The State plan shall provide that eligibility requirements will be applied by the State agency without regard to sex, race, age, creed, color, or national origin of the individual applying for service. The State plan shall further provide that no group of individuals will be excluded or found ineligible solely on the basis of type of disability. With respect to age the State plan shall specify that no upper or lower age limit will be established which will, in and of itself, result in a finding of ineligibility for any handicapped individual who otherwise meets the basic eligibility requirements specified in paragraph (b) of this section.

(2) The State plan shall provide that no residence requirement, durational or other, will be imposed which excludes from services under the plan any individual who is present in the State.

(b) *Basic conditions.* The State plan shall provide that eligibility shall be based only upon:

(1) The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and

(2) A reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

§ 1361.34 Evaluation of rehabilitation potential: Preliminary diagnostic study.

(a) The State plan shall provide that, in order to determine whether any individual is eligible for vocational rehabilitation services, there shall be a preliminary diagnostic study which shall be sufficient to determine:

(1) Whether the individual has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment; and

(2) Whether vocational rehabilitation services may reasonably be expected to benefit the individual, and whether an evaluation of rehabilitation potential is necessary to make such a determination.

(b) The State plan shall provide that the preliminary diagnostic study will include such examinations and diagnostic studies as are necessary to make the determinations specified in paragraph (a) of this section, and, in all cases, will place primary emphasis upon the determination of the individual's potential for achieving a vocational goal. The State plan shall provide that the preliminary diagnostic study will include an appraisal of the current general health status of the individual. The State plan shall further provide that in all cases of mental or emotional disorder, an examination will be provided by a physician skilled in the diagnosis and treatment of such disorders, or by a psychologist licensed or certified in accordance with State laws and regulations, in those States where such laws and regulations pertaining to the practice of psychology have been established.

§ 1361.35 Evaluation of rehabilitation potential: Thorough diagnostic study.

(a) The State plan shall provide that, as appropriate in each case, there will be a thorough diagnostic study which will determine the nature and scope of services needed by the individual, and which will consist of a comprehensive evaluation of pertinent medical, psychological, vocational, educational, and other related factors which bear on the individual's handicap to employment and rehabilitation needs.

(b) The State plan shall provide that the thorough diagnostic study will be sufficient in each case to determine the vocational rehabilitation services which are needed to attain vocational goals of the handicapped individual and that the findings of such study will be recorded in the case record for the individual.

(c) The State plan shall provide that in all cases of visual impairment, an evaluation of visual loss will be provided by a physician skilled in the diseases of the eye or by an optometrist, whichever the individual may select, and in the case of blindness, a screening for hearing loss will be obtained from a physician skilled in the diseases of the ear or from an audiologist licensed or certified in accordance with State laws or regulations.

(d) The State plan shall provide that in all cases of hearing impairment, an evaluation of the auditory system will be obtained from a physician skilled in the diseases of the ear, and based upon such physician's findings, a hearing evaluation may be provided by such a physician or by an audiologist licensed or certified in accordance with State laws or regulations.

(e) The State plan shall provide that in all cases of mental retardation, a psychological evaluation will be obtained which will include an assessment of intelligence and an assessment of social adjustment and educational achievement.

(f) The State plan shall provide that the thorough diagnostic study will include, in all cases to the degree needed, an appraisal of the individual's personality, intelligence level, educational achievements, work experience, personal, vocational, and social adjustment, employment opportunities, and other pertinent data helpful in determining the nature and scope of services needed. The State plan shall further provide that the thorough diagnostic study will include, as appropriate for each individual, an appraisal of the individual's patterns of work behavior, his ability to acquire occupational skill and his capacity for successful job performance, including the utilization of work, simulated or real, to assess the individual's capabilities to perform adequately in a work environment.

§ 1361.36 Extended evaluation to determine rehabilitation potential.

(a) *Basic conditions.* The State plan shall provide that the furnishing of vocational rehabilitation services under an extended evaluation to determine rehabilitation potential shall be based only upon:

(1) The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and

(2) An inability to make a determination that vocational rehabilitation services might benefit the individual in terms of employability unless there is an extended evaluation to determine rehabilitation potential.

(b) *Duration and scope of services.* Vocational rehabilitation services necessary for the determination of rehabilitation potential, including those provided within a thorough diagnostic study, may be provided to a handicapped individual for a total period not in excess of 18 months.

(c) *Other conditions.* (1) The extended evaluation period shall begin with the date of the certification for extended evaluation to determine rehabilitation potential required in § 1361.37(b). Only one period not in excess of 18 months shall be permitted during the period that the case is open. If a case has been closed as a result of a determination that the handicapped individual's needs have changed, such case may be re-opened and a subsequent evaluation of rehabilitation potential may be carried out pro-

vided that the conditions in paragraph (a) of this section are met.

(2) Vocational rehabilitation services, authorized after the expiration of the extended evaluation period will be provided only if the certification of eligibility required in § 1361.37(a) has been executed by an appropriate State agency staff member.

(d) *Review.* The State plan shall provide for a thorough assessment of the individual's progress as frequently as necessary but at least once in every 90-day period during the period in which services are being provided under an extended evaluation of rehabilitation potential, including periodic reports from the institution, facility, or person providing the services, to determine the results of the provision of such services and to determine whether such individual may be determined to be eligible or ineligible.

(e) *Termination.* The State plan shall provide that at any time prior to the expiration of an 18-month extended evaluation period, the extended evaluation for the determination of rehabilitation potential shall be terminated when:

(1) The individual is found eligible for vocational rehabilitation services since there is a reasonable assurance that he can be expected to benefit in terms of employability from vocational rehabilitation services; or

(2) The individual is found ineligible for any additional vocational rehabilitation services since it has been determined beyond any reasonable doubt that he cannot be expected to benefit in terms of employability from vocational rehabilitation services. In each such case, the procedures described in § 1361.39(e) shall be followed.

§ 1361.37 Certification: eligibility; extended evaluation to determine rehabilitation potential; ineligibility.

(a) *Certification of eligibility.* The State plan shall provide that, prior to, or simultaneously with acceptance of a handicapped individual for vocational rehabilitation services, there will be a certification that the individual has met the basic eligibility requirements specified in § 1361.33(b). The State plan shall further provide that the certified statement of eligibility will be dated and signed by an appropriate State agency staff member.

(b) *Certification for extended evaluation to determine rehabilitation potential.* The State plan shall provide that, prior to, and as a basis for providing an extended evaluation to determine rehabilitation potential, there will be a certification that the individual has met the requirements specified in § 1361.36(a). The State plan shall further provide that the certified statement will be dated and signed by an appropriate State agency staff member.

(c) *Certification of ineligibility.* The State plan shall provide that whenever it has been determined beyond any reasonable doubt that an individual is ineligible for vocational rehabilitation services, either because he does not have

a physical or mental disability which constitutes a substantial handicap to employment, or because it has been determined beyond any reasonable doubt that he cannot be expected to benefit in terms of employability from vocational rehabilitation services, there shall be a certification, dated and signed by an appropriate State agency staff member. The State plan shall further provide that such certification of ineligibility will include the specifications of reasons for the determination of ineligibility and will be made only after full consultation with the individual or, as appropriate, his parent, guardian, or other representative, or after affording a clear opportunity for such consultation. In such cases, the State agency shall notify the individual in writing of the action taken and shall inform the individual of his rights and the means by which he may express and seek remedy for any dissatisfactions, including the State agency's procedures for administrative review and fair hearings under § 1361.46. When appropriate, the individual shall be provided a detailed explanation of the availability of the resources within a client assistance project established under Part 1362 of this chapter and referral shall be made to other agencies and facilities. The State plan shall further provide that when an applicant for vocational rehabilitation services has been determined on the basis of the preliminary diagnostic study to be ineligible for such services because of a finding that he cannot be expected beyond any reasonable doubt to achieve a vocational goal, such determination of ineligibility will be reviewed not later than 12 months after such determination has been made. Such review need not be conducted in situations where the individual has refused such review, the individual is no longer present in the State, his whereabouts are unknown, or his medical condition is rapidly progressive or terminal.

§ 1361.38 The case record for the individual.

The State plan shall provide that the State agency will maintain for each applicant for vocational rehabilitation services a case record which will include, to the extent pertinent, the following information:

(a) Documentation as to the preliminary diagnostic study and, as appropriate, the thorough diagnostic study, supporting the determination of eligibility, or the determination that an extended evaluation of rehabilitation potential is necessary to make such determination, and the nature and scope of vocational rehabilitation services to be provided;

(b) In the case of individuals who have applied for vocational rehabilitation services and have been determined to be ineligible, documentation as to the preliminary diagnostic study specifying the reasons for such determination, and documentation of a review of the ineligibility determination carried out not

January 1, 1967, 12:00

Officer for matters relating to vocational rehabilitation. The State director may be designated the Executive Officer for matters relating to vocational rehabilitation.

§ 401.7 Medical consultation.

The State plan shall provide for and describe the arrangements made to secure adequate medical consultation and to assure the availability of medical consultative services of high quality on all medical aspects of the vocational rehabilitation program, as needed in all State, district, or local offices of the agency.

§ 401.8 Staff development.

The State plan shall provide for a program of staff development for vocational rehabilitation personnel. This program shall provide for the in-service training of personnel for the purpose of providing a high quality of vocational rehabilitation services to handicapped persons. If the staff development program includes leaves of absence for institutional or other organized training for professional personnel, the State plan shall specify the policies governing such educational leave.

§ 401.9 Political activity.

The State plan shall contain provisions prohibiting employees engaged in the day-to-day administration and operation of the program from engaging in political activity. Such an employee shall, of course, have the right to express his views as a citizen and to cast his vote.

§ 401.10 Fiscal administration.

The State plan shall set forth the policies and methods pertinent to the fiscal administration and control of the vocational rehabilitation program, including sources of funds, incurrence and payment of obligations, disbursements, accounting, and auditing. The State plan shall provide for the maintenance by the State agency (or, where applicable, by the local rehabilitation agency) of such accounts and supporting documents as will serve to permit an accurate and expeditious determination to be made at any time of the status of the Federal grants, including the disposition of all moneys received and the nature and amount of all charges claimed to lie against the respective Federal authorization.

§ 401.11 Custody of funds.

The State plan shall designate the State official who will receive and provide for the custody of all funds paid to

the State under the act, subject to requisition or disbursement by the State agency.

§ 401.12 Reports.

The State plan shall provide that the State agency will make such reports in such form and containing such information as the Commissioner may reasonably require, and will comply with such provisions as he may find necessary to assure the correctness and verification of such reports. This provision applies to reports in all areas of program operation and administration and to various methods of reporting, including written and oral reports, and inspection and review of fiscal, statistical, casework, and other records and operations.

§ 401.13 Cooperation with other agencies.

(a) The State plan shall provide that the State agency will establish and maintain cooperative working relationships with the State workmen's compensation agency, the Bureau of Employees' Compensation of the Department of Labor, the State agency administering the State's public assistance program, the Social Security Administration of the Department of Health, Education, and Welfare, and the system of public employment offices in the State. The basis for the cooperative working arrangement with the system of public employment offices shall be a written agreement which shall provide, among other things, for reciprocal referral services, exchange of reports of service, joint service programs, continuous liaison, and maximum utilization of the job placement and employment counseling services and other services and facilities of the public employment offices.

(b) The State plan shall further provide that the State agency will establish and maintain working relationships with other public and private agencies, such as tuberculosis sanatoria, crippled children's agencies, Veterans' Administration facilities, hospitals, health departments, and voluntary social and health agencies furnishing services relating to vocational rehabilitation, so as to assure maximum utilization on a coordinated basis of the services which all agencies in the State have to offer for the vocational rehabilitation of handicapped persons.

(c) Where there is a separate State agency for the blind, the State plan shall also provide that the two State agencies will establish reciprocal referral services, utilize each other's services and facilities

to the extent practicable and feasible, jointly plan activities which will improve services to handicapped individuals in the State, and otherwise cooperate in the interest of providing more effective services.

STATE PLAN CONTENT: CASEWORK PRACTICE

§ 401.14 Eligibility.

(a) General provisions. (1) The State plan shall describe the policies and methods which the State agency will follow in determining eligibility for vocational rehabilitation services in each case.

(2) The State plan shall provide that eligibility requirements for vocational rehabilitation will be applied by the State agency or local rehabilitation agency without regard to sex, race, creed, color, or national origin of the individual.

(b) Basic conditions. The State plan shall provide that eligibility for vocational rehabilitation services shall be based upon: (1) The presence of a physical or mental disability and the resulting functional limitations or limitations in activities; (2) the existence of a substantial handicap to employment caused by the limitations resulting from such disability; and (3) a reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a remunerative occupation.

(c) Certification of eligibility. (1) The State plan shall provide that, prior to or simultaneously with acceptance of the handicapped individual for vocational rehabilitation services, there will be a certification that the individual has met basic eligibility requirements. The State plan shall further provide that the certified statement of eligibility will be dated and signed by an appropriate agency staff member to whom such responsibility has been assigned.

(2) The State plan shall provide that a similar statement will be executed for each case determined to be ineligible for vocational rehabilitation services.

§ 401.15 Case study and diagnosis.

(a) The State plan shall provide that, prior to and as a basis for formulating the individual's plan of vocational rehabilitation, there will be a thorough diagnostic study, which will consist of a comprehensive evaluation of pertinent medical, social, psychological, and vocational factors in the case. The State plan shall provide that in each case the diagnostic study shall be adequate to provide the basis for (1) establishing that a physical or mental condition is

individual can perform; (2) appraising the current general health status of the individual in order to determine his limitations and capacities; (3) determining how and to what extent the disabling conditions may be expected to be removed, corrected, or minimized by physical restoration services; and (4) selecting an employment objective commensurate with the individual's capacities and limitations.

(b) The State plan shall provide that the diagnostic study will include, in all cases to the degree needed, an evaluation of the individual's personality, intelligence level, educational achievements, work experience, vocational aptitude and interests, personal and social adjustment, employment opportunities, and other pertinent data helpful in determining the nature and scope of services to be provided for accomplishing the individual's vocational rehabilitation objectives.

(c) The State plan shall further provide that the medical diagnostic study shall include (1) a complete general medical examination, providing a appraisal of the current medical status of the individual; (2) examination by specialists in all medical specialty fields, as needed; and (3) such clinical laboratory tests, X-rays, and other indicated studies as are necessary, in addition to subparagraphs (1) and (2) of this paragraph, to establish the diagnosis, to determine the extent to which the disability limits (or is likely to limit) the individual's daily living and work activities, and to estimate the probable results of physical restoration services.

(d) The State plan shall, in addition, set forth the specifications established by the agency for the content of the diagnostic study outlined in paragraph (c) of this section, including (1) the subject matter to be covered and the minimum diagnostic procedures to be employed routinely in the general medical examination; (2) the required recency of such examination, and the conditions under which a medical abstract will be accepted in lieu of a new examination; (3) the conditions under which examinations by specialists will be required; and (4) provision for psychological evaluation in all cases of mental retardation.

§ 401.16 Vocational rehabilitation plan for the individual.

(a) The State plan shall provide that an individual plan of vocational rehabilitation will be formulated for each eligible client accepted for service. This individual plan (1) shall be based upon

ELIGIBILITY, INELIGIBILITY AND CERTIFICATIONS

1505.01-1505.03

1505.01 Legal Basis

Rehabilitation Act of 1973 (P.L. 93-112) and the Rehabilitation Act Amendments of 1974 (P.L. 93-516) Sections 2(1), 2(2), 7(4), 102(a), and 102(c); Code of Federal Regulations, Chapter XIII of Title 45, Part 1361, Sections 1361.1(f), 1361.1(g), 1361.1(k), 1361.1(s), 1361.1(w), 1361.1(bb), 1361.1(ee), 1361.31, 1361.33, 1361.35, 1361.36, 1361.37, 1361.38, 1361.39, 1361.40, 1361.41, 1361.45, 1361.46 and 1361.71.

1505.02 Purpose of this Chapter

This chapter sets forth requirements for determining eligibility of individuals for vocational rehabilitation services and for extended evaluation to determine rehabilitation potential under the State Plan for Vocational Rehabilitation Services. It includes requirements for certifications and for recording the bases for providing an extended evaluation to determine rehabilitation potential, eligibility, and ineligibility.

This chapter also includes requirements with respect to the annual review of individual cases in which ineligibility determinations have been made prior to the development of the individualized written rehabilitation program. The purpose of the annual review of those individuals certified as ineligible for vocational rehabilitation services from applicant status (02-08) is to determine if circumstances have changed sufficiently to render the individual eligible for services as well as to develop information on the kinds and duration of handicapping conditions and the reasons leading to ineligibility determinations.

1505.03 Basic Eligibility Requirements for Vocational Rehabilitation Services

The State agency is required to show that the following conditions exist for each individual determined eligible for vocational rehabilitation services (section 1361.33(b) of the Regulations).

(1) The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and

(2) a reasonable expectation that vocational rehabilitation

services may benefit the individual in terms of employability.

If there is an inability to make a determination that vocational rehabilitation services may benefit the individual in terms of employability, vocational rehabilitation services under an extended evaluation of rehabilitation potential may be provided to make such a determination. (Refer to section 1505.04 of this Chapter.)

The following paragraphs define the basic criteria:

A. Physical or mental disability

Physical or mental disability means a physical or mental condition which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning (section 1361.1(s) of the Regulations).

The disability must be evaluated through a preliminary diagnostic study which is sufficient to determine that a medically recognized physical or mental disability does exist and the disability constitutes a substantial employment handicap. Such diagnostic study will, in all cases, include a complete medical examination to provide an appraisal of the current general health status of the individual. In all cases of mental or emotional disorders, a psychiatric or psychological evaluation must be obtained. (Section 1361.34 of the Regulations)

B. Substantial handicap to employment

Substantial handicap to employment means that a physical or mental disability (in light of attendant medical, psychological, vocational, educational, and other related factors) impedes an individual's occupational performance, by preventing his obtaining, retaining, or preparing for employment consistent with his capacities and abilities (section 1361.1(bb) of the Regulations).

For vocational rehabilitation purposes, a vocational handicap would mean a limitation imposed by a disability that renders vocational success more difficult. The

principal consideration for the vocational rehabilitation program is the direct relationship between disability and employability, i.e., the effect a disability has on an individual's employability. Having either a disability without a vocational handicap, or a vocational handicap without a disability would not meet the vocational rehabilitation requirements.

A vocational handicap can usually be expressed in terms of limitations imposed by a disability that impede an individual's preparation for, or obtaining or retaining employment. This means that an individual's ability to function vocationally has been limited by the disabling condition. Functional limitations resulting from disabling conditions, of course, must be assessed by taking into account a variety of related factors which bear upon successful vocational participation. Examples of such factors are: lack of marketable skills, low educational level, community and employer prejudices and attitudes concerning disability, long-term unemployment, unstable work record, and poor attitudes toward work, family, and community.

A substantial employment handicap may also exist when a disabled person is employed but cannot obtain a gainful occupation consistent with his capacities and abilities. Many persons with disabilities have in the past taken jobs well below their capacities and, once employed, have been found ineligible for vocational rehabilitation services because they were employed or had previously been vocational rehabilitation clients. Disabled individuals who are working substantially below their potential should be provided vocational rehabilitation services to help them engage in occupations more consistent with their capacities and abilities. Their potential, interests, and desires should be determined and then programs developed which will help them reach suitable employment goals. This policy does not mean that disabled people would be found eligible simply to make it possible to gain a promotion. It does, however, provide the basis for State vocational rehabilitation agencies to emphasize vocational rehabilitation services aimed at the problems of under-employment, and the marginal and insecure employment of handicapped people. For further discussion on this subject, see Chapter 1541 on Placement, of this Manual.

During deliberations on and in the final text of the Rehabilitation Act of 1973, substantiality of vocational handicap based on a medically recognized disability was a major concern of Congress. Although the vocational rehabilitation program made substantial efforts during the recent past toward the rehabilitation of the more broadly defined disadvantaged, e.g., underprivileged, public offenders, etc, and the more mildly disabled, with the strong redirection of the program to focus on the severely handicapped, Congress has pressed its intent that such individuals be served only when they have medically recognized physical or mental disability(ies) and therefore, meet vocational rehabilitation eligibility requirements. This sense of Congress also related directly to the types of cases where conditions can be so readily ameliorated and often are not significant factors in relation to employability.

C. Reasonable expectation that VR services may benefit the individual in terms of employability

A reasonable expectation that VR services may benefit the individual in terms of employability is part of the eligibility determination for each individual. It must be determined by the State agency that there is a likelihood that through vocational rehabilitation services the individual will be able to achieve vocational goals consistent with his capacities and abilities. This requires the State agency to evaluate and ascertain potential capacity of the individual for employment, taking into consideration the effect the agency's services may have on reducing or correcting the disability or on lessening his employment handicap and providing greater opportunity for employment.

The State agency should establish procedures which will assure individual appraisals to meet the varying needs of applicants. The extent of the evaluation may vary greatly from one individual to another, depending on the severity of the problem. For example, agency judgment based on interview and referral data and medical examinations may be sufficient to determine the rehabilitation potential in some cases. In others more comprehensive diagnostic services at rehabilitation facilities or workshops will be necessary.

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In view of the priority to serve the severely handicapped established by the Rehabilitation Act of 1973, particular care will be necessary in predicting rehabilitation potential for individuals with impairments for which current medical science may not be able to provide precise prognoses as to future functional capacities and limitations. Such impairments include, but are not limited to, multiple sclerosis, rheumatoid arthritis, some forms of mental illness, and certain types of cancer, e.g., Hodgkins Disease. In reaching a judgment on whether applicants disabled by conditions of this kind can reasonably be expected to benefit in terms of employability from vocational rehabilitation services, it is necessary that appropriate consideration be given to the probability of the applicant's undergoing periods of remission, exacerbation, and relative stability in the course of the disease. Medical advisory committees and specialized consultants to State vocational rehabilitation agencies can assist counselors in making sound decisions in cases where the "state of the art" does not permit precise prognoses by developing guidelines based on the best available individual and group experience with such impairments. The medically-oriented Research and Training Centers may, in certain instances, be a useful resource in this program area.

hospitalization for such purposes. Diagnostic and evaluative services may be obtained from rehabilitation facilities or other sources. Medical, psychological, social, and vocational diagnostic and evaluative procedures are also included when authorized for the purpose of determining the client's eligibility for rehabilitation services and the nature and scope of vocational rehabilitation services needed in a period of extended evaluation to determine the client's rehabilitation potential or those needed after eligibility has been provided at any stage of the rehabilitation process. If they are required for a more thorough understanding of the client's capacities and limitations, they are not restricted to an initial medical examination or psychiatric or psychological evaluation or to the early stages of the case.

Medical diagnostic services include: medical and surgical examination, psychiatric evaluation, dental examinations, consultation with the examinations by specialists in all medical specialty fields, inpatient hospitalization for study or exploration, clinical laboratory tests, diagnostic x-ray procedures, trial treatment for differential diagnosis, stabilization on drug therapy, or determination of treatability in the case of emotional disturbance, and other medically recognized diagnostic services.

Psychological diagnostic services include: psychological tests and measurements of various kinds, including intelligence tests, work samples, aptitude tests, achievement tests, work evaluation, psychological evaluations of individuals which include intelligence tests and an assessment of social functioning, educational progress and achievement, and other psychologically recognized diagnostic services.

Social and vocational diagnostic services include evaluation of the individual's employment opportunities and objectives in the light of his personality, intelligence level, educational achievements, work experience, vocational aptitudes and interests, personal and social adjustment, and other pertinent data.

Diagnostic services include those related to a comprehensive evaluation which takes into account all of the factors which should be considered in determining eligibility or the nature and scope of vocational rehabilitation services to be provided during a period of extended evaluation services necessary to determine the rehabilitation potential or the nature and scope of vocational rehabilitation services to be provided after eligibility has been established. Payments for food or shelter which represent extra or out-of-ordinary costs by reason of diagnostic or evaluative services should also be charged to this account. Expenditures made for the transportation of clients, and their attendants or escorts, if necessary, incidental to the provisions of diagnostic services, including costs of travel and subsistence (or per diem allowance in lieu of subsistence) while in transit should also be included in this classification.

INTEROFFICE MEMO

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

TO: B. A. Sinon, Task Force Coordinator
Rehabilitation Services Administration
930-A

DATE: February 26, 1981

FROM: Doyle Cool
Evaluator Supervisor

REFERENCE:

DIV. OF VOC. REHAB.

FEB 27 1981

ADMINISTRATION

SUBJECT: Zero Based Report Assignment

As you know my principle assignment from the Evaluation Task Force is to do an analysis of financial data regarding evaluation/diagnostic costs comparing Arizona to other states and national averages etc., and to investigate the reason for the high percentage of diagnostic/evaluation usage by counselors in Arizona. The resources I have used in this study has been the Zero Based Report, Vocational Evaluation Summary Report (E40360-03), data from the VRIS section (Bill Colbert) and the Annual Expenditure Report (RSA-2).

To be quite frank, after reviewing the above data I am unable to come to any valid conclusions. The main problem I have encountered is not knowing how other states summarize their Federal reports and the types of support programs they use. There are too many variables to track and take into account. One such variable is the way states are to code services provided to individuals under diagnostics and evaluation. Per the Federal Regulations in the Rehabilitation Services Manual (71)3005.03 Arizona uses the three category codes as our V.R. Administration interprets them. In FY 80 Arizona coded diagnostic services as follows:

Code 1. Diagnostics entirely with costs	5,186 clients
Code 2. Diagnostics entirely without costs:	1,277 clients
Code 3. Diagnostics portion with & portion without costs	<u>3,050</u> clients
	9,513 clients

It is my understanding that Arizona uses the three codes for all clients applying for and receiving services. If other states are not coding category #2 as Arizona does and are leaving out a percentage of clients receiving services without costs, this in turn would lower their percentage of clients receiving diagnostics and evaluations. This may account for the reason why Arizona shows a higher percentage of providing diagnostics and evaluations.

I met with Bill Colberg (VRIS) and found that all of the data for 1980 is not yet available. The object here was to compare the 1978 to 1980 statistics to see if any shifts or changes had been made in diagnostic/evaluation utilization cost ratios etc. Even with the evaluation information being gathered with VRIS it is not possible to break diagnostics and evaluation services into counselor utilization, costs per evaluation, evaluation effectiveness, lengths

of vocational evaluations and types purchased by all counselors in Arizona.

In 1978 an information gathering system was developed for the two state operated evaluation units in Phoenix and Mesa. The primary objective was to secure data that would relate to program effectiveness and types of client population served i.e., demographic information, types of disabilities, percent of severely disabled, counselor utilization, relationship between vocational evaluation recommendations to types of client services received and status of client closures.

When this trial system was first developed it was anticipated that if successful it could be used by other service providers in Arizona, to supply the types of information we are now looking for. This has not yet been put into effect.

The following is part of the data recently received from VRIS. It includes information from both state operated evaluation units. It includes only referrals from District I as only 14 clients were referred from other districts. The time frame covered is from 10/1/79 - 2/3/81 (16 month period). Information covering FY 80 only is not yet available.

District I

Total Active Caseload	Total Referred	# Severely Disabled
3,896 clients	796(20.4%)	496(62.3%)
Total Cases Closed	Cases Closed Status (26)	Cases Still Still
189	75(40%)	607(76%)


Doyle E. Cool
Evaluator Supervisor

DC:cb

Summary of Findings

Of the 9 Blind Services cases reviewed, 8 of the vocational evaluation recommendations were followed, 1 was not. There were a total of 8 successful closures, 26, 6 closures of 08 status, and 1 case was closed 28.

There were 6 general VR cases reviewed. The vocational evaluation recommendations were followed in 2 cases, 4 of the recommendations were not followed. 3 cases were successfully rehabilitated, however, employment was obtained by the client themselves. The remaining 3 cases were closed 08.

It can be noted that Arizona Industries for the Blind vocational evaluation unit provides a one-on-one working situation as well as a final staffing for each client. P.V.E. provides one evaluator, however, there may be different individuals working with the client regarding work samples or tests. Staffings are recommended only when the evaluator feels it is necessary or the counselor requests it.

In reviewing the findings with regards to the six basic questions, there exists no outstanding data to indicate excessive use of vocational evaluations. One might be concerned with the vocational recommendations and the actual services provided. (See pages 2, 3, and 5 of the Preliminary Data Report).

Attention can be drawn to the fact of reason for referral for a vocational evaluation, the practice of utilizing differential evaluation methods, i.e. psychological evaluation vs. vocational evaluation, and the assimilation of evaluation findings into effective case management.

Mary M. Shane

PRELIMINARY DATA REPORT

Time period selected for review of vocational evaluations:

Calendar year: January 1, 1979 - December 31, 1979 (closed cases).

I. Identified number for this period:

100 - Mesa
420 - Polk Street Evaluation Unit
90 - Blind Services

A 10% random sample was selected from each of 3 groups. Allowing for sampling error, the total number of cases reviewed was 56.

Breakdown: 10 - Mesa Evaluation Unit
37 - Polk Street Evaluation Unit
9 - Blind Services

II. Breakdown of closed cases by Status:

<u>STATUS</u>	<u>NUMBER OF CASES</u>	<u>% OF TOTAL</u>
08	26	46.4
26	22	39.3
28	8	14.3
TOTAL	<u>56</u>	<u>100.0</u>

III. Proposed questions to be answered from read-out sheets and review of case files:

1. Recommendations on Vocational Evaluation.
2. Were recommendations followed? If so, which ones?
3. What was done with the client? Alternative plans?
4. Does I. W. R. P. vocational goal match D. O. T. code on vocational evaluation?
5. At closure did the D. O. T. code match the D. O. T. code on the vocational evaluation?
 - A. Identical
 - B. Related
 - C. Non-Related
 - D. No D. O. T. recommended
 1. D. O. T. code 000 = Sheltered workshop; college; work adjustment.
6. Reason given for closure on the Certificate for Closure

IV. Comparison of PVE recommendations to actual services provided:

Status 26 closures - 22 cases

<u>Service</u>	<u>Number of Recommendations For This Service</u>	<u>Number of Clients Receiving This Service</u>
1. Staffing -----	3 -----	0 -----
2. Counseling/Restoration -----	9 -----	16 -----
3. Academic -----	4 -----	2 -----
4. Direct/Selective Job Placement -----	9 -----	0 -----
5. OJT/Work Experience -----	8 -----	3 -----
6. Work Adjustment/Extended Evaluation -----	3 -----	4 -----
7. Vocational Training -----	8 -----	10 -----
8. Business/Business Enterprise -----	5 -----	2 -----
9. Sheltered Employment -----	0 -----	0 -----
10. Independent Living Skills -----	1 -----	0 -----

Breakdown:

PVE recommendations followed: 16
Recommendations not followed: 6

Qualifying Statements - for 3 cases where recommendations were not followed:

1. Recommendation was for counseling and direct job placement. Client received counseling and training prior to placement.
2. Recommendations were not followed because client became employed based on a personal decision.
3. Recommendation was for a staffing - while no staffing was held, PVE was helpful in outcome of case.

Question #4: Does I. W. R. P. vocational goal match D. O. T. code on vocational evaluation?

Identical	9
Related	7
Non-related	4
No recommendations	2
TOTAL	<u>22</u>

Question #5: At closure did the D. O. T. code match the D. O. T. code on the vocational evaluation?

Identical	6
Related	10
Non-related	4
No recommendations	2
TOTAL	<u>22</u>

Breakdown by primary disability (emotional or physical) and number of severely disabled:

6 Emotional -----	3 Severely Disabled
16 Physical -----	10 Severely Disabled

V. Comparison of PVE recommendations to actual services provided:

Status 08 closures - 26 cases

<u>Service</u>	<u>Number of Recommendations For This Service</u>	<u>Number of Clients Receiving This Service</u>
1. Staffing -----	1 -----	0 -----
2. Counseling/Restoration -----	9 -----	4 -----
3. Academic -----	4 -----	4 -----
4. Direct/Selective Job Placement -----	10 -----	0 -----
5. OJT/Work Experience -----	4 -----	0 -----
6. Work Adjustment/Extended Evaluation -----	8 -----	5 -----
7. Vocational Training -----	3 -----	0 -----
8. Business/Business Enterprise -----	1 -----	0 -----
9. Sheltered Employment -----	4 -----	0 -----
10. Independent Living Skills -----	0 -----	0 -----

Breakdown:

PVE recommendations followed:	5
Recommendations not followed:	15
Attempted	6
TOTAL	<u>26</u>

Qualifying Statements - for 3 cases where recommendations were not followed and 1 case where recommendations were followed:

1. Yes. Personal and economic needs required that the client drop out of the program.
2. No. Client pregnant. Not known at time of PVE.
3. No. Client did become employed.
4. No. Client did become employed.

Noted: 6 cases were closed before counselor had a chance to interpret PVE to client.

Question #4: Not addressed for 08 closures because a number were placed in 06 Status with vocational goal to be determined and a number had no I. W. R. P.

Reason given for closure:

Failure to cooperate	4
Refused services	12
Handicap too severe	6
Unable to locate	3
Moved	1
TOTAL	<u>26</u>

Noted: 7 closures were referrals to Goodwill for Work Adjustment

These 7 closures were closed for the following reasons:

Failure to cooperate	1
Refused services	2
Handicap too severe	2
Unable to locate	2
TOTAL	<u>7</u>

Breakdown by primary disability (emotional or physical) and number of severely disabled:

16 Emotional -----	11 Severely Disabled
10 Physical -----	5 Severely Disabled

VI. Comparison of PVE recommendations to actual services provided:

Status 28 closures - 8 cases

<u>Service</u>	<u>Number of Recommendations For This Service</u>	<u>Number of Clients Receiving This Service</u>
1. Staffing -----	0 -----	0 -----
2. Counseling/Restoration -----	2 -----	6 -----
3. Academic -----	2 -----	2 -----
4. Direct/Selective Job Placement -----	5 -----	2 -----
5. OJT/Work Experience -----	6 -----	2 -----
6. Work Adjustment/Extended Evaluation -----	1 -----	4 -----
7. Vocational Training -----	2 -----	1 -----
8. Business/Business Enterprise -----	2 -----	2 -----
9. Sheltered Employment -----	0 -----	0 -----
10. Independent Living Skills -----	0 -----	0 -----

Breakdown:

PVE recommendations followed:	5
Recommendations not followed:	3
TOTAL	<u>8</u>

Qualifying Statements - for 1 where recommendations were followed and 2 where recommendations were not followed:

1. Yes. Program was operational, but client dropped out for no reason. Client age 21 with a history of juvenile delinquency.
2. No. There were no notes in the case file to indicate why PVE recommendations were not followed.
3. No. PVE recommendations were attempted but client not interested.

Question #4: Does I. W. R. P. vocational goal match D. O. T. code on vocational evaluation:

Identical	3
Related	2
Non-related	3
TOTAL	<u>8</u>

Reason given for closure:

Failure to cooperate	6
Handicap too severe	1
Institutionalized	1
TOTAL	<u>8</u>

Breakdown by primary disability (emotional or physical) and number of severely disabled:

3 Emotional -----	2 Severely Disabled
5 Physical -----	5 Severely Disabled

VII. Summary and Discussion

Discuss Findings:

Each of the 3 Data Subcommittee members will bring written comments on the obtained data to the March 10, 1981 meeting. A copy of the data information summary will be given to each member of the full Data Committee for review, comments, opinions, reactions and feedback.

VIII. A brief statement on why we should be concerned with the procedural process in assessing vocational potential, costs involved, time, etc. (may be included in body of full report rather than with Data Subcommittee Report).

IX. Suggested recommendations:

1. Specialty tests at the Vocational Evaluation Unit
2. In-service training for counselors to learn administration, scoring and interpretation of short test battery.
3. More in-depth assessment of motivational level by counselor prior to making a PVE referral.
4. Preliminary screening tests rather than a complete PVE.
5. Case documentation - counselor's response to PVE report.

Some of these suggestions have already been implemented and this could be included in the body of the full report. Specific recommendations relative to data findings will be detailed later.

Lenore M. Drake

U^{NIV.} OF A^{ACADEMY} Voc Evals
 Jan 79 - Dec 79
 Closed Cases

I N = 17 Total Cases Closed

II Cases Closed by Status

<u>STATUS</u>	<u>No. of Cases</u>	<u>% of Total</u>
08	9	52.9
26	6	35.3
28	2	11.8
TOTAL	17	100.0

III Six questions as per subcommittee format

IV Comparison of VE recommendations to actual services provided

Status 26 closures 6 cases

<u>SERVICE</u>	<u>Recommendations</u>	<u>Service Provided</u>
1. Staffing	6	6
2. Counseling/Restoration	6	5
3. Academics	2	1
4. Direct/Selective Placement	5	4
5. OJT/Work Exp.	4	1
6. Work Adjustment/Ext. Eval.	3	3
7. Vocational Trng	1	0
8. Business	0	0
9. Sheltered Employment	1	0

<u>Service</u>	<u>Recommend</u>	<u>Provided</u>
10 Independent Living Skills	3	2

VE Recommendations Followed	21
" Not Followed	11

Qualifying Statement:

One client was reevaluated without counselor's knowledge.

Question #4 - IWRP Goal = D.A.T. Code on VE ?

Identical	1	1
Related	11	2
Non-Related	111	3
No Recom		<u>0</u>
Total		6

Question #5 Closure D.O.T match VE D.O.T. ?

Identical	1
Related	3
Non Related	2
No Recom	<u>0</u>
TOTAL	6

All SIX clients Severely Disabled \bar{c} Physical Disabilities

Follow-up Study Descriptive DataIntroduction

The following summary data was collected on 64 RSA referrals who received comprehensive evaluations between 10/78 and 6/80. This represents a very brief and superficial presentation of the data, a more detailed report will be available at a later date. No interpretation of the data is provided. The information was collected via structured interview and questionnaire directly from the counselors and, in a small number of cases, the researchers obtained the data directly from the clients file.

1. Sex: Female - 23
Male - 41
2. Age: \bar{x} = 32; Range 19-64
3. Marital Status: Single - 32
Married - 15
Separated - 8
Divorced - 9

4. Dependents

<u># of Dependents</u>	<u># of Clients</u>
0	42
1	3
3	10
4	3
5	1

5. Ethnic Breakdown

<u>Category</u>	<u>#</u>	<u>%</u>
Hispanic	19	29.7
Native American	1	1.6
Black	1	1.6
Caucasian	43	67.2
Total	<u>64</u>	<u>100.0</u>

6. Disability Breakdown

Frequency:	64 (100%)	- Individuals had one severe disability
	51 (79%)	- Individuals had two disabilities
	32 (50%)	- Individuals had three disabilities
	15 (23%)	- Individuals had four disabilities
	3 (4%)	- Individuals had five disabilities

Disability Breakdown (Continued)

By Category:

Frequency by Type of Disability

Disability Categories	Primary	Secondary	Tertiary			
Blind/Visually Impaired	3	2	6	5	0	
Deaf/Hearing Impaired	4	0	2	1	0	
Phys/Orthopedic	22	25	8	3	1	
Emotional/Psychiatric	7	7	5	2	0	
Mental Retardation (<55)	0	2	0	0	0	
Mental Retardation (>55)	3	8	3	2	1	
Neurologically-Impaired	25	7	5	2	0	
Other	0	0	3	0	1	

7. Work Experience (Years)

Range 0 (26 Clients) - 36 (1 Client)

Employment within three months prior to evaluation: Yes - 2
No - 62

8. Financial Support (Primary Source)

Category	Frequency	Percentage
SSI	19	29.7
SSDI	17	29.6
Welfare	3	4.7
Workman's Comp.	4	6.3
Veteran's Benefits	2	3.1
Family	13	20.3
Current Employment	1	1.6
Other	5	8.0
Total	64	100.0

9. Client Status At Referral and Follow-up

Time of Contact/ Status	Referral	Follow-up
02	45	2
06	13	17
08	0	12
10	2	1
12	0	0
14	0	1
16	0	3
18	4	14
20	0	1
22	0	2
24	0	1
26	0	9
28	0	1
30	0	0
Totals	64	64

10. Estimation of feasibility for RSA Services (Based on subjective assessment of researchers on basis of evaluation report)

Yes = 54

No = 10

Total 64

11. Primary Reason Given by RSA Counselors For Unacceptance (08,28) For 13 Clients:

7 - Too Disabled

6 - Unmotivated

12. Review of Report Recommendations

54 - Reviewed Directly with Client

10 - Not Reviewed with Client

Outcome Data

This section includes a breakdown of the recommendations made, the extent to which recommendations were implemented (or in process) an analysis of reasons given by counselors for both implementation and nonimplementation. Recommendations made in the reports have been classified into the following five general categories:

1. Services
2. Education/Vocational Training
3. Allied Health
4. Adaptive Aids
5. Living Arrangement

Several subcategories of recommendations are identified within each general area. These will be enumerated later on in this report. Table 1 provides some global data reference the total number of recommendations made for 64 clients by general category, the number implemented by category and the number not implemented by category. Grand totals are also provided.

TABLE 1

General Recommendation By Category	Total Number Recommendations made	Number Implemented	Number Not Implemented
Services	128	77	51
Educ/Voc. Training	66	36	30
Allied Health	43	23	20
Adaptive Aids	23	13	10
Living Arrangement	<u>17</u>	<u>7</u>	<u>10</u>
Totals	277	156	121
Percentage	(100%)	(56%)	(44%)

As indicated in Table 1, a total of 277 recommendations were made for the 64 clients across the five categories. One hundred and fifty-six (56%) of the recommendations were or are in the process of being implemented. One hundred twenty-one (44%) of the recommendations had not be implemented at the time of follow-up.

Table 2 presents a breakdown of specific recommendations within the sub-categories by major area along with a breakdown of reasons given by counselors for either implementing or not implementing the recommendations. Due to the low frequency of recommendations within the major areas of Allied Health, Adaptive Aids and Living Arrangement, specific subcategory data reference the reasons given for implementing or not implementing the recommendations is not provided.

TABLE 4

Recommendations by Category & Sub-category	Number of Recommends Implemented	Primary Reasons For Implementation*							Number of Recommends Not Implemented	Primary Reasons For Not Implementing**						
		RA	FA	CH	FR	FC	RAIP	NRG		UR	CU	CCG	LF	FU	Cl:R	NRG
SERVICES (TOTAL)	77	54	5		2		3	13	51	12	12		1	3	4	19
Cnslg./Psycho.	30	18	1		1		1	9	16	4	6			1		5
Pers/Soc. adj.	20	16	1		1		1	12	16	3	3			1	1	8
Voc. Exp/CC	14	11					1	2	4	1	1		1			1
JSS	6	6							3					1	2	
Recreation	3	3							4	1						3
Work Adj.	3		3						5	2	1				1	1
Other	1								3	1	1					1
EDUCATION/TRAINING (TOTAL)	36	3	3	6	1	2	1	19	30	7	5	7		1	3	7
Comm. College	12			1	4		1	6	8	1	2	2			2	1
Remedial Acad.	11		1	1	1		1	6	7	1		1		1		4
GED or ABE	4		1				1	2	5	2	1	1				1
University									3		2	1				
Private Trade School	3			1	1			1	1			1				
Skill Center	6	2						4	6	3		1			1	1
ALLIED HEALTH	23	11	1		4		1	6	20	6	4			2	1	7
ADAPTIVE AIDS	13		1	2		2	1	1	10	3	1				2	4
LIVING ARRANGEMENT	7			1	1	1	1		3	4	1		1	1	1	2
GRAND TOTALS	156	69	12	7	10	4	6	48	121	32	23	7	2	7	11	39

Following is a breakdown of the frequency by subcategories of recommendations made within the Allied Health, Adaptive Aids and Living Arrangement Areas:

<u>Category/Subcategory</u>	<u>Frequency</u>
ALLIED HEALTH - Total	<u>43</u>
Optamological Examination	14
Occupational Therapy	12
Medical Specialty Examination	7
Physical Therapy	4
Speech Therapy	3
Weight Reduction-Medical Audiological	2
ADAPTIVE AIDS - Total	<u>23</u>
Mobility	10
Communication	8
Visual Aid	1
Other (Educ. Equipment)	4
LIVING MANAGEMENT - Total	<u>17</u>
Group Home	9
Independent	2
Semi-Independent	1
Institution	1
Family	1
Other	1

Key for coding of counselors responses:

Primary Reasons Given For Implementing Recommendations:

- RA - Resources Available (Community)
- FA - Funds Available (case service)
- FR - Feasible Recommendation (Counselor's Clinical Judgement)
- CM - Client Motivation
- RAIP - Recommendation Already In Progress
- FC - Family Cooperative
- NRG - No Response Given

Primary Reasons Given By Counselor For Not Implementing Recommendation

- UF - Recommendation Unfeasible for Client (Counselor's Clinical Judgement)
- CU - Client Unmotivated
- CNR - Client Not Ready for Service
- CCG - Client Changed Goals
- FU - Family Uncooperative
- NRG - No Response Given

The above categorization of responses represents an initial attempt to classify the data obtained to the open-ended questions. Further refinement and modification is likely to occur. The primary purpose for the open-ended approach was to tap the entire range of reasons a counselor might give for either successfully or unsuccessfully implementing a recommendation.

As is graphically displayed in Table 2, the most frequent reason given for implementing recommendations related to the availability of community resources (44%). By Community resources, counselors were indicating that other agencies or vendors were available and, in many cases, similar benefits programs were located.

In regards to recommendations not being implemented, 26% (FREQ = 32) of the time counselors indicated that they judged the recommendation to be unfeasible. Nineteen percent of the time, counselors felt that the lack of implementation of the recommendations was due to deficits in client motivation.

Again, this brief report only provides a brief overview of some of the findings. Further review, analysis and interpretation will be conducted in the near future.