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CURRENT STREAMLINING STRATEGIES:
RESTRUCTURING VOCATIONAL REHABILITATION'S VISION INTO THE
TWENTY-FIRST CENTURY

By

Douglas Milton St. Clair

A Dissertation Submitted to the Faculty of the
DEPARTMENT OF SPECIAL EDUCATION, REHABILITATION,
AND SCHOOL PSYCHOLOGY
In Partial Fulfillment of the Requirements
For the Degree of
DOCTOR OF PHILOSOPHY
WITH A MAJOR IN REHABILITATION
In the Graduate College
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entitled Current Streamlining Strategies:
Restructuring Vocational Rehabilitation's Vision into the
Twenty-First Century

and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy

<u>Amos Sales</u>	<u>11/27/00</u>
Amos Sales	Date
<u>S. Mae Smith</u>	<u>11/27/00</u>
S. Mae Smith	Date
<u>Carol Locust</u>	<u>11/27/00</u>
Carol Locust	Date
<u>Tom Holm</u>	<u>11/23/00</u>
Tom Holm	Date
<u>Jennie R. Joe</u>	<u>11/27/00</u>
Jennie R. Joe	Date

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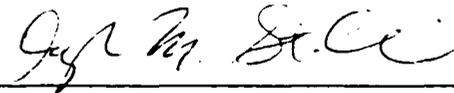
I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

<u>Amos Sales</u>	<u>11/27/00</u>
Dissertation Director	Date
Amos Sales	

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DEDICATION

To Mary Rivera, my wife, I owe you so much for your sacrifices and patience that you extended to me from your heart. What I'm feeling now is such deep appreciation that words can't say enough, thank you so much. I could not have endured this journey without you. To my mother Virginia and my mother-in-law Barbara, thank you so much for all your support, guidance, and spiritual counseling. To Ian and Erin, my children who through this long academic journey and the miles of separation have supported me with their love, thank you.

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ABSTRACT

Streamlining is an attempt to make an organizational process increase its efficiency. The 1992 Amendments to the Rehabilitation Act of 1973 defined changes within the service delivery system of the Public State/Federal Vocational Rehabilitation (PS/FVR) Program, that appeared to suggest that streamlining was a new requirement from Congress.

However, Congress, Rehabilitation Services Administration (RSA) and/or Council of State Administrators for Vocational Rehabilitation (CSAVR) did not mandate streamlining for the Public State/Federal Vocational Rehabilitation (PS/FVR) Program. Training on streamlining was designated to the Regional Rehabilitation Continuing Education Programs (RRCEP). The RRCEP programs exist in the Rehabilitation Act of 1973 to provide continuing education to employees of the PS/FVR Program. This studies literature review revealed Streamlining has resulted in inconsistent implementation approaches across state agencies and/or federal regions. Currently there is no data and/or consistent approaches to streamlining in the PS/FVR Program.

Because of inconsistency in implementing streamlining, the RRCEP's ability to develop appropriate in-service training curriculum that is sensitive to the new needs and issues is jeopardized. The lack of a consistent methodology for streamlining implementation creates problems in planning pre-service academic rehabilitation counseling programs.

The study utilized a Chi-Square analysis design due to the small sample size. However, while the sample size was small, the data were global in nature because each number analyzed represents thousands of individual Vocational Rehabilitation (VR) cases.

Streamlining was developed to impact the success markers in a positive direction, i.e., clients with severe disabilities would obtain successful employment with higher wages after their employment, an increased number of individuals with severe disabilities would be served, and the VR counselor would spend less money to accomplish the employment goals. Each of the results examining these variables in this study was statistically significant in the states that had implemented streamlining.

The study gave support to the premise that streamlining has a positive impact on the vocational rehabilitation process in increased wages for PS/FVR clients, reduced time in service, and decreased case service dollars spent.

CHAPTER 1

Introduction

This chapter introduces the background to the problem, significance of the study the research problem, research questions, the hypotheses, as well as the conceptual background and the limitations of this study. Definitions of terms will also be included.

Background of Problem

Streamlining can be defined as an attempt to make an organizational process increase its efficiency (Stephens, 1996). The 1992 Amendments to the Rehabilitation Act of 1973 defined changes within the service delivery system of the Public State/Federal Vocational Rehabilitation (PS/FVR) Program, that appeared to suggest that streamlining was a new requirement from Congress. What the 1992 Amendments required was a reduction from ninety (90) to sixty (60) days to determine eligibility. In addition, the 1992 Amendments called for increased control and involvement of consumers by requiring that a portion of the Individual Written Rehabilitation Program (IWRP) be written by the consumer. The PS/FVR Programs identified these changes in service delivery as a part of the streamlining effort. However, according to Stephens (1997), the streamlining effort was not actually a mandate from Congress.

Currently, some PS/FVR Programs have accepted the challenge to streamline and are doing so by considering the impact of these changes on service delivery as follows:

(1) Realize reinvention of government by streamlining the Vocational Rehabilitation (VR) process, (2) increase privatization of government services wherever possible, (3) support the re-authorization the Rehabilitation Act, (4) respond to the continuous modification of the global employment market and, (5) increase use of available technology (IRI, 1997).

A joint agreement in 1993 between Rehabilitation Services Administration (RSA) and the Council of State Administrators for Vocational Rehabilitation (CSAVR), stated that the eleven Regional Rehabilitation Continuing Education Programs (RRCEP) are responsible for any training efforts needed to implement, establish, foster, continue, improve, and/or enhance the streamlining efforts of the public VR program. This training responsibility, however, was difficult because there was no agreement exists as to what streamlining is and where the streamlining emphasis should be placed. However, the following streamlining efforts were identified: (1) increasing consumer involvement, (2) creating a less bureaucratic system, and/or (3) establishing creative, non-inhibiting, flexible service delivery system that is built on partnership and consumer choice (IRI, 1997).

The 1992 Congressional action and the concern about its impact on PS/FVR resulted in a joint effort between of the RSA and the CSAVR to develop the Aspen Document, a document to serve as a working guideline for the streamlining initiative. The Aspen Document (1996) identified one challenge posed by streamlining the PS/FVR Program: that streamlining might damage PS/FVR's core mission and integrity, i. e . decreasing employment opportunities (outcomes) for persons with disabilities.

Statement of Problem

As already stated, the 1992 Amendments to the Rehabilitation Act of 1973 require a reduction to 60 days to determine eligibility. The 1992 amendments also mandated increased consumer involvement in the development of the Individualized Written Rehabilitation Program (IWRP) now defined as the Individualized Plan for Employment (IPE) and where possible a portion of the IWRP be written in the consumer's own words.

Although a specific process for streamlining was not mandated by Congress, RSA and/or CSAVR for the PS/FVR Program, RSA and CSAVR designated the RRCEP programs to assume responsibility for training on streamlining. The RRCEP programs exist in the Rehabilitation Act of 1973 to provide continuing education to employees of the PS/FVR Program. Streamlining has resulted in inconsistent implementation approaches across state agencies and/or federal regions (Stephens, 1997). Currently there is no data and/or consistent approaches to streamlining in the PS/FVR Program.

Significance of the Study

The PS/FVR Program's services have been well established over the past eighty years. If a VR consumer is eligible in New Mexico and moves to Iowa, similar services and benefits would be available to this client in both states (Bitter, 1984, Wright, 1980). However, waiting time for services in each state varies because implementing streamlining has been left up to each state agency, i.e., to choose to streamline or not. The process of streamlining in one state is not the same in another (Stephens, 1997). The streamlining

initiative, as it is currently evolving, appears to create problem for continuity of service (Stephens, 1997).

Because of inconsistency in implementing streamlining, the RRCEP's ability to develop appropriate in-service training curriculum that is sensitive to the new needs and issues is jeopardized. The lack of a consistent methodology for streamlining implementation creates problems in planning pre-service academic rehabilitation counseling programs. Allowing state agencies in the PS/FVR Program the option to implement streamlining could potentially jeopardize teaching efforts of both the RRCEP's and the CORE accredited programs (Stephens, 1997). Academic programs are forced to decide whether to include streamlining into the curriculum.

Research Questions and Hypotheses

The purpose of the study is to empirically investigate the streamlining initiative during the first four year of implementation. The research project will contribute to the body of knowledge on streamlining by pursuing the following questions:

1. How many states (please identify them in name and number) have implemented streamlining in each of the eleven federal PS/FVR regions?

Hypothesis:

- a) There will be no differences, by region, in the implementation of streamlining as identified by the eleven directors of the RRCEP's.

2. Has there been an increase from 1993 to 1996 in the number of states implementing streamlining?

Hypothesis:

- b) No differences will be observed in the number of VR programs that have implemented streamlining.

Limitations of Study

One of the limitations of the study is the lack of published material on streamlining in the Vocational Rehabilitation (VR) literature. There are only three documents in existence, and they have been utilized extensively in this study.

Variables that contribute to VR success could not be controlled in this study, i.e., consumer or counselor self-direction, motivation, counselor counseling skills, and task completion. These intervening variables could have an affect on the successful outcomes, but were not examined in this study.

The success factors, identified in the study, include the following: 1) the level of wages earned after VR services, 2) reduced time for clients who received VR services before they were successfully employed, 3) a decrease in cost for each VR case, and an increase in enrollment of individuals with severe disabilities as reported by data obtained from the R-911, and the Office of Management and Budget (OMB) forms. Each year data are collected by each PS/FVR agency and reported to Washington DC on a form called the R-911 data collection form. This study did not include a determination of whether or

not these success variables were directly attributable to streamlining. Data obtained from the R-911 and the OMB forms can be utilized as a marker to examine streamlining trends.

Definition of Terms

Individualized Plan for Employment (IPE): Is mandated in the 1998 Amendments to the 1973. The IPE is the cornerstone for the proposed or planned rehabilitation goals for each client. It includes the client's career goal, and the intermediate objectives, in measurable outcomes, as well as a timeline of services that stipulates who, what, when, where, why, and how services will be provided or attained by the VR consumer (Rehabilitation Act of 1973, 1998 Amendments). The client can write the IPE exclusively or as a cooperative effort with his/her counselor.

PS/FVR Program Eligibility Criteria: Establishes that a potential consumer must have a disability (mental, physical, or both); the disability must be an impediment to employment; the individual with a disability is presumed able to benefit from VR services; and the individual requires VR services to obtain, maintain, or retain employment opportunities (Rehabilitation Act of 1973, 1992 Amendments).

Public State/Federal Vocational Rehabilitation Program (PS/FVR): is a common reference to the state federal vocational rehabilitation service program established in 1920. It is operated jointly by the state and federal agencies to assist individuals with significant disabilities (individuals who meet the eligibility criteria). Those eligible to receive services are helped to obtain, maintain, or retain employment opportunities (Wright, 1980).

Regional Rehabilitation Continuing Education Programs (RRCEP): Are mandated in the Rehabilitation Act of 1973. There are eleven RRCEP's located at universities across the United States, and these programs are responsible for providing continuing education for PS/FVR Program personnel.

Streamlining: an attempt to make an organizational process more efficient and responsive by cutting and/or reducing steps that are deemed to be unnecessary, such as extra steps in establishing services for PS/FVR clients and steps that hamper or slow down the process (Stephens, 1996).

Vocational Rehabilitation (VR) Success: Includes outcomes such as an increase in wages after the client has received VR services, increase in the number of individuals with severe disabilities receiving VR services, a decrease in cost for providing services to individual VR cases, and a decrease in the amount of time it takes to serve a VR client.

Summary

This chapter has included an introduction to the research topic, its significance and background, and the specific questions and hypotheses the study has addressed.

Limitations of the study and definition of terms were included.

CHAPTER 2

Review Of Literature

This chapter is a review of, 1) the literature pertinent to the streamlining initiative of the PS/FVR Program, 2) a history of the establishment of the PS/FVR Program between 1908 and 1992, and 3) the legislation that defined the mission and focus of the Regional Rehabilitation Continuing Rehabilitation Programs (RRCEP) from 1974 to present. Finally, the history of and need for streamlining in the PS/FVR Program is discussed as well as the RRCEP's role in providing the training necessary to implement streamlining.

History of Vocational Rehabilitation

Foundation of Disability Services

The first service program for individuals with disabilities was established in the United States in 1789. The purpose of these service programs was to provide disability benefits to veterans of the Revolutionary War for service-connected disability, and for Merchant Marines who were injured in the performance of their duties (Continental Congress, 1789).

Wright (1980) indicated that these disability related services were provided in the United States because society believes that people with disabilities have a right to be employed and to hold a productive place in society. However, this rationale is not the only explanation of why the United States provides disability services. Bitter (1984) states

that there are at least four other rationales that have led to the development of disability services in the United States: (1) the economy; (2) the interest of decision makers; (3) the armed conflict (war); and (4) the current level of technology.

(Bitter, 1984) indicates that economic factors favor the provision of disability services because government leaders saw it as necessary for the greater good of society, i.e., services provided to the Veterans of the Revolutionary War in 1776, and Merchant Marines in 1789, the Railroad Workers Compensation Program (in the nineteenth century), and public safety officers (in the Rehabilitation Act of 1973). Bitter (1984) explains that, when individuals are revered while performing crucial tasks such as building the transcontinental railroad, engaged in providing national security, and/or are providing public safety, their economic role is acknowledged and society tries to ensure that these crucial jobs are rewarded. Workers injured in these efforts for the national good are, therefore, seen as valuable and should be provided benefits.

The next rationale identified by Bitter (1984) was the personal interest in disabilities held by national decision makers. Examples include presidents who have suffered disabilities during their terms in office: Wilson - stroke, Hoover - obesity, Roosevelt - polio (and his First Lady's depression), Eisenhower - coronary, Kennedy - Addison's Disease (and his sister's Mental Retardation), Johnson - coronary (and his First Lady's depression), and Nixon - phlebitis. Various initiatives to assist individuals with these disabilities have been implemented at various times by these respective leaders.

Armed conflict was also identified by Bitter (1984) as a rationale for disability service program expansion. The Rehabilitation Acts of 1920 and 1973, and all the subsequent Rehabilitation Act Amendments were enacted either just before, during, or shortly after periods of war. This is exemplified by the Rehabilitation Act of 1920 (W.W.I); the 1943 Amendments, (W.W.II); the 1954 amendments, (Korea); the amendments in 1968, the Rehabilitation Act of 1973, (Viet Nam); and the rehabilitation amendments of 1992, (Desert Storm).

The final rationale presented by Bitter (1984) is the influence of technology. For example, as medical interventions and research assist individuals to survive severe disabilities, the VR services evolved to provide services for these individuals

Establishment of the PS/FVR Program

Prior to 1920, a change began in the rehabilitation program, a change to expand disability services for the civilian members of the general public. Civil Employees Act of 1908 mentioned the beginning of this change. This Act allowed services to disabled industrial workers by initiating the workmen's compensation programs. Later, Congress passed the Soldiers' Rehabilitation Act of 1916. This Act authorized vocational rehabilitation services for veterans returning home from World War I, but service was restricted only to those individuals with physical disabilities. In 1917, the Congress passed the Smith-Hughes Act, (PL 63-347), which further expanded VR services to help retrain dislocated industrial workers and to establish the Federal Board of Vocational Education.

In 1920, a vocational rehabilitation service for the civilian population was formally authorized in the Smith-Fess Act. The Federal Board of Vocational Education became the administrative body of Vocational Rehabilitation (VR), while the Smith-Fess Act authorizes the service components, i.e., vocational guidance, occupational adjustment, and placement services for individuals (civilians) that have physical disabilities.

In 1921, The Veteran's Bureau Act was enacted, (later to become the Veteran Administration). This Act expanded the VR program and offered to the VR counselor another funding source that could be used in order to purchase services for Veterans in the VR programs. This Act also established The Veterans Administration VR program, a program that still provides VR services for Veterans by Veterans.

Between 1920 and 1943 a series of collateral programs were established to benefit persons with disabilities. These collateral programs became resources, which could be accessed to help individuals with disabilities within PS/FVR Programs. These collateral programs include, The Social Security Program (The Social Security Act of 1935), The Randolph-Sheppard Act of 1936 for the blind, and The Wagoner-O'Day Act of 1938), which mandates the federal government to purchase products made by individuals with severe disabilities.

A significant expansion of services to persons with disabilities was initiated by the passage of the Social Security Act of 1935. The Act made it possible to formalize the PS/FVR Program, or in other words, the passage of the Social Security Act established

the PS/FVR Program as a permanent program, a program that could only be dismantled by Congressional action.

The Randolph-Sheppard Act enacted in 1936 allowed individuals identified as legally blind the opportunity to operate vending stands on federal property. The passage of the Wagner-O'Day Act in 1938 also mandated the federal government to purchase designated products from workshops that provide employment opportunities for individuals who are legally blind or severely disabled.

Between 1920 and 1943, there were no amendments to the Rehabilitation Act. The existing legislation specified resources only to those individuals with physically disabling conditions. Services were not available for individuals who had mental or emotional disabilities. During this period 1920 between 1943, the VA was documenting mental health and emotional disabilities, i.e, battle fatigue, also called shell shock, and now known as Post-Traumatic Stress Disorder (PTSD). As a reoccurring rehabilitation problem, the VA recognized a need to expand existing services to include mental/emotional disabilities. The documentation from the VA, coupled with President Roosevelt's experiences with The First Lady's bout with depression, helped expand the program through Amendments made in the re-authorization of the Rehabilitation Act.

The next Amendments of the Act and the expansion of the State-Federal VR program occurred again in 1943, when the Bardon-LaFollette Act extended rehabilitation services to individuals with mental illness and mental retardation. In addition, a separate

state-federal VR program for persons who were blind. The 1943 Rehabilitation Act Amendments (Bardon LaFollette Act) were important because this resulted in the separation of two key federal programs for persons with disabilities: (1) the general PS/FVR program, and (2) the PS/FVR program for the blind.

During the next 11 years (1943 to 1954), the Rehabilitation Act with its 1943 Amendments remained unchanged. The PS/VR Program continued to grow, primarily in response to specific disabilities that have been identified. Specific issues included funding needed to prepare rehabilitation professionals in specialty degree programs, building rehabilitation facilities (hospitals, workshops, and intermediate care facilities), and quality research activities that could evaluate rehabilitation outcomes.

The Vocational Rehabilitation Act Amendments of 1954 provided funding to colleges and universities to prepare rehabilitation professionals. It also expanded services to persons with mental retardation and mental illness, established funds to build rehabilitation facilities, and authorized research and demonstration programs that could assist in defining how to provide quality services for increasing numbers of people who were being identified with severe disabilities. The first Graduate Program in Rehabilitation Counseling was established at the State University of New York in Buffalo, New York. Regional medical facilities were built with VR as a central focus of the program in an effort to provide holistic rehabilitation services for persons with disabilities. Examples of these facilities include: Rose Medical Center, Denver, Colorado; Craig Regional

Rehabilitation Hospital, Denver, Colorado; and the Dallas Regional Rehabilitation Hospital, Dallas, Texas.

Public Law 83-565 (the Rehabilitation Amendments of 1954) allowed for further separation of the General VR program and the VR program for the blind. The Law stated the following...“the state blind commission **MAY** be designated as the sole agency to administer the part of the plan under which VR services are provided for the blind (Public Law 83-565).”

During the civil rights movements of the 1960's, many of the activists in the movement included individuals with disabilities. These individuals sometimes chained themselves to public buildings in an attempt to draw awareness to various disability issues, i.e. architectural barriers, and the need to remove these barriers.

Prior to 1965, potential for employment was one of the critical criteria used by VR counselors to determine eligibility for a client with a disability (Public Law 83-565). An extended evaluation process was added in the 1965 Amendments to The Rehabilitation Act as a process to aid the counselor in determining client eligibility. The extended evaluation has a maximum time period of 18 months.

The Rehabilitation Act of 1973 equalized access to services across different disabilities in the United States (Bitter, 1984). It also includes a voice for the client, i.e., by the inclusion of the Individualized Written Rehabilitation Plan (IWRP). Prior to 1973, a client in the rehabilitation delivery system was most likely not to have a written

rehabilitation plan, and in many cases, these individuals also did not have an opportunity to direct any portion of their own plan (Bitter, 1984). The IWRP made it possible for clients to direct their own plans and/or to have input about what they wanted to achieve and how their plans should be implemented (Wright, 1980). Post-employment services were also introduced as a requirement in the Rehabilitation Act of 1973. Post-employment services (also called "follow-along" services) allowed the counselor to continue to contact and follow-up with the client after the client has been is employed. These services established the VR program as an on-going, supportive, more comprehensive service program.

The Rehabilitation Act of 1973 also established the definition of and priority for provision of services for persons with severe handicaps. Severe handicaps were defined as: "an individual with a severe physical or mental disability which seriously limits his or her functional capacities in either (one or all) mobility, communication, self-care, or work skills (in terms of employability)" (Public Law 93-112).

Previously, many people with disabilities were unable to obtain employment due to: architectural barriers, discrimination practices, and transportation difficulties. These made it impossible for them to access or travel to places of employment. The Rehabilitation Act of 1973 addressed these issues with inclusion of sections 501, 503, and 504. Section 501 stipulates affirmative action policies for federal employment. Affirmative Action was mandated and was required in Section 503 for all public and private contractors with federal government contracts above \$2,500. Section 504

extended equal rights for person with disabilities in other areas as well; e.g., education, social services, housing, and transportation.

Special priority considerations for VR services were also established in The Rehabilitation Act of 1973 to serve public safety officers, i.e., fire fighters, para-medics, and police officers who are injured in the line of duty. Special demonstration projects in independent living were also authorized in the Rehabilitation Act of 1973. The location of the first six Centers for Independent Living included: Berkeley, CA; San Antonio, TX, and New York City, NY. These pilot projects helped established the current model for Independent Living. In regard to services for the blind, the Rehabilitation Act of 1973 authorized the state agency for the blind to serve as the sole state agency responsible for providing VR services for the blind.

The Rehabilitation Act of 1973 was amended in 1974 under PL 93-651. The Amendment (1) extended the financial authorizations (appropriations) previously provided for in the Rehabilitation Act of 1973, (2) provided for the transfer of RSA into HEW, (3) strengthened the Randolph-Sheppard Act (now to be called the Randolph-Sheppard Act of 1974) to include vending machines, (4) convened the first White House Conference on Handicapped Individuals (now called the National Council on Disability), and (5) established the Regional Rehabilitation Continuing Education Programs (RRCEP).

The first amendment to the Rehabilitation Act of 1973 was the Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978. These

amendments expanded the program in the following ways: (1) Section 102 (A) mandated the state to submit to the commissioner, a state plan for VR services for three years rather than annually as was previously required; and (2) Section 104 of the Act improved the scope of telecommunication grants, allowing for expanded material to be recorded for the blind as well as captioning films and video cassettes for the deaf.

Three additional programs were also established in the 1978 amendments. The first of these programs was the American Indian Vocational Rehabilitation Program, Tribal 130 project(s) (now know as Section 121 Programs). The second program that was established is called the National Institute of Handicapped Research, later renamed the National Institute on Disability and Rehabilitation Research (NIDRR). The National Institute on Disability and Rehabilitation Research is the funding agency for several Rehabilitation Research and Training Centers. The Centers conduct research and training projects specific to the rehabilitation field. There are currently 46 Research and Training Centers throughout the country. The third program established in the amendments of 1978 was the Helen Keller Center for the Deaf/Blind, a program that would continue to address issues confronting individuals who are deaf/blind. Additionally, a legislative definition of developmental disability was provided in the amendments of 1978.

The Office of Special Education and Rehabilitation Services (OSERS) was created within the newly established cabinet-level Department of Education in 1979. This was seen as an important move for two reasons; the first was to reduce the levels of

government between the commissioner (of rehabilitation) and the supervising department. Now the Commissioner is able to answer directly to the Assistant Secretary of Education. The second was to establish the position of Commissioner for RSA who is appointed by the President and approved by the Senate.

From 1973 to 1984, problems in VR service delivery were being documented, partly as a result of the 1973 IWRP requirements. Many rehabilitation clients had problems involving their IWRP's. Consumers felt their disability issues were not being addressed properly. So, in the Rehabilitation Act Amendments of 1984, a new requirement was added, the Client Assistance Program. The word "qualified" was also inserted before personnel, so that the Act now reads "qualified" personnel will be maintained in the VR program to deliver services for rehabilitation clients.

The Rehabilitation Act Amendments of 1986 addressed many issues that resulted from National Institute on Disability and Rehabilitation Research (NIDRR) supported research activities. The Rehabilitation Research and Training Center located at the Virginia common Wealth University, focused research on the issues of supported employment. Supported Employment provides additional support to persons with disabilities. It provides the individual at the job site with all the training necessary to perform the specific job in the work place. Before the creation of supported employment, an individual with a disability was trained and then placed in a job situation without additional support. Supported employment is now an acceptable employment outcome

and funding is provided to state VR programs to establish supported employment programs.

Additional issues in the 1986 Amendments that came from NIDRR research programs included rehabilitation engineering as a VR service. Rehabilitation engineering became a focus because such technology was needed for individuals who survived spinal cord injuries or traumatic brain injuries. Craig Rehabilitation Hospital in Denver, Colorado, and other similar facilities, developed medical interventions and treatments that were effective and utilized rehabilitation engineering as an important resource. Rehabilitation engineering includes assisting individuals in all the activities of daily living with an array of assistive devices, i.e., wheelchairs, auditory communication devices, wheelchair lifts in automobiles, hand controls in automobiles, and so on. Without this provision in the Rehabilitation Act, the actual process of planning for and providing adequate services for clients would be more difficult, and services could not be individualized or comprehensive.

The Technology-Related Assistance for Individuals with Disabilities Act of 1988 implemented and developed a statewide consumer-responsive program of technology-related assistance. This nationwide program was the result of a study by the National Council on Disability. It helped establish a national information and program referral network. This program was also charged to develop training which would increase public awareness by funding demonstration and innovative projects.

To increase the civil rights of all citizens with disabilities in the United States, the Americans with Disabilities Act (ADA) was passed in 1990. The ADA prohibits discrimination against “qualified” individuals with disabilities in all aspects of employment, and prohibits discrimination against individuals with disabilities in all aspects of transportation, communications, and public accommodations. By linking Sections 501, 503, and 504 of the Rehabilitation Act of 1973 to the Civil Rights Act of 1964, and all Amendments thereafter, the law now provides the necessary enforcement of the intent in the law that Sections 501, 503, and 504 did not originally have.

The 1992 Amendments of the Rehabilitation Act of 1973 also changed the term “handicapped” with a more socially acceptable term “disabled.” The major additions in the 1992 Amendments are Section 21, reduced time allowed for eligibility determination, and increased the ability of the counselor to utilize existing information to determine eligibility. Section 21 placed a priority of services delivered to minorities who were underserved and underrepresented in VR services, and VR service delivery, and the implemented strategic plan known as the Rehabilitation Cultural Diversity Initiative (RCDI). RCDI addressed issues such as barriers faced by minorities as they attempt to access services. RCDI also: (1) required staff development to increase minority members, (2) provided outreach services to VR personnel that provide services to the unserved, underserved, and underrepresented minority populations; (3) increased the percentage of funding for Section 130 grants, and (4) established opportunities for non-profit organizations to apply

for and obtain grants to serve migrant and seasonal agricultural workers with disabilities (RCDI Quarterly Report, 1993).

Public Law 103-73 of the 1992 Amendments also increased consumer control and participation in determining policies of the delivery system within the VR process. This increased control requires state governors to appoint State Independent Living Councils and State Advisory Councils. These two councils are required by law to include individuals with disabilities, and the council is charged with developing and enforcing client services, as well as ensuring informed choice.

Currently, the PS/FVR Program is functioning under the 1998 Amendments to the Rehabilitation Act of 1973. These amendments represent the most significant changes in the PS/FVR Program. Congress placed the Rehabilitation Act within another Act called the WorkForce Investment Act. While rehabilitation has retained its original Congressional intent and integrity, the 1998 Amendments require the state agencies to develop employment programs in coordination with the Department of Labor, and to establish "one stop centers." In the 1998 Amendments, the IWRP was changed to Individualized Plan for Employment (IPE). The new IPE has dropped the once required intermediate goals and objectives for the VR services delivered, and the required time line to reach these listed goals and objectives. The 1998 Amendments allows the counselor to expand informed choice for the client by permitting the client to write his/her own plan with little or no assistance from a VR counselor, and add vocational goals that might focus

on self-employment and/or other small business opportunities. The VR counselor has become an employment-broker advocate for their clients.

Each time the Rehabilitation Act was amended, the scope of VR services was expanded (Bitter, 1984), and with expansion, various case management issues arose (Wright, 1980). To facilitate the implementation of the state/federal VR program, status codes were created to reflect the type of services delivered to the clients (Bitter, 1984). At the present there are sixteen status codes utilized in the VR delivery system, and these codes give the rehabilitation professional an idea of the status of one consumer in the VR process. The codes indicate administratively where clients are in the rehabilitation process

The IRI *Creating an Outstanding Public Vocational Rehabilitation Program for the Twenty-First Century: Strategies for Eliminating Barriers to Effective Service Delivery*, (1997) and the *Aspen Document* (1996) view these status codes as the focus of the VR process. Concern about the status codes is one of the reasons that the streamlining initiative was created. The *Aspen Document* (1996), once developed, placed the responsibility of providing all the necessary training that implements, establishes, fosters, continues, improves, and/or enhances the VR streamlining efforts with the eleven RRCEP's.

History of the Regional Rehabilitation Continuing Education Programs (RRCEP)

During the 1950s and 1960s, in-service education for rehabilitation professionals (rehabilitation counselors, counselor supervisors, administrative support staff, and state administrators) was assigned to the respective agencies supervisory staff. However, due to rapid growth of the PS/FVR Programs and the expansion of rehabilitation appropriations and programs, staff competency became a major problem and priority; staff competency had become more difficult to meet after 1973.

Public Law 93-112, (the Rehabilitation Act of 1973), mandated two priorities for VR services; (1) the severely disabled, and (2) public safety officials who were disabled as a result of injuries in the performance of their duties. In response to these priorities and the expansion of the PS/FVR Programs, the Regional Rehabilitation Continuing Education Programs were established and implemented in 1974. These RRCEP's were to offer within each region, VR program staff training, to enhance opportunities for VR staff to improve their job skills or knowledge relevant to their work in a VR System. The focus and emphasis of the RRCEP is staff training -- specifically professional development and/or advanced education. The following are key roles of the RRCEP programs, and are based on the Code of Federal Regulations Guidelines: (1) to train newly employed and inexperienced VR counseling personnel of the state rehabilitation agencies in the basic knowledge and skills of rehabilitation counseling practice; (2) to train newly employed

state agency staff at the administrative, supervisor, professional, sub-professional, or clerical levels in order to develop needed skills for effective agency performance; (3) to provide training opportunities for experienced state VR agency personnel at all levels of practice to upgrade their skills and to develop mastery of new program developments dealing with significant issues, priorities, and legislative thrusts of the public rehabilitation program; and (4) to develop and conduct training programs for staff of private rehabilitation agencies and facilities who participate closely with state VR rehabilitation agencies in the delivery of services.

The RRCEP teaching and training program is systematic and corresponds to each state's three-year VR state plan. The teaching and training is also consistent with the current Rehabilitation Act Amendments and the Code of Federal Regulations. Through the RRCEP's Rehabilitation Services Administration is assured that beginning counselor training in one region will not be significantly different from that of another region. However, the current method of implementing the streamlining initiative by allowing the states to decide to participate voluntarily in streamlining adds programmatic issues for the RRCEP's training will not and cannot address.

Streamlining

Literature Related to Streamlining

Streamlining is an attempt to make an organizational process more efficient, by many methods but primarily by cutting and/or reducing steps that are seen as being unnecessary in a set of work activities that make up a job description or that are seen as steps in a process (Stephens, 1996).

Streamlining is characterized, defined, and established in the Aspen Document (1996) that calls, reducing time for eligibility determination, implementing as a living document the Individualized Plan for Employment (IPE), simplifying the rehabilitation process, and increasing and enhancing informed choice. These four recommendations are discussed in more detail later in this chapter.

Prior to the creation of Aspen Document (1996), a working document from the Council of State Administrators for Vocational Rehabilitation (CSAVR) (1993) served as the first attempt to facilitate streamlining. This CSAVR (1993) working document developed recommendations for a model service delivery system in the PS/FVR system. These recommendations included issues that needed to be addressed through a vision statement, and within the process of the PS/FVR system.

Four (4) points emerged in the CSAVR (1993) working document. These were: (1) a pronounced drift from employment outcomes to an increased emphasis on process, (2) the need for clients to be served more expeditiously and effectively, (3) the need to

enhance the economic independence of consumers, and (4) the need to target limited resources to employment outcomes (CSAVR, 1993).

The VR case management process currently in use was established to standardize programs that once differed from state to state and region to region, and to demonstrate that the PS/FVR Program was following the Code of Federal Regulations. However, the PS/FVR Program process has itself become more important than the PS/FVR Program consumers (IRI, 1997). The joint streamlining endeavor between RSA and CSAVR (Aspen Document, 1996) attempted to address these problems by making the following recommendations: (1) the primary focus of the PS/FVR Program should be employment outcomes (rather than the focus on the process); (2) the Eligibility Determination period would be sixty (60) days (following the Rehabilitation Act Amendments of 1992), (3) the IPE should be a “living document,” less complicated and not legalistic, and should follow the needs of the individual not the requirements of RSA or the state; (4) the IPE should focus on the outcome and less on the process implementation of the plan in order to reduce paperwork and to allow the system to follow the client rather than the client following the system; and (5) policy and regulations needed to be developed around informed choice of services.

While these recommendations deal with the rehabilitation “process,” procedural changes were also necessary to facilitate a service delivery system that would result with gainful employment for the client. The IRI (1997) also issued recommendations with

emphasis on the following: (1) develop a VR service delivery model that places consumers in gainful employment and which recognizes state and regional differences); (2) develop guidelines for state agencies to implement and promote stronger employer-agency relationships; (3) help state rehabilitation agencies establish employer advisory councils; (4) develop cooperative agreements, i.e., with local Chambers of Commerce; (5) serve as liaison with Project with Industry (PWI), the President's Committee on Employment of Persons with disabilities, etc.; and (6) analyze and advise how "services to groups" might better be utilized to enhance employment outcomes (IRI, *Creating an Outstanding Public Vocational Rehabilitation Program for the Twenty-First Century: Strategies for eliminating Barriers to Effective Service Delivery*, 1997 p.6).

Issues in Streamlining

Stephens (1997) indicates that streamlining is one response to systems change in what Hammer & Champy (1993) call the "challenge of the three (3) C's," customers, competition, and change. The incorporation of the three C's by the VR system would mean an unprecedented level of participation and control of the IPE by customers in the purchase of goods and services as delivered in some IPE's (Stephens, 1997).

According to Stephens (1997), as resources become scarce for the VR system, comprehensive solutions to problems become extremely more complex. Streamlining is just one example. Other similar forced organizational changes also include downsizing and privatizing public goods and services.

The Aspen Document (1996) developed by RSA and CSAVR contains many references how streamlining the PS/F VR Program process could make the PS/FVR Program process more efficient. But will it? How do we know that the existing PS/FVR Program process needs improvement? How will streamlining the PS/FVR Program process make the PS/FVR Program process more responsive and efficient?

From a research point of view, what service improvements noted after implementing streamlining may be or may not be the result of streamlining. For example, will streamlining change the counseling and guidance provided to clients in the PS/FVR Program process? Counseling and guidance is an essential PS/FVR Program service, which has to be evidenced in every IPE (Bitter, 1984).

If change in the process of PS/FVR Program is the focus of streamlining, PS/FVR Program might best be served by investigating the literature on management and organizational development (Stephens, 1997). Management and organizational development dismissed streamlining thirty years ago because it fell short of its expectation and was not relevant to where industry was being or wanted to be directed (Trochim & Linton, 1986). The techniques now favored in organizational development and management literature currently refer to concept mapping, systems change, and reengineering.

Concept Mapping, Systems Change, and Reengineering are techniques that include the involvement of one of the following; the inclusion of supervisors, managers, directors,

and all employees; leadership behavior, policy and procedure, and what best practice systems exist and what reinforces these best practice systems (Trochim & Linton, 1986; Stephens, 1997). Without a total systems approach, Trochim & Linton, (1986) suggested that streamlining (in rehabilitation) will not only have a diminished effect but will most likely derive unintended and unanticipated consequences (Stephens, 1997).

Status Codes

The conventional method of conceptualizing streamlining in VR is based on the recommendations contained in the Aspen Document (1996) and IRI Document, (1997). These documents present recommendations for reducing the status codes that are used or utilized in the PS/FVR Program in the following areas: (1) Application and Eligibility Determination, (2) Planning and Plan Development, (3) Service Delivery, and (4) Outcomes. (Aspen Document, 1996, & IRI, 1997).

The twelve status codes currently in use by VR programs include: Status 00-referral, status 02-application, status 06-extended evaluation (an 18 month maximum period of time to assist in eligibility determination); status 08-ineligible closure; status 10-eligible and permits IPE development; status 12-signals that the IWRP (now referred to as IPE) has been written, and that services are being arranged to complete the plan as written, status 14-18-represents these services that VR provides (which includes counseling and guidance, restoration, and training); status 30-closed after determined eligible but before services are planned, developed, or delivered; status 20-ready for

employment; status 22-service interruption (proceeds back to status's 14-20); status 26-successful closure; status 28-closed after IWRP now IPE development and at least one service has been provided, closed after determined eligible and before IWRP now IPE developed; and status 32-post-employment services (Bitter, 1984). Looking at the list of statuses, one might conclude that status codes do in fact drive the system i.e., that the plans that counselors and consumers develop tend to meet the criteria of the status codes rather than the needs of the consumers. These status codes can be grouped into four major types (Bitter, 1984): (1) referral processing (00 to 08), (2) pre-service (10 to 12), (3) in-service status (14 to 24, and status 32), and (4) closure of active cases (26, 28, and 30). The remaining codes are purely administrative codes that identify where an individual is in the PS/FVR Program system. The question arises: What is being streamlined? Is there a need to modify these codes?

Informed Choice

Informed choice and employment outcomes have been identified as strategies utilized in the streamlining process (Aspen Document, 1996). These strategies, however, are procedural in nature because they facilitate delivery of PS/FVR Program services that lead to a goal of gainful employment, as defined by the consumer and the counselor. Now under the current Amendments to the Rehabilitation Act of 1998, the PS/FVR client can write his or her own IPE without any outside influence but with informed choice, as expressed in Stephens (1997).

Eligibility

Strategies have been established to address eligibility within the PS/FVR, (IRI, 1997). These strategies are in response to the mandates set forth in the 1992 Amendments to the Rehabilitation Act of 1973. The timeline currently set by the Rehabilitation Act to determine eligibility is sixty days (prior to 1992, this time line was ninety days).

In 1978, the amendments to the Rehabilitation Act of 1973 established a resolution to a problem that many states have labeled as a “bureaucratic” nightmare, creating a major roadblock to expeditious eligibility determinations (IRI, 1997). This “bureaucratic” nightmare was related to the requirement that state agencies establish a order of selection criteria; wherein, should funds not be available to serve all consumers who are eligible for the PS/FVR Program, the state agency must identify who is served first. Assessments needed to determine eligibility, therefore, had been compounded by the anticipation of the order of selection.

The 1992 Amendments of the Rehabilitation Act of 1973 requires a VR counselor to utilize existing information in eligibility determination within sixty days. It is important for counselors to have evidence that a disability exists, and that a medical doctor or a licensed psychologists has certified the evidence of a disability. In the PS/FVR Program the only individual who can determine PS/FVR Program eligibility is the rehabilitation counselor (Bitter, 1980; Wright, 1980).

Planning

Planning is actually the strongest component of the PS/FVR Program (IRI, 1997). Federal regulations coupled with administrative policies and procedures have created the perception (by consumer groups and disability advocates) that the planning process is rigid, lengthy, and inflexible. Thus consumer groups and disability advocates have indicated there is a need to streamline the PS/FVR Program process in order to serve individuals with disabilities more quickly and in a more flexible manner (Aspen Document, 1996).

While the 1992 Amendments to the Rehabilitation Act of 1973 did not include the concept equity, it was expected as a requirement for planning. Planning was to be a cooperative “give-and-take” process, a process that was flexible but also met the specific needs of an individual VR consumer (Bitter, 1980; Wright, 1980). However, when closely examined, the 1992 Amendments to the Rehabilitation Act of 1973 have made the planning process more inflexible (IRI, 1997).

Previously, the planning process and the training delivered to VR counselors followed the mandate of the Rehabilitation Act and subsequent Amendments, in that it was assured that the counselor collected all pertinent information about an individual’s impairment, functional limitations, any (if any) prior vocational training and/or work experience, educational and social backgrounds, and existing comparable benefits. With the collection of this comprehensive information, the VR counselor was then able to

complete a detailed need for VR services for the client seeking services. All this information collected helped to develop an IPE so that the PS/FVR consumer could make an informed decision about a plan being developed that would help him/her obtain, retain, and/or maintain employment. The mandates in the 1992 Amendments to the Rehabilitation Act of 1973, however, specify when and how the consumer must be informed on the IWRP (now IPE) and must be consistent with what he/she wants in the plan. The logical outcome of streamlining is that corrections to the PS/FVR Program process are necessary so that consumers would not be caught in a planning process that is rigid and inflexible.

The following corrections have been recommended: (IRI, 1997)

(1) removing the requirements that specified the use of the Dictionary of Occupational Titles (DOT) code for the employment coding be contained in the IPE; (2) allowing the counselor to amend the IPE when minor changes are necessary, rather than re-writing the entire IPE; (3) requiring consumers to inform the counselor (in their own words) on the IPE how they were to participate in the plan; (4) maintaining a commitment and emphasis on employment, the IWRP should be changed to IREP (Individual Rehabilitation Employment Plan); (5) ensuring the final objective services emphasize employment. (6) reducing the length of the IPE to include and incorporate phrases contained in the Act; (7) making language in the IPE more user friendly; (8) removing the requirement in some agencies that the counselor's supervisor approve the plans; (9) reducing the

documentation on the IPE to only reflect the rationale of the plan; (10) simplifying the process that demonstrates that the consumer has been provided with his/her rights, responsibilities, and their remedies; and (11) removing the requirement for an amendment on the IPE when a successful closure has been obtained (IRI, 1997 p.45).

Service Delivery

The next status code proposed in the streamlining agenda by IRI, (1997) is service delivery. The method of delivering services within the PS/FVR Program must follow the Code of Federal Regulations (34 CFR 361.48), but the code requirements are cumbersome at best.

The code states, "The designated State ... unit [must maintain] for each applicant or eligible individual a record of services that includes ...

- (1) documentation supporting eligibility determination... (34 CFR 361),
- (2) documentation supporting ineligibility determination... (34 CFR 361),
- (3) documentation supporting determination of severe or a most severe disability ... (34 CFR 361),
- (4) documentation supporting periodic assessments for extended evaluation... (34 CFR 361),
- (5) .. documentation supporting any amendments to the IPE, and the development of the long-term vocational goal, intermediate rehabilitation objectives, nature and scope of services that are included in the IPE... (34 CFR 361),

(6) documentation justifying employment at a non-integrated setting, a justification for that placement... (34 CFR 361),

(7) documentation of periodic reviews and evaluations of progress ... (34 CFR 361),

(8) documentation that the individual is compensated at or above the minimum wage and that the individual's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals... (34 CFR 361), and

(9) documentation concerning any action and decision resulting from a request by an individual for review of a rehabilitation counselor...(34 CFR 361.48).

For this status code discussed above, the following actions were recommended: (1) remove the competition and confusion about the use of existing resources and comparable benefits; (2) remove dependency on the VR program for ongoing maintenance of assistive aids and devices; (3) increase the level of consumer choice; (4) increase the use of technology; (5) allow policies, laws, and procedures to be flexible, allow expeditious purchase of goods and services; (6) remove policies on what goods and services can be provided; (7) increase the State agencies control of the quality of and the nature of the services provided by community rehabilitation programs to not jeopardize the integrity of the IWRP; and, (8) remove supervisory approval of counselor decisions (IRI, 1997 p. 48-49).

Specific Example of Streamlining

A special issue of the *American Rehabilitation* (1997) is devoted to a discussion of streamlining the service delivery of the PS/FVR Program. A series of self-reports are presented that on the surface may lead the reader to conclude that streamlining was indeed the empirical cause of the success but this cannot be verified. Even so, some individuals believe that there is an empirical connection between streamlining and success.

Improvements are now being implemented in some states in service delivery. These improvements conclude more high quality employment outcomes, a reduced workload that has resulted from the use of advanced technology, and management of caseloads in ways that enhances the utilization of counselor assistants. To some degree the 'culture' of VR is changing, it is being re-defined. As a result, streamlining appears to have impacted the delivery of services in the positive way as it was intended (Schroeder, 1997). As a result of streamlining activities, RSA is currently completing the development of a performance-based monitoring system that will create standards and indicators, as a way to measure program achievements (Schroeder, 1997).

One example of the positive impact of streamlining on one state is that of Texas. Streamlining in Texas began on June 2, 1994, and was implemented in 1997. After three years of planning, the rehabilitation counselors arrived at work to find a new, re-designed system they had to implement in providing services to the consumers of the Texas Rehabilitation Commission. This new system was in line with recommendations in the

“Aspen Document” (Feinberg, 1997). The results of the Texas Rehabilitation Commission streamlining initiative indicated that client involvement had increased; a newly established team between the counselor and the direct care staff had been developed; communication had broadened; the approach to rehabilitation was more comprehensive; counselors had more time with consumers and spent less time on paperwork; counselors explored more employment options with consumers, and the system had achieved its goal. Work smarter not harder (Feinberg, 1997).

Streamlining in Texas also included modifications within the purchasing department to reflect a new philosophy of getting the best value rather than the lowest cost. This emphasis allowed the counselors more control and gave them the ability to purchase goods and services that were included in their clients’ IPE. The Texas Rehabilitation Commission utilized the process of reengineering as the method of producing and planning this systems change not streamlining (Stephens, 1997).

Other states listed in the special issue of American Rehabilitation (1997) devoted to streamlining included Vermont, New Hampshire, Oregon, and New York. However, there was no assurance that what is evidenced and labeled as positive outcomes of streamlining in these states could be attributed solely to streamlining. For example, the reports indicate that more people with severe disabilities are being served after the streamlining initiative was established. However, the degree to which this is solely due to

streamlining is uncertain. Empirical data is too limited and does not support this conclusion.

The purpose of this research project is to establish empirical (independent) information on the current state of streamlining.

CHAPTER 3

Methodology

Material in this chapter describes the design and procedures utilized in the collection and analysis of the data. Sections herein are as follows: population, study variables, protection of human subjects, the setting, instrumentation, data collection, and summary.

The rationale underlying streamlining of the PS/FVR Program is that it serves the consumers of VR efficiently and quickly while still meeting the mandates of the law that requires service to individuals with the most severe disabilities. The RRCEP, according to the Aspen Document (1996), has the responsibility to provide the necessary training to ensure that streamlining is implemented, fostered, improved, and enhanced.

To assist the RRCEP directors with their new responsibility, and to provide the necessary training on streamlining and/or to enhance the streamlining effort of the PS/FVR Program, the first research question in this study was whether the streamlining initiative had been implemented in every state under the RRCEP's jurisdiction. Knowing how the streamlining initiative has been or has not been implemented in each state agency in the regional jurisdiction of the RRCEP will provide insights that could assist RRCEP in developing training strategies for those who have implemented the streamlining initiative.

Research question two was designed to investigate whether consumers in the PS/FVR Program are being served more efficiently, whether they are being employed

more promptly (in a shorter period of time), whether they are receiving higher wages, and whether the VR counselors are spending less money per individual case.

Procedure

The following e-mail was sent to all eleven RRCEP directors. “You are being asked to read the following material to ensure that you are informed of the nature of this research study and of how you will participate in it. If you reply to this message, your reply will indicate that you have been so informed and that you give consent. Federal regulations require written informed consent prior to participation in this research study so that you can know the nature and risks of your participation and can decide to participate in a free and informed manner.”

“The purpose of this project is for a doctoral dissertation: “Current Streamlining Strategies: Restructuring Vocational Rehabilitation’s Vision into the Twenty First Century ” You are being invited to participate because of the mandate for training established in the Aspen Document (1993), and all eleven RRCEP directors will be enrolled in the study.

One question and two follow-up questions will be asked of each RRCEP director. The question is: How many states and what are the states by name that have implemented the streamlining initiative according to the Aspen Document? The follow-up questions will be what strategy was identified to assist in the agencies streamlining efforts? and what

agency personnel positions have been identified as being responsible for the streamlining effort?

If you agree to participate, your responding communication will be your agreement and consent to participate in this research study. You may withdraw from the study at any time, and without fear of negative results. Your response to the question and the follow-up questions will be compared to the strategic plan submitted by each state. Again, your reply to the e-mail will be recognized as informed consent to participate in the study.

Nine of the eleven RRCEP directors responded to the e-mail message. The other two RRCEP directors were notified by a follow-up phone call. All the questions were asked and answered by all eleven RRCEP Directors.

Population

The study sample consisted of eleven (11) individuals who were, at the time of the study, serving as directors of the eleven (11) Regional Rehabilitation Continuing Education Programs (RRCEP). The individuals were chosen because the responsibility of the RRCEP to conduct training to ensure the success of implementing the streamlining initiative (Aspen Document, 1996). The first question asked was, how many states have implemented streamlining in the RRCEP's jurisdiction? The researcher then verified responses by reviewing the state plans submitted by each state.

Each state agency within the PS/FVR Program is required to complete an annual report. This report is submitted to RSA in Washington, D. C. The R-911 report contains

information providing RSA the progress each state agency has made annually. Information from the R-911 report is then utilized by RSA and a report is then written for Congress. The answer to second question is based on the R-911 data. Data from the R-911 form from the states that have been identified by the RRCEP Directors as state agencies that have implemented the streamlining initiative were used. In the study, VR successes (Aspen Document, 1996) will be measured by the number of individuals with severe disabilities served, the number of clients who are successfully employed and receiving higher wages, and the amount of VR case dollars being spent. The question to be answered is: "Has there been an increase or decrease in these categories in the states that have implemented streamlining?"

Study Variables

Research Question 1

Information about how many states have implemented streamlining in each of the RRCEP's jurisdictions was obtained from the eleven RRCEP directors, and from the state plans that were submitted each year to RSA. Who did the RRCEP directors identify as the key personnel in the state agency who assisted in the implementation of streamlining. A follow-up question was then asked about the process utilized by the state agency to implement streamlining. The state plans were used to compare the information from the RRCEP directors. Was a process for streamlining identified in the state plan and was personnel identified in the state plan who were responsible for streamlining?

Research Question 2

The R-911 data, furnished by each state agency to RSA, was analyzed separately. Data from those states that have fully implemented streamlining, and states that have not implemented streamlining were compared. This information will serve as a reference point to see if there are any increases in success criteria.

These reference points are currently utilized as internal and external evaluation markers to determine program success. They include consumer satisfaction, amount of case dollars spent, number of severely disabled individuals being served, amount of wages that consumers were earning before VR services, and amount of earnings after VR services, and the number of severely disabled individuals closed in statuses 08, 26, 30, and 28. The status code 08 represents a closure before eligibility, 26 is a successful rehabilitation (met the goal of rehabilitation), and 30 represents a closure after eligibility and a IWRP (now an IPE) had been written. The use of status code 30 also indicates that some VR services have been provided before closure. Status 28 represents a closure after eligibility and the IWRP (now an IPE) has been written, however, no VR services have been provided.

Protection of Human Subjects

The Human Subjects Committee of the University of Arizona, to assure human subjects protection, reviewed the research proposal for this study. It was the decision of the Human Subjects Committee that this study be exempted from further requirements. After review of the documents submitted, the regulations published by the United States Department of Health and Human Services [45 CFR Part 46.101(b) (2)] exempt this type of research from review by the Human Subjects Committee.

The Setting

Research Question 1

E-mail interviews were conducted with each RRCEP director in the eleven Federal Regional RCEP offices that are housed at major universities throughout the U.S.

Research Question 2

The R-911 data was analyzed for the following states: Washington, Oregon, Idaho, Alaska, Texas, Illinois, Michigan, Arizona, Nevada, California, Hawaii, and Alabama. The RRCEP directors identified these states as the agencies that have or have not implemented streamlining and these states served as the sample for this study.

Instrumentation

E-Mail

This following is the exact e-mail that was sent to the eleven RRCEP directors.
“Title of the research study: Current Streamlining Strategies. Restricting Vocational

Rehabilitation's Vision into the Twenty-First Century." I am being asked to read the following material to ensure that I am informed of the nature of this research study and of how I will participate in it, if I consent to do so. Responding to the e-mail will indicate that I have so informed and I give my consent.

I am being invited to participate voluntarily in the above titled research project. The purpose of this project is for a Doctoral Dissertation. Because of the training mandate established in the Aspen Document, I am being invited to participate. The eleven RRCEP directors will be enrolled in this study.

Two questions will be addressed via e-mail communication. The questions are: "Please list number and the names of the states in their region that have completely implemented the streamlining initiative according to the Aspen Document? Or if there are states that have partially implemented the streamlining initiative according to the Aspen Document, what has been implemented?. What was the process of streamlining identified and please list the key personnel positions identified as being responsible for the streamlining initiative? Your responses to these questions will be compared to the strategic plans submitted by each state identified as implementing the streamlining initiative."

There are no risks to this study. All the data are public domain, and all the participants in this study will be able to withdraw at any time without fear of negative results.

There is no information being collected in this research study that is not public domain. The strategic plans used to verify the questions asked via e-mail are part of the public domain, additionally, the data collected that pertains to establishing possible trends resulting from streamlining are also part of the public domain.

Research Question 1

The following questions regarding the current implementation of streamlining was designed by the researcher and asked by e-mail: 1) "Please list the number and the names of the states that have implemented the streamlining initiative according to the Aspen Document (Aspen Document, 1996);" 2) "Please identify the key personnel positions in the state agency that have assisted in the implementation of streamlining; and, 3) Please identify the process utilized by the agency to streamline." The researcher then utilized the state plans submitted to RSA to verify the answers provided by the RRCEP directors. Specifically the state plans were used to identify whether streamlining was identified, if key personnel positions were identified, and if a process of implementation was identified.

Research Question 2

The utilization of the R-911 requires no instrumentation. This data is public domain and only requires statistical analysis consisting of frequencies, and means. A Chi-Square analysis will be generated from the R-911 data.

Data Collection

Research Question 1

Each Director of the RRCEPs: was contacted by e-mail. An explanation of the study by the researcher was provided, and the data will be collected from each RRCEP director.

Research Question 2

Data from each state that participates in the PS/FVR Program are reported annually to RSA's Central office. These data sources are in the public domain and are available on the annual reporting system. R-911 data for the years 93-96, from the States of Washington, Oregon, Idaho, Alaska, Texas, Illinois, Michigan, Arizona, California, Hawaii, Nevada, and Alabama were requested and received from the RSA Central Office located in Washington, DC.

The states listed above were the states that the RRCEP directors identified as having implemented or not implemented streamlining, and thus are utilized in the study.

Data Analysis

Research Questions 1

The states identified by the RRCEP directors as implementing or not implementing streamlining will be listed in narrative and table format.

Research Question 2

Chi-Square analysis (Ferguson, 1971; Kerlinger, 1973; & Hays, 1973) from 1993-1996 will also be obtained from the R-911 OMB Data Collection form. Due to the small sample, in order to perform an inferential analysis of the data, Chi-Square analysis is best suited for the purpose of the study (Ferguson, 1971; Kerlinger, 1973; & Hays, 1973).

Design

This study was designed to address two questions that relate to the first four years of implementing of streamlining in the PS/FVR Program.

Research Question 1

Research question one: 1) how many and which states within each RRCEP jurisdiction have implemented streamlining; 2) have key personnel positions been identified to implement streamlining; and 3) was a streamlining process utilized as defined by the Aspen Document (Aspen Document, 1996).

Research Question 2

The above questions were asked as a part of the examination of the first four years of streamlining the PS/FVR Program in the states of Washington, Oregon, Idaho, Alaska, Texas, Illinois, Michigan, Arizona, California, Hawaii, Nevada, and Alabama. Other questions explored the number of individuals with severe disabilities that are being served, and if there have been an increase of case closures for individuals with severe disabilities.

Did they receive an increase in wages? Was it cost effective? And was there a reduction in the time it took to serve these clients with severe disabilities.

This study is expected to provide a better understanding of streamlining. There is also a potential to add to the improvement of the streamlining initiative and what successes (in the first four years) have been achieved.

Summary

This chapter described the study's population, variables, setting, instrumentation and the instrument, design, along with data collection, and data analysis.

CHAPTER 4

RESULTS AND DISCUSSION

The purpose of this study was to empirically investigate the streamlining initiative, as it evolved during the first 4 years. This chapter includes the results of the study and a discussion of the results. A restatement of each hypothesis is included in the presentation of the findings, followed by a discussion of the results.

The results of this study demonstrate two important findings related to the streamlining initiative of the PS/FVR Program. First, in the states examined it appears that the streamlining initiative does indicate statistical significance on the specific variables utilized in the study to demonstrate program success. Second, review of additional data generated suggests viable directions for future research. The evidence of these two findings is detailed below.

Results

Research Question 1

The RRCEP directors indicated that the following 8 states have fully implemented streamlining: Washington, Idaho, Oregon, Alaska, Texas, Michigan, Illinois, and Alabama. The RRCEP directors as states not implementing streamlining identified the following 4 states. These states were: Arizona, California, Hawaii, and Nevada.

Hypothesis 1

Hypothesis 1: There will be no differences, between RSA regions in the implementation of streamlining. The results were obtained from a survey of the eleven RRCEP directors, and from the state plans that are submitted to RSA every three years. The results, again, require separate consideration of each region included in the hypothesis.

- (1) RSA Region One includes Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont for the general VR program, while Connecticut, Massachusetts, and Vermont have separate VR programs for the blind. The RRCP director for this region indicated that all of these states had implemented a portion of the streamlining initiative. The portion of streamlining that was implemented focused on reducing the time it took to close a client rehabilitated. When asked if these state plans had a reference to streamlining, the response from the RRCEP director was, “only to reduce the time a client receives services. A management information process was established to accomplish this directive from the state director and the state training director for each agency in this region.”
- (2) Region Two includes the states of New Jersey, New York, Puerto Rico, and the Virgin Islands. New Jersey and New York have separate VR programs for the blind. The RRCEP director for this region indicated all of the states in this

region have implemented streamlining policies with a focus on reducing the amount of time a VR consumer receives VR services prior to placement and successfully employed. In the response to the question about the state plans, what was reported was that most of these state plans specifically identify reducing the time a client receives services and obtains his/her employment goal. A process of creating a management information system to accomplish the goal came from the each state director and each of the state training coordinators.

(3) In Region Three the states are Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia. Delaware, Pennsylvania, and Virginia have separate VR programs for the blind. According to the RRCEP director, all of these state programs have implemented policies to reduce the time a client is in VR services and becomes successfully employed. In these states, policies and procedures as well as key personnel had been identified to help create a management information system, a system designed to reduce the time a client receives services and becomes employed.

(4) [a and b] In Region Four, there are two RRCEP and the information obtained from them will be presented together. The states in this region are Alabama, Florida, Georgia, Kentucky, Mississippi, North and South Carolina, and Tennessee. General VR programs in these states as well as programs for the blind being in the states of Florida, Kentucky, and North and South Carolina. One state

in this region has fully implemented the streamlining initiative, Alabama. The remaining states have implemented policies aimed at reducing the length of time required to serve and successfully close VR consumers. The state plan submitted by Alabama identifies the process and key personnel in place to implement the streamlining initiative. The remaining states in the region have implemented policies and procedures for creating a management information system designed to reduce the time a client receives services prior to being successfully employed. This information is contained the state plans submitted with key personnel identified responsible for the management information system.

(5) In Region Five, the states include Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin with separate state VR programs for the blind in Michigan, and Minnesota. Two states Michigan and Illinois, in this region have implemented the streamlining initiative. These state plans had identified a process and personnel to implement streamlining. The remaining states focused on reducing the time required to serve VR consumers prior to their becoming successfully employed. This process as well as key personnel were identified in the state plans.

(6) In Region Six, the states are Arkansas, Louisiana, New Mexico, Oklahoma, and Texas and with VR programs for the blind in Arkansas, New Mexico, and Texas. One state in this region had implemented the streamlining initiative according to the RRCEP director. The state plan confirms this process and

identifies the key personnel. The remaining states, according to the RRCEP director, have either implemented and/or are planning to establish policies to reduce the time required to serve and successfully close VR consumers. This information was confirmed by the state plans.

(7) In Region Seven, all of the following states, Iowa, Kansas, Missouri, and Nebraska have implemented portions of the streamlining initiative, including the VR programs for the blind in Iowa, Missouri, and Nebraska. Streamlining in this region, according to the RRCEP director, involved eliminating most of the paper work counselors were required to complete and reducing the time a VR consumer is receiving VR services and prior to being successfully rehabilitated. The state plans made reference to the management information system and the personnel necessary to implement the change process.

(8) In Region Eight all states, North and South Dakota, Montana, Wyoming, Colorado, and Utah, as indicated by the RRCEP director, have implemented portions of the streamlining initiative. According to the RRCEP director, streamlining implemented in this region also attempted to reduce the time VR consumers receive VR services prior to being successfully rehabilitated. This was confirmed in the state plans. A process and personnel was identified to implement the change process.

(9) In Region Nine, none of these states has implemented the streamlining initiative. The states in this region include Arizona, California, Hawaii, Nevada, and the territories of Guam, American Samoa, and Palau. It should be noted that these states may have implemented elements of the streamlining initiative; however, the results of the survey indicate, that these states were not labeling their VR program modifications and changes as streamlining. The states in this region also did not mention streamlining in their submitted state plans and have not mentioned any change processes.

(10) In Region Ten, all the states had implemented the streamlining initiative, a process that began in this federal region. The states in this region are Alaska, Washington, Oregon, and Idaho. According to the RRCEP director, all of the states documented streamlining in their submitted state plans, and identified the process and key personnel implementing the changes.

There is a significant difference by region in the implementation of streamlining as confirmed by the RRCEP Directors and by documentation in the state plans submitted to RSA annually. Its place in the hypothesis is not accepted. This hypothesis stated that there would be no difference, and the results indicate that the hypothesis cannot be accepted.

The following table is provided for a graphic presentation of the above narrative.

State	TYPE OF AGENCY		RRCEP DIRECTORS OPINION OF IMPLEMENTATION	YEAR OF STATE PLAN
Region 1	GENERAL	Blind		
Connecticut	X	X	Management Information System (MIS)	1994
Maine	X		MIS	1994
Massachusetts	X	X	MIS	1994
New Hampshire	X		MIS	1994
Rhode Island	X		MIS	1994
Vermont	X	X	Streamlining Implemented	1994
Region 2				
New Jersey	X	X	MIS	1994
New York	X	X	MIS	1994
Puerto Rico	X		MIS	1994
Virgin Islands	X		MIS	1994
Region 3				
Delaware	X	X	MIS	1994
District of Columbia	X		MIS	1994
Maryland	X		MIS	1994
Pennsylvania	X	X	MIS	1994
Virginia	X	X	MIS	1994
West Virginia	X		MIS	1994
Region 4				
Alabama	X		Streamlining Implemented	1994
Florida	X	X	MIS	1994
Georgia	X		MIS	1994
Kentucky	X	X	MIS	1994
Mississippi	X		MIS	1994
North Carolina	X	X	MIS	1994
South Carolina	X	X	MIS	1994
Tennessee	X		MIS	1994

State	TYPE OF AGENCY		RRCEP DIRECTORS OPINION OF IMPLEMENTATION	YEAR OF STATE PLAN
Region 5				
Illinois	X		Streamlining Implemented	
Indiana	X		MIS	1994
Michigan	X	X	Streamlining Implemented	1994
Minnesota	X	X	MIS	1994
Ohio	X		MIS	1994
Wisconsin	X		MIS	1994
Region 6				
Arkansas	X	X	MIS	1994
Louisiana	X		MIS	1994
New Mexico	X	X	MIS	1994
Oklahoma	X		MIS	1994
Texas	X	X	Streamlining Implemented	1994
Region 7				
Iowa	X	X	MIS	1994
Kansas	X		MIS	1994
Missouri	X	X	MIS	1994
Nebraska	X	X	MIS	1994
Region 8				
Colorado	X		MIS	1994
Montana	X		MIS	1994
North Dakota	X		MIS	1994
South Dakota	X		MIS	1994
Utah	X		MIS	1994
Wyoming	X		MIS	1994
Region 9				
American Samoa	X		Not Implemented	1994
Arizona	X		Not Implemented	1994

State	TYPE OF AGENCY		RRCEP DIRECTORS OPINION OF IMPLEMENTATION	YEAR OF STATE PLAN
California	X		Not Implemented	1994
Guam	X		Not Implemented	1994
Hawaii	X		Not Implemented	1994
Palau	X		Not Implemented	1994
Nevada	X		Not Implemented	1994
Region 10				
Alaska	X		Streamlining Implemented	1994
Idaho	X	X	Streamlining Implemented	1994
Oregon	X	X	Streamlining Implemented	1994
Washington	X	X	Streamlining Implemented	1994

Research Question 2

The R-911 data, which is furnished by each state agency to RSA, was analyzed by states that completely implemented and states that did not implemented streamlining. Reference points in external and internal evaluation that determine program success were examined. e.g., a reduction in the amount of dollars spent on each rehabilitation case. increases of individuals with severe disabilities being served, higher wages after rehabilitation services were provided, and an increase of individuals with severe disabilities when successfully rehabilitated.

Hypothesis 2

Hypothesis 2: No statistical differences will be observed in the number of clients with a severe disability being served, clients successfully employed in a reduced period of

time, clients receiving higher wages at closure, and VR counselors spending less money per case in the VR programs that have implemented streamlining.

Separate consideration of each result of the variables included within the hypothesis is necessary:

- (1) Successful employment in a reduced period of time for individuals with a severe disability was found to be statistically significant. The states of Washington, Oregon, Idaho, Alaska, Texas, Illinois, Michigan, and Alabama were utilized to obtain this result. This hypothesis was not accepted. χ^2 (df. 4, N= 15) 12.368, $p < \alpha$ 0.02.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
369.9	353.8	12.368

In the states that did not implement streamlining, no statistically significant finding occurred. The following was revealed. χ^2 (df. 1, N =4) 1.075, $p > \alpha$.05. States that have not implemented are California, Arizona, Hawaii, and Nevada. Successful employment in a reduced period of time for individuals with severe disabilities was not evidenced. This hypothesis was accepted.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
66	79	1.075

- (1a) A comparison between the general and state agencies for the blind that had implemented the streamlining initiative was not found to be statistically significant χ^2 (df, 1, N = 6) .8390, $p > \alpha .05$. This hypothesis was accepted. Successful employment in a reduced period of time for individuals with severe disabilities was not evidenced.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
145	206	.8390

- (2) Placing an individual with a severe disability in a work setting with higher wages was found to be statistically significant for the states that have implemented streamlining (Washington, Oregon, Idaho, Alaska, Texas, Illinois, Michigan, and Alabama). This hypothesis was not accepted. χ^2 (df, 4, N= 15) 3768.23, $p < \alpha 0.001$.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
50529.83	54348	3768.23

In the states that did not implement streamlining (Arizona, California, Hawaii, and Nevada), placing an individual with a severe disability in a work setting with higher

wages was found to be statistically significant. The following was revealed χ^2 (df, 1, N= 4) 16.90, $p < \alpha .001$. This hypothesis was not accepted.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
957.94	949.6	16.90

(2a) Placing an individual with a severe disability in a work setting with higher wages when compared between the general and the state agencies for the blind that had implemented the streamlining initiative was not found to be statistically significant. The following was revealed χ^2 (df, 1, N = 6) 3.080, $p > \alpha .05$. This hypothesis was accepted.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
22381	2358	3.080

(3) The VR counselor spending less money per case for individuals with a severe disability was found to be statistically significant for the states that have implemented streamlining (Washington, Oregon, Idaho, Alaska, Illinois, Michigan, Texas, and Alabama). This hypothesis was not accepted. χ^2 (df, 4 N= 15) 80.162, $p < \alpha 0.001$.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
2781.93	3097.10	80.162

For the states that did not implement streamlining (Arizona, California, Hawaii, and Nevada), spending less money per case for individuals with a severe disability was found to be statistically significant. The following was revealed χ^2 (df, 1, N= 4) 22.09, $p < \alpha .001$. This hypothesis was not accepted.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
2781.93	3097.10	80.162

(3a) A comparison between the general and the state agencies for the blind that had implemented the streamlining initiative spending less money per case for individuals with a severe disability was found to be statistically significant. The following was revealed χ^2 (df, 1, N = 6) 20.5, $p < \alpha .001$. This hypothesis was not accepted.

Observed	Expected	$\frac{\sqrt{O-E^2}}{E}$
45292	19176568	20.5

Discussion

The purpose of the study was to investigate the results of the streamlining initiative, as it is currently being implemented. Since neither Congress nor RSA mandates streamlining, there is no consistent approach to streamlining across the various state agencies and/or federal regions (Stephens, 1997). Participation in streamlining was left up

to each State Agency and streamlining in one state was not the same as in another (Stephens, 1997).

Region 10 is the only federal region where all the states have fully implemented the streamlining initiative within the recommendation set forth in the Aspen Document. One reason for this is probably because streamlining was first initiated in this Region. The relationship between the regional office, the disability community, and the RRCEP motivated streamlining.

Hypothesis 1 Discussion

All but one federal region shared similar elements in their streamlining efforts. Data suggest that each state agency, except the state agencies in one RSA Region, region IX, had implemented policies that would enhance the rehabilitation process by reducing the amount of time clients are in the VR process and successfully rehabilitated. An intent of the Rehabilitation Act Amendments of 1992 was to reduce the amount of time a client was in the VR process. So, states may be responding to the Rehabilitation Act Amendments of 1992 versus the streamlining initiative.

The impact of the 1992 and the 1998 Amendments on streamlining that is addressed in this study could not be controlled for and that is one limitation of the study. To partially address this issue, the researcher utilized streamlining data from 1993, after the RSA training for the implementation of the 1992 amendments was completed. In addition, data was not examined after 1997 in an attempt to control against contamination

that could cause by the training of implementation in the 1998 Amendments. However, when compared, the data from the region in the non-implementing states (Region 9) was not statistically significant. What does this mean? One factor may be the economic conditions and the rural nature of the states located in this federal region. Only one state in this region did not fall under the classification of rural, and the data from this state revealed a decrease in the time a client was in the VR system receiving VR services and then was successfully rehabilitated. The remaining states in this region are considered rural and the time needed to serve clients in rural situations can significantly add time to VR services. In rural areas, the supporting infrastructure found in urban centers is not present. This can contribute to the length of time of VR services necessary for successful case closure (employment). Additionally, in rural areas, VR services could be lengthy because employment options may be limited to self-employment and/or small business plans for VR clients. Vocational Rehabilitation plans require ancillary services, which can increase the length of time before successful case closure in rural communities. These factors could not be controlled but could have a significant impact on the results.

Review of the state plans submitted to RSA, it was found that each state indicated a new management information system would be developed to assist in reducing the time a VR client is in their program, and they are successfully rehabilitated. The Directors of the RRCEP Programs additionally supported this development. In the e-mail conversation with the RRCEP directors or their streamlining representative, every state (except states in

Region 9) also has requested training from the RRCEP involving management information systems.

Hypothesis 2 Discussion

This hypothesis contained three (3) sub categories, viewed, as success markers in vocational rehabilitation. The study examined the number of clients who receive higher wages, the number of individuals with severe disabilities being served, and the number of VR counselor spending less money to accomplish a client's employment goal.

Streamlining was developed to impact these success markers in a positive direction, i.e, clients with severe disabilities would obtain successful employment with higher wages after their employment, an increased number of individuals with severe disabilities would be served, and the VR counselor would spend less money to accomplish the employment goals. As stated in the results of this study, each of the results examining these variables was statistically significant in the states that had implemented streamlining. However, it would be inappropriate to claim that streamlining was the only factor that caused these positive impacts.

When a comparison was performed between the general and state agencies for the blind that had implemented the streamlining initiative, only one of these variables was statistically significant. The variable that was found to be significant was the total reduction in cost of providing VR services to clients. It would be inappropriate to claim that streamlining was the only factor that caused this positive impact.

Summary

In this chapter, the results, a restatement of each hypothesis, followed by a discussion of the findings was presented.

CHAPTER 5

Summary, Conclusions, and Recommendations

Summary

This purpose of the study was to investigate the variables demonstrating positive responses to the streamlining initiative. Historically, the Vocational Rehabilitation has and continues to change as illustrated in the history of vocational rehabilitation. Streamlining is another example of this transformation. In an attempt to serve individuals with disabilities faster, while spending less money, and increasing the salary rate of clients in the VR system, streamlining was proposed as a way to assist in accomplishing this endeavor. Additionally, streamlining was presented as the process that would help respond to pressure from Congress, to spend less federal funds on VR clients and to ensure increasing employment outcomes for clients within the PS/FVR Program.

Despite the growing attention and recent increases in resources for VR agencies and initiating streamlining, there is a lack of documentation, documentation that would aid in evaluating what contribution streamlining has or has not made to successfully rehabilitate clients in the PS/FVR Program.

The questions considered in this study were:

1. How many and which states have implemented streamlining in each of the eleven federal PS/FVR (RSA) regions? Follow-up questions were asked of RRCEP

directors: were key personnel assigned to assist in streamlining and was a process identified for implementing streamlining?

2. Has there been an increase or decrease from 1993 to 1996 in the variables used to measure success? In this study VR success variables included an increase number of individuals with severe disabilities served within a reduced period of time, an increase number of individuals with severe disabilities who were successfully employed and who were in a job with higher wages, and decreased in the amount of dollars spent on each case. These questions were explored and the results compared between those states that had or had not implemented streamlining.

The sample included in this study was partly determined by the directors 9 men and two women, of the 11 RRCEP Programs. It was found that fifteen PS/FVR Programs had implemented streamlining. Four PS/FVR Programs had not implemented streamlining. The remaining PS/FVR Programs implemented only the management information systems designed to address reducing the time VR clients receive services prior to and becoming employed.

Findings

Differences were found in the how each state agency and RSA Region implemented streamlining. One RSA Region has fully implemented streamlining, one RSA Region has not implemented streamlining, and the remaining eight RSA Regions have implemented only one element of streamlining. This element, found consistently, among

the states were efforts to reduce the time a PS/FVR client would receive services, services that would lead to successful employment.

Findings from states that had fully implemented streamlining illustrate that all the variables used to indicate success was found to be statistically significant. The states that did not implement streamlining, two of the success indicators were statistically significant. The one success indicator that was not found statistically significant was the increase of wages for individuals with a severe disability.

Implications

One of the implications of this study was revealed during the RRCEP Directors' interviews. The RRCEP directors all concluded that streamlining, without systems change does not ensure its continuance. Texas was singled out as an example of how streamlining was implemented with a systems change model. The following discussion presents issues and errors that are common in the organizational change/system change industry and must be considered (Reddin, 1976).

Organizational change presents issues and concerns that have presented barriers to success. and these issues must be continuously appraised. The issues or barriers needed to be considered are bottom-up change, creating change overload, raising expectations beyond what is possible, inappropriate attachment, becoming trapped in one part of the change and not looking globally, changing only a subsystem, inappropriate use of behavioral versus structural interventions, losing professional detachment, assuming a

change is needed, and failing to seek help (Reddin, 1976). Without commitment from the highest levels of management, change is destined to fail. Change overload is caused and created by producing more change than a system can cope. "Raising expectations beyond what is possible" is the most obvious and frequently error committed in organizational development and systems change. "Inappropriate attachment" is the personalization of change to the change agent only and not to the organization needing to be changed. The failure or success then becomes the fault or the praise of the change agent.

Subsystem Changing

"Changing only a subsystem" is created when either the vertical or the horizontal alignments of the organization are singled out for change without creating change in both alignments of the organization. The systems change process involves both the vertical and the horizontal structure of the organization.

Behavior versus Structural

"Inappropriate use of behavioral versus structural interventions" is to avoid developing a systems change methodology that would include management by objectives protocols thus overly increasing the conceptual tools to enhance systems change. Management by objectives is a behavioral technique used by management to increase employee production, and when applied to personality interactions of employees and managers in an organization is inappropriate.

Professional Detachment

“Losing professional detachment” is the process of identifying and avoiding getting individuals emotionally involved with the system change. In order for systems change to be successful the change must come from the organization’s employees and management, not from the not from the professional assisting the organization in developing the process of change.

Assumption of Change

“Assuming change is needed” is a danger in system change by falling into the trap that new is better than old. New is not necessarily better than old (if it is not broke do not fix it) is the guiding principle of system change. The last error made in implementing systems change involves “failing to seek help.” Failing to seek help is manifested in the helping professions such as the PS/FVR Program, because they do not seek assistance from outside the profession. An assumption is made that those closest to the system being changed or seeking change are those best equipped to create system change. This is not always the case. Organizations cannot assume that members of the organization know how to implement system change, and must recognize when and how to seek outside assistance.

System change and/or organizational development professionals recognize the multitude of techniques and technologies available and understand the “Rubric” of system change/organizational development. If the implementer of system change/organizational

development is unaware of these techniques, and the “Rubric” of system change whatever change may be proposed will most likely not be sustained.

The State of Texas considered these issues and errors presented above and according to the RRCEP Director in the region this method should be adopted by other state agencies wishing to sustain and establish consistency with their streamlining initiatives.

Another implication of this study is that streamlining in its current implementation does not consider the skill level of the counselor. This was a concern of the RRCEP directors. Their specific concern was that reducing paper work and improving the financial reporting, what is considered to be the business end of the PS/FVR Program, does little to improve or enhance counseling skills of the VR counselor. It is the opinion of this researcher that the words “Qualified Personnel” imply the importance of the counselor in the VR process. This implication has been expressed in Bitter (1984) and Wright (1980). They state that the most important employee in the PS/FVR Program is the counselor, and system change and organizational development need to include counselor skill development and enhancement to sustain and continue current modifications to the PS/FVR Program.

Changes to the Rehabilitation Act of 1973 in the 1998 Amendments will require the PS/FVR Programs to consider counselor skill. Currently, in the 1998 Amendments, the client can now write his/her own plan. The amendments also require a focus on the

most significantly disabled. These factors plus the additional focus on self-employment and small business development obscure the process of defining “Qualified Personnel.”

This study implies that the level of success and continuance of streamlining is directly related to planning and evaluation, and to how modifications were conceptualized. Planning and evaluation are related, and understanding this relationship allows an organization or a program to prepare for the future. Planning is futuristic, while evaluation has a past and present focus. However, planning and evaluating on their own produce nothing, there must a conceptualization of how and what will be modified.

Suggestions for Future Research

This researcher believes that, with the passage of the 1998 Amendments to the Rehabilitation Act of 1973, a new barrier to streamlining has emerged. The new barrier created in the 1998 Amendments is two fold: 1) The client can now write his/her own plan without any input from the VR counselor at all, thus making the VR counselor a broker for VR services; and, 2) Small businesses and self-employment have become a strong influence, a strong focus, and an expected outcome. Streamlining does little to prepare the PS/FVR Program for these employment outcomes. The Council on Rehabilitation Education (CORE) may need to investigate the skills necessary for a counselor to meet the changes in the Rehabilitation Act, perhaps through an accounting and a business creation class.

While statistical significance was found on research questions, the results of this study suggest that streamlining alone is not the sole contributor to any statistical significance. Further research might examine, on a single state agency bases, streamlining in relation to measuring counselor client contact time increases.

Future research might also consider whether certain streamlining processes are more or less effective depending on the overall makeup of the agency. It would be useful to assess, if any, the paring of streamlining with Concept Mapping, Systems Change, or Reengineering. A study such as this would need to include data from before the modification, during modification, and after the modification.

Future studies should control for client self-direction. It would be relevant to know whether there are client specific self-direction influences that could enhance streamlining.

One of the factors possibly influencing this study's results was the rural nature of many states. A comparative study of rural versus urban would clarify this possibility.

Future studies should address cultural impact on streamlining within the PS/FVR Programs and specific cultural programs such as the American Indian Rehabilitation Program or the Migrant Farm Worker Rehabilitation Grants. It would be relevant to know whether there are culture-specific qualities which influence effective streamlining.

Summary

This chapter included a summary of the study, implications of the study, and suggestions for future research.

The study suggests that streamlining paired with additional systems change or organizational processes as demonstrated by the methods utilized in the Texas PS/FVR Program takes years of planning and evaluation to implement, and to ensure continuance of the program modifications. State agencies that have implemented streamlining have gone through years of planning and have identified specific processes to assist establishing and designing change.

The study gave support to the premise that streamlining has a positive impact on the vocational rehabilitation process in increased wages for PS/FVR clients, reduced time in service, and decreased case service dollars spent. Streamlining cannot be stated as the sole justification for the statistical significance found in the data; however, it can be stated that it is a contributor to statistical significance of the study.

Appendix



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
Rehabilitation Services Administration

The University of Arizona
Dr. Douglas M. Sixkiller-St. Clair
1642 E. Helen Street
Tucson, Arizona 86719

16 .

Dear Dr. Sixkiller-St. Clair:

Thank you for letter regarding streamlining the VR program. In this letter, you requested status reports on the RSA streamlining initiative. Unfortunately, in the Rehabilitation Services Administration's (RSA) Central Office (CO), we have very little in the way of status reports concerning the RSA streamlining initiative. Our follow up has been primarily informal and via teleconference. However, some of our Regional Offices may have written documentation regarding the streamlining initiative in their region. I am providing you with a directory which contains the names, addresses and telephone numbers of our Regional Commissioners. You may wish to contact them directly for further information.

I would also suggest that you contact Dick Corbridge in the RSA Seattle, Washington office. His telephone number is 206-220-7840. Mr. Corbridge not only has lead responsibility for the Section 130 grants but also he has been very active in implementing the RSA streamlining initiative in RSA Region X. I am sure he would be a valuable resource for you.

If you give me a call, I will be glad to discuss the RSA streamlining initiative further with you. My telephone number is (202) 205-5474. I look forward to hearing from you.

Sincerely,

David Ziskind
Director, Division of
Program Administration

cc: Zanne Tillman
Dick Corbridge
Roseann Ashby
Doc Williams

References

- Adkins, B. (1993). Rehabilitation Cultural Diversity Initiative (Quarterly Report). Washington, DC: U.S. Department of Education.
- Bitter, J. A., (1984). Introduction to Rehabilitation. Minnesota: ALPHA Editions.
- Code of Federal Regulations (34 CFR 361; February, 16, 1997).
- Feinberg, J. (1997). Reengineering Rehabilitation in the Texas Rehabilitation Commission. American Rehabilitation, 23, 2-6.
- Ferguson, G.A., (1971). Statistical Analysis in Psychology and Education. New York: McGraw-Hill.
- Hammer, M., & Champy, J., (1993). Reengineering the Corporation. New York: Harper Collins.
- Hays, W.L., (1973). Statistics for the Social Sciences. New York: Holt, Rinehart, & Winston.
- Institute on Rehabilitation Issues, (1997). Assuring an Outstanding Public Vocational Rehabilitation Program for the Twenty-First Century: Eliminating Barriers to Effective Services Delivery. Author.
- Joint RSA/CSAVR, (1993). Vision and Strategies for Streamlining the Public Vocational Rehabilitation Program. Author.
- Kerlinger, F. N., (1973). Foundations of Behavioral Research. New York: Holt, Rinehart, & Winston.

Schroeder, F. K. (1997). Streamlining the State-Federal Vocational Rehabilitation Program. American Rehabilitation, 23, 1.

Schroeder, F. K. (Ed.). (1997). Step Closer to Success: Streamlining Service Delivery [Special Issue]. American Rehabilitation, 23 (2).

Reddin, W. J., (1976). Confessions of an Organizational Change Agent. Group & Organizational Studies, 2, 33-41.

Stephens, J. E., (1996). Streamlining the public vocational rehabilitation program. Journal of Rehabilitation Administration, 20, 91-92.

Stephens, J. E., (1997). Streamlining: Moving Beyond the Quick Fix. American Rehabilitation, 23, 7-11.

The RSA/CSAVR Cooperative Agreement. The Aspen Document, February, 1996.

The Rehabilitation Act of 1920, as amended.

The Rehabilitation Act of 1973, as amended.

Trochim, W. M. K. & Linton R., (1986). Conceptualization for Planning and Evaluation. Evaluation and Program Planning, 9, 289-308.

U.S. Congress. (1789). The Northwest Ordinance of 1787. Washington, DC: U.S.

Government Printing Office.

Wright, G. N., (1980). Total Rehabilitation. Boston: Little, Brown.