

COMMUNITY-BASED REHABILITATION PROGRAMS' RESOURCES
AND RECOMMENDATIONS FOR THE UNIVERSITY OF
WISCONSIN-STOUT RESEARCH AND TRAINING CENTER

by

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A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in

Applied Psychology

Approved: 4 Semester Credits

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The Graduate College
University of Wisconsin-Stout
December, 2001

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ABSTRACT

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Community-Based Rehabilitation Programs' Resources and Recommendations
(Title)

for the University of Wisconsin-Stout Research and Training Center

Applied Psychology	Dr. Mary Flynn	December/2001	76
(Graduate Major)	(Research Advisor)	(Month/Year)	(No. of Pages)

American Psychological Association (APA) Publication Manual
(Name of Style Manual Used in this Study)

Abstract

This study was conducted to provide information to the University of Wisconsin-Stout Research and Training Center so it can better assist community-based rehabilitation programs as they provide vocational services to individuals with disabilities. Twenty-one community-based rehabilitation programs from the Chicago metropolitan area participated in the study. Each site was asked to complete a set of preliminary questions and then participate in a telephone interview in which quantitative and qualitative data were collected. The data were transcribed, entered on the computer, categorized into five areas, and reported in themes and summaries. The five categories that were created for summarizing data were: general information on the sites, sites' familiarity with the Research and Training Center, Research and Training Center resources, general information on resources, and research recommendations.

It was found that sites primarily served white or black individuals with a mental illness, developmental disability, or a combination of both. Along with providing vocational services to consumers most sites also offered residential and psychosocial services. Sixty percent of the sites were familiar with the Research and Training Center. Most of the participants had learned about the Center by receiving information from it, through co-workers, or at conferences or workshops. The six sites that were very familiar with the center were supportive of it and its work. Sites were most familiar with the Center's newsletters, websites, and conferences. The most useful resources were instrumentations, special publications, websites, and technical assistance. Sites suggested providing

more training in their geographical area and desired information focused on the types of consumers they each served. When asked about resources in general: 15 sites indicated they attended conferences, seminars, and workshops for training; at least 50 percent used modules or workbooks as a part of their internal training; and most sites received newsletters, journals, and other publications from a number of organizations. Data were also collected on the different methods used to circulate resources among staff and what medium or format they preferred to receive information. It was also found that community-based rehabilitation programs needed information on vocational services, mental illnesses, legislation, developmental disabilities, disabilities in general, management information, traumatic brain injuries, dual diagnosis, networking with other programs, and cultural issues.

The collected information was able to lead to conclusions about consumers that community-based rehabilitation programs serve, limitations that these organizations face, the ways staff had become familiar with the Research and Training Center, how the Center's familiarity among community-based rehabilitation programs could be enlarged, and the usefulness of the Center's resources. As a result, recommendations could be provided to the Research and Training Center. Recommendations included enhancing the Center's mailing list, improving their resources, increasing the dissemination of information, and examining research topics and methods. Even with the prestigious reputation the Research and Training Center maintains, to continue to be a leader in the field of rehabilitation, continuous improvements must be made within the organization.

Acknowledgements

I would like to thank the University of Wisconsin-Stout Research and Training Center for the amazing learning experience and opportunity to work with and get to know each of you. A special thank you to all the staff that helped with this study. Your assistance in deciding a topic, working on the methodology, collecting information, writing the report and editing is greatly appreciated. I hope this information will be beneficial to you and help you continue your long run of producing beneficial information to community-based rehabilitation programs.

Thank you to all the participating community-based rehabilitation programs. Without your cooperation this study could not have been completed.

To Mary and Karl, my advisors, thank you for all your time, advice, encouragement, and support.

Lastly, thank you to my friends, family, and especially Mom and Dad for all your support.

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Community-Based Rehabilitation Programs' Resources and Recommendations
for the University of Wisconsin-Stout Research and Training Center

Chapter I

Introduction

The University of Wisconsin-Stout Research and Training Center, located in Menomonie, Wisconsin, was established in 1972 for the purpose of assisting community-based rehabilitation programs to provide better services to their consumers, individuals with disabilities. The Research and Training Center (RTC) began under the Department of Health, Education, and Welfare. Since then the department has been divided and now the RTC is a part of the Department of Education's Office of Special Education and Rehabilitation Services' National Institute on Disability and Rehabilitation Research. The Center has always focused on improving the vocational outcomes of individuals with disabilities receiving rehabilitation services. The RTC receives federal funding to conduct research and provide information and services to community-based rehabilitation programs (CRPs) so they may improve employment outcomes for their consumers. To meet the needs of CRPs, maintain their outstanding reputation, and continue to receive funding, the Research and Training Center must understand the needs of community-based rehabilitation programs.

Purpose of the Study

This study was conducted to provide the Research and Training Center with information on how knowledgeable CRPs are about the Center and its resources, learn what other resources CRPs have used, and collect research recommendations from CRPs. Since this information was not previously available, this study should assist the Center in providing more useful information to the community-based rehabilitation programs, which will then have a ripple effect benefiting individuals with disabilities. The purpose of this study was to provide information to the Research and Training Center that would help it improve its services to community-based rehabilitation programs. The indirect results may then benefit some of the individuals in the United States with disabilities.

Background

Information about the number of Americans with disabilities, different types of disabilities, unemployment statistics among this population, and some reasons for their unemployment will be discussed in the next chapter to explain the importance of assisting these individuals. The federal government has taken action to support these Americans by creating legislation, providing financial support, and by establishing different institutes and programs to assist this population. One such development was the creation of community-based rehabilitation programs. Federal and state government dollars are allocated to CRPs so they can provide a number of rehabilitation services for individuals with disabilities. Along with funding CRPs, money is also given to other institutions

and centers to conduct research, provide information, and to supply a variety of services to CRPs.

Rehabilitation and research and training centers (RRTCs) were created in the 1960s as an entity of the Department of Health, Education, and Welfare. Now these RRTCs are a part of the United States Department of Education's Office of Special Education and Rehabilitation Services (OSERS). OSERS created the National Institute on Disability and Rehabilitation Research (NIDRR) in 1978, which now provides funding for rehabilitation research and training centers (NIDRR, 2001). The University of Wisconsin-Stout Research and Training Center is one of these government-funded centers. This study collected data from CRPs to understand what information and services would be useful to these programs, gathered information on what has been beneficial to them, and to learn how the RTC can be of greater assistance to CRPs.

Significance of Study

The importance of this study ranges from assisting individuals with disabilities to continued funding for the University of Wisconsin-Stout Research and Training Center. The funding, services, and reputation of the RTC affects the employees of the Center, the Stout Vocational Rehabilitation Institute, which encompasses the Center, and the University of Wisconsin-Stout. The RTC brings money into the university, provides jobs, and plays a part in building a prestigious reputation for the school. The research conducted at the Center not only assists the community-based rehabilitation programs, but also affects other organizations that work with people with disabilities, those individuals with disabilities, family

members of individuals with disabilities, and contributes to the pool of knowledge beneficial to other areas of society.

Potential Impact of Study

This compilation of research should assist in training and equipping individuals with disabilities to obtain a better quality of life through interactions with others, the development of independent skills, and the realization of vocational goals. This study should also impact family members of individuals with disabilities, those employed in the many vocational areas assisting this population directly and indirectly, and other organizations dedicated to assisting individuals with disabilities. The RTC hopes to assist the government in making an impact on the lives of those with disabilities. The Center also has an obligation to use funding and resources wisely, because the money comes from American taxpayers. To assure that the RTC is being a good steward of the money it has been granted, this study will identify how its services have been useful and how it can become more beneficial to community-based rehabilitation programs.

Chapter II

Literature Review

This review of the literature will discuss the continued need for research to assist individuals with disabilities. Information will be provided on the number of individuals with disabilities, the different types of disabilities, unemployment rates for people with disabilities, reasons for unemployment, government legislation, government programs, the history of the Research and Training Center, and how the Center provides assistance to community-based rehabilitation programs to assist this population.

Disabilities

Thomas DeLeire (2000) stated that the Americans with Disabilities Act (ADA) defined a disability as “a physical or mental impairment that substantially limits one or more major life activities” (p. 22). DeLeire continued to say that “major life activities included walking, lifting, seeing, hearing, breathing, and ... working” (p. 22). The Disability Statistics Center (2001) noted that the 1994 U.S. Bureau of the Census - Survey of Income and Program Participation found that about 54 million Americans, 20.6 percent of the general population, had some level of disability. Data also indicated that around half that number, approximately 26 million Americans had a severe disability.

In the past, the general population identified a person with a disability as someone that was blind, deaf, or in a wheelchair. In recent years, developmental disabilities and mental illnesses have become more recognized as disabilities by

Americans. The Disability Statistics Center (2001) shared that the 1992 National Health Interview Survey found the most commonly reported disability was heart disease with 7.9 million cases. That represented 13 percent of all the disabilities reported. There were 7.7 million Americans that reported back problems and 5.7 million cases of arthritis (see Appendix A).

Disability research is important because anyone could become disabled at any time and most people will probably know someone with a disability. Some individuals are born with a disability, such as cerebral palsy, other disabilities develop later in life, such as arthritis or vision problems, or impairments occur as a result of accidents. Whether at work, driving a car, playing sports, making home repairs, or performing any activity a person could suddenly develop a disability (Mergenhagen, 1997).

Employment

Of the 54 million individuals with disabilities, 29.5 million are between the working ages of 21 and 64. In a given month 50 percent of these adults are employed. For adults with severe disabilities 25 percent are employed. Meanwhile, of the non-disabled population 80 percent are employed (Twenty-fifth Institute on Rehabilitation Issues [25th IRI], 1999). Most individuals with disabilities desire to work and want to have the satisfaction of having a job and being self-sufficient. Michelle Conlin (2000) stated that a Harris Poll found two-thirds of unemployed American with disabilities, of working age, wish they were working.

Individuals can find it difficult to establish employment because they may not have received as much education as other applicants, they may be lacking some of the necessary skills to maintain certain employment, or they may have been discriminated against. Employers may fear customers' reactions to interacting with disabled employees, they may believe their business is more likely to be the recipient of lawsuits related to the Americans with Disabilities Act, or believe that it will be very expensive making the necessary accommodations for employees with disabilities (Mergenhagen, 1997).

Individuals that are able to locate employment may still be at a disadvantage. Besides the difference in the employment rates between those individuals with a disability and those without, there is also a difference in their rate of pay. A number of studies have found that on average individuals with disabilities earn 10 to 25 percent less than otherwise comparable people without disabilities (25th IRI, 1999). One study found a 79 percent difference between the wages of those with disabilities and those without disabilities (DeLeire, 2000). In the Twenty-fifth Institute on Rehabilitation Issues (1999) it was stated "lower employment and lower earnings are major factors in the lower overall income levels and higher poverty rates in the disability population" (p. 7). Even with government assistance individuals with disabilities still have relatively low incomes (DeLeire, 2000). "Of persons with disabilities who are employed, the majority are underemployed, in dead-end jobs with substandard pay and little or no potential to achieve economic self-sufficiency" (Menz and Center Staff, 2001, p. 2).

Employers may not want to hire individuals with disabilities. However, this is to the employer's disadvantage because these individuals can be some of a company's best employees. DuPont has conducted studies on their employees and found that 90 percent of the employees with disabilities had above-average job performance and often safety and attendance records were also above average. DuPont also found that employees with disabilities were often much more loyal to employers because they had given them an opportunity to work, and therefore, were less likely to leave their job for an opportunity to earn more money (Conlin, 2000; Mergenhagen, 1997). Unfortunately, even with findings such as this, discrimination still occurs.

When the negative stereotypes placed on individuals with disabilities affects their employability, it is not only unfair and illegal, but it also affects the individual, employers, and society. "Communities and employers benefit from increased skill levels and a high-quality, stable workforce. The economy benefits from reduced unemployment. State and Federal governments benefit; nearly every facet of society would benefit from ... achieving high-quality employment outcomes for persons with disabilities." High-quality employment is achieved when employment "provides above average income, benefits, and advancement potential and permits realization of individual hopes for economic self-sufficiency." To reach this "high-quality employment," some individuals just need the opportunity to work while others may also need assistance in developing their vocational skills (Menz et al., 2001, p. 2).

Government Involvement

The government has recognized that individuals with disabilities have been a disadvantaged population and has taken action by creating legislation to ensure individuals with disabilities have an equal opportunity for employment. “The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors” (U.S. Department of Justice, 1997, p. 12). The Americans with Disability Act is “to ensure that people with disabilities have access to types of employment from which they traditionally have been excluded...[and] is to increase job opportunities for disabled people” (DeLeire, 2000, p. 22). The ADA “prohibits employment discrimination against qualified individuals with disabilities” (Equal Employment Opportunity Commission, 2001). The United States Equal Employment Opportunity Commission (EEOC) has been given the authority for enforcing both of these laws as well as other civil rights (Wells, 2001). The mission of the EEOC “is to eradicate employment discrimination at the workplace” (EEOC, 2001). There have been a number of other federal laws created to ensure equal opportunities for people with disabilities. Some of these laws are the Fair Housing Act, Air Carrier Access Act, Civil Rights of Institutionalized Persons Act, Individuals with Disabilities Education Act, and the Architectural Barriers Act.

Legislation impacted the employment of individuals with disabilities, but it was recognized that more needed to be done to assist these Americans with

disabilities. Services such as community-based rehabilitation programs, funded through the United States government, needed to be offered to help individuals with disabilities. Federal vocational rehabilitation dollars are provided through the Department of Education's Office of Special Education and Rehabilitation Services' Rehabilitation Services Administration (RSA). The RSA "acts as an advocate to assure the rights of persons with disabilities... [and provides assistance] to reduce or eliminate social and environmental barriers experienced by persons with disabilities" (RSA, 2001). Many CRPs receive funding through agencies within the U.S. Department of Health and Human Services (HHS). HHS is the government's "principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves" (HHS, 2001). CRPs may also receive funding through other means.

Community-based rehabilitation programs are to carry out the Americans with Disabilities Act's goal of employment and community integration of individuals with disabilities. CRPs are programs that directly provide or facilitate vocational rehabilitation services to Americans with disabilities, and assist individuals to enhance their opportunities for employment and career advancement (McAlees, Menz, and Center Staff, 1998). There are approximately 7,000 CRPs nationally (McAlees et al., 1998; National Center for the Dissemination of Disability Research [NCDDR], 2001) that serve around 800,000 persons daily (NCDDR, 2001), and over 3.96 million annually (McAlees et al., 1998). A typical CRP has between \$2.8 and \$6.8 million in total revenues; and

community-based rehabilitation programs as an industry has around \$33.6 billion in total annual revenue (McAlees et al., 1998).

To assist community-based rehabilitation programs in serving individuals with disabilities, the government established rehabilitation research and training centers (RRTCs). RRTCs “conduct coordinated programs of research targeted toward the production of new knowledge that will improve rehabilitation methodology and service delivery systems, alleviate or stabilize disabling condition, and promote maximum social and economic independence of individuals with disabilities” (NIDRR, 2001). RRTCs provide information and technical assistance to service providers, individuals with disabilities, and others by conducting workshops, training, conferences, and public education programs (NIDRR, 2001). Rehabilitation research and training centers began in the 1960s under the U.S. Department of Health, Education, and Welfare. They are now funded by the National Institute on Disability and Rehabilitation Research, which is a division of the Department of Education’s Office of Special Education and Rehabilitative Services.

“The Office of Special Education and Rehabilitative Services (OSERS) supports programs that assist in educating children with special needs, provides for the rehabilitation of youth and adults with disabilities, and supports research to improve the lives of individuals with disabilities” (OSERS, 2001). In order to focus more attention on Americans with disabilities, OSERS created the National Institute on Disability and Rehabilitation Research (NIDRR) in 1978. “NIDRR conducts comprehensive and coordinated programs of research and related

activities to maximize the full inclusion, social integration, employment, and independent living of disabled individuals of all ages” (NIDRR, 2001).

“NIDRR’s mission is to generate, disseminate, and promote knowledge that will improve the ability of disabled individuals to perform regular activities in the community, and increase the capacity of society to provide full opportunities and supports for participation” (NCDDR, 2001). To aid in providing assistance to community-based rehabilitation programs, one of NIDRR’s responsibilities is to fund rehabilitation research and training centers.

RRTCs are an important link to insuring that community-based rehabilitation programs provide quality services to their consumers. Even “the CRP industry (ACCSES Board Minutes, April 1998) has come to recognize the necessity to have accurate and unbiased data” (McAlees et al., 1998, p. 15).

CRPs are working with consumers to provide the best services they can with the amount of funding, staffing, and information they have available. These programs do not have time to be conducting research on specific disabilities or on services they provide.

University of Wisconsin-Stout, Research and Training Center

The University of Wisconsin-Stout Research and Training Center is one of the many rehabilitation research and training centers created to conduct research and provide resources for community-based rehabilitation programs. The RTC wrote in a NIDRR grant application that:

The mission of the Research and Training Center at the University of Wisconsin-Stout is to assist community-based rehabilitation programs adapt and adopt demonstrated practices and methodologies which will enhance achievement and sustention of community integration and

economic independence by individuals with disabilities through the processes of research, development, demonstration, training, dissemination, technical assistance, and networking. (McAlees et al., 1998, p. 23)

The Research and Training Center works closely with the University of Wisconsin-Stout's Continuing Education Center.

The Continuing Education Center (CEC) for Community-Based Rehabilitation Programs in [the geographical area of] Region V provides training and technical assistance to community-based facilities in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Seminars, short-term training, technical assistance, human resource and organizational development, and an information service are among the services provided by the CEC... The CEC's goals are to increase the quality of services at the community level and to impact on employment and community integration outcomes of persons with disabilities served in rehabilitation. (Stout Vocational Rehabilitation Institute, 2001)

Although the Research and Training Center and Continuing Education Center are separate organizations, they work together closely on a number of projects. The CEC can use research information collected by the RTC to provide training to rehabilitation staff. The CEC is also the main dissemination source for the RTC.

Both of these UW-Stout centers are a part of the Stout Vocational Rehabilitation Institute (SVRI). SVRI is "a fairly large campus-based rehabilitation operation on the campus of the University of Wisconsin-Stout. The Institute provides a wide array of continuing education, training, research, informational resources, as well as direct services to people with disabilities." SVRI's mission is to "improve the quality of life for people with disabilities... [and to] prepare students... to become highly qualified professionals serving people with disabilities" (SVRI, 2001).

The Research and Training Center, Continuing Education Center, Projects With Industry Center, and Assistive Technology and Assessment Center of the Stout Vocational Rehabilitation Institute assist the University of Wisconsin-Stout in a number of ways. The university's 2000 Mission and Strategic Plan stated that it will "expect scholarly activity including research" (p. 1). In its strategic plans is a goal to "promote excellence in teaching, research, scholarship and service" (p. 3). Other of the university's strategic objectives are to "develop and foster external and internal partnerships which contribute to excellence...develop a workload model that supports teaching, research, scholarship and service...recognize and reward excellence" (p. 3). The Research and Training Center is one of the entities on campus that conducts quality research. UW-Stout has recognized a number of RTC staff for the research they have conducted. Dr. Dale Thomas, a senior research scientist at the Research and Training Center, was presented the University of Wisconsin-Stout's Outstanding Researcher Award, in 2000, for his leadership and significant contributions to research and scholarly activities.

The Research and Training Center is primarily funded through federal grants that they are awarded. These grants bring in indirect dollars to help support the university financially. The RTC also aids in creating a prestigious reputation for the university. The Stout Vocational Rehabilitation Institute stated in a "Request for Investment Dollars from the University" (2001) that their institute "enhanced the reputation of UW-Stout by maintaining a reputation as the top University-based rehabilitation program in the country" (p. 1).

Although the Research and Training Center assists the University of Wisconsin-Stout, its primary responsibility is to help community-based rehabilitation programs. The RTC, established in 1971, is now considered a “primary source for research, training, and data on community-rehabilitation programs” (McAlees et al., 1998, p. 24). The main objective of the Center is to “improve the role of community-based rehabilitation programs (CRPs) in achieving employment outcomes” (McAlees et al., 1998, p. 1). The Research and Training Center takes their work very seriously, stating, “It is simply not acceptable that individuals with disabilities have traditionally not been provided access to meaningful careers or economic self-sufficiency” (Menz et al., 2001, p. 3). The RTC conducts studies and gathers information that can be used to assist community-based rehabilitation programs in providing the best possible services to individuals with disabilities.

It is important that the RTC continues to conduct research because “a comprehensive picture of where, what, and how of the CRP industry or what capacity it has to achieve employment outcomes for people is not available in public or private databases” (McAlees et al., 1998, p. 15). The Research and Training Center created a picture of the limited information that has been collected on community-based rehabilitation programs, indicating that studies have captured aspects of the CRP industry at a given time; however, “the studies are hampered by low return rates and inconsistent efforts to achieve sufficient and representative returns” (p. 15). Information on community-based rehabilitation programs can help determine what needs they have, how to more effectively

provide their services, and identify in what areas their staff need more information or training.

As mentioned earlier, the federal government is assisting individuals with disabilities. It has passed legislation, provided a number of services, and provided direct financial support to assist individuals with disabilities. The President's Committee on Employment of People with Disabilities estimated that "the costs of disabilities to the government reach nearly \$500 billion per year: \$72 billion in cash benefits; \$110 billion in Medicaid; and \$300 billion in other direct costs (i.e., housing, lost taxes, lost productivity)" (McAlees et al., 1998, p. 5).

President George W. Bush has also made helping Americans with disabilities a priority. On June 19, 2001 the President highlighted his commitment to Americans with disabilities by implementing "The New Freedom Initiative... to help Americans with disabilities realize their potential and to achieve their dreams" (U.S. Department of Justice, 2001). Health and Human Services Secretary Tommy G. Thompson stated, in the HHS News, that President Bush's "administration has made it top priority to tear down the barriers to equality facing people of all ages with disabilities" (U.S. Department of Health and Human Services, 2001).

Community-based rehabilitation programs appear to be one of the best methods to provide assistance to individuals with disabilities. The Department of Health and Human Services (HHS) is continuing to keep CRPs a priority in their agency. HHS Secretary Thompson stated, in the HHS News, that the "department is moving vigorously to improve access to community-based

services for people with disabilities” (HHS, 2001). It is important that CRPs receive adequate training and information to provide quality services to their consumers and critical that the Research and Training Center meet these needs. “Research findings can improve the quality of life of people with disabilities and further their full inclusion into society only if the findings are available to, known by, and accessible to all potential users” (NCDDR, 2001). Ensuring that the information it produces is beneficial to CRPs places a large responsibility on the Research and Training Center. As the National Center for the Dissemination of Disability Research (2001) stated,

To be used, knowledge must relate to a perceived need, must be understandable, and must be timely. Thus, awareness of potential uses for the information should influence research design and materials development, keeping in mind that flexibility is important because there may be unanticipated audiences for the material. Selecting dissemination strategies that relay information quickly is equally important.

This study is intended to help provide the Research and Training Center with valuable information so it can effectively address the needs of community-based rehabilitation programs and ensure its information is beneficial.

Chapter III

Methodology

This study was conducted to examine community-based rehabilitation programs' knowledge of the Research and Training Center, what resources they use, and recommendations for future studies. From the RTC's mailing list a search was performed on all the community-based rehabilitation programs in the Chicago metropolitan area, excluding those that are in schools and hospitals. The focus was on CRPs that provide vocational training to adults with disabilities. If a program qualified, then a program director or person in a managerial position that understood the daily situations faced by staff and clients was contacted to answer and provide the information for the study.

Participants

The sample of community-based rehabilitation programs was selected from the Chicago Metropolitan Area. The following nine counties were included in the search: Cook, De Kalb, Du Page, Grundy, Kane, Kendall, Lake, Mc Henry, and Will. This area was selected for four reasons. First, the Research and Training Center has conducted research, provided training, and has many CRP contacts in that area. Second, this area could provide information to the RTC about its perception of being well known in that geographical area. Third, focusing on one area would allow a shorter time frame for completing the study because fewer participants would be necessary. Fourth, Chicago is used as a site in a number of national studies due to its size, location, and demographics.

After narrowing down the Research and Training Center's mailing list to community-based rehabilitation programs in the Chicago area that were not schools or hospitals, there were 228 sites. It was decided that twenty percent (46) of those sites would be randomly selected for the study. From the 46 sites selected it was predicted that fifty percent (23) might be able to participate in the study. Sites were eliminated if they did not provide vocational training, they could not participate in the study, they could not be easily be contacted, or they were no longer in operation. From the 46 sites initially selected, 21 (45.7 percent) agreed to participate (see Appendix B).

Procedures

The selected community-based rehabilitation programs were initially contacted by telephone. The purpose of the study was explained and participation in the study was requested. The CRPs were told that the Research and Training Center would know which sites were participating, but the name of the contact and all site information would remain confidential. If the site was willing to participate, they were sent a set of preliminary questions (see Appendix C) for this study, and asked for general information about their organization, such as the number of consumers categorized by ethnicity and disability, primary services offered to consumers, and a checklist of Research and Training Center materials. Of the 21 sites willing to participate 20 completed the preliminary questions.

Once a site completed the preliminary questions they were contacted to schedule a telephone interview (see Appendix D). Once again 20 of the 21 sites participated in the interview. At the time of the interview the contacts were asked

if they were comfortable having a tape-recorded interview. Nineteen of the 20 contacts gave their consent and were tape-recorded. Notes were taken during the interview with the contact that was uncomfortable being tape-recorded. The interviews had a time limit of fifteen to twenty minutes. The questions were divided into three main areas: knowledge and use of the RTC, information about other resources, and research recommendations. The interviews began with a review of the returned forms, making sure all the information was completed and understood. Then the interview questions were asked. Early questions were structured, but each area was left flexible so additional qualitative information could also be gathered. Due to the flexibility of the interviews and the relaxed conversations other information was often shared during the interview. After completing the interviews the organizations were asked if they would like to participate in future studies and were thanked for their participation.

Quantitative data, such as ethnicity of consumers and funding amounts, were collected on the sites. However, much of the information gathered for this study was qualitative in nature; as a result, this data was collected, transcribed, organized into themes or categories, and then summarized. The five general categories for the data were: (1) general information, (2) familiarity with the RTC, (3) RTC resources, (4) general information on resources, and (5) research recommendations.

Chapter IV

Results

Results of the preliminary set of questions completed by the participating sites and the information gathered from the telephone interviews were grouped into five categories. First, general information was collected on the sites, such as how much funding they had received, a break down of their consumers by ethnicity, what types of disabilities they served, and what services they offered. Second, familiarity with the University of Wisconsin-Stout Research and Training Center was determined. If participants were familiar, they were then asked how they had heard of the RTC, how long they had known about the Center, and their impression of the Center. Third, sites were asked what RTC resources they had received, how useful they were, and how they could be improved. Fourth, sites were asked to reveal some of the most useful resources they had used, what made them beneficial to their site, how information was shared or distributed at their site, and their preferred format or medium for resources. Fifth, sites provided research recommendations for the RTC. The sites' recommendations were organized into ten categories: vocational services, mental illnesses, legislation, developmental disabilities, disabilities in general, management information, traumatic brain injuries, dual diagnosis, networking with other CRPs, and cultural issues. After information was collected and categorized, into these five areas, summaries, themes, and calculations could be made from them.

General Information

Sites were asked questions to provide the Research and Training Center with general information about their programs. This information demonstrated some organizational and demographical characteristics of the participating sites, and should assist the Center in gaining better insights into the CRP industry.

It was found that 86 percent of the sites were part of a larger organization that provided a number of services at a number of locations. Some agencies had only a few sites, where larger agencies had over thirty different locations. Three sites involved in the study belonged to the same organization. Three sites were independent of any other organization. The CRPs were asked to provide information on how long they had been operating, about their funding, and about their consumers. Some of the sites had to make estimates for the information, while other sites provided numbers for their agency, their site, or their program. The average age of a site was 42 years, with a range of 12 to 82 years. Existence at their current location averaged 18 years, with a range of 3 to 44 years. Eighteen sites were primarily funded through the Illinois Department of Human Services; meanwhile, one site was primarily self-funded, one was supported by the Board of Education, and one did not provide the information. Some sites received less than \$1 million for 70 percent of their funding, while one site received over \$18 million for 93 percent. One agency received \$40 million, but one of their locations only received \$3.5 million. The number of consumers ranged from 55 to 6,000. The data provided by the sites ranged from representing their agency, site, or program.

The information on ethnicity that was collected from participants could represent an entire agency, a single site, or a program; therefore, comparisons to the Chicago or United States population were not possible (see Table 1). Thirteen sites had the white population listed for the majority of their consumers. One site had equal numbers of white and black or African American consumers; four sites indicated black or African American populations as the most prominent consumers. Hispanic or Latino was the highest population for two sites. The Asian, Native Hawaiian and other Pacific Islander, and American Indian or Alaska Native populations represented, at the most, 4.5 percent of a site's consumers. Seventy percent of the sites reported they did not have any Native Hawaiian or other Pacific Islanders or have any American Indian or Alaska native consumers.

Table 1

Ethnicity of Consumers

CRP ID	American Indian or Alaska Native		Asian		Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		White	
3	10	.5%	46	1%	2384	59.5%	520	13%	0	0%	1040	26%
4	0	0%	7	3.5%	35	17.5%	7	3.5%	9	4.5%	140	71%
5	1	.5%	5	3%	17	11%	3	2%	1	.5%	129	83%
6	0	0%	0	0%	10	5%	180	90%	0	0%	10	5%
7	0	0%	1	.5%	7	4.5%	107	72%	0	0%	35	23%
8	0	0%	10	3%	100	32%	39	13%	0	0%	161	52%
9	0	0%	0	0%	43	5%	43	5%	0	0%	785	90%
12	40	1%	120	3%	720	18%	880	22%	40	1%	2200	55%
13	4	1%	4	1%	168	42%	16	4%	N/A	N/A	204	51%
14	2	.5%	6	1.5%	194	48%	10	2%	0	0%	194	48%
16	blank	blank	50	1%	3837	77%	403	8%	blank	blank	655	13%
17	?	1%	0	0%	?	79%	?	4%	0	0%	?	16%
25	0	0%	3	.8%	160	46%	4	1%	1	.2%	182	52%
35	0	0%	1	1%	68	54%	1	1%	0	0%	55	44%
36	0	0%	0	0%	14	14%	5	5%	0	0%	81	81%
37	0	0%	3	1%	231	30%	33	4%	0	0%	496	64%
38	0	0%	0	0%	1	2%	0	0%	0	0%	54	98%
42	0	0%	2	.5%	192	37.5%	50	10%	0	0%	268	52%
44	2	.5%	6	2%	63	21%	15	5%	1	.5%	198	66%
46	0	0%	8	2%	28	7%	8	2%	0	0%	356	89%

Note. Of the 21 participating sites, 20 provided the number and/or percentage of consumers their agency, site, or program serves. The bold information represents the highest ethnic population for each site.

It was found that community-based rehabilitation programs served individuals with a variety of disabilities; however, six sites only accepted consumers with a mental illness, and two sites served only individuals with developmental disabilities or mental retardation. Mental illness and developmental disabilities or mental retardation were the highest populations served across sites. Many sites noticed a growing number of, officially and unofficially, dual diagnosed individuals. Many sites also mentioned that the number of traumatic brain injuries has been slowly increasing at their location.

To be included in this study, a site had to offer vocational services to adults. From the information collected there were at least ten sites that also offered residential services, at least seven provided children's programs, such as early intervention, and at least six offered a psychosocial program. Many sites offered some form of day program or skills training for everyday living.

Familiarity with the Research and Training Center

The first section of the telephone interview was to determine the familiarity of community-based rehabilitation programs with the Research and Training Center. Sites were asked if they had heard of the University of Wisconsin-Stout Continuing Education Center and the Stout Vocational Rehabilitation Institute (see Table 2). Of the twenty sites that agreed to participate in the telephone interview, twelve sites (60 percent) had, and eight sites (40 percent), had not heard of the Research and Training Center. When sites were asked about their familiarity with the Continuing Education Center and the

Stout Vocational Rehabilitation Institute, some sites had heard of both or neither organization, while others had heard of one organization but not the other.

Table 2

Familiarity with the RTC, CEC, and SVRI

Have you heard of the...?			
Sites' Responses	Research and Training Center	Continuing Education Center	Stout Vocational Rehabilitation Institute
Yes	12	8	8
No	8	12	12

The individuals interviewed that were familiar with the Research and Training Center had learned about the Center because their site used RTC resources, they heard about the RTC from co-workers, or learned about the Center at conferences or workshops. The range of time that the individuals had been familiar with the Research and Training Center ranged from two to over twenty years.

The 12 individuals that had heard of the Research and Training Center were asked to describe the Center. Almost 50 percent of the sites seemed more acquainted with the Center, while the other half only knew that the Center conducted research in the field of rehabilitation. Participants that appeared more familiar with the RTC were much more descriptive, confident in their response, and supportive of the Center. The following quotes are examples of comments stated in the telephone interviews. "I think it is very good!" "They are known

throughout the country as, if not the premiere, a premiere research and development organization.” “There are a few centers of excellence for rehabilitation, and I think the RTC is one of them.”

Eight participants, that had not heard of the RTC prior to this study, were asked to describe the Center. Most sites were able to provide a very broad, but accurate description of the RTC. The participants said that by hearing the name of the organization and having some information on the study they learned enough that they felt they could give a fairly good inference as to what was done at the Center.

Research and Training Center Resources

Participants were asked to indicate what resources they had received or used from the Research and Training Center and then rate them (see Table 3). The rating scale had the following options: “1” for not useful, “2” for slightly useful, “3” for moderately useful, “4” for very useful, and “5” for extremely useful. The main resources that were received or used were the Rehabilitation Resource publication, the RTC Connection and CEC News, which are newsletters sent to those on the mailing list, the Research and Training Center website, and RTC seminars and workshops. The Research and Training Center website and conferences received fairly high ratings, while the RTC Connection and CEC News averaged just above slightly useful.

Table 3

RTC Publications and Services Used by CRPs and Their Ratings

Publication or Service	Number of CRPs	CRP's Ratings
<u>Instrumentation and Manuals:</u>	-	-
Vocational Adaptivity Scale	-	-
Vocational Assessment Protocol	-	-
Vocational Decision-Making Interview	1	4
Other: (1) Work Behavior Rating Scale	1	4
<u>Selected Publications from the Research and Training Center:</u>	-	-
A Comparison of Job Satisfaction and Economic Benefits of Four Different Employment Models for Persons with Disabilities	-	-
Community-Based Employment Following Traumatic Brain Injury	-	-
Diffusion Network Project, Technical Report, Program Descriptions	-	-
Lessons for Improving Employment of People with Disabilities from Vocational Rehabilitation Research	1	4
Traumatic Brain Injury and Vocational Rehabilitation	-	-
Workforce Development and Welfare Reform: Potential Impact Upon Persons with Disabilities and Community Rehabilitation Programs	1	4
Other:	-	-
<u>Institute on Rehabilitation Issues:</u>	-	-
25th IRI - Meeting Future Workforce Needs	-	-
24th IRI - Achieving Successful Employment Outcomes with the Use of Assistive Technology	-	-
23rd IRI - Developing Effective Partnerships with Employers as a Service Delivery Mechanism	-	-
Other:	-	-
<u>Newsletters:</u>	-	-
RTC Connection	3	3, 1, 3
CEC News	3	2, 3, 1
<u>Catalogues, brochures, and announcements:</u>	-	-
The Rehabilitation Resource	4	3, 2, 1, 4
<u>CEC - RTC Training (sponsored/co-sponsored):</u>	-	-
Regional In-Service System	1	3
Seminars and Workshops	3	3, 3, 5
Distance Learning	1	3
Conferences	-	-
<u>Websites:</u>	-	-
Research and Training Center Website	3	2, 4, 4
Continuing Education Center Website	1	4
Technical Assistance and Consultation	1	4

Note. The number of participating CRPs that received or used the resources and then the ratings the different resources and services received are provided above. The CRPs used a rating scale from 1 to 5. "1" for not useful, "2" for slightly useful, "3" for moderately useful, "4" for very useful, and "5" for extremely useful.

The 12 participants that were familiar with the Research and Training Center were asked what makes the Center's resources useful and how they could be improved. Sites found information useful if it applied to the disabilities they served, if topics were relevant to the services they offered, when information was new and innovative, and when the information presented was understandable. One site stated that they believe the RTC communicates its information "very well."

When asked how RTC resources could be more useful, the sites stated they desired more information on the particular disabilities they work with and the services they offer. It was found that sites want that from any resource, not just the Research and Training Center resources. Other suggestions included providing less expensive training and more training in the Chicago area. One site stated, "It is hard to travel up to Stout – taking the days off and all the time in traveling." Many sites said they would be more likely to attend training if it was in the Chicago area. Even sites that had not heard of the Research and Training Center prior to this study were interested in receiving information on RTC training in the area and on their publications.

General Information on Resources

All participating sites were asked what types of resources their CRP had received or used, what topics the information had been on, to list some of their most useful resources, what their preferred format or medium had been, and how they have shared or circulated information. Seventy-one percent of the sites indicated that they had attended conferences, seminars, and workshops for

training. Even though six of the sites have had some form of internal training they still try to utilize external training. At least half of the sites use modules or workbooks as a part of their training, and at least seven sites also use videos to supplement their training. One site strongly supported continued learning, in fact, they were working in collaboration with a university to offer a Masters program in rehabilitation. Another site shared that they gain information from networking with other CRPs. At least 15 sites said that they had received publications, newsletters, bulletins, catalogues, magazines, journals, and books from a variety of organizations. Even if those interviewed had not received any type of information directly, their supervisors usually shared some of the information they had received with them. Three sites stated they had a library or resource center where all the information was kept in one central location to be used by staff and consumers. At least ten sites had used the Internet to locate information, however, there were still a few sites that did not have access to the Internet from their office.

The participants were asked what medium or format they preferred to receive information and resources. Three sites stated they liked information in all forms of medias. Five sites preferred conferences and seminars, while another five said they preferred journals and magazines. One site stated they like any form that comes on paper, while another site said that they disliked journals, not because of the format, but because the subject matter did not apply to their agency and the journals appeared more “academic” than practical. Five sites would prefer to get information through the Internet, but as stated earlier, not all sites

have access to the Internet. One individual had participated in an audio conference and would like to utilize that form of media again. Two sites had used videos in conjunction with techniques to assist hands-on learners.

A variety of responses were provided when participants were asked how they share information with their staff. Seven sites said information is passed down to the next supervisor or staff member, a few individuals only looked at information that is given to them by their supervisor, and four sites had an official routing system to circulate information. Four sites stated that important information that comes across their desk is shared at staff meetings, one participant said they electronically mailed information, meanwhile another site photocopied information and placed it on staff members' desks. Three sites had a library or resource center where information was collected and available for the staff and consumers, one had a special notebook, while another had a bulletin board for posting training opportunities.

Another factor for determining a useful resource is the topic or subject matter being addressed. Some sites looked at information on disabilities in general, but a greater interest exists on the specific disabilities their site served. For all of the sites, the majority of their consumers had a mental illness, developmental disability, or a combination of both. Some participants said they could never receive enough information on disabilities; however, a few sites had enough information on the primary disabilities they served, but could use more information on the smaller populations they assisted. For example, one site that had primarily served consumers with developmental disabilities was in the

process of collecting information and receiving training on how to better serve individuals with traumatic brain injuries because they had been receiving more consumers with this disability. At first the staff did not have adequate training on how to serve these new consumers, and as a result they had been treated much like their consumers with developmental disabilities. Other sites were seeking more information on traumatic brain injuries and on individuals with dual diagnoses. A couple sites were constantly trying to update information on their consumers' medications and treatments. Most sites wanted information on how to improve vocational services, day services, and keep informed on government regulations and changes. Sites also identified useful resources by determining if they were relevant, interesting, contained new information, or if it presented innovative ways of providing services to their consumers.

The sites were also asked to list some of their most used and helpful resources. A number of different associations, websites, publications, universities, and evaluations were listed (see Appendix E).

Research Recommendations from CRPs

All 21 participating community-based rehabilitation programs wanted to see more research, information, and training. The sites' recommendations were organized into ten categories to assist in summarizing their input (see Table 4).

Table 4

Research Recommendation Categories from CRPs

Research Categories	Number of Sites	Percentage of Sites
Vocational Services	20	95%
Mental Illness	13	62%
Legislation	11	52%
Developmental Disabilities	9	43%
Disabilities in General	8	38%
Management Information	8	38%
Traumatic Brain Injury	7	33%
Dual Diagnosis	4	19%
Networking with other CRPs	3	14%
Cultural Issues	2	10%

The information in this chapter is the suggestions and summaries of the research recommendations the participants shared during the telephone interviews.

Vocational Services. Twenty of 21 of the participating sites expressed a need for more assistance in some area of their vocational services. Some sites have a need to learn more about and receive resources on conducting vocational evaluations. Many sites struggle with individuals that have a disability the staff has rarely or never assisted. CRPs want to learn the most effective methods for serving individuals with different disabilities. Sites expressed a need for more information on training staff and consumers, learning how other similar organizations operate, and to develop more innovative methods of locating job placements for consumers. Some sites want to learn the “tricks of the trade” from other CRPs that provide job placement services, for example, where to find

companies that will cooperate with their CRP, how to convince companies to work with their site, finding good job tasks for each consumer, learning what non-traditional jobs exist, and how to inform and prepare future supervisors and co-workers to work with the consumers. Some sites desired information to assist consumer's transition from school, services, or to a different type service, job task, or work environment. Many sites expressed an interest in more information on job coaching. There is a need for different levels of training for those that are new at coaching, those that are experienced, and those that occasionally conduct coaching. One participant believed some of their coaches needed to better understand their job and the importance it has in the life of the individual they are serving. Some sites expressed a concern or a desire to learn about the long-term outcomes of the different types of services to the different types of disabilities they served. It was recommended that the Research and Training Center conduct research on consumers' longevity in employment and other consumer outcomes. One site stated that there is a conflict between CRPs and the government in deciding what is best for consumers or those that are disadvantaged. An investigation about sheltered workshops and the value of a person working there permanently was requested.

Mental Illnesses. Sixty-two percent of the participating CRPs requested more information on working with individuals with mental illnesses. For example, they need to learn how to assist those suffering from major depression or those with bi-polar disorder become more motivated. Sites stated that more information on autism and on relating to individuals with mental illnesses would

be beneficial. A number of participants talked about the challenge they face keeping informed on the annual changes in medications and treatments, one site said that an update every other year on new medications and treatments would be extremely useful. Another site said they want to know the best ways to conduct outreach with potential consumers or alternative methods of reaching these populations.

Legislation. Over half of the sites found it a challenge to remain current with changes in legislation on both the state and federal level. One site said they would like to know what political actions their state is considering. CRPs need to know what legislation is changing, and how it will affect their organization. Sites mentioned that they need to learn more about topics such as social security, public aid, Medicare, Medicaid, Temporary Assistance for Needy Families (TANF), welfare reform, workforce development, ADA issues, and ticket-to-work. As one site stated, "Laws are changing and changing frequently." Another site suggested that a publication be created to cover new laws or changes in regulations.

Developmental Disabilities. Nine of the sites stated more information on developmental disabilities would be useful. One site said their staff could use more training on how to work with this population, become more comfortable with them, learn about their functioning levels, and how to make sure they are functioning at their highest possible level. Of the two sites that mentioned issues arising with either parents of consumers or the consumers getting older, one noted that some individuals with mental retardation were kept at home most of their lives. As a result of poorly developed social and communication skills these

consumers have more severe behavioral problems and with parents no longer able to care for their children, the site now has to work with them. This site said that any information on individuals with mental retardation with severe behavior problems would be extremely useful. The second site mentioned they have consumers who are in their 60s or 70s and would like to retire soon. They could use any information or resources on transitioning consumers into an existing day program with others their age or how to create a special day service for these individuals.

Disabilities in General. Eight sites said they could use information on disabilities in general. Some universal techniques exist that could be used to help a number of individuals with different disabilities, but CRPs also need information on specific disabilities. (Specific recommendations for mental illness, developmental disabilities, and traumatic brain injuries are covered individually throughout this research recommendations section.) Sites needed information and “best practices” to serve those who are blind, deaf, in wheelchairs, and severely challenged with physical, cognitive, and psychological problems. One site questioned if all the required accommodations should be necessary to serve certain disabilities, such as the hearing impaired. Many CRPs have a limited budget and cannot afford all the mandatory equipment; however, this site believed they could afford to purchase or make many practical changes. One site believed it was unfair that many individuals have been put on waiting lists for long periods of time when there are CRPs willing to at least start offering them some services. It was mentioned by some sites that they needed to better

educate their staff at recognizing and working with learning disabilities. Many sites desired more information regarding psychosocial rehabilitation and it was also mentioned that sites could use information on how to help individuals listen, be a team player, and learn independent living skills. Sites wanted to learn more about teaching consumers about dating and sexual relationships, death and dying, and “passing their psychological barrier that they believe they cannot work.” Sites mentioned their staff could use more information on consumer choice, program evaluation, assistive technology, client’s rights, behavioral issues, and effects the individual’s disability has on their family.

Management Information. Eight sites also stated that information for managing community-based rehabilitation programs is also needed. Some sites emphasized that they are pushing their staff to get more education. There are many CRPs that want some employees to get additional formal education; however, many staff still needed to receive basic training in rehabilitation. Some of the participating sites are still facing the challenge of training their staff to meet the Illinois Department of Human Service requirements and literacy requirements. A number of sites also expressed concern about recruiting and retaining qualified staff. There was a special concern, shown by many sites, on employing enough compassionate and competent job coaches. One site desired information on internal systems that occur among similar organizations and learn of ways to share information within individual organizations so they are not continuously “reinventing the wheel.” Another organization was facing the challenge of convincing their staff to buy into their philosophy that everyone is employable,

meanwhile another site was trying to explain to staff why their model is changing to help people that are not disabled, but are on the welfare-to-work program.

Traumatic Brain Injuries. Thirty-three percent (7) of the sites said that they could use more information on traumatic brain injuries. Four sites said that this population was the most difficult for their staff to serve. Some of these sites were struggling with an increasing number of consumers because there is a lack of experience in assisting this group. One site had primarily served individuals with developmental disabilities, and unfortunately, until their staff had received more adequate training, when someone came in with a traumatic brain injury they had basically received the same services as the other consumers. Another site said they needed a best practices model because they do not know how to handle those who seem stubborn, resistant, or have unrealistic beliefs about the past that make them difficult to serve. One site noticed that many people who come to them with a traumatic brain injury were also homeless, had substance abuse issues, a degree of mental retardation, were injured from being hit by a car, were in a car accident, or a work accident. Any information to help with these issues is needed, as well as how to ensure that once their lives get back on track they do not regress.

Dual Diagnosis. Nineteen percent of the sites were beginning to notice more dual diagnosed consumers. Depending on the site's main population, there were different diagnoses combined. A common diagnoses from participating sites was mental retardation and mental illness, others indicated developmental disability and mental illness, mental illness and substance abuse, and mental

retardation and traumatic brain injury. In addition to examining the unique factors of these groups, sites said it would be very useful to see the affects it has on consumers' employability.

Networking with Other Community-Based Rehabilitation Programs.

Three sites mentioned the need to do more networking with other CRPs. These sites believed that there is no competitiveness among the different agencies. In fact, they said it appears that there are more individuals seeking assistance than they can serve, which is evident by examining some CRPs' waiting lists. One site suggested that an exhibit area, with booths for different organizations, occasionally be arranged so CRPs and other service providers can share what services they offer and any trade secrets they have learned. Not only could agencies learn tips on how to better serve their consumers, but they would also know where to refer consumers for more specialized services. One site suggested scheduling visits to different organizations, and another site mentioned using other agencies as a reference or contact. This form of networking could be used to collect needed information or to assist in answering questions that arise from the different CRPs.

Cultural Issues. CRPs have to be prepared to work with consumers of different ethnic backgrounds. Hispanic or Latino populations were the majority of consumers for two sites. Both of these sites, along with a third site, found that its consumers face language and cultural barriers. These sites have found that resources, information, and instruments need to be translated and cultural changes

are necessary for the Hispanic population. These sites also have to hire bi-lingual staff to communicate with monolingual consumers or family members.

Community-based rehabilitation programs need a variety of information to provide quality services to their consumers and to ensure the highest possible organizational functioning. Many CRPs need to learn everything from how to recruit qualified employees to improving a certain aspect of a service for a particular individual. One site said they could use updates on many topics, another said they are open to new ideas and information on anything they can obtain.

Chapter V

Discussion

This study was conducted to provide information to the University of Wisconsin-Stout Research and Training Center that will increase its ability to better serve community-based rehabilitation programs. Using the RTC's mailing list, forty-six CRPs providing vocational services to adults with disabilities in the Chicago metropolitan area were selected for this study. Of the initial sample, 21 sites were able to participate. Data were collected by faxing sites a set of preliminary questions, followed by telephone interviews. There were five areas of interest: general site information, the sites' familiarity with the Research and Training Center, RTC resources, other resources used by the sites, and research recommendations for the RTC. Data were collected, classified into general areas, results were reported, and summaries were provided. This chapter provides a summary of the results and also discusses the conclusions made about CRPs, conclusions about the RTC's familiarity among CRPs, and about the Center's resources. Lastly, recommendations are provided to the Research and Training Center to assist in improving their resources, services, dissemination methods, and overall effect on community-based rehabilitation programs.

Summary of Results

General information on CRPs that was found included: most sites were part of a larger agency funded primarily through the Illinois Department of Human Services and most sites had a majority of white consumers with either a

mental illness or a developmental disability. From the sample of 21 sites, sixty percent were familiar with the Research and Training Center. The participants had learned about the Center through receiving its printed materials, found out from co-workers, or heard about it at conferences or workshops. Three sites, that were very familiar with the RTC, stated that the Center provides quality information and has a very good reputation. However, many sites did not receive or had not used many of the Research and Training Center resources. Twenty percent of the sites had used the RTC website and 15 percent had attended seminars and workshops. These resources were found moderately beneficial; however, newsletters that were received by 20 percent of the participants were found to be only slightly useful. When resources were found beneficial to sites, it was because the information was new and innovative, about populations they had assisted, covered services they had offered, and was well communicated. Sites stated that if the resources and services were competitively priced and if training was offered in the Chicago area, they would be more likely to use the Research and Training Center resources and services.

Sites received information and training from a number of organizations, such as universities, professional and trade associations, private businesses, and the government. Information was generally obtained by attending conferences and workshops, and through publications, journals, and the Internet. The participants expressed how they preferred to receive information; conferences and journals or other types of publications were most commonly mentioned. This study found that for a resource to be useful it must be focused on populations sites

served, have an interesting topic, cover information they needed to learn, and be communicated effectively and interestingly. All of the sites said they could use more information about a variety of topic areas.

The participants provided a large number of research recommendations or areas of needed information. The main subject areas of desired information included: vocational services, mental illnesses, legislation, developmental disabilities, disabilities in general, management information, traumatic brain injury, dual diagnosis, networking with other CRPs, and cultural issues. Within each topic a number of suggestions were provided to expand on what information was needed or suggestions on what research to conduct in the future.

Conclusions

Conclusions about community-based rehabilitation programs. From the data collected it can be assumed that the majority of CRPs in the Chicago area primarily serve white and black consumers with a mental illness, developmental disability, or a combination of both. These consumers are seeking vocational, residential, and/or psychosocial services from these organizations. With this assumption in mind, and after examining the research recommendations the participating sites expressed, it appears that CRPs desire and need information on these disabilities and services.

The number of consumers a CRP serves through their vocational program varies depending on various factors: the emphasis a CRP places on the vocational program at the site, the total number of consumers served by the CRP, types of disabilities that need assistance, and the general demographics for the

geographical area. For example, a site that has more children or adults with severe disabilities may place a larger emphasis on providing basic living skills, while the vocational program would receive less funding and have less staff to teach vocational skills.

CRPs want to help their consumers and those individuals who are on waiting lists to receive services, but many have limited funds, need more employees, and need staff with better training. While most community-based rehabilitation programs need information and assistance in one way or another, most staff do not have much time or money to invest in resources, training, or implementing changes or ideas.

Many sites desire to learn and receive information, but with the limited time and funding this is difficult to accomplish. However, there is quality information that does reach sites, but even when information is received by sites and is circulated among staff not everyone will receive it, read it, or share it with everyone that could benefit from the information. The participating sites were found through the Research and Training Center's mailing list. However, after examining their familiarity with the Center, familiarity with RTC resources, and after speaking to CRP staff it can be assumed that somewhere within agencies, sites, and staff there is information that is not being shared as much as sites desire or, for some sites, as much as necessary.

Conclusions about the Research and Training Center's Familiarity among CRPs. The RTC staff believed that the Chicago area would be one of the geographical areas that would be the most familiar with its resources and services.

This sample, identified through the Center's mailing list, found only sixty percent were familiar with the Research and Training Center. From this data, it can be concluded that more marketing needs to occur in the Chicago area and the United States.

All the CRPs in this study have had Research and Training Center resources sent to them, this indicates that someone within the agencies should be receiving the information. However, even if one person or location receives the Center's resources, not everyone that could benefit from the information receives it. Any location could have staff who have heard of the RTC and others who have not. A site's familiarity with the Research and Training Center for this study could have varied depending on who was interviewed from the site.

Participants' responses indicated that the longer an employee had been working in the rehabilitation field the more likely they were to have heard of the Research and Training Center. They may have learned about the Center from: finding RTC resources at work, conversations with co-workers, other colleagues in the field who mentioned the Center, attending conferences that mentioned the Center, or learning about and attending RTC sponsored training. Because each organization will bring an employee in contact with new colleagues and training opportunities, the likelihood of learning through those forms was further increased by changes in employment within the field.

It appears that the more familiar someone is with the Research and Training Center, the more supportive and impressed they are with it. Sites familiar with the RTC had an accurate idea of what the Center does and that it

does quality work. Sites that were very familiar with the RTC provided compliments; one site said the RTC is a premiere center, while another said it is a center of excellence.

This study found that sites familiar with the Research and Training Center were more likely to be familiar with the Continuing Education Center and the Stout Vocational Rehabilitation Institute. Since the RTC and CEC work together, and are both part of the SVRI, they could each benefit by working together more closely and marketing one another.

Conclusions about the Research and Training Center's Resources. Sites stated that if the Research and Training Center's conferences and workshops were priced more competitively and were closer in proximity they would be more likely to attend. However, the information also needs to be beneficial. The topic, how busy they are at the time, and other variables can affect the likelihood of a site attending training or conferences. As a result, even if the RTC implements the sites' suggestions and recommendations, it does not necessarily mean that the site will be able to send staff to the Center's functions.

The Rehabilitation Resource, the RTC Connection, and the CEC News are sent to all the agencies and locations that are on the Research and Training Center's mailing list. Even though not all of the agencies' locations receive this information, these resources were still some of the most received or most used by sites. Providing information to sites helps build familiarity with the RTC and can inform them of the Center's other resources. However, the RTC Connection and the CEC News were only slightly useful to the sites. From these findings, it can

be inferred that the Research and Training Center needs to work on improving these materials.

The RTC website, seminars, and workshops were used by approximately 20 percent of the sites and were rated moderately useful by the participating sites. These are some of the most preferred methods of receiving information, so it is important to keep these methods in use and make them as useful as possible to CRPs. It is also important to ensure that people know about these resources since they are a preferred method of receiving information.

The main forms of circulating information utilized by the sites were using a routing system, distributing information at meetings, and receiving information from supervisors and then passing it on to staff. The last method of receiving information from supervisors appears only somewhat effective. Some participants believed their supervisor forwards most of the relevant information to them, while other participants did not. It is important that multiple levels of staff receive information, not just top administrators. However, it is critical that administrators receive information because some managers only examine resources that their supervisor brings it to their attention. Supervisors or administrators can encourage their staff to go to conferences and sometimes help provide funding for resources or activities. Many staff will not or cannot attend training if they have to pay for it, take personal time in evenings or weekends, or if they are too busy to take time out of their workday. If the RTC resources are recommending changes or addressing philosophical issues it may be more likely to be addressed by those in higher positions of an organization.

Recommendations

A more comprehensive study on a national level should be conducted to learn more about CRPs and their needs, assist the Research and Training Center in their marketing approach, make improvements to their resources, and identify more research recommendations. Before conducting another study; the Research and Training Center staff should be included in deciding what additional information could be beneficial and reexamine the methods and instrumentation that would be used in a future study.

The Research and Training Center's mailing list needs to be updated and enlarged. With time the status of organizations may change, CRPs move to new locations, and contact people may change. The Center also needs to develop a networking system or some method to locate CRPs not on the mailing list. In order to locate additional CRPs, other organizations or government agencies could be useful. For example, the Center could use the Directory of Organizations with Accredited Programs that CARF, the Rehabilitation Accreditation Commission, publishes. Current sites on the RTC's mailing list could also help identify other agencies. CRPs on the mailing list should be contacted to learn if there are other locations that should be included on the mailing list and to ensure that different positions within the agency and the different sites learn about the RTC resources and services.

The Research and Training Center, Continuing Education Center, and Stout Vocational Rehabilitation Institute should work together more closely and help promote one another. These three organizations could share information

with one another to increase their own knowledge, work together on creating publications, conferences, training, and marketing each other. Assisting one another could strengthen each entity as well as the Institution.

The Research and Training Center needs to continuously disseminate useful information to CRPs to maintain or increase their familiarity. However, even if topics are relevant to CRPs, sites may miss important information if the resources or topics do not get their attention. The conferences and workshops need to be held at convenient locations for the CRPs, while the RTC Connection and the CEC News needs to become more useful to the sites. The Center's website, conferences, and workshops are fairly useful, but they need to be under continuous improvement, updating, and marketing.

The RTC should examine what research is currently being conducted and determine what research will be conducted in the future. The Center should review the research recommendations that community-based rehabilitation programs' provided and determine what information would be most beneficial to most of the CRPs. The Research and Training Center needs to address immediate issues as well as those that are long-term. The RTC has chosen many long-term studies, but needs to be sure that the results will be reported while still beneficial to sites. Long-term research can be very useful to CRPs; however, the RTC also needs to address some immediate issues quickly. Short-term studies using different means of conducting research could be a new approached utilized by the RTC to address some immediate issues. Along with short-term studies the RTC could also report information gathered from a number of resources or collect

information from CRPs that have had success in certain services. This new, faster approach to gathering information could assist the RTC in regularly disseminating information to CRPs, which could increase the RTC's familiarity and usefulness among CRPs.

The participating sites were most interested in updates on legislative changes; more information on vocational services, especially on job coaches and the best way to provide the training to different types of disabilities; examine the value of sheltered workshops and competitive employment; translation and cultural issues; and information on mental illness, developmental disabilities, traumatic brain injuries, dual diagnoses, and disabilities in general. There were also suggestions regarding networking opportunities with other CRPs. By learning more about other CRPs, sites could refer individuals to the most appropriate agency, use one another as resources, and share best practices with each other.

Suggestions or ideas given to CRPs need to be practical and affordable. The sites emphasized that they are trying to do the best they can with the funding, staff, time, and information they have available to them. It is important to keep each of those factors in mind when giving them recommendations on how to improve their services. Since the Department of Health and Human Services provides funding, it may be beneficial to investigate their goals for the CRPs and what the sites must do to continue to receive HHS funding. It is critical that the focus of all research be on the community-based rehabilitation programs.

Information and services should be focused on assisting the CRPs in providing better services that will assist individuals with disabilities.

The Research and Training Center has provided beneficial information to community-based rehabilitation programs across the nation for years. They have a reputation for being a leader in conducting quality research. It is important for the RTC to know what information CRPs lack and make continuous improvements so they can continue to meet CRPs' needs and continue to be a top resource in the field of rehabilitation.

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Appendix A

Disabilities in the United States

1992 National Health Interview Survey		
Rank	Disability	People
1	Heart disease	7.9 million
2	Back problems	7.7 million
3	Arthritis	5.7 million
4	Orthopedic impairments of lower extremity	2.8 million
5	Asthma	2.6 million
6	Diabetes	2.6 million
7	Mental disorders	2.0 million
8	Disorder of the eye (not including visual impairments)	1.6 million
9	Learning disabilities/mental retardation	1.6 million
10	Cancer	1.3 million
11	Visual impairments	1.3 million
12	Orthopedic impairments of the shoulder and/or upper extremity	1.2 million
13	Hearing impairment	1.2 million

(Disability Statistic Center, 2001)

Appendix B

Chicago Metropolitan Area CRPs per County

Sample Information			
County	Total Possible CRPs	CRPs Selected for Sample	CRPs that Participated
Cook	170	35	16
De Kalb	0	0	0
Du Page	23	4	1
Grundy	1	1	1
Kane	9	1	0
Kendall	0	0	0
Lake	13	2	1
Mc Henry	6	1	1
Will	6	2	1
Totals	228	46	21

Note. The nine Chicago Metropolitan Area counties were represented in the study. This table displays the total number of CRPs found from the RTC mailing list, after eliminating schools and hospitals. After determining the total possible number of CRPs, 46 sites (20 percent) were randomly selected for the potential sample. Of the 46 potential sites, 21 (45.7 percent) participated in the study.

Appendix C

Preliminary Questions

Month Day, Year

First Name Last Name, Title

Name of CRP

CRP Address

City, State Zip

Dear *First Name*,

Here is a copy of the form that I need you to complete before we can schedule the tape-recorded phone interview. Please fax the completed form back to me at (715) 232-2251 as soon as possible. Once I receive it I will contact you to schedule a time for the phone interview. It may be useful for you to have your form present during the phone call.

At the top of the first page is a line for your signature to provide consent to participate in this study. This study is voluntary and you may discontinue at any time for any reason without prejudice or coercion. There will be no negative consequences to you or your organization for not participating in this study. I would also appreciate it if you would start thinking about what research recommendations you can provide to the Research and Training Center to help your organization improve its services to its consumers.

If there are any questions or concerns regarding participation in this study, questions about this form, or any complaints, please contact me at my office (715) 232-1619 or at home (715) 232-1072, or research advisor, Dr. Karl Botterbusch at (715) 232-1464. Lastly, you may contact Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI, 54751, phone (715) 232-1126 with questions or concerns.

Thank you once again for your participation in this study!

Stacey Fry
Research Assistant
Research and Training Center
University of Wisconsin-Stout

Before completing these questions, please sign.

I hereby give my informed consent to participate in this research study.

Signature _____ Date _____

Preliminary Questions

1. Please mark which category would best represent your organization.

Independent organization

Parent organization to other sites and locations

If yes, please list your satellite organizations.

Satellite organization

If yes, please identify your parent organization and how many other satellite organizations are operating under your parent organization.

2. How many total years has your organization been operating? _____

3. How many years has your organization been operating from its current location? _____

4. What is the total annual revenue for your organization? \$ _____

5. Who is your primary funding source? _____

6. How much do you receive annually from your primary funding source? \$ _____

7. What is the total annual number of consumers you serve in all programs? _____

Please estimate the number of consumers served in the last year for each ethnic category.

<i>Ethnicity</i>	<i>Number of consumers</i>
8. American Indian or Alaska Native	_____
9. Asian	_____
10. Black or African American	_____
11. Hispanic or Latino	_____
12. Native Hawaiian or Other Pacific Islander	_____
13. White	_____

Please identify the five disability categories that you serve the largest number of consumers. Then estimate the number of consumers with that disability.

Primary Disability	Number of Consumers
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____

19. Please identify the main services you provide to your consumers. List the 5 most important services you provide to the most people.

1. _____
2. _____
3. _____
4. _____
5. _____

20. In the first column please place a check on the blanks for the UW-Stout resources you have received or accessed. For each item checked off in the first column, please rate each item using the scale provided. It should be rated on its usefulness in improving services to your consumers. If there have been other resources that you have found very valuable that were not listed please identify the resources in the "other" spaces and also rate it.

- 1 – Not useful
- 2 – Slightly useful
- 3 – Moderately useful
- 4 – Very useful
- 5 – Extremely useful

Accessed/ Received (check off)	Value/ Usefulness (scale)
--------------------------------------	---------------------------------

<hr/>	<hr/>	
		Instrumentation and manuals:
<hr/>	<hr/>	Vocational Adaptivity Scale
<hr/>	<hr/>	Vocational Assessment Protocol
<hr/>	<hr/>	Vocational Decision-Making Interview
<hr/>	<hr/>	Other: _____
		Selected Publications from the RTC:
<hr/>	<hr/>	A Comparison of Job Satisfaction and Economic Benefits of Benefits of Four Different Employment Models for Persons With Disabilities
<hr/>	<hr/>	Community-Based Employment Following Traumatic Brain Injury
<hr/>	<hr/>	Diffusion Network Project, Technical Report, Program Descriptions
<hr/>	<hr/>	Lessons for Improving Employment of People with Disabilities from Vocational Rehabilitation Research
<hr/>	<hr/>	Traumatic Brain Injury and Vocational Rehabilitation
<hr/>	<hr/>	Workforce Development & Welfare Reform: Potential Impact Upon Persons With Disabilities and Community Rehabilitation Programs
<hr/>	<hr/>	Other: _____
		Institute on Rehabilitation Issues:
<hr/>	<hr/>	25 th IRI – Meeting Future Workforce Needs
<hr/>	<hr/>	24 th IRI – Achieving Successful Employment Outcomes With the Use of Assistive Technology
<hr/>	<hr/>	23 rd IRI – Developing Effective Partnerships With Employers as a Service Delivery Mechanism
<hr/>	<hr/>	Other: _____

		Newsletters:
_____	_____	RTC Connection
_____	_____	CEC News
		Catalogues, brochures, and announcements:
_____	_____	The Rehabilitation Resource
		CEC – RTC Training (sponsored/co-sponsored):
_____	_____	Regional In-Service System
_____	_____	Seminars and workshops
_____	_____	Distance learning
_____	_____	Conferences
		Websites:
_____	_____	RTC website
_____	_____	CEC website
_____	_____	Technical Assistance and Consultation

21. Please identify the 5 most used and valuable resources you use. Then rate their usefulness using the scale provided. Resources may include professional-based publications, journals, newsletters, training, industrial-based publications, newsletters, conferences, government publications, bulletins, or popular media, such as the Internet, magazines, and the news. At a later time you will be asked questions regarding how often they are used, why they are used, and why they are considered valuable to your organization.

- 1 – Not useful
- 2 – Slightly useful
- 3 – Moderately useful
- 4 – Very useful
- 5 – Extremely useful

	Resource	Rating
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Appendix D

Telephone Interview Questions

Tape Recorded Telephone Interview Questions and Script

Hello, _____. This is Stacey Fry from the University of Wisconsin-Stout. We talked about having a phone interview today. I was wondering if this is a good time for us to talk?

If no: rescheduling or not participating

If yes: "Great" and continue script

I want to thank you for agreeing to participate in this project. As mentioned earlier I would like to tape record this interview to help me eliminate the time needed to take notes right now. Do I still have your permission to tape record this interview?

If no: "Ok, the interview may take a bit longer because I will have to take more notes while I have you on the phone."

If yes: "Great" START RECORDER "Let's begin the tape-recorded interview!"

Section I: Overall knowledge and use of the RTC and its resources

1. Before being contacted for this study, had you heard of the Research and Training Center at the University of Wisconsin-Stout? Yes No

If "No" go to question 8

If "Yes" go to question 2

2. Have you heard of the Continuing Education Center? Yes No
If yes: As you may know, the two centers work closely together, but just to clarify, for this study we will be focusing only on the RTC.
If no: I asked that because the two centers work closely together.
3. Briefly tell me how and when you and your organization first learned about the RTC?
4. How would you briefly describe the RTC and what it does? (examples)
5. Form follow up questions:
- a. Are there any other RTC resources your organization used or received other than what was provided on the checklist?
 - b. Can you apply the RTC information to your organization?
 - 1. If yes: Please give examples of how it is used and for what purposes.
 - 2. If yes or no: What suggestions can you give that would make the information more useful/applicable to you and your organization.
(ex: topics, writing, length, distribution...)
6. What RTC resource would you say has been the most beneficial to your organization or has significantly affected the way your organization provides services to your consumers? how/why?
7. Any other comments or suggestions on how to improve the RTC resources or how to market the resources?

Cont. w/ question 11

If answered "No" for question 1:

8. Have you heard of the Continuing Education Center? Yes No

9. Have you heard of the Stout Vocational Rehabilitation Institute?
Yes No

10. What do you think the RTC does? (examples) Based on this, do you think that this would be a useful resource to your organization?

Section II: Information from other resources

11. Do you and your staff spend time reviewing magazines, journals, newsletters, studies, web sites, or other information to help provide better services to your consumers? Yes No

If "Yes" continue with question 12

If "No" go to Section III, question 15

12. Form follow up questions:

- a. Other than the top 5 resources you listed, what other types of resources does your organization receive or use to improve services to your consumers?
 - b. What organizations or companies are the resources from?
 - c. Who receives the resources and how are they circulated or shared among the staff in your organization?
 - d. How much time is spent reviewing each resource or resources in general?
 - e. Do you apply the information to your CRP services?
 1. If yes: Please give examples of how it is used and for what purposes.
 2. If no: Why not?
13. What resource would you say has been the most beneficial to your organization or significantly impacted the way your organization provides services to your consumers? how/why? What makes them useful?
14. What format or medium do you and your staff find the most useful to review information? (Web sites, newsletters, magazines, journals, presentations...)

Section III: Research recommendations for the RTC

The purpose of the UW-Stout Research and Training Center is to improve the role of community-based rehabilitation programs (CRPs) in achieving employment outcomes for their consumers.

15. What research would you like to see conducted that could help your organization and your consumers? (General and/or specific ideas)
 - a. Are there any specific disabilities you would like to see research investigate?
 - b. Would research focused on any specific ethnic groups be useful in your organization?
 - c. Have you noticed if any particular disabilities or issues tend to be more apparent in certain ethnic groups? (Describe, explain)
16. How can the RTC make sure that the research they perform can be applied to your CRP?
17. What areas would you like to see more training offered in?
18. Focus on the 5 services they listed on form. How each could be more useful.

General:

19. Can you think of any other way the RTC can help you, your staff, your CRP, or your clients?
20. Any last comments?

Appendix E

Resources Used by CRPs

The participating sites provided the following sources of information. The number of sites that referred to each resource is also provided.

Site	Source
1	American Association of Mental Retardation - website and links (www.aamr.org)
1	Association for Persons in Supported Employment - Bulletin Board (www.apse.org)
1	Association for Persons in Supported Employment - conferences
1	Association for Persons in Supported Employment - The Advance
1	The Arc (Association for Retarded Citizens) of Illinois – (www.thearcofil.org)
1	Attainment's Coaching Winners (Staff Development video)
1	Bottom Line (trends in the market)
2	CARF... The Rehabilitation Accreditation Commission – (www.carf.com)
1	"Critical Behaviors" seminar by Tom Modahl, Stout Vocational Rehabilitation Institute
1	Crains Chicago Business – newspaper (www.crainschicagobusiness.com)
1	"Cultivating True Livelihood" by Denise Bessorhette with Lorisa Baha, published by Milt Wright & Associates - employee development curriculum.
1	DSM – IV (Diagnostic & Statistical Manual of Mental Disorders – Fourth Edition)
1	Demystifying Job Development, Field Based Approaches to Job Development for People with Disabilities. By David Hoff, Cecilia Gandolfo, Marty Gold, and Melanie Jordan (website publication)
1	Dictionary of Occupational Titles
1	Disability Resources Inc., Disability Resources Monthly - website publication (www.disabilityresources.org)
1	Don Moss of Moss and Associates (lobbying organization) Springfield, IL (dmossinc@aol.com)
1	Fred Dyer (helped with skills training)
1	Fundamentals of Job Coaching, A Step-by-Step Approach. By Paul M. McCray (audio)
1	George S. May (Managing and Supervising Productivity - Management Training Module)
1	Guide for Occupational Ex
1	Harles & Associates "Federal Wage-Hour Guide for Service Providers"
1	Hotjobs.com (job searches)
2	ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification)
1	Illinois Association for Rehabilitation Facilities (www.iarf.org)
2	Illinois Association for Rehabilitation Facilities - Newsbreak publication
1	Illinois Association for Persons in Supported Employment - Newsletter
1	Illinois Department of Commerce and Community Affairs - OINA training and inspection (www.commerce.state.il.us)
1	Illinois Department of Employment Securities

2	Illinois Department of Human Services – Training (www.state.il.us/agency/dhs)
1	Illinois Manufacturing Extension Center (production solutions, global market)
1	Illinois State Agencies
1	Info Lines
1	Info Net (paper or www.infonet.org)
1	International Association for Psychiatric Rehabilitation
1	International Center for Clubhouse Development website (www.iccd.org)
1	International Center for Clubhouse Development - conference
1	James Stanfield information (www.stanfield.com)
1	JIST
1	Placement Strategies for the 90s – video - Milt Wright & Associates
1	Psychotherapy Treatment Planner
1	Psychiatric Rehabilitation Journal (www.bu.edu/prj)
1	Psychotropic PDR Prescribing Guide
1	Lessons for Improving Employment of People with Disabilities – University of Wisconsin-Stout, Research and Training Center
1	McCarron Dral System (vocational assessment)
1	Medical, Psychological, and Vocational Aspects of Disability
1	www.Monster.com (job searches)
1	NASW Newsletters (national counselors organization)
1	National Board of Certified Counselors (newsletter)
1	National Institute of Business Management Newsletter (www.nibm.net)
1	National Rehabilitation Association Journal (www.nationalrehab.org)
1	NISH (formerly the National Industries for the Severely Handicapped) www.nish.org
1	OASYS - transferable skill program (software program for job matching)
1	Psychological Planner (book with diagnoses and treatment information)
1	Qualified Mental Retarded Professionals
1	"Quality Assurance" Conference by Latema Zirps of Florida (sponsored by the Childcare Association of Illinois)
1	Roy Sutz (provided production oriented training)
1	Supported Employment ListServe (website publication)
1	Supported Employment Programs (newsletter)
2	Social Security Administration website (www.ssa.gov)
1	Special Population Institute
1	The Guide to Internet Job Searching. By Margaret Riley Dikel and Frances E. Roehm (website publication)
4	Thresholds (www.Thresholds.org)
1	www.Tribune.com (Chicago Tribune) www.tribjobs.com (job searches)
1	United Cerebral Palsy conferences (www.ucpa.org)
1	U.S. Department of Labor website (www.dol.gov)
2	UCLA/Lieberman Skills Training Modules (1998)
1	University of Arkansas, Department of Rehab Education and Research, Disability Handbook (www.uark.edu/depts./coehp/RHAB.htm)
1	University of Chicago (www.uchicago.edu)
1	University of Chicago - Center for Psychiatric Rehabilitation
1	University of Illinois - Chicago's Allied Health Group
1	Indiana University (www.Indiana.edu)

1	Vocational Decision-Making Interview – University of Wisconsin-Stout, Research and Training Center
1	Workforce Development and Welfare Reform – University of Wisconsin-Stout, Research and Training Center
1	www.Wetfeet.com (job searches)
1	Young Adult Institute (New York) focus on DD (www.yai.org)