



U.S. DEPARTMENT OF EDUCATION

ANNUAL REPORT

FISCAL YEAR 2011

REPORT ON FEDERAL ACTIVITIES
UNDER THE *REHABILITATION ACT OF 1973*, AS AMENDED

REHABILITATION SERVICES ADMINISTRATION

Annual Report Fiscal Year 2011

REPORT ON FEDERAL ACTIVITIES

UNDER THE *REHABILITATION ACT OF 1973*, AS AMENDED

U.S. Department of Education
Office of Special Education and Rehabilitative Services

2014

U.S. Department of Education

Arne Duncan
Secretary

Office of Special Education and Rehabilitative Services

Michael K. Yudin
Acting Assistant Secretary

Rehabilitation Services Administration

Janet L. LaBreck
Commissioner

September 2014

This report is in the public domain. Authorization to reproduce it in whole or in part is granted. While permission to reprint this publication is not necessary, the citation should be: U.S. Department of Education, Office of Special Education and Rehabilitative Services, *Rehabilitation Services Administration, Annual Report, Fiscal Year 2011, Report on Federal Activities under the Rehabilitation Act*, Washington, D.C., 20202.

On request, this document can be made available in accessible formats, such as braille, large print, and compact disk. For more information, please contact the U.S. Department of Education's Alternate Format Center at 202-260-0852 or 202-260-0818.

This publication is available on the Department's website at <http://rsa.ed.gov>.

This document contains contacts and website addresses for information created and maintained by other public and private organizations. This information is provided for the reader's convenience. The U.S. Department of Education does not control or guarantee the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of information or addresses, or websites for particular items does not reflect their importance, nor is it intended to endorse any views expressed, or products or services offered.

Notice to Limited English Proficient Persons

If you have difficulty understanding English, you may request language assistance services for Department information that is available to the public. These language assistance services are available free of charge. If you need more information about interpretation or translation services, please call 1-800-USA-LEARN (1-800-872-5327) (TTY: 1-800-437-0833), or email us at: Ed.Language.Assistance@ed.gov. Or write to: U.S. Department of Education, Information Resource Center, LBJ Education Building, 400 Maryland Ave., SW, Washington, DC 20202.

CONTENTS

FIGURES	V
TABLES	VII
ACRONYMS.....	IX
PREFACE.....	XIII
<i>THE REHABILITATION ACT: AN OVERVIEW</i>	1
PROGRAMS UNDER THE <i>REHABILITATION ACT</i>	7
Employment Programs.....	9
Vocational Rehabilitation Services Program.....	9
Supported Employment Services Program.....	25
American Indian Vocational Rehabilitation Services Program	28
Demonstration and Training Programs	32
Migrant and Seasonal Farmworkers Program	38
Projects With Industry.....	41
Randolph-Sheppard Vending Facility Program.....	46
Independent Living and Community Integration	48
State Independent Living Services Program.....	48
Centers for Independent Living Program	50
Independent Living Services for Older Individuals Who Are Blind	51
Recreational Program.....	52
Technical Assistance, Training, and Support	55
Capacity-Building for Traditionally Underserved Populations	55
Rehabilitation Training Program	56
Institute on Rehabilitation Issues	60
Evaluation, Research and Information Dissemination	61
The National Clearinghouse of Rehabilitation Training Materials	61
National Institute on Disability and Rehabilitation Research.....	62
Advocacy and Enforcement	91
Client Assistance Program	92
Protection and Advocacy of Individual Rights Program	95
Employment of People With Disabilities	97
Architectural and Transportation Barriers Compliance Board.....	98
Electronic and Information Technology.....	99
Employment under Federal Contracts.....	99
Nondiscrimination in Programs That Receive Federal Financial Assistance	100
National Council on Disability	101

APPENDIX A.....	105
APPENDIX B.....	115
APPENDIX C	123

FIGURES

Figure 1.	The <i>Rehabilitation Act of 1973</i> , as Amended, by Its Various Titles.....	1
Figure 2.	Overall State VR Agency Performance for Evaluation Standard 1: Fiscal Years 2010 and 2011	17
Figure 3.	Key VR Program Indices, by Numbers Served: Fiscal Years 2010 and 2011	20
Figure 4.	Number of VR Program Participants Achieving Employment Outcomes: Fiscal Years 1999-2011	21
Figure 5.	Number of VR Program Participants Achieving Competitive Employment: Fiscal Years 2007–2011	24

TABLES

Table 1.	Evaluation Standard 1 and Performance Indicators State VR Agency Performance: Fiscal Year 2011	16
Table 2.	Performance of the 80 State VR Agencies on Evaluation Standard 2, by Performance Factors and Type of Agency: Fiscal Year 2011	19
Table 3.	Number and Percentage of Individuals With and Without Significant Disabilities Obtaining Employment After Exiting Vocational Rehabilitation: Fiscal Years 1995–2011	23
Table 4.	American Indian VR Services Program: Number of Grants and Funding Amounts: Fiscal Years 2000–2011	28
Table 5.	Number of Individuals Achieving Employment Through the American Indian VR Services Program: Fiscal Years 1998–2011	29
Table 6.	Migrant and Seasonal Farmworkers Program: Number of Grants: Fiscal Years 2000–2011	40
Table 7.	Projects With Industry Program Outcomes: Fiscal Years 2010 and 2011	45
Table 8.	Randolph-Sheppard Vending Facility Program Outcomes: Fiscal Years 2010 and 2011.....	47
Table 9.	Centers for Independent Living Program Accomplishments: Fiscal Year 2011	50
Table 10.	Number of Recreational Programs: Number of Continuation and New Grant Awards: Fiscal Years 2006–2011	53
Table 11.	Rehabilitation Training Program: Number of Grants and Funding Amounts: Fiscal Year 2011	59
Table 12.	DBTAC Training Activities—Overview, Type of Activity and Target Audience, by Number and Percentage: Fiscal Year 2011	80
Table 13.	Number of DBTAC Technical Assistance (TA) Activities by Type, Frequency, Target Audience, and Dissemination: Fiscal Year 2011	81
Table 14.	Advanced Rehabilitation Research Training (ARRT) Projects: Selected Indicators: June 1, 2010, to May 31, 2011.....	86
Table 15.	Switzer Research Fellowship Program Accomplishments for the 2011 APR Reporting Period: June 2008 to May in 2011.....	87
Table 16.	NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2010 and 2011	88

Table A-1.	Employment Outcomes (Evaluation Standard 1) of State VR Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2011.....	106
Table A-2.	Employment Outcomes (Evaluation Standard 1) of State VR Agencies—General and Combined, by Indicator and Jurisdiction: Fiscal Year 2011	108
Table A-3.	Equal Access to Service (Evaluation Standard 2) of State VR Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2011.....	112
Table A-4.	Equal Access to Service (Evaluation Standard 2) of State VR Agencies—General and Combined, by Indicator and Jurisdiction: Fiscal Year 2011	113
Table B.	Grant Awards to State VR Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011	116

ACRONYMS

Acronym	Full Term
ABA	<i>Architectural Barriers Act</i>
ACT	ADA Coordinator Training
ADA	<i>Americans with Disabilities Act</i>
AIVRS	American Indian Vocational Rehabilitation Services
APR	Annual Performance Report
ARRA	<i>American Recovery and Reinvestment Act</i>
ARRT	Advanced Rehabilitation Research Training
BAC	Business Advisory Council
BEP	Business Enterprise Program
BMS	Burns Model System
CAP	Client Assistance Program
CDE	Common Data Element
CIHR	Canadian Institutes of Health Research
CIL	Center for Independent Living
CORC	Coordination, Outreach and Research Center
CRD	Civil Rights Division
CSPD	Comprehensive System of Personnel Development
DBTAC	Disability and Business Technical Assistance Center
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DD Act	<i>Developmental Disabilities Assistance and Bill of Rights Act</i>
DLAC	Disability Law and Advocacy Center of Tennessee
DMD	Duchenne Muscular Dystrophy
DRNM	Disability Rights New Mexico
DRRP	Disability and Rehabilitation Research Projects
DSU	Designated State Unit
DVE	Diagnostic Vocational Evaluation
DVR	Division of Vocational Rehabilitation
DVT	Venous Thromboembolism
EEOC	Equal Employment Opportunity Commission
FIP	Field-Initiated Projects
FY	Fiscal Year
GPRA	<i>Government Performance and Results Act</i>
GSA	General Services Administration
HKNC	Helen Keller National Center for Deaf-Blind Youths and Adults
ICDR	Interagency Committee on Disability Research
IDD	Intellectual/ Developmental Disabilities
IEP	Individualized Education Program
IL	Independent Living
ILC	Independent Living Center
IPE	Individualized Plan for Employment

Acronym	Full Term
IRI	Institute on Rehabilitation Issues
KT	Knowledge Translation
MIS	Management and Information System
MPAS	Missouri Protection and Advocacy Services
MSFW	Migrant and Seasonal Farmworkers Program
NCD	National Council on Disability
NCDDR	National Center on the Dissemination of Disability Research
NCRTM	National Clearinghouse of Rehabilitation Training Materials
NIA	Notice Inviting Applications
NIDRR	National Institute on Disability and Rehabilitation Research
NINDS	National Institute of Neurological Disorders and Stroke
NTAC	National Vocational Rehabilitation Technical Assistance Center
<i>NtK</i>	<i>Need to Knowledge Model</i>
OCIO	Office of the Chief Information Officer
OCR	Office for Civil Rights
OFCCP	Office of Federal Contracts Compliance Programs
OIB	Older Individuals Who Are Blind
OSERS	Office of Special Education and Rehabilitative Services
OSU TBI-ID	Ohio State TBI Identification Method
P&A	Protection and Advocacy
PAAT	Protection and Advocacy for Assistive Technology
PAIR	Protection and Advocacy of Individual Rights
PDMA	Product Development Managers Association
PTSD	Post Traumatic Stress Disorder
PWI	Projects With Industry
QA	Quality Assurance
RERC	Rehabilitation Engineering Research Center
RF	Radio Frequency
RRTC	Rehabilitation Research and Training Center
RSA	Rehabilitation Services Administration
RSA-911	Annual Vocational Rehabilitation Case Services Report
SBIR	Small Business Innovation Research
SCI	Spinal Cord Injury
SCIMS	Model Systems Programs in Spinal Cord Injury
SILC	Statewide Independent Living Council
SILS	State Independent Living Services
SMPID	RSA's State Monitoring and Program Improvement Division
SRC	State Rehabilitation Council
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TA	Technical Assistance
TACE	Technical Assistance and Continuing Education

Acronym	Full Term
TBI	Traumatic Brain Injury
TBIMS	Traumatic Brain Injury Model System
TTP	Talking Tactile Pen
UI	Unemployment Insurance
VOPA	Virginia Office for Protection and Advocacy
VR	Vocational Rehabilitation
VR Program	State Vocational Rehabilitation Services Program
WIA	<i>Workforce Investment Act</i>

PREFACE

The *Rehabilitation Act of 1973*, as amended (the *Rehabilitation Act*), provides the statutory authority for programs and activities that assist individuals with disabilities in the pursuit of gainful employment, independence, self-sufficiency, and full integration into community life.

This report provides a description of accomplishments and progress made under the *Rehabilitation Act* during fiscal year (FY) 2011 (October 2010 through September 2011). To that end, the report identifies major activities that occurred during that fiscal year and the status of those activities during that specific time period.

The annual report provides a description of the activities of the Rehabilitation Services Administration (RSA), a component of the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. RSA is the principal agency for carrying out Titles I, III, VI and VII, as well as specified portions of Title V of the *Rehabilitation Act*. RSA has responsibility for preparing and submitting this report to the president and Congress under Section 13 of the *Rehabilitation Act*.

The *Rehabilitation Act* also authorizes research activities that are administered by the National Institute on Disability and Rehabilitation Research (NIDRR) and the work of the National Council on Disability (NCD) and includes a variety of provisions focused on rights, advocacy and protections for individuals with disabilities. A description of those activities is provided in this report.

THE REHABILITATION ACT: AN OVERVIEW

Federal interest and involvement in rehabilitation issues and policy date initially from 1920 with the enactment of the *Civilian Vocational Rehabilitation Act*, commonly called the *Smith-Fess Act*. The *Smith-Fess Act* marked the beginning of a federal and state partnership in the rehabilitation of individuals with disabilities. Although the law was passed shortly after the end of World War I, its provisions were specifically directed at the rehabilitation needs of persons who were industrially injured rather than those of veterans with disabilities.

A major event in the history of the federal rehabilitation program was passage of the *Rehabilitation Act* in 1973, which provides the statutory authority for programs and activities that assist individuals with disabilities¹ in the pursuit of gainful employment, independence, self-sufficiency and full integration into community life. Under the *Rehabilitation Act*, the following federal agencies and entities are charged with administering a wide variety of programs and activities: the departments of Education, Labor and Justice, the Equal Employment Opportunity Commission, the Architectural and Transportation Barriers Compliance Board, and the National Council on Disability.

The U.S. Department of Education (Department) has primary responsibility for administering the *Rehabilitation Act*. The Department's Office of Special Education and Rehabilitative Services (OSERS) is the administrative entity responsible for oversight of the programs under the *Rehabilitation Act* that are funded through the Department. Within OSERS, the Rehabilitation Services Administration (RSA) and the National Institute on Disability and Rehabilitation Research (NIDRR) share responsibility for carrying out the administration of those programs. RSA is the principal agency for carrying out titles I, III, VI and VII, as well as specified portions of Title V of the *Rehabilitation Act*. NIDRR is responsible for administering Title II of the *Rehabilitation Act*. (See fig. 1 for title names.)

Figure 1. The *Rehabilitation Act* of 1973, as Amended, by Its Various Titles

Title	Name
I	Vocational Rehabilitation Services
II	Research and Training
III	Professional Development and Special Projects and Demonstrations
IV	National Council on Disability
V	Rights and Advocacy
VI	Employment Opportunities for Individuals with Disabilities
VII	Independent Living Services and Centers for Independent Living

RSA administers grant programs that provide direct support for vocational rehabilitation (VR), supported employment, independent living, and individual advocacy and assistance. The agency also supports training and related activities designed to increase

¹ An individual with a disability is defined, for purposes of programs funded under the *Rehabilitation Act*, at Section 7(20) of the Act.

the number of qualified personnel trained in providing VR and other services. RSA also provides training grants to upgrade the skills and credentials of employed personnel.

Finally, RSA conducts monitoring, provides technical assistance, and disseminates information to public and private nonprofit agencies and organizations to facilitate meaningful and effective participation by individuals with disabilities in employment and in the community.

The largest program administered by RSA is the State Vocational Rehabilitation Services Program, also known as the Vocational Rehabilitation State Grants Program (hereinafter referred to as the VR program). This program funds state VR agencies to provide employment-related services for individuals with disabilities so that they may prepare for and engage in gainful employment that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

For more than 90 years, the VR program has helped individuals with physical disabilities² to prepare for and enter into the workforce. The program has since expanded to serve individuals with mental disabilities. Nationwide, the VR program serves more than 1 million individuals with disabilities each year. More than 91 percent of the people who use state VR services have significant disabilities that seriously limit one or more functional capacities, which are defined as: “mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skill” (34 CFR 361.42). These individuals often require multiple services over an extended period of time. For them, VR services are indispensable to attaining employment and reducing their reliance on public support.

Under Title II of the *Rehabilitation Act*, NIDRR conducts comprehensive and coordinated programs of research, demonstration projects, training, and related activities. NIDRR-funded programs and activities are designed to promote employment, independent living, maintenance of health and function, and full inclusion and integration into society for individuals with disabilities. The intent is to improve the economic and social self-sufficiency of individuals with disabilities and the effectiveness of programs and services authorized under the *Rehabilitation Act*.

Towards that goal, NIDRR supports rehabilitation research and development, demonstration projects, and related activities, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. In addition, NIDRR supports projects to disseminate and promote the use of information concerning developments in rehabilitation procedures, methods and devices. Information is provided to rehabilitation professionals, persons with disabilities, and their representatives. NIDRR also supports data analyses on the demographics of disability and provides that information to policymakers, administrators and other relevant groups. Awards are competitive, with applications reviewed by panels of experts, including rehabilitation professionals, rehabilitation researchers, and persons with disabilities.

² The *Civilian Vocational Rehabilitation Act*, passed by Congress in 1920, defined vocational rehabilitation (VR) as a program for physical disabilities. Mental disabilities were not part of the VR program until 1943.

The *Rehabilitation Act* has been a driving force behind major changes that have affected the lives of millions of individuals with disabilities in this country. The passage of the *Workforce Investment Act of 1998 (WIA)* was the most recent reauthorization of the *Rehabilitation Act*. This report, covering FY 2011, describes all of the major programs and activities authorized under the *Rehabilitation Act* and the success of the federal government in carrying out the purposes and policy outlined in the *Rehabilitation Act*.

PROGRAMS UNDER
THE *REHABILITATION ACT*

PROGRAMS UNDER THE *REHABILITATION ACT*

Through partnerships with other federal and nonfederal agencies, RSA directly funds or supports a wide variety of programs, initiatives, or activities that are authorized under the *Rehabilitation Act*. For the purpose of this report, these programs, initiatives, and activities are organized into five major areas: Employment Programs; Independent Living and Community Integration; Technical Assistance, Training and Support; Evaluation, Research and Dissemination; and Advocacy and Enforcement. Within each area, the report provides a description of the program, initiative, or activity. Each description includes budgetary information for FY 2011 and a reporting of major outcomes and accomplishments. Programs, organized by these areas, are:

Employment Programs

- Vocational Rehabilitation Services Program
- Supported Employment Services Program
- American Indian Vocational Rehabilitation Services Program
- Demonstration and Training Programs
- Migrant and Seasonal Farmworkers Program
- Projects With Industry
- Randolph-Sheppard Vending Facility Program (also known as the Business Enterprise Program)

Independent Living and Community Integration

- Independent Living Services Program
- Centers for Independent Living Program
- Independent Living Services for Older Individuals Who Are Blind
- Recreational Programs

Technical Assistance, Training, and Support

- Program Improvement
- Capacity-building for Traditionally Underserved Populations
- Rehabilitation Training Program
- Special Projects and Demonstrations

Evaluation, Research and Information Dissemination

- Program Evaluation
- Information Clearinghouse
- National Institute on Disability and Rehabilitation Research

Advocacy and Enforcement

- Client Assistance Program
- Protection and Advocacy of Individual Rights
- Employment of People With Disabilities
- Architectural and Transportation Barriers Compliance Board
- Electronic and Information Technology
- Employment Under Federal Contracts
- Nondiscrimination in Programs That Receive Federal Financial Assistance
- National Council on Disability

EMPLOYMENT PROGRAMS

RSA administers seven programs that assist individuals with disabilities to achieve employment outcomes³. Two of these programs, the VR program and the Supported Employment Services program, are state formula grant programs. The American Indian Vocational Rehabilitation Services, Demonstration and Training, Migrant and Seasonal Farmworkers, and the Projects With Industry programs are discretionary grant programs that make competitive awards for up to a five-year period. RSA also provides oversight of the Business Enterprise Program operated by state VR agencies for individuals who are blind or visually impaired. Each of these programs is described below.

VOCATIONAL REHABILITATION SERVICES PROGRAM

Authorized Under Sections 100–111 of the *Rehabilitation Act*

The Vocational Rehabilitation Services program (VR program) assists states in operating as an integral part of a coordinated, statewide workforce investment system to assess, plan, develop, and provide VR services for individuals with disabilities. The program is designed to provide VR services to eligible individuals with disabilities so that they may achieve an employment outcome that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

The federal government covers 78.7 percent of the program's costs through financial assistance to the states⁴ for program services and administration. Federal funds are allocated to the states based on a statutory formula in Section 8 of the *Rehabilitation Act*. The formula takes into consideration a state's population and per capita income. In an effort to match the federal FY 2011 allotment for the VR program, state agencies expended and obligated \$859,498,237 in non-federal funds by September 30, 2011.

Each state designates a state agency to administer the VR program. The *Rehabilitation Act* provides flexibility for a state to have two state VR agencies—one for individuals who are blind and one for individuals with other types of disabilities. All 56 states—50 U.S. states, District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands — have VR agencies; however, 24 of those entities also have separate agencies serving blind or visually impaired individuals, for a total of 80 state VR agencies.

The *Rehabilitation Act* also provides flexibility to the states with respect to the organizational positioning of the VR program within the state structure. The VR program can be located in one of two types of state agencies. The first is one that is

³ Employment outcome means, for purposes of the VR program, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment; or any other type of employment in an integrated setting, including self-employment, telecommuting or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice (34 CFR 361.5(b)(16)).

⁴ States include, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (Section 7(32) of the *Rehabilitation Act*).

primarily concerned with VR or vocational and other rehabilitation of individuals with disabilities. Of the 80 VR agencies, 30 fall into this category.

If the agency is not primarily concerned with VR or vocational and other rehabilitation of individuals with disabilities, the *Rehabilitation Act* requires the agency to have a designated state VR unit that is primarily concerned with VR or vocational and other rehabilitation of individuals with disabilities, and is responsible for the administration of the state agency's VR program under the state plan. Of the 80 VR agencies, 50 have designated a state unit in which the VR program resides as described above. In addition, of the 80 agencies the VR program is located in 12 education agencies, 16 labor and workforce agencies, 25 in social service, 9 in disability program agencies, and 17 agencies of other types. For American Samoa, Section 101(a)(2)(A)(iii) of the *Rehabilitation Act* identifies the Governor's Office as the VR agency.

The VR program is committed to providing services to individuals with significant disabilities⁵ and assisting consumers to achieve high-quality employment outcomes. RSA, in its relationships with the states, has continued to emphasize the priorities of high-quality employment outcomes and increased services to individuals with significant disabilities. Helping state agencies achieve positive employment outcomes requires a robust system of collaboration, monitoring, data collection, technical assistance, and state improvement plans that address identified needs and goals.

Under the RSA organizational structure, the State Monitoring and Program Improvement Division (SMPID) has responsibility for monitoring state VR agencies. SMPID staff personnel are assigned to state teams that work collaboratively with consumers, providers, state agencies, and other interested parties to implement a continuous performance-based monitoring process that identifies areas for program improvement, areas of noncompliance, and effective practices. Each state is assigned a state liaison who serves as the single point of contact for that state.

SMPID staff persons also are assigned to units to perform specific functions that support the work of the state teams. The VR unit is responsible for:

- Developing and implementing systems for VR state plan submission, review and approval;
- Developing the VR state grant monitoring process implemented by state teams; and
- Providing policy guidance and technical assistance to VR agencies to ensure compliance and consistency with VR program requirements.

⁵ The program regulations at 34 CFR 361.5(b)(31) define an individual with a significant disability as "an individual with a disability:

- (i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome;
- (ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation."

During FY 2011, based on feedback received from state VR agencies, stakeholders and RSA staff, RSA developed and implemented a revised monitoring protocol to assess state compliance and performance as required by Section 107 of the Rehabilitation Act. Using the revised monitoring protocol, RSA conducted on-site reviews in FY 2011 of all Title I and Title VI Part B programs in 10 states with a focus on three areas: organizational structure of the designated state agency and designated state unit, transition services and employment outcomes for youths with disabilities, and the fiscal integrity of the VR program. During the twelve month monitoring process, state teams shared information about the new monitoring processes and followed up on previous monitoring findings to ensure that corrective actions were taken to improve performance. State teams met with the state director and other agency personnel, members of state rehabilitation councils, disability advocates, people with disabilities, and other stakeholders. The remaining states will be reviewed according to the revised protocol during FY 2012. FY 2016 will be the last year of the monitoring cycle.

The VR program requires state agencies to administer a complex array of service delivery methods and funding mechanisms. As such, program monitoring ensures that RSA is able to assist agencies to comply with the Rehabilitation Act and its implementing regulations, as well as to achieve high performance.

To provide VR agencies, disability advocates, VR consumers, service providers, and other VR stakeholders with information on the performance of the State VR Service program, RSA publishes an *Annual Review Report* for each of the 80 state VR agencies. The reports are written in nontechnical language for the general public and are available online through the Department of Education's Management Information System (MIS) at <http://rsa.ed.gov>. The FY 2011 annual review reports were issued in December of FY 2012. The annual review report includes the following information about each state VR agency:

- Individuals served by the VR program (i.e., individuals who have been determined eligible to receive services by the vocational rehabilitation agency),
- Program outcomes,
- Agency staffing patterns (i.e., staffing patterns within the VR agencies),
- Financial data (i.e., federal award, amounts of matching funds, amounts of funds carried over),
- Compliance with standards and indicators, and
- Status of appeals (i.e., eligible individuals of a VR agency who disagree with a decision rendered by the agency).

Ticket-to-Work or Social Security Reimbursement

The Ticket to Work and *Work Incentives Improvement Act of 1999* seeks to provide Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries a range of new or improved work incentives and employment-related services to support their movement to financial independence through work. The Social Security Administration (SSA) issues tickets to eligible beneficiaries who may choose to assign those tickets to an Employment Network (EN) of their choice to obtain rehabilitation services, employment services, and vocational or other support services necessary to achieve a vocational (work) goal under the ticket-to-work program. The EN coordinates and provides appropriate services to assist beneficiaries in obtaining and maintaining employment upon acceptance of the work ticket. Further information on this program may be found here: <http://www.ssa.gov/work>.

During FY 2011, state VR agencies received a total of \$72,991,906.25 in reimbursements from the SSA for the rehabilitation of 4,679 individuals with disabilities. For a VR agency to receive these reimbursements the SSDI beneficiary or SSI recipient must perform paid employment at a level of earnings high enough to be terminated from receipt of his or her SSDI or SSI benefits.

VR Program Performance

RSA has a long history of ensuring accountability in the administration of the various programs under its jurisdiction, especially the VR program. Since its inception in 1920, the VR program has been one of the few federal grant programs that collects data to assess its performance, including its performance in assisting individuals to achieve employment outcomes. Over the years, RSA used these basic performance data reports, or some variation, to evaluate the effectiveness of state VR agencies. In FY 2000, RSA developed two evaluation standards and performance indicators for each evaluation standard as the criteria by which the effectiveness of the VR program is assessed. The two standards establish performance benchmarks for employment outcomes achieved under the VR program and access of minorities to the services of the state VR agencies.

Evaluation Standard 1 focuses on employment outcomes achieved by individuals with disabilities subsequent to the receipt of services from a state VR agency, with particular emphasis on individuals who achieved competitive⁶ employment. The standard has six performance indicators, each with a required minimum performance level to meet the indicator. For any given year, calculations for each performance indicator for agencies that exclusively serve individuals with visual impairments or blindness are based on aggregated data for the current and previous year, i.e., two years of data. For VR agencies serving all disability populations other than those with visual impairments or blindness, or VR agencies serving all disability populations, the calculations are based

⁶ The program regulations at 34 CFR 361.5(b)(11) define competitive employment as "work:

(i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and

(ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled."

on data from the current year only, except for Performance Indicator 1.1, which requires comparative data for both years.

Three of the six performance indicators are designated as "primary indicators" since they reflect a key VR program priority of empowering individuals with disabilities, particularly those with significant disabilities, to achieve high-quality employment outcomes. High-quality employment outcomes include employment in the competitive labor market that is performed on a full- or part-time basis and for which individuals with disabilities are compensated in terms of the customary wage (but not less than the minimum wage) and level of benefits paid by the employer for the same or similar work carried out by individuals who are not disabled.

Listed below are each of the six performance indicators identified in Standard 1 as found in the program regulations at 34 CFR 361.84, the minimum performance level established for each indicator, and the number of state VR agencies that met the minimum level for FY 2011. **The three primary performance indicators are highlighted by an asterisk (*).**

Performance Indicator 1.1

The number of individuals who exited the VR program who achieved an employment outcome during the current performance period compared to the number of individuals who exited the VR program after achieving an employment outcome during the previous performance period.

**Minimum Required
Performance Level:**

Performance in the current period must equal or exceed performance in the previous period.

Fiscal Year 2011 Performance:

Of the 80 state VR agencies, 61, or 76 percent, including 44 General and Combined agencies and 17 agencies for the Blind, met or exceeded the minimum required performance level.

Performance Indicator 1.2

Of all individuals who exited the VR program after receiving services, the percentage determined to have achieved an employment outcome.

**Minimum Required
Performance Level:**

For agencies serving only individuals who are blind or visually impaired the level is 68.9 percent; for other agencies the level is 55.8 percent.

Fiscal Year 2011 Performance: Of the 24 agencies serving only individuals who are blind or visually impaired, 14, or 58 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 30, or 54 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.3*

Of all individuals determined to have achieved an employment outcome, the percentage that exit the VR program and enter into competitive, self- or Business Enterprise Program (BEP) employment with earnings equivalent to at least the minimum wage.

**Minimum Required
Performance Level:**

For agencies serving only individuals who are blind or visually impaired the level is 35.4 percent; for other agencies the level is 72.6 percent.

Fiscal Year 2011 Performance: Of the 24 agencies only serving individuals who are blind or visually impaired, 23, or 96 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 53, or 95 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.4*

Of all individuals who exited the VR program and entered into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage, the percentage who are individuals with significant disabilities.

**Minimum Required
Performance Level:**

For agencies serving only individuals who are blind or visually impaired the level is 89.0 percent; for other agencies the level is 62.4 percent.

Fiscal Year 2011 Performance: All of the 24 agencies serving only individuals who are blind or visually impaired met or exceeded the minimum required performance level. Of the 56 other agencies, 55, or 98 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.5*

The average hourly earnings of all individuals who exit the VR program and enter into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage as a ratio to the state's average hourly earnings for all individuals in the state who are employed (as derived from the Bureau of Labor Statistics report on state average annual pay for the most recent available year, U.S. Department of Labor 2011).

**Minimum Required
Performance Level:**

For agencies serving only individuals who are blind or visually impaired the ratio is .59; for other agencies the level is a ratio of .52.

Fiscal Year 2011 Performance:

Of the 24 agencies only serving individuals who are blind or visually impaired, 21, or 88 percent, met or exceeded the minimum required performance level. No state wage data exists for three of the 56 other agencies (Guam, Northern Marianas, and American Samoa). Of the remaining 53 agencies, 32 G&C agencies, or 60 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.6

Of all individuals who exited the VR program and entered into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage, the difference between the percentage who report their own income as the largest single source of economic support at the time they exit the VR program and the percentage who report their own income as the largest single source of support at the time they apply for VR services.

**Minimum Required
Performance Level:**

For agencies serving only individuals who are blind or visually impaired the level is an arithmetic difference of 30.4; for other agencies the level is an arithmetic difference of 53.0.

Fiscal Year 2011 Performance:

Of the 24 agencies serving only individuals who are blind or visually impaired, 14, or 58 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 47, or 84 percent, met or exceeded the minimum required performance level.

Table 1 on the following page summarizes the FY 2011 performance of the 80 state VR agencies on the performance indicators for Evaluation Standard 1. In order for an agency to "pass" Evaluation Standard 1, it must meet or exceed at least four of the six

performance indicators, including two of the three "primary" performance indicators. In FY 2011, 17 of the 80 state VR agencies, or 21.3 percent, passed all six performance indicators, 29, or 36.3 percent, passed five of the performance indicators, and 28, or 35 percent, passed four of the performance indicators. In total, 74 agencies, or 92.5 percent, passed Evaluation Standard 1. The 6 agencies, or 7.5 percent, that failed Evaluation Standard 1 include one agency that serves only individuals with visual impairments or blindness (South Carolina), one agency that serves all disability populations excluding those with visual impairments or blindness (New Mexico) and four agencies that serve all disability populations (Arizona, Colorado, Illinois, and Northern Marianas).

**Table 1. Evaluation Standard 1 and Performance Indicators
State VR Agency Performance: Fiscal Year 2011**

Performance Indicators	General and Combined VR Agencies ^a	General and Combined VR Agencies ^a	VR Agencies Serving the Blind ^b	VR Agencies Serving the Blind ^b
	Pass ^c	Fail	Pass	Fail
1.1 Number of Employment Outcomes ^d	44	12	17	7
1.2 Percentage of Employment Outcomes After Provision of VR Services	30	26	14	10
1.3 Percentage of Employment Outcomes in Competitive Employment ^{e*}	53	3	23	1
1.4 Percentage of Competitive Employment Outcomes Individuals with Significant Disabilities ^{f*}	55	1	24	0
1.5 Ratio of Competitive Employment Earnings to State Average Weekly Wage [*]	32	21	21	3
1.6 Percentage Difference Earnings as Primary Source of Support at Competitive Employment Outcome Versus at Time of Application ^g	47	9	14	10

(*) Primary indicator

(**) Since no state wage data exists for Guam, Northern Mariana Islands and American Samoa, Indicator 1.5 cannot be computed for these VR agencies.

^a Agencies serving persons with various disabilities as well as providing specialized services to persons who are blind and visually impaired.

^b Separate agencies in certain states providing specialized services to blind and visually impaired persons.

^c To pass standard 1, agencies must pass at least four of the six performance indicators and two of the three primary performance indicators.

^d The number of individuals exiting the VR program securing employment during the current performance period compared with the number of individuals exiting the VR program employed during the previous performance period.

^e Percentage of those exiting the VR program that obtained employment with earnings equivalent to at least the minimum wage.

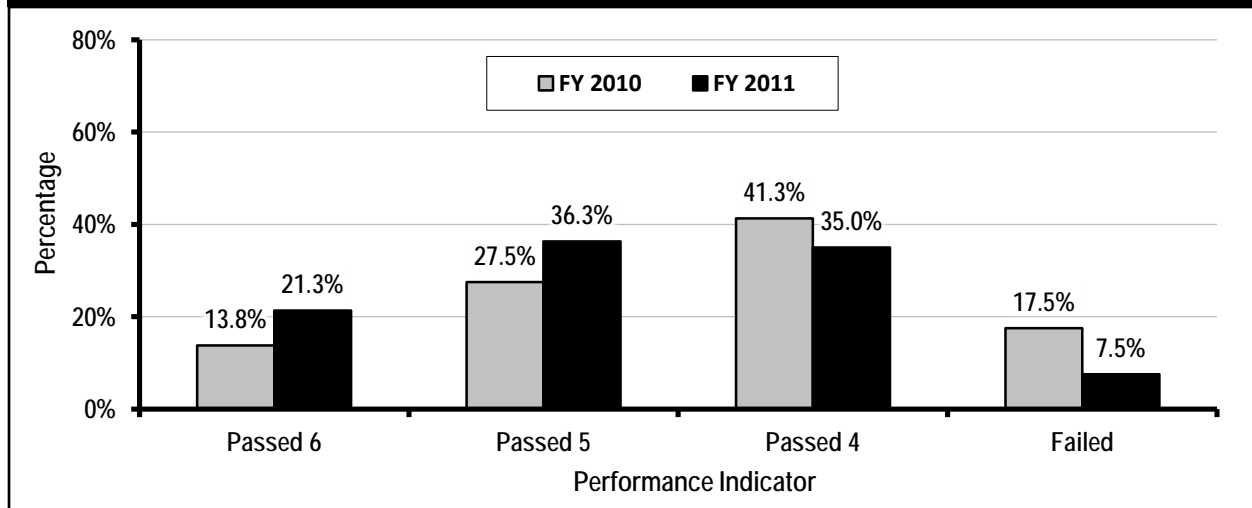
^f Employment outcome means, for purposes of the VR program, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment; or any other type of employment in an integrated setting, including self-employment, telecommuting or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice (34 CFR 361.5(b)(16)).

^g Time frame from application for VR services to exiting the program with competitive employment.

Source: U.S Department of Education, OSERS, RSA, 2011

Figure 2 on the following page compares overall agency performance for fiscal years 2010 and 2011 for Evaluation Standard 1.

Figure 2. Overall State VR Agency Performance for Evaluation Standard 1: Fiscal Years 2010 and 2011



Source: U.S Department of Education, OSERS, RSA, 2011b

Evaluation Standard 2 focuses on equal access to VR services by individuals from a minority background. For purposes of this standard, the term "individuals from a minority background" means individuals who report their race and ethnicity in any of the following categories: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or Hispanic or Latino. For this standard there is one indicator (34 CFR 361.81).

Performance Indicator 2.1

The service rate⁷ for all individuals with disabilities from minority backgrounds as a ratio to the service rate for all individuals with disabilities from nonminority backgrounds.

Minimum Required Performance Level:

All agencies must attain at least a ratio level of .80.

If an agency does not meet the minimum required performance level of .80 or if an agency had fewer than 100 individuals from a minority background exit the VR program during the reporting period, the agency must describe the policies it has adopted or will adopt and the steps it has taken or will take to ensure that individuals with disabilities from minority backgrounds have equal access to VR services.

⁷ For purposes of calculating this indicator, the numerator for the service rate is the number of individuals whose service records are closed after they receive services under an individualized plan for employment (IPE), regardless of whether they achieved an employment outcome; the denominator is the number of all individuals whose records are closed after they applied for services, regardless of whether they had an IPE.

Fiscal Year 2011 Performance: Of the 64 state VR agencies that served at least 100 individuals from a minority population, 53, or 82.8 percent, attained the performance level. All but two of the 16 who did not serve 100 or more individuals from a minority population were from agencies that serve exclusively individuals with visual impairments or blindness (Connecticut, Delaware, Idaho, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Nebraska, New Mexico, Oregon, South Dakota, Vermont, and Washington). Two agencies that serve all disability populations served fewer than 100 individuals from a minority population (American Samoa and Northern Marianas). Of the 11 agencies that did not achieve the performance level of .80 and served at least 100 individuals from a minority population, five were agencies that served all disability populations (Indiana, Kansas, North Dakota, Ohio, and Wisconsin). Two agencies who did not achieve the performance level of .80 served all disability populations except for individuals with visual impairments or blindness (Iowa and Maine). Four agencies that serve exclusively individuals with visual impairments or blindness did not meet the .80 performance level (Michigan, New York, North Carolina, and Virginia).

All agencies that did not meet the required performance level or served fewer than 100 individuals of a minority population described policies that they have adopted to ensure that individuals with disabilities from minority backgrounds have equal access to VR services; therefore all agencies have met standard 2.

Table 2 on the following page summarizes the FY 2011 performance of the 80 state VR agencies on the performance indicator for Evaluation Standard 2.

Table 2. Performance of the 80 State VR Agencies on Evaluation Standard 2, by Performance Factors and Type of Agency: Fiscal Year 2011

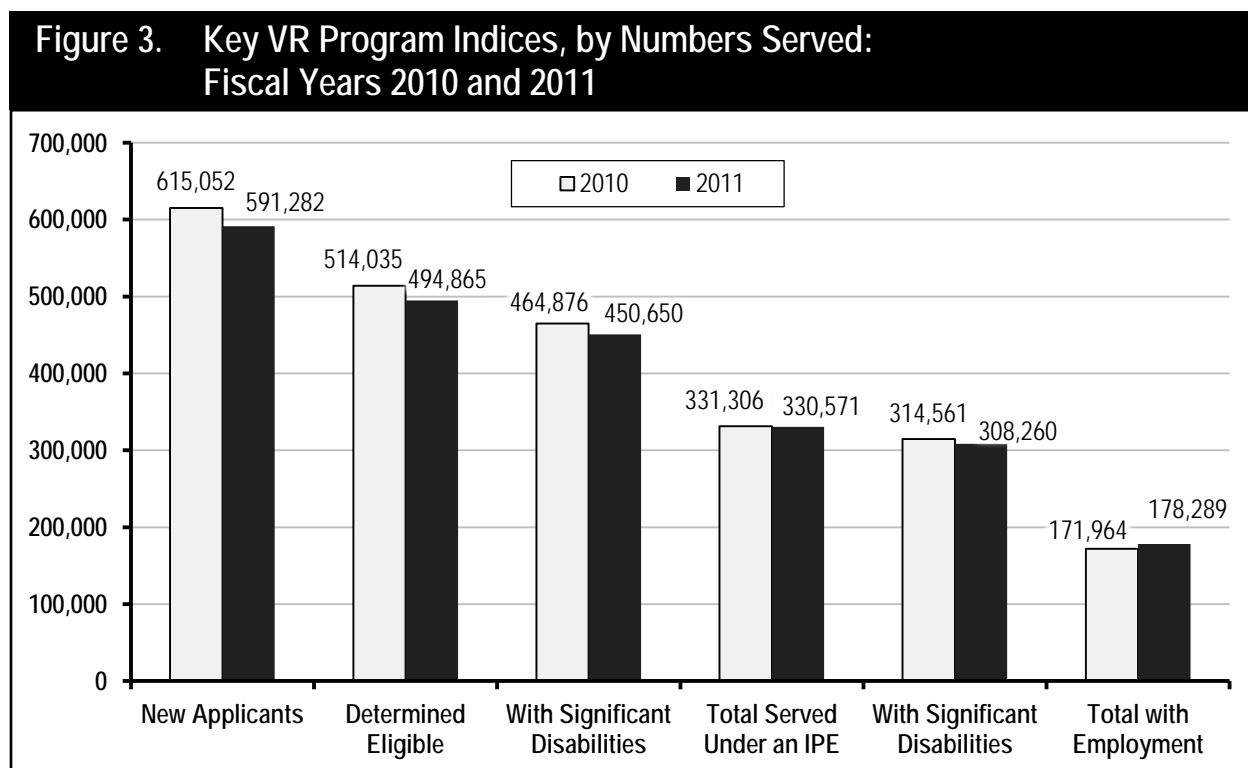
Performance Factors	General and Combined VR Agencies	VR Agencies Serving the Blind
Ratio of .80 or Higher	47	6
Ratio of Less than .80	7	4
Fewer than 100 Individuals from Minority Backgrounds Exiting the State VR Program	2	14

Source: U.S. Department of Education, OSERS, RSA, 2011a

A state-by-state breakdown of VR agency FY 2011 performance for both evaluation standards is provided in Appendix A of this report.

Other Program Performance Information

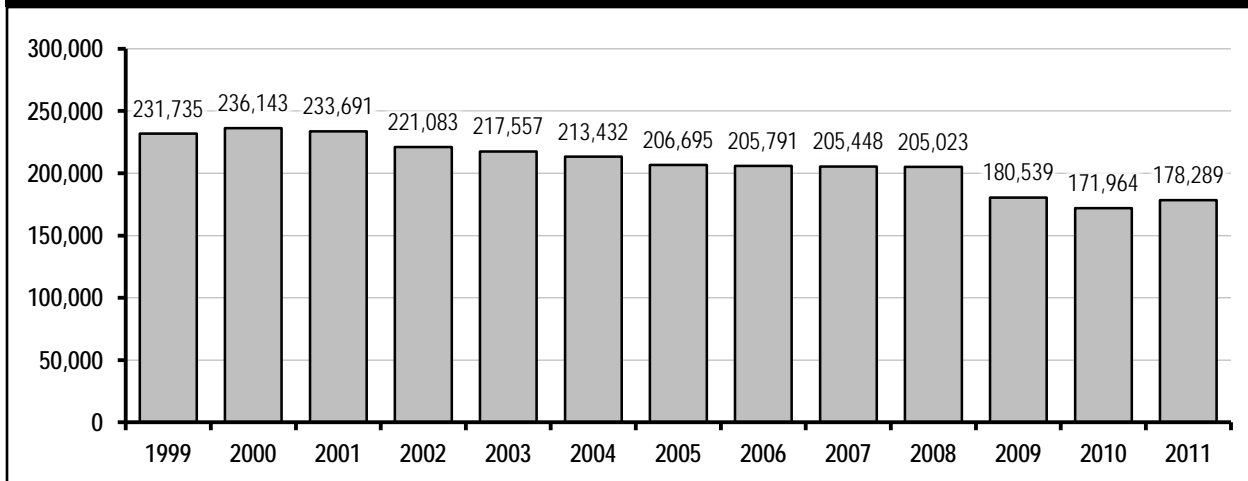
Figure 3 compares statistical information from fiscal years 2010 and 2011 on a variety of key indices for the VR program. In FY 2011, 591,282 individuals with disabilities applied for services to the VR program. Of this number, 494,865 (84 percent of the applicants) were determined eligible to participate in the VR program. Of the individuals who applied for VR services and were determined eligible in FY 2011, 450,650 (91 percent) were individuals with significant disabilities.



Source: U.S. Department of Education, OSERS, RSA, 2011b

During FY 2011, about 1.40 million individuals were involved in the public VR process, pursuing the achievement of their employment outcomes, including 923,224 individuals who were actively receiving services under an Individualized Plan for Employment (IPE). Approximately 92 percent of the total numbers of individuals receiving services under an IPE in FY 2011 were individuals with significant disabilities.

Figure 4. Number of VR Program Participants Achieving Employment Outcomes: Fiscal Years 1999-2011



Source: U.S Department of Education, OSERS, RSA, 2011a

In FY 2011, 178,289 individuals achieved an employment outcome. Figure 4 above shows the number of individuals who achieved employment outcomes after receiving VR services for each fiscal year from 1999 through 2010. The decline in the number of employment outcomes in 2002 was largely due to the elimination of extended employment as an allowable employment outcome under the VR program in FY 2001. In the year prior to implementation of this policy, state VR agencies reported that 7,359 persons had achieved an employment outcome in extended employment. The large decline in employment outcomes from 2004 to 2006 was primarily due to significant decreases in four states—Illinois, Minnesota, Missouri, and Texas. In FY 2009, there was a large drop (12 percent) in the overall number of employment outcomes. This decline was widespread with 58 of 80 state VR agencies, or 72.5 percent, reporting a decrease in employment outcomes. This decrease in employment outcomes can, at least in part, be attributed to the general decline in available employment opportunities. For example, many VR agencies in states experiencing high rates of unemployment for the general population have had a difficult time assisting the individuals with disabilities they serve to obtain employment. Although employment outcomes continued to decline in FY 2010, the decline was limited to 6 percent. In FY 2011, the overall availability of employment outcomes increased, as did the employment outcomes of the VR program.

In addition, the general decline in employment outcomes beginning in FY 2001 are judged to be the result of several factors that have had an impact on the VR program, including:

- RSA policies that encouraged VR agencies to serve individuals with significant disabilities, especially those with the most significant disabilities and that focus efforts on assisting these individuals to achieve high-quality employment outcomes that are consistent with their aspirations and informed choices.

- Reduction in state matching funds for VR federal funds and the difficulties experienced by several states in satisfying their maintenance of effort requirements.
- VR agencies' implementation of an order of selection. Agencies operating under an order of selection must give priority to serving individuals with the most significant disabilities. In FY 2010, of the 80 state VR agencies, 35 reported that they could not serve all eligible individuals and implemented an order of selection. In FY 2011, of the 80 state VR agencies, 37 reported that they could not serve all eligible individuals and implemented an order of selection.
- Increases in cost of services, such as tuition costs, that reduce the availability of resources for individuals with disabilities for other services that lead to employment outcomes.

The success of individuals with significant disabilities achieving employment outcomes is reflected in the data provided in table 3 on the next page. The number of individuals with significant disabilities who exited the VR program after receiving VR services and achieving employment increased each fiscal year from 1995 through 2001. While this trend was halted in FY 2002 for the reasons cited above, the number of individuals with significant disabilities as a percentage of all individuals achieving employment outcomes has increased steadily since FY 1995. In that year, individuals with significant disabilities represented just 76 percent of all individuals with disabilities who obtained employment after receiving VR services. Although there was a slight decline in percentage of all individuals achieving employment outcomes in FYs 2007 and 2008, the rate increased to 93 percent in FY 2009 and was maintained in FYs 2010 and 2011.

Table 3 on the following page summarizes the number and percentage of individuals With and without significant disabilities obtaining employment after exiting vocational rehabilitation.

Table 3. Number and Percentage of Individuals With and Without Significant Disabilities Obtaining Employment After Exiting Vocational Rehabilitation: Fiscal Years 1995–2011

Fiscal Year	Individuals With Significant Disabilities*	Individuals Without Significant Disabilities	Percentage With Significant Disabilities
1995	159,138	50,371	76.0
1996	165,686	47,834	77.6
1997	168,422	43,093	79.6
1998	184,651	38,957	82.6
1999	196,827	34,908	84.9
2000	205,444	30,699	87.0
2001	205,706	27,985	88.0
2002	196,286	24,799	88.8
2003	195,787	21,770	90.0
2004	193,695	19,737	90.8
2005	189,207	17,488	91.5
2006	189,709	16,082	92.2
2007	188,399	17,049	91.7
2008	187,766	17,257	91.6
2009	168,794	11,745	93.5
2010	160,238	11,726	93.2
2011	166,376	11,914	93.3

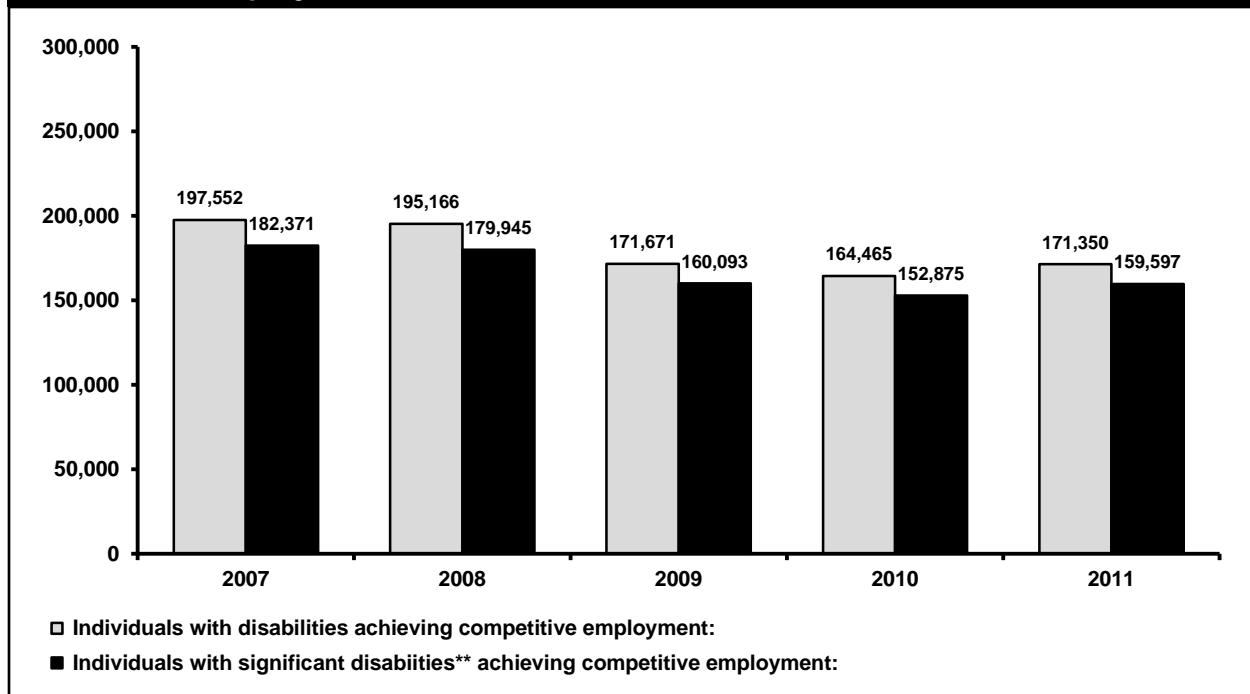
The program regulations at 34 CFR 361.5(b)(31) define an individual with a significant disability as "an individual with a disability:

- (i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome;
- (ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation."

Source: U.S Department of Education, OSERS, RSA, 2011b

As shown in figure 5 on the following page, the overall trend in individuals achieving competitive employment outcomes decreased from FY 2007 to FY 2010, but increased in FY 2011. The same trend was evident for competitive employment outcomes for individuals with significant disabilities. In FY 2008 through FY 2010 the numbers decreased, but starting in FY 2011, the numbers increased. Individuals with significant disabilities as a percentage of all individuals achieving competitive employment outcomes were 93 percent for FYs 2009 through 2011.

Figure 5. Number of VR Program Participants Achieving Competitive Employment*: Fiscal Years 2007–2011



*The program regulations at 34 *CFR* 361.5(b)(31) define an individual with a significant disability as "an individual with a disability:

- (i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome;
- (ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, homophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation."

** The term "states" includes, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, Section 7(32) of the *Rehabilitation Act*.

Source: U.S. Department of Education, OSERS, RSA, 2011b

An important aspect of employment for anyone, particularly individuals with disabilities, is employment with some type of medical benefits. In FY 2011, approximately 107,600 individuals obtained competitive jobs with medical benefits, of which a little over 101,800 were individuals with significant disabilities.

A detailed, state-by-state breakdown of statistical information regarding the VR program for FY 2010 is provided in Appendices A and B of this report. Additional information is also available by calling the RSA State Monitoring and Program Improvement Division's Data Collection and Analysis Unit at 202-245-7598 or by going to RSA websites at <http://www.ed.gov/about/offices/list/osers/rsa/research.html> and <http://rsa.ed.gov/index.cfm>.

SUPPORTED EMPLOYMENT SERVICES PROGRAM

Authorized Under Sections 621–628 of the *Rehabilitation Act*

The concept of supported employment was developed to assist in the transition of individuals with mental retardation and/or other developmental disabilities to a work setting through the use of on-site job coaches and other supports. By federal regulation, state VR agencies provide ongoing employment support services needed by eligible individuals with the most significant disabilities to maintain supported employment. Such supports may include monthly monitoring visits at the worksite, from the time of job placement until transition to extended services⁸.

Under the Supported Employment Services program, state VR agencies collaborate with appropriate public and private nonprofit organizations to provide supported employment services. State VR agencies are authorized to provide eligible individuals with disabilities supported employment services for a period not to exceed 18 months, unless a longer period to achieve job stabilization has been established in the individualized plan for employment (IPE). The IPE is “a description of the specific employment outcome, that is chosen by the eligible individual and is consistent with the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice.” (34 CFR 361.45). Once this supported employment period has ended, the state VR agency must arrange for extended services to be provided by other appropriate state agencies, private nonprofit organizations, or other sources for the duration of that employment. Supported employment placements are made when the VR services are augmented with extended services provided by other public or nonprofit agencies or organizations.

An individual’s potential need for supported employment must be considered as part of the assessment to determine eligibility for the VR program. The requirements pertaining to individuals with an employment goal of supported employment are the same in both the Title I VR program and the Title VI-B Supported Employment Services program. A state VR agency may support an individual’s supported employment services solely with VR program (Title I) grant funds, or it may fund the cost of supported employment services in whole or in part with Supported Employment Services (Title VI-B) grant funds. Title VI-B supported employment funds may only be used to provide supported employment services and are essentially used to supplement Title I funds.

Data from the FY 2011 RSA 911 Case Service Report (RSA 911) (U.S. Department of Education, OSERS, RSA 2011a) show that a total of 33,783 individuals whose service records were closed that year after receiving services had a goal of supported employment on their IPE at some time during their participation in the VR program. Forty-eight percent of those individuals received at least some support for their

⁸ Extended services is defined in the program regulations at 34 CFR 361.5(b)(20) as “ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment and that are provided by a State agency, a private nonprofit organization, employer or any other appropriate resource, from funds other than funds received under this part and 34 CFR Part 363 after an individual with a most significant disability has made the transition from support provided by the designated State unit.”

supported employment services from Title VI-B funds. These numbers do not include those individuals who were still receiving supported employment services at the close of the fiscal year.

Approximately 17,080 individuals, or about 51 percent of the total individuals with a supported employment goal (including those funded solely by Title I and those that received some Title VI-B support), achieved an employment outcome. Of those achieving an employment outcome, 8,038 individuals received funding for supported employment services solely under the Title I VR program and 9,042 received partial funding for supported employment services through the Title I VR program, with the remainder of their funding coming from the Title VI-B supplement.

Fiscal year 2011 data also show that 93.3 percent, or 8,433 of 9,042 individuals receiving some funding for supported employment services through the Title VI-B program and achieving an employment outcome obtained a supported employment outcome. Of those who obtained a supported employment outcome, 8,198, or 97 percent, were in competitive employment. In FY 2011, the mean hourly wage for individuals with supported employment outcomes who had achieved competitive employment was \$8.48.

Some individuals who have an initial goal of supported employment achieved an employment outcome other than a supported employment outcome. Of those individuals receiving some funding for supported employment services through the Title VI-B program who obtained other types of employment outcomes, 6 percent were employed in a competitive and integrated setting without supports and 0.7 percent were self-employed or were a homemaker.

As state VR agencies serve an increasing number of individuals with the most significant disabilities, the number of individuals receiving supported employment services will likely continue to increase. The prevalence of supported employment outcomes in the VR program illustrates its acceptance as a viable service approach. Consistent with this finding, the administration's budget requests to Congress for FYs 2002 through 2011 included the consolidation of Title VI-B funding into the broader Title I program.

The Government Performance and Results Act (GPRA) indicator for the Supported Employment Services program assesses the effectiveness of state agency efforts to increase the competitive employment outcomes of individuals with the most significant disabilities who have received supported employment services. Individuals in supported employment can achieve competitive employment (with wages at or above minimum wage), although not all individuals in supported employment do achieve these competitive wages. RSA encourages state agencies to assist individuals with disabilities in supported employment to achieve competitive employment outcomes.

GPRA has two measures for supported employment. The primary measure is the percentage of individuals with a supported employment outcome goal who achieved a competitive employment outcome. The secondary measure is the percentage of

individuals with a supported employment outcome goal achieving an employment outcome that obtains competitive employment. In FY 2008, the performance target at 94 percent was not met, with about 92 percent of individuals with a supported employment goal achieving an employment outcome achieving a competitive employment outcome. In FY 2009, the performance target of 94 percent was missed again, when only 91 percent of individuals with a supported employment goal achieved a competitive employment outcome. Although the 94 percent performance target was not met again in FYs 2010 and 2011, performance returned to above the FY 2008 level at 93 percent in FY 2011.

In response to recommendations from the program GPRA assessment conducted in FY 2007, RSA developed a measure to assess the weekly earnings of individuals with significant disabilities who achieved a supported employment outcome. In FY 2008, the baseline year, average weekly earnings for individuals with significant disabilities who achieved supported employment outcomes were about \$199. In FY 2010, the average weekly earnings were about \$208; an increase of \$9 compared to the baseline year. In FY 2011, the average weekly earnings decreased to about \$188, which was \$11 lower than the baseline year.

AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROGRAM

Authorized Under Section 121 of the *Rehabilitation Act*

Table 4. American Indian VR Services Program: Number of Grants and Funding Amounts: Fiscal Years 2000–2011

Fiscal Year	Total Grants	Funding Amount
2000	64	\$23,343,067
2001	66	\$23,986,113
2002	69	\$25,552,272
2003	69	\$28,398,635
2004	70	\$30,762,517
2005	72	\$31,964,316
2006	73	\$32,999,370
2007	74	\$34,409,233
2008	77	\$34,839,212
2009	79	\$36,045,354
2010	79	\$37,372,302
2011	82	\$43,522,764

Source: U.S. Department of Education, RSA, 2011e

The American Indian Vocational Rehabilitation Services (AIVRS) Program provides grants to governing bodies of Indian tribes located on Federal and State reservations (and consortia of such governing bodies) to deliver VR services to American Indians with disabilities who live on or near such reservations. The term “reservation” includes “Indian reservations, public domain Indian allotments, former Indian reservations in Oklahoma, and land held by incorporated Native groups, regional corporations and village corporations under the provisions of the *Alaska Native Claims Settlement Act*.” Section 121(c) of the Rehabilitation Act.

Awards are made through competitive applications for a period of up to five years

to provide a broad range of VR services—including, where appropriate, services traditionally used by Indian tribes—designed to assist American Indians with disabilities to prepare for and engage in gainful employment. Applicants assure that the broad scope of rehabilitation services provided will be, to the maximum extent feasible, comparable to the rehabilitation services provided by the state VR agencies and that effort will be made to provide VR services in a manner and at a level of quality comparable to those services provided by the state VR agencies.

The AIVRS program is supported through funds reserved by the RSA commissioner from funds allocated under Section 110, Title I, Part B, of the Rehabilitation Act. As table 4 shows, in FY 2011, the amount of the set-aside has increased as the funds allocated to Section 110, Title I, Part B of the Rehabilitation Act increased.

The total number of grants funded under the AIVRS program increased from 53 in FY 1999 to 82 in FY 2011. The amount of the average award (both new and continuation) has also increased. The average award size in FY 1999 was about \$325,000, as compared to about \$470,000 in FY 2011, about a 45 percent increase. Tribes participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

Table 5. Number of Individuals Achieving Employment Through the American Indian VR Services Program*: Fiscal Years 1998–2011

Fiscal Year	Number Served	Total Number Exiting after Receiving Services	Number Achieving Employment
1998	3,243	1,047	598
1999	3,186	1,109	678
2000	4,148	1,530	951
2001	4,473	1,683	1,088
2002	5,003	2,047	1,311
2003	5,105	2,200	1,452
2004	5,681	2,005	1,238
2005	6,245	2,375	1,573
2006	5,829	2,339	1,576
2007	6,592	2,494	1,663
2008	7,676	2,447	1,609
2009	7,621	2,769	1,690
2010	8,395	1,090	1,778
2011	8,081	1,002	1,724

*The number served calculation in table 5 includes the number of individuals who received services under an IPE during the fiscal year, a prior fiscal year and/or carried under a previous grant cycle.

Source: U.S. Department of Education, RSA, 2011c.

Section 121 of the Rehabilitation Act requires that projects previously funded under the program be given preference in competing for a new grant award. Previously funded projects that re-compete for new grants often request higher levels of funding because they have increased their capacity to effectively serve more individuals with disabilities.

The evaluation of the program has shown that experienced grantees are more efficient and effective and continue to

show significant improvements in their performance. The *GPRA* program goal is to improve employment outcomes of American Indians with disabilities who live on or near reservations by providing effective tribal VR services. Program outcome data extrapolated from the AIVRS annual program performance database, in response to *GPRA*, are shown in table 5.

As table 5 shows, the number of American Indians with disabilities who achieved an employment outcome indicates a slight decrease from 1,778 in FY 2010 to 1,724 in FY 2011. In FY 2011, 62.99 percent of American Indians with disabilities who received services and exited the program achieved an employment outcome. The number served calculation in table 5 includes the number of individuals who received services under an IPE during the fiscal year, a prior fiscal, or carried forward under a previous grant cycle.

Technical assistance to the tribal VR projects is provided by a variety of sources, including: RSA, state VR agencies, Regional Rehabilitation Continuing Education programs, NIDRR and its grantees, and the capacity-building grantees funded under Section 21 of the *Rehabilitation Act*. Tribal VR projects are building strong relationships with the state VR agencies, and these relationships are promoting cross-training in which state VR agencies are sharing techniques of VR service delivery with tribal VR staff members and tribal project staff persons are sharing techniques on delivering VR services designed for diverse cultures with state VR agency staff members. As another example, the technical assistance network sponsors annual conferences for the AIVRS projects that focus on training and networking.

Other grantees funded under the *Rehabilitation Act* participate in the conferences as both trainers and learners, further promoting strong partnerships within the program and among RSA grantees.

RSA continues to monitor tribal VR projects, but has changed its monitoring strategy to include the conduct of on-site reviews and the provision of self-assessment tools designed to assist tribal projects to identify issues and needs requiring training and technical assistance.

The implementation of the AIVRS annual performance reporting form on the RSA Management and Information System (MIS) Database has assisted RSA in providing project data effectively and consistently. The FY 2011 data were examined for reporting inconsistencies and guidance was provided to grantees to ensure accurate reporting. The MIS database was upgraded to clarify data collection elements and provide a customer-friendly presentation. Through monthly teleconferences with grantees and distribution of correspondence, RSA staff provides guidance on data entry into this collection instrument.

The Department conducted a study to assess the capacity of grantees to collect and report unemployment insurance (UI) wage records for implementation of the common measures. The 2005 final report documented significant barriers to implementing the job training measures in the AIVRS Program, including grantees' access to UI records and capacity to collect and report the data. The final report also included a recommendation that the AIVRS Program seek supplemental data elements to address the common measures.

The AIVRS grantees have historically reported data on the number of eligible individuals served and the number of individuals who exited the program after receiving services that achieved an employment outcome. The supplemental data elements used to address common measures are: (1) the number of eligible individuals who were employed three months after placement; (2) the number of eligible individuals who were employed six months after placement; (3) the number of individuals who exited after achieving an employment outcome and who have received post-employment services; and (4) the number of individuals who exited after achieving an employment outcome but were re-opened in a new case.

The Department has established two efficiency measures for the AIVRS program to examine the cost per employment outcome and cost per participant. The cost per employment outcome measure examines the percentage of projects whose average annual cost per employment outcome is no more than \$35,000. Under this measure the cost per employment outcome is calculated by dividing a project's total federal grant by the number of employment outcomes reported. The baseline performance level for this efficiency measure, 64 percent, was established using FY 2006 data. In FY 2011, 70.37 percent of projects met the \$35,000 criterion for this measure.

The cost per participant measure examines the percentage of projects whose average annual cost per participant is no more than \$10,000. Under this measure the average cost per participant is calculated by dividing the project's total federal grant by the number of

participants served under an IPE. The baseline performance level for this measure, 78 percent, was established using FY 2007 data. In FY 2011, 85.19 percent of projects met the \$10,000 criterion for this measure.

RSA increased the usefulness and transparency of project data available to manage and improve the program by modifying the data table format to display the actual aggregate totals of national performance data and project data under individual grants. RSA staff evaluated and modified the data table format to display the actual aggregate totals of national performance data and project data under individual grants for public transparency. The public may access this information through RSA's MIS database.

DEMONSTRATION AND TRAINING PROGRAMS

Authorized Under Section 303 of the *Rehabilitation Act*

The Demonstration and Training Programs provide competitive grants to—and authorizes RSA to enter into contracts with—eligible entities to expand and improve the provision of rehabilitation and other services authorized under the *Rehabilitation Act*. The grants and contracts are to further the purposes and policies of the *Rehabilitation Act* and to support activities that increase the provision, extent, availability, scope, and quality of rehabilitation services under the *Rehabilitation Act*, including related research and evaluation activities.

In addition, the Demonstration and Training Programs also encompass activities that were formerly conducted under the Evaluation and Program Improvement programs. These included small scale, short duration evaluation and data analysis projects, program improvement, and evaluation activities.

Sections 303(a), (c), and (d) of the *Rehabilitation Act* authorize demonstration projects designed specifically to increase client choice in the rehabilitation process, make information and training available to parents of individuals with disabilities, and provide braille training.

Section 303(b) of the *Rehabilitation Act* authorizes the support of projects that provide activities to demonstrate and implement methods of service delivery for individuals with disabilities and includes activities such as technical assistance, service demonstrations, systems change, special studies and evaluation, and the dissemination and utilization of project findings. Entities eligible for grants under Section 303(b) include state VR agencies, community rehabilitation programs, Indian tribes or tribal organizations, or other public or nonprofit agencies or organizations. Competitions may be limited to one or more type of entity. The program supports projects for up to 60 months. During that period, many projects provide comprehensive services that may demonstrate the application of innovative procedures that could lead to the successful achievement of employment outcomes.

Section 303(b) projects develop strategies that enhance the delivery of rehabilitation services by community-based programs and state VR agencies to meet the needs of underserved populations or underserved areas. Projects have been successful in creating intensive outreach and rehabilitation support systems, including benefits counseling, career development, and job placement assistance.

Special demonstration projects vary in their objectives. The objective for a number of the projects funded in the past has been to provide comprehensive services for individuals with disabilities that lead to successful employment outcomes. However, some projects funded under this authority do not relate directly to employment of individuals with disabilities. For example, some projects focus on braille training. Others focus on training parents of youths with disabilities. While these projects will ultimately affect employment and entry into the VR program, such outcomes may

occur only indirectly, or many years, after the project ends. For this reason, the program's outcome measure is as follows:

- Projects will be judged to have successfully implemented strategies that contribute to the expansion of services for the employment of individuals with disabilities according to the percent of projects that met their goals and objectives as established in their original applications.

Using this measure allows each project to be included in any evaluation of the Demonstration and Training Programs. Program outcome data using this measure have been collected on projects that ended after FY 2005.

Special Demonstrations for FY 2011 include the following:

- **Social Security Disability Insurance (SSDI) Demonstration.** In FY 2011, RSA continued funding for one grant under this program to the Institute on Community Inclusion (ICI) at the University of Massachusetts—Boston in the amount of \$1,041,647.82. The purpose of this project is to identify, develop, and implement a model demonstration project to improve outcomes for individuals receiving Social Security Disability Insurance (SSDI) who are served by state VR agencies. The project consists of a number of distinct phases including: 1) the identification of high-performing state VR agencies and “candidate factors and practices” by state VR agencies leading to in-depth case studies of the high-performing state VR agencies and their agencies’ factors and practices; 2) the creation of a demonstration laboratory for the evaluation of the intervention model; the lab will be developed with state VR agencies with a core component being the provision of substantive training and technical assistance; and selected state VR agencies will essentially serve as “incubators” for the intervention model; and 3) dissemination and replication including the development of training materials, curricula, procedures, and on-demand technical assistance initiatives. FY 2011 was the first year of operation of the grant, and the project has made significant progress in the identification of high-performing state VR agencies as well as the identification of candidate factors and practices for inclusion in a demonstration. Working with the ICI, Mathematica Policy Research conducted three waves of preliminary analyses to identify state VR agencies that have higher than average rankings of achieving earnings above SGA (substantial gainful activity) at closure for clients receiving SSDI. The project also secured permission to receive social security administrative data and to link that file with the RSA 911 data. Current analyses are examining factors at the state level (such as economic, demographic), state VR agency level (such as % SSDI, administrative, policy, and practice), and individual level (such as race, ethnicity, age, disability type) that are correlated with the rankings. These analyses will help to identify case study sites and to identify subject matter for that case study effort. The analyses will also help to identify methodological facilitators and challenges ahead such as sample characteristics of state VR agencies and of clients receiving SSDI.

- In FY 2011, RSA also continued funding in the amount of \$3,037,051 for six grants that focused on supporting projects that demonstrate the use of promising practices of collaborative transition planning and service delivery to improve the postsecondary education and employment outcomes of youths with disabilities. Grantees are implementing a model transition program that is designed to improve post-school outcomes of students with disabilities through the use of local interagency transition teams and the implementation of a coordinated set of promising practices and strategies. These grants are located in Ohio, Pennsylvania, Maryland, South Carolina, Massachusetts and Oregon.
- In FY 2011, funding in the amount of \$768,992 was awarded for six parent training and information grants, and the technical assistance center that supports them. These centers provide training and information to enable individuals with disabilities and parents, family members, guardians, advocates, or other authorized representatives of the individuals to participate more effectively with professionals in meeting the vocational, independent living and rehabilitation needs of individuals with disabilities.
- Three braille training grants received continuation funding in the amount of \$299,751. These projects provide training in the use of braille for personnel providing vocational rehabilitation services or educational services to youth and adults who are blind, thereby building the capacity of service providers who work with those individuals.
- RSA funded assistive technology (AT) device reutilization special demonstration projects from FY 2006 to FY 2010. The purpose of these projects was to demonstrate the feasibility of reusing assistive technology to benefit individuals with disabilities who may not have access to assistive technology through some other means. In FY 2011, in order to continue to maintain the investment that RSA made in these projects, RSA continued a project under a no-cost extension to provide technical assistance to the assistive technology reuse projects.

In FY 2011, the Demonstration and Training Program account was also used to fund projects formerly funded under Sections 12 and 14 of the *Rehabilitation Act*, Program Improvement and Evaluation, respectively. Funds used for program improvement purposes authorized under Section 12 increase program effectiveness, improve accountability, and enhance RSA's ability to address issues of national significance in achieving the purposes of the Rehabilitation Act. Program funds are awarded through grants and contracts and may be used to procure expertise to provide short-term training and technical instruction; conduct special projects and demonstrations; develop, collect, prepare, publish, and disseminate educational or informational materials; and carry out monitoring and evaluation activities. During FY 2011, RSA continued to support one project from the previous year and two new projects aimed at improving access to relevant and timely information.

- RSA's contract for the National Technical Assistance Center (NTAC) continued with the purpose of supporting the RSA technical assistance network website at <http://rsatac.ed.gov>. Through this website, the NTAC disseminates timely information on research findings, professional development opportunities, and technical assistance resources to the VR field and the public, in coordination with the RSA-funded Technical Assistance and Continuing Education (TACE) Centers, and the Centers on Vocational Rehabilitation Program Management and Rehabilitation Technology funded by the National Institute on Disability and Rehabilitation Research (NIDRR).
- In August of 2011, RSA conducted a National Financial Management Conference for its grantees to address training and technical assistance needs identified through monitoring reviews of the vocational rehabilitation program for the purpose of improving program performance. Training and technical assistance was provided by RSA financial management staff, representatives from the Department of Education's Office of the Chief Financial Officer and Office of the Inspector General as well as fiscal staff from state VR agencies regarding cost allocation and indirect cost rates; allowable sources of matching funds; fiscal and program planning; required documentation to support allowable costs and match; and practices that support third party cooperative arrangements. The ten TACE Centers were funded in the amount of \$278,881 to support this conference.
- In September of 2011, RSA awarded a two-year grant in the amount of \$799,989 for a National Technical Assistance Project to improve employment outcomes achieved through the vocational rehabilitation and Randolph-Sheppard Vending Facility programs. The focus of this grant is to provide training and technical assistance to program grantees through conferences, webinars, and the project technical assistance network website <http://rsatac.ed.gov> to address needs identified by monitoring reviews and needs assessments conducted by RSA. Initial plans include provision of five conferences and up to 36 webinars during the two-year project period to be jointly planned by RSA and the project grantee. This grant was awarded to The George Washington University, working in collaboration with the University of Arkansas and the National Clearinghouse of Rehabilitation Training Materials.

Contract Expenditures for FY 2011

There were several contract activities that occurred during FY 2011. A breakdown of FY 2011 funding follows:

- **Helen Keller National Center Evaluation (HKNC): \$173,924**

HKNC was funded in the amount of \$630,000 from December 2008-June, 2011. In 2011, \$173,924 was spent on the contract's final activities that included a performance measures report and the final evaluation report.

In FY 2011, the evaluation of the Helen Keller National Center (HKNC) concluded. The purpose of the HKNC evaluation was to provide RSA with independent and objective information by which to draw conclusions about the effectiveness, including cost effectiveness, of the HKNC. The evaluation provided a final report that identified characteristics of the populations served by HKNC and the extent to which HKNC effectively served clients with different needs. The evaluation examined the relationship between HKNC and VR agencies and how well HKNC met the needs of the agencies.

Finally, the evaluation included recommendations to improve HKNC programs and service delivery and included measures that could be used to assess ongoing performance of the HKNC, its regional staff and functions, and its national training program. These recommendations were: (1) taking remedial actions to address the scheduling of students to ensure adequate teaching resources are available during the training period to prevent delays in student training programs; (2) developing strategies for extending the reach of HKNC programs by emphasizing train-the-trainer programs, use of videoconferences, webinars, and video conferencing of conference presentations; and (3) improving follow-up support for clients transitioning back to their local communities, post-program placement activities, and coordination with VR agencies.

- Made recommendations for program adjustments or improvements based on study findings, including measures that could be implemented to assess ongoing performance.

There were five other Vocational Rehabilitation evaluation activities supported in FY 2011:

- **Supported Employment Evaluation: \$20,000**

These funds awarded to Westat allowed for an extensive reworking of the survey instrument for the supported employment evaluation and extended the timelines for this task. After departmental review, RSA refined the focus in order to gather more in-depth data.

- **Evaluation of Transition Demonstration Grants: \$46,803**

These funds covered two contract modifications awarded to Westat for the evaluation of RSA's six transition demonstration grants. These contract modifications provided for extending the term of the contract to accommodate the extensions of the grants being evaluated and provided additional technical support, including additional monthly calls and support in preparing final grant reports, especially concerning the replicability and sustainability of the programs.

- **Project Management: \$31,780**

FY 2011 funds were awarded to Westat for Project Management. These funds provided support for all FY 2012 management and reporting functions including quarterly reviews and monthly reporting.

- **Purchase Order for the Graphic Display of VR Data: \$10,952**

RSA acquired a graphic display of 12 variables (including closure outcomes) for all of the different impairment codes reported by VR agencies through the purchase order awarded to Westat.

- **Purchase Order for Fiscal Management Guide: \$25,000**

RSA acquired a training guide on the fiscal requirements for the VR programs. In addition to the training guide itself, RSA acquired PowerPoint training materials and an instructor's guide for each module through this purchase order awarded to American Institutes for Research.

MIGRANT AND SEASONAL FARMWORKERS PROGRAM

Authorized Under Section 304 of the *Rehabilitation Act*

The Migrant and Seasonal Farmworkers (MSFW) program makes comprehensive VR services available to migrant and seasonal farmworkers with disabilities. Projects under the program develop innovative methods for reaching and serving this population. Emphasis is given in these projects to outreach to migrant camps, to provide bilingual rehabilitation counseling to this population, and coordinate VR services with services from other sources. Projects provide VR services to migrant and seasonal farmworkers and to members of their families when such services will contribute to the rehabilitation of the worker with a disability. The goal of the MSFW program is to ensure that eligible migrant and seasonal farmworkers with disabilities receive rehabilitation services and increased employment opportunities.

Migrant and seasonal farmworkers with disabilities and their families are faced with many obstacles in securing employment. They are in need of highly individualized services to meet specific employment needs. Migrant and seasonal farmworkers encounter significant barriers to securing employment, such as language barriers, culturally diverse backgrounds, and relocation from state to state, making tracking individuals difficult, if not impossible.

The program is administered in coordination with other programs serving migrant and seasonal farmworkers, including programs under Title I of the *Elementary and Secondary Education Act of 1965*, Section 330 of the *Public Health Service Act*, the *Migrant and Seasonal Agricultural Worker Protection Act*, and *WIA*. In addition, RSA participates as a member of the Federal Migrant Interagency Committee to share information and develop strategies to improve the coordination and delivery of services to this population.

Projects funded in FY 2011 trained migrant and seasonal farmworkers with disabilities to develop other skills that can be applied outside the agricultural area to increase their prospects for entering new occupations. In addition, projects under this program worked directly with employers to create opportunities for on-the-job training and job placement. The GPRA performance indicator for this program is based upon the *RSA-911 Case Service Report* that collects data on the number of individuals whose cases are closed from state VR agencies each fiscal year. One element in the system reports on the number of persons who also participated in a MSFW project at some time during their VR program. This is the data element used to calculate the GPRA performance indicator for this program. The GPRA indicator for this program is shown below:

“Individuals who achieve employment outcomes: Within MSFW project-funded states, the percentage of migrant or seasonal farmworkers with disabilities served by the state VR and the MSFW projects who achieve employment outcomes are higher than those who do not access the MSFW project.”

Ten projects funded under this program in FY 2011 served a total of 55 individuals who were also served by the VR program and placed a total of 26 individuals into competitive employment, a 47.27 percent placement rate. During this same time period the VR program in those same 10 states that had a MSFW project served an additional 10 migrant and seasonal farmworkers who did not participate in a project funded under this program and placed a total of 8 individuals into competitive employment, an 80 percent placement rate. Therefore, the GPRA indicator was not met in FY 2011.

Another indicator was added to this program last year as shown below:

“Individuals who achieve employment outcomes: The percentage of migrant and seasonal farmworkers with disabilities served by the MSFW projects who achieve employment outcomes is higher than for the migrant and seasonal farmworkers with disabilities in states that do not have a MSFW project.”

The states that did not have a MSFW project served 1,324 migrant and seasonal farmworkers and placed a total of 813 individuals into competitive employment, a 61.4 percent placement rate. Therefore, the new GPRA indicator was also not met in FY 2011.

In order to implement the improvement plan for grantees under this program, RSA advised all of the MSFW grantees to begin collecting data on October 1, 2007, on eight new performance measures to report for FY 2008 year. The eight data elements and the data for the 10 continuation projects under this program for FY 2011 were as follows:

- Total number of MSFWs with disabilities who received vocational rehabilitation services from this project this reporting period. Total: 693
- Total number of MSFWs with disabilities who also receive vocational rehabilitation services from the state VR agency this reporting period. . Total: 452
- Total number of MSFWs with disabilities who achieved employment outcomes this reporting period. Total: 154
- Total number of MSFW with disabilities served who exited the program this year without achieving an employment outcome. Total: 83
- Total number of MSFWs with disabilities served who exited the program this reporting period without achieving an employment outcome but who were transferred to another state. Total: 13
- Percentage of MSFWs with disabilities served who achieved employment outcomes this year. Percentage: 22.2 percent

- Total number of MSFWs with disabilities who are still employed three months after achieving an employment outcome Total: 118
- Annual cost per participant who achieved an employment outcomeAverage Cost: \$66,047

The number of grants awarded under the MSFW program for fiscal years 2000–2011 is shown in table 6.

Table 6. Migrant and Seasonal Farmworkers Program: Number of Grants: Fiscal Years 2000–2011			
Fiscal Year	Continuation Grants	New Grants	Total Grants
2000	10	4	14
2001	11	4	15
2002	11	4	15
2003	13	1	14
2004	13	0	13
2005	9	4	13
2006	9	3	12
2007	8	3	11
2008	10	3	13
2009	13	0	13
2010	9	4	13
2011	10	0	10

Source: U.S. Department of Education, RSA, Annual Performance Report, 2011

PROJECTS WITH INDUSTRY

Authorized Under Section 611–612 of the *Rehabilitation Act*

The Projects With Industry (PWI) program creates and expands job and career opportunities for individuals with disabilities in the competitive labor market by engaging the participation of business and industry in the VR process. PWI projects promote the involvement of business and private industry through project-specific business advisory councils (BACs) that identify jobs and careers available in the community and provide advice on the appropriate skills and training for program participants. BACs are required to identify job and career availability within the community, consistent with the current and projected local employment opportunities identified by the local work force investment board for the community under *WIA*.

PWI grants are made to a variety of agencies and organizations, including businesses and industrial corporations, community rehabilitation programs, labor organizations, trade associations, Indian tribes, tribal organizations, designated state units, and foundations. Grants are awarded for either a three- or five-year period, and the federal share may not exceed 80 percent of the total cost of a project. In making awards under this program, the Secretary considers the equitable distribution of projects among the states.

PWI grantees must provide to RSA an annual performance report of project operations in accordance with established program evaluation standards and performance indicators. Specifically, Appendix A to the program regulations at 34 CFR 379 established seven standards to evaluate the performance of PWI grants.

Evaluation Standard 1:	The primary objective of the project must be to assist individuals with disabilities to obtain competitive employment. The activities carried out by the project must support the accomplishment of this objective.
Evaluation Standard 2:	The project must serve individuals with disabilities that impair their capacity to obtain competitive employment. In selecting persons to receive services priority must be given to individuals with significant disabilities.
Evaluation Standard 3:	The project must ensure the provision of services that will assist in the placement of individuals with disabilities.
Evaluation Standard 4:	Funds must be used to achieve the project's primary objective at minimum cost to the federal government.
Evaluation Standard 5:	The project's advisory council must provide policy guidance and assistance in the conduct of the project.
Evaluation Standard 6:	Working relationships, including partnerships, must be established with agencies and organizations to expand the project's capacity to meet its objectives.
Evaluation Standard 7:	The project must obtain positive results in assisting individuals with disabilities to obtain competitive employment.

RSA established five compliance indicators designed to measure the effectiveness of individual grants found in the program regulations at 34 CFR 379.53. A grantee must meet the minimum performance levels on the two “primary” program compliance indicators and any two of the three “secondary” compliance indicators, as identified below.

Compliance Indicator 1 (Primary):	Placement rate. (A minimum of 55 percent of individuals served by the project during fiscal year 2011 must be placed into competitive employment.)
Compliance Indicator 2 (Primary):	Change in earnings. (Based upon hours worked, projects must have an average increase in earnings of at least \$125 a week per individual placed in competitive employment or \$100 per week for those projects in which at least 75 percent of individuals placed into competitive employment are working fewer than 30 hours per week.)
Compliance Indicator 3 (Secondary):	Percent placed who have significant disabilities. (At least 50 percent of individuals served by the project who are placed into competitive employment are individuals who have significant disabilities.)
Compliance Indicator 4 (Secondary):	Percent placed who were previously unemployed. (At least 50 percent of individuals who are placed into competitive employment are individuals who were continuously unemployed for at least six months at the time of project entry.)
Compliance Indicator 5 (Secondary):	Average cost per placement. (The actual average cost per placement of individuals served by the project does not exceed 115 percent of the projected average cost per placement in the grantee’s application.)

Two of the compliance indicators also serve as the program’s measures established pursuant to *GPRA*. These measures, including FY 2011 performance results based on the reports of 57 grantees, are provided below.

- **Placement Rate** of individuals with disabilities into competitive employment. The placement rate for fiscal year 2011 was 59 percent, falling below the *GPRA* target measure of 63 percent.
- **Change in earnings** of individuals who are placed in competitive employment. In fiscal year 2011, the change in earnings of individuals who were placed in competitive employment averaged \$246.68 per week, which exceeded the measure’s *GPRA* target of \$263.

The PWI program has three additional *GPRA* measures that were added in FY 2006. These measures, including FY 2011 performance results based on the reports of 60 grantees, are provided below.

- **The percentage of exiting PWI participants who are placed in competitive employment.** The percentage of exiting participants who were placed in competitive employment during FY 2011 was 64 percent. While an increase over the percentage placed in FY 2010, this percentage cannot be measured against the current GPRA target measure because it has not been determined.
- **The percentage of PWI projects whose annual average cost per placement is no more than \$11,000.** In FY 2011, the percentage of projects whose annual average cost per placement was no more than \$11,000 was 91 percent, which exceeded the target of 77 percent.
- **The percentage of PWI projects whose annual average cost per participant is no more than \$4,500.** In FY 2011, the percentage of projects whose annual average cost per participant was no more than \$4,500 was 72 percent, which was below the target measure of 80 percent.

In order to receive continuation funding, PWI grantees must demonstrate compliance with the standards and indicators by submitting data for the most recent complete fiscal year. If a grantee does not demonstrate compliance on the basis of the previous fiscal year's data, the grantee has an opportunity to demonstrate compliance with the standards by submitting data from the first six months of the current fiscal year.

On September 30, 2010, the PWI projects completed the second year of their grant. Projects that failed to meet the performance measures in FY 2009, the first year of this grant cycle, were given an additional six months in FY 2010 to reach the required targets. Projects that did not reach the targets after the six-month period were not approved for continuation funds for FY 2011. Of the 67 projects originally funded in FY 2009, seven projects, or 10 percent, failed the compliance indicators and were not continued after FY 2010. This rate is much lower than in FY 2008, the last year of the previous grant cycle, when 23 percent of the projects failed. FY 2009 marked the beginning of a new five-year grant cycle. These newly funded grants included a number of novice grantees. The Notice Inviting Applications (NIA) included priority points awarded to novice applicants resulting in a number of novice grants greater than under previous grant cycles. Unlike more experienced grantees, novice grantees face the challenge of start-up activities, including publicizing the availability of the grant's services and securing qualified staff. We believe the combination of the new grant cycle, a greater number of novice grants awarded than in previous grant cycles and the downturn in the economy contributed to the program being unable to meet the above targets.

Table 7 on the following page presents selected performance information for the PWI program for fiscal years 2010 and 2011. In FY 2011, there were 57 projects in operation. The 57 PWI projects operating and reporting data in FY 2011 placed 81 percent of the total 5,091 individuals served into competitive employment. Approximately 89 percent of the total number of individuals served and 59 percent of individuals placed were individuals with significant disabilities. About 76 percent of

individuals served and 49 percent of individuals placed in employment were individuals who were unemployed six months or more prior to program entry. In FY 2011, the placement rate for individuals with significant disabilities (percentage of individuals with significant disabilities served who were placed in employment) was 59 percent.

Table 7. Projects With Industry Program Outcomes:* Fiscal Years 2010 and 2011

Fiscal Year	2010	2011
Total projects reporting	67	57
Total persons served	6,519	5,704
Persons served with significant disabilities	5,803	5,091
Percentage served with significant disabilities	89%	89%
Persons served who were unemployed six months or more	4,988	4,378
Percentage served who were unemployed six months or more	77%	76%
Total persons placed in employment	3,955	3,729
Percentage of total persons placed in employment	60%	65%
Persons placed with significant disabilities	3,535	3,387
Percentage of individuals with significant disabilities placed in employment	89%	59%
Persons placed who were unemployed six months or more in employment	2,981	2,833
Percentage of previously unemployed individuals placed in employment	75%	49%
Placement rate of individuals with significant disabilities	61%	57%
Placement rate of previously unemployed individuals	60%	53%

* In previous years, PWI grantees were reporting total new persons served each fiscal year. In FY 2005, the data collection instrument was revised and started requiring grantees to report new and continuing persons served. The individuals identified as new persons served include all persons who completed the project's intake process and who were determined eligible to receive project services during the reporting period. The individuals identified as continuing served include those who were determined eligible and received PWI services prior to the current reporting period and continued to receive project services during the reporting period.

Source: U.S. Department of Education, RSA, 2011e

To improve grantee performance and data quality, RSA has: (1) implemented a plan to improve grantee data collection and reporting by providing technical assistance to grantees on the program in the form of group teleconference calls and technical assistance documents; (2) revised the program measures to be comparable with other job training programs; (3) improved the use and transparency of project data to manage and improve the program, including posting summary analyses and key data on the Department's website; and (4) developed and implemented a plan to meet the program's statutory requirement for onsite compliance reviews.

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM

Authorized Under the *Randolph-Sheppard Act* and
Section 103(b)(1) of the *Rehabilitation Act*

Section 103(b)(1) of the *Rehabilitation Act* states that VR services, when provided to groups, can include management, supervision and other services to improve businesses operated by significantly disabled individuals. State VR agencies, therefore, are authorized to use funds under the VR program to support the Randolph-Sheppard Vending Facility Program, which is authorized under the *Randolph-Sheppard Act*. The original intent of the *Randolph-Sheppard Act* was to enhance employment opportunities for blind individuals who are trained and licensed to operate vending facilities.

Also known as the Business Enterprise Program, the *Randolph-Sheppard Act* Vending Facility Program is supported by a combination of RSA program funds, state appropriations, federal vending machine income, and levied set-asides from vendors.

It provides persons who are blind with remunerative employment and self-support through the operation of vending facilities on federal and other property. The program recruits qualified individuals who are blind, trains them on the management and operation of small business enterprises, and then licenses qualified blind vendors to operate the facilities.

At the outset, the program placed sundry stands in the lobbies of federal office buildings and post offices selling such items as newspapers, magazines, candies and tobacco products. Through the years, the program has grown and broadened from federal locations to also include state, county, municipal and private installations, as well as interstate highway rest areas. Operations have expanded to include military mess halls, cafeterias, snack bars, and miscellaneous shops and facilities comprised of vending machines.

RSA administers the *Randolph-Sheppard Act* in accordance with the goals of providing blind individuals with remunerative employment, enlarging the economic opportunities of blind persons and encouraging blind individuals to strive to become self-supporting. To this end, RSA has established standards and performance indicators to encourage state agencies to increase average earnings of individuals in the program.

The data contained in table 8 on the following page was obtained from the Vending Facility Program Report, Form RSA-15, for FY 2011. The total gross income for the program was \$770.8 million in FY 2011, compared to \$792.6 million in FY 2010. The total earnings of all vendors were \$135.3 million in FY 2011 and \$122.3 million in FY 2010. The national average annual net earnings of vendors were \$62,486 in FY 2011, and \$56,168 in FY 2010. The number of vendors at the end of FY 2011 was 2,261 compared to 2,319 in FY 2010, a decrease of 52 vendors. The total number of vending facilities at the end of FY 2011 was 2,484 compared to 2,505 in FY 2010.

**Table 8. Randolph-Sheppard Vending Facility Program Outcomes:
Fiscal Years 2010 and 2011**

	FY 2010	FY 2011
Income and Earnings		
Gross Income	\$792,613,306	\$770,875,568
Vendor Earnings	\$122,398,938	\$135,301,488
Average Earnings	\$56,168	\$62,486
Number of Vendors		
Federal Locations	818	788
Nonfederal Locations	1,501	1,473
Total Vendors	2,319	2,261
Number of Vending Facilities		
Federal Locations	873	864
Nonfederal Locations	1,635	1,620
Total Facilities	2,505	2,484

Source: U.S. Department of Education, RSA, 2011f

INDEPENDENT LIVING AND COMMUNITY INTEGRATION

The purpose of the independent living (IL) programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into the mainstream of American society. Title VII of the *Rehabilitation Act* authorizes financial assistance to provide, expand and improve IL services; to develop and support statewide networks of centers for independent living (CILs); and to improve working relationships among state IL programs, CILs, statewide independent living councils (SILCs), other programs authorized by the *Rehabilitation Act*, and other federal, state, local and nongovernmental programs.

STATE INDEPENDENT LIVING SERVICES PROGRAM

Authorized Under Title VII, Chapter I, Part B of the *Rehabilitation Act*

The State Independent Living Services (SILS) Program provides formula grants, based on population, to states for the purpose of funding, directly and/or through grant or contractual arrangements, one or more of the following activities:

- Supporting the operation of SILCs;
- Demonstrating ways to expand and improve IL services;
- Providing IL services;
- Supporting the operation of CILs;
- Increasing the capacity of public or nonprofit organizations and other entities to develop comprehensive approaches or systems for providing IL services;
- Conducting studies and analyses, developing model policies and procedures, and presenting information, approaches, strategies, findings, conclusions, and recommendations to federal, state and local policymakers in order to enhance IL services;
- Training service providers and individuals with disabilities on the IL philosophy; and
- Providing outreach to populations that are unserved or underserved by IL programs, including minority groups and urban and rural populations.

To be eligible for financial assistance, states are required to establish a SILC and to submit a state plan for independent living jointly developed and signed by the chairperson of the SILC and the director of the designated state unit (DSU). States participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

CENTERS FOR INDEPENDENT LIVING PROGRAM

Authorized Under Title VII, Chapter I, Part C, of the *Rehabilitation Act*

The Centers for Independent Living (CIL) program provides grants to consumer-controlled, community-based, cross-disability⁹, nonresidential, private nonprofit agencies for the provision of IL services to individuals with significant disabilities. At a minimum, centers funded by the program are required to provide the following IL core services: information and referral, IL skills training, peer counseling, and individual and systems advocacy. Centers also may provide psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment.

**Table 9. Centers for Independent Living Program
Accomplishments: Fiscal Year 2011**

In FY 2011, CILs nationwide served over 235,216 individuals with significant disabilities. A few examples of their beneficial impact on individuals follows:

- 3,881 individuals were relocated from nursing homes or other institutions to community-based living arrangements.
- 45,199 individuals received assistive technology or rehabilitation services.
- 70,940 individuals received IL skills training and life skills training.
- 41,967 individuals received IL services related to securing housing or shelter.
- 25,060 individuals received services related to transportation; and
- 38,707 individuals received personal assistance services.

Source: U.S. Department of Education, 2011a

The *Rehabilitation Act* establishes a set of standards and assurances that eligible centers are required to meet. In order to continue receiving CIL program funding, centers must demonstrate minimum compliance with the following evaluation standards: promotion of the IL philosophy, provision of IL services on a cross-disability basis, support for the development and achievement of IL goals chosen by the consumer, efforts to increase the availability of quality community options for IL, provision of IL core services, resource development activities to secure other funding sources, and community capacity-building activities.

A population-based formula determines the total funding available for discretionary grants to centers in each state. Subject to the availability of appropriations, the RSA Commissioner is required to fund centers that existed as of FY 1997 at the same level of

⁹ Cross-disability means (according to the program regulations at 34 CFR 364.4), with respect to a CIL, that a center provides IL services to individuals representing a range of significant disabilities and does not require the presence of one or more specific significant disabilities before determining that an individual is eligible for IL services.

funding they received the prior fiscal year and to provide them with a cost-of-living increase. Funding for new centers in a state is awarded on a competitive basis, based on the state's priority designation of unserved or underserved areas and the availability of funds within the state. In FY 2011, there were 356 CILs operating nationwide that received funds under this program. If a state's funding for the CIL program exceeds the federal allotment to the state, the state may apply for the authority to award grants and administer this program through its DSU. Two states, Massachusetts and Minnesota, have chosen to exercise this authority.

CILs are required to submit an annual performance report. The report tracks sources, amounts, and allocation of funds; numbers and demographic breakdowns of consumers served; services rendered and consumer outcomes achieved; and major accomplishments, challenges, opportunities, and other IL program activities within the state.

RSA also provides training and technical assistance services to CILs and SILCs nationwide through a portion of the CIL program funds, in accordance with Section 721 of the *Rehabilitation Act*.

American Recovery and Reinvestment Act of 2009

The *American Recovery and Reinvestment Act of 2009 (ARRA)* authorized CILs to expend \$87,500,000 in ARRA funds over a five-year period. During FY 2011, these funds continued to enable CILs to create or expand IL programs to help individuals with significant disabilities to transition from institutions to their communities; pursue postsecondary education, employment and independent living opportunities; improve their quality of life through assistive technology and rehabilitation engineering services; and achieve their life goals through increased availability of information and referral, IL skills, peer counseling, and individual and systems advocacy services. In addition, the ARRA funds also enabled 20 newly competed CILs to begin providing IL services to individuals with significant disabilities in nine states.

INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

Authorized Under Title VII, Chapter 2, of the *Rehabilitation Act*

The Independent Living Services for Older Individuals Who Are Blind (OIB) program delivers IL services to individuals who are 55 years of age or older and whose significant visual impairment makes competitive employment difficult to attain but for whom IL goals are feasible. These services assist older individuals who are blind in coping with activities of daily living and increasing their functional independence by providing adaptive aids and services, orientation and mobility training, training in communication skills and braille instruction, information and referral services, peer counseling, and individual advocacy instruction. Through such services, the OIB program extends the independence and quality of life for older Americans while offering alternatives to costly long-term institutionalization and care.

The *Rehabilitation Act* provides that, in any fiscal year in which appropriations to this program exceed \$13 million, grants will be made on a formula basis rather than on a discretionary basis. Since FY 2000, formula grants have been made to state agencies for the blind or, in states that have no such agency, to state VR agencies. States participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

In FY 2011, the total chapter 2 funds expended on the OIB program was \$43,480,807, 4.29 percent more than the total amount expended in FY 2010. This amount includes some *ARRA* funds that were carried over to be used in FY 2011. In addition to federal funding under Title VII, Chapter 2, the OIB program received nonfederal support. In FY 2011, the nonfederal source of funding and in-kind support for the 56 OIB grantees was \$1,888,852; 39.27 percent less than in FY 2010. This funding promotes the sustainability of the state-operated programs nationwide and builds the capacity of states to address the vastly growing numbers of older individuals with blindness and visual impairment. Approximately one in six older individuals over the age of 65 experience age-related vision loss.

The OIB program continued to see an increase in services delivered to consumers that have other severe or multiple disabilities in addition to a significant visual impairment. In FY 2011, some 71,696 older individuals nationwide benefited from the IL services provided through this program, up 2.80 percent from FY 2010.

To maximize program performance and accountability, RSA has developed new outcomes-based performance indicators.¹⁰ These indicators will help RSA to track the percentage of consumers reporting increased independence and community integration and to provide the necessary recommendations and technical assistance to achieve continuous improvements in the OIB program.

RECREATIONAL PROGRAM

Authorized Under Section 305 of the *Rehabilitation Act*

The Recreational Program for individuals with disabilities is authorized under Section 305 of the *Rehabilitation Act* and implemented by the program regulations in 34 CFR Part 369. The goal for the program is to provide recreational activities and related experiences for individuals with disabilities that can be expected to aid in their employment, mobility, independence, socialization, and community integration.

The program awards discretionary grants on a competitive basis to states, public agencies and private nonprofit organizations, including institutions of higher education. Projects funded under this program must provide recreational activities for individuals with disabilities in settings with peers without disabilities when possible and appropriate.

¹⁰ These performance indicators can be found at <http://www.rsa.ed.gov/display.cfm?pageid=73>.

Grants are available for periods of up to three years. The federal share of the costs of the Recreational Program is 100 percent for the first year, 75 percent of first year funding for the second year and 50 percent of first year funding for the third year. Projects funded under this program authority are required to provide a nonfederal match (cash or in-kind contribution or both) for year two, at 25 percent of year one federal funding, and for year three at 50 percent of year one federal funding.

Table 10 below shows the number of new and continuation recreational grants funded over a five-year period, as well as the total of the two.

Table 10. Number of Recreational Programs: Number of Continuation and New Grant Awards: Fiscal Years 2006–2011			
Fiscal Year	Continuation Awards	New Awards	Total Awards
2006	17	8	25
2007	17	9	26
2008	18	6	24
2009	15	10	25
2010	16	9	25
2011	0	0	0

Source: U.S. Department of Education, OSERS, RSA, 2011f

The objective for the Recreational Program is to sustain the activities initiated by the grant after federal funding ceases. This objective under the *GPRA* requirements is used to demonstrate a link between the mandated goal of this program and the needs of the communities where the grants are funded. Grantees must describe in their applications the manner in which the program will be continued after federal funding has ended. Surveys of grants closed in the three years previous to 2009 indicated that 70 to 80 percent of these projects continued some substantial grant activities after federal funding ceased.

The connection between recreational activities and the creation of employment opportunities is evident in the following project which received funding through September 30, 2011. Even in the short time of less than a year's funding, it accomplished a number of the goals originally proposed.

Project RANCH (Recreation Aquatics, Networking, Camps & Horse therapy) is serving individuals with disabilities who reside at the base of the Appalachian Mountains in North Georgia. Project RANCH participants and their families are offered quality, accessible, and targeted services for Catoosa, Chattooga, Murray, Walker, and Whitfield County adults and transitioning youths with disabilities in settings with peers who are individuals without disabilities.

The grantee, the North Georgia Healthcare Center has partnered with Heartland Ranch to achieve three goals: (1) increasing employment, mobility, socialization, independence, and community integration opportunities for transitioning youth in the 5 service counties, (2) increasing opportunities for participation for the targeted group,

and (3) increasing awareness, sensitivity, and best practices for individuals with disabilities.

In serving a planned targeted population of 125 individuals with disabilities, special efforts are being made to recruit and retain underserved and underrepresented minorities. The project includes the following outcomes:

- Learning skills for employment, mobility, and socialization.
- Activities that assess the unique needs of the participants.
- To integrate individuals with disabilities within the communities as productive workforce contributors.
- Increased independence opportunities through program participation.
- To create a best practices model for replication in rural and non-rural settings, inclusive of special and conventional populations.

Due to the reduction in overall federal funding, the Recreation Program was defunded as of September 30, 2011.

TECHNICAL ASSISTANCE, TRAINING, AND SUPPORT

RSA operates and provides funding for a number of programs that support the central work of the VR program. These support programs frequently are discretionary programs that have been established to provide funding for addressing new and emerging needs of individuals with disabilities. They may, for example, provide technical assistance for more efficient management of service provision, open opportunities for previously underserved populations, initiate partnerships with the business community, and help establish an atmosphere of independence and self-confidence among individuals with disabilities that fosters competitive employment. They include training efforts designed to qualify new personnel and expand the knowledge and skills of current professionals through recurrent training, continuing education, and professional development.

CAPACITY-BUILDING FOR TRADITIONALLY UNDERSERVED POPULATIONS

Authorized Under Section 21 of the *Rehabilitation Act*

Section 21 requires RSA and NIDRR to reserve one percent of funds appropriated each year for programs under Titles III, VI and VII to make awards to minority entities and Indian tribes to carry out activities under the *Rehabilitation Act* and to state or public or private nonprofit agencies to support capacity-building projects designed to provide outreach and technical assistance to minority entities and American Indian tribes to promote their participation in activities under the *Rehabilitation Act*. In FY 2011, \$2,106,110 was reserved from programs administered by RSA under Titles III, VI and VII for these purposes.

The 1998 amendments to the *Rehabilitation Act* define minority entities as historically black colleges and universities, Hispanic-serving institutions of higher education, American Indian tribal colleges or universities, and other institutions of higher learning whose minority student enrollment is at least 50 percent. Capacity-building projects are designed to expand the service-providing capabilities of these entities and American Indian tribes and increase their participation in activities funded under the *Rehabilitation Act*. Training and technical assistance activities funded under the *Rehabilitation Act* may include training on the mission of RSA, RSA-funded programs, disability legislation and other pertinent subjects to increase awareness of RSA and its programs.

In FY 2011, RSA awarded nine new grants under the RSA Rehabilitation Capacity-Building program under two priority areas. The two priority areas were: (Priority 1) Establishing New Rehabilitation Training Programs (CFDA 84.315C) and (Priority 2) Capacity-building for Minority Entities (CFDA 84.315D). Four grants were awarded under Priority 1 and five under Priority 2. In terms of minority institutions receiving these grants—one grant was awarded to a Hispanic-serving institution of higher education and five grants were awarded to historically black colleges and universities (HBCUs).

FY 2011 funds awarded to these nine grants provided support for the second year of their activities.

NIDDR's Section 21 activities are discussed in NIDDR's section of this report.

REHABILITATION TRAINING PROGRAM

Authorized Under Section 302 of the *Rehabilitation Act*

The purpose of the Rehabilitation Training Program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities assisted through VR, supported employment, and IL programs. To that end, the program supports training and related activities designed to increase the number of qualified personnel trained in providing rehabilitation services.

Grants and contracts under this program authority are awarded to states and public and private nonprofit agencies and organizations, including institutions of higher education, to pay part of the cost of conducting training programs. Awards can be made in any of 31 long-term training fields, in addition to awards for continuing education, short-term training, experimental and innovative training, and training interpreters for persons who are deaf or hard-of-hearing, and persons who are deaf-blind. These training programs vary in terms of content, methodology and audience.

In FY 2011, RSA funded 277 training grants. These grants cover a broad array of areas, including 163 long-term training grants, 94 in-service training grants to state VR agencies, six grants to provide quality educational opportunities for interpreters at all skill levels, 10 grants providing technical assistance and continuing education to state VR agencies and their partners, and four short-term or general rehabilitation training grants. Together, these grants support the public vocational rehabilitation system through recruiting and training well-qualified staff and maintaining and upgrading their skills once they begin working within the system.

The long-term training program supports academic training grants that are awarded to colleges and universities with undergraduate and graduate programs in the field of rehabilitation. Grantees must direct 75 percent of the funds they receive to trainee scholarships. The statute requires trainees who receive assistance either to work two years for every year of assistance in public or private nonprofit rehabilitation or related agencies, including professional corporations or professional practice groups that have service arrangements with a state agency, or to pay back the assistance they received. Grant recipients under the long-term training program are required to build closer relationships between training institutions and state VR agencies, promote careers in VR, identify potential employers who would meet the trainee's payback requirements, and ensure that data on the employment of students are accurate. In FY 2011, RSA funded 163 such grants all of which are continuation grants in 11 specialty areas.

Under Title I of the *Rehabilitation Act*, each state is required to develop a Comprehensive System of Personnel Development (CSPD). The CSPD requirements include establishing procedures to ensure that there is an adequate supply of qualified staff for the state agency, assessing personnel needs and making projections for future needs, and addressing current and projected personnel training needs. States are further required to develop and maintain policies and procedures for job-specific personnel standards that are consistent with national or state-approved certification, licensure and registration requirements or, in the absence of these requirements, other state personnel requirements for comparable positions. If a state's current personnel do not meet the highest requirements for personnel standards within the state the CSPD must identify the steps the state will take to upgrade the qualifications of its staff, through retraining or hiring.

Of the funds appropriated for the Rehabilitation Training Program, 15 percent must be used to support in-service training. During FY 2011, the Rehabilitation Training Program made 75 basic in-service training awards and 19 quality in-service training awards to state VR agencies totaling \$5,337,254 to support projects for training state VR agency personnel in program areas essential to the effective management of the VR programs under the *Rehabilitation Act* and in skill areas that enable VR personnel to improve their ability to provide VR services leading to employment outcomes for individuals with disabilities. The In-Service Training Program continued to play a critical role in helping state VR agencies to develop and implement their CSPD standards for hiring, training and retaining qualified rehabilitation professionals; provide for succession planning; provide leadership development and capacity-building; and provide training on the *Rehabilitation Act* in their respective states.

In addition to the assistance provided through the In-Service Training Program, state VR agencies had two other sources of assistance to help them meet their CSPD requirements. In FY 2011, one source of funding was \$2,097,000 that RSA provided for 11 continuation CSPD grants under the Long-Term Training Program to help retrain VR counselors to comply with the state's degree standard. These 11 CSPD grants are among the 163 long-term training grants that RSA awarded in FY 2011. The other source of assistance was funding under the Title I VR program which the state VR agency may also use to comply with the CSPD requirements.

In FY 2011, RSA continued to fund 10 regional Technical Assistance and Continuing Education (TACE) Centers. Grants for the 10 TACE Centers totaled \$7,499,246. Eight of the 10 TACE Centers were awarded at the end of FY 2008 with the remaining two awarded at the beginning of FY 2009. Under five-year cooperative agreements, the TACE Centers provide technical assistance and continuing education to state VR agencies and their partners to improve their performance under and compliance with the *Rehabilitation Act*. TACE Centers are required to conduct annual needs assessments of their regions to identify the performance and compliance needs of the state VR agencies they serve. Using these needs assessments, the centers then create work plans that identify the nature and scope of technical assistance and continuing education they will provide. The 10 TACE Centers during FY 2011 worked

closely with state VR agencies to address a variety of concerns. Most importantly, the TACE Centers have worked with these state agencies and their community partners to address budget shortfalls, agency restructuring/downsizing and service priorities. In addition, the TACE Centers also provided technical support in improving employment outcomes for people with disabilities who continue to experience higher unemployment rates than their nondisabled counterparts.

The Rehabilitation Training Program also sponsors an annual conference of rehabilitation educators and state agencies to discuss human resource issues and solutions. The Rehabilitation Educator's Conference took place in Arlington, Virginia, on October 17-19, 2010. The theme of the conference was "Creating and Maintaining Partnerships." The Rehabilitation Training Program also sponsored a three-day forum for new state VR administrators, directors of state VR agencies for the blind, tribal VR agency directors, chief deputies, and chairs of the State Rehabilitation Councils (SRCs). The annual forum is designed to ensure that rehabilitation executives have the content and leadership skills to meet the challenges of the state VR system.

Program Performance Data:

For FY 2011, the following data are available to measure the performance of the Rehabilitation Training Program:

- In FY 2011, the percentage of master's-level counseling graduates who received assistance under the Rehabilitation Long-Term Training program and who reported fulfilling their payback requirements through qualifying employment was 82.8 percent. This figure represents a slight increase from the 81.5 percent who reported achieving qualifying employment in FY 2010.
- In FY 2011, the percentage of master's-level counseling graduates who received assistance under the Rehabilitation Long-Term Training program and who reported fulfilling their payback requirement through employment in state VR agencies was 37.1 percent. This figure represents a decrease from the 39.9 percent who reported being employed in state VR agencies in FY 2010.
- The number of RSA-supported scholars who graduated during FY 2011 was 5,008, representing an increase over the 4,209 scholars who graduated in FY 2010.
- The number of current scholars supported by RSA scholarships was 2,645, a slight decrease from 2,713 in FY 2010.

Allocations

The allocation of rehabilitation training grant funds for FY 2011 is shown in table 11 on the following page. Funds have been shifted to programs designed to meet the critical need

to train current and new counselors to meet state agency personnel needs as retirement levels increase.

Table 11. Rehabilitation Training Program: Number of Grants and Funding Amounts: Fiscal Year 2011

	Number of Awards FY 2011	Grant Amount
Long-Term Training		
Rehabilitation Counseling	81	\$10,732,069.94
Rehabilitation Administration	3	\$300,000.00
Rehabilitation Technology	4	\$306,533.00
Vocational Evaluation/Adjustment	7	\$699,916.00
Rehabilitation of Mentally Ill	10	\$951,529.00
Rehabilitation Psychology	2	\$196,809.00
Undergraduate Education	18	\$974,836.00
Rehabilitation of the Blind	16	\$1,454,785.00
Rehabilitation of the Deaf	10	\$728,531.00
Job Development/Placement	9	\$897,570.00
CSPD Priority	11	\$2,097,000.00
Other Training Totals	163	\$19,339,578.94
Short-Term Training		
Short-Term Training	2	\$449,993.00
Institute for Rehabilitation Issues	1	\$189,997.00
In-Service Training (Basic)	75	\$4,148,795.00
In-Service Training (Quality)	19	\$1,188,459.00
Interpreter Training	6	\$2,099,978.00
Clearinghouse	1	\$300,000.00
TACE Centers	10	\$7,499,246.00
Peer Review		\$9,830.06
Sec. 21 set-aside		\$355,817.00
Other Training Totals	114	\$16,242,115.06
Grand Totals	277	\$35,581,694.00

Source: U.S. Department of Education, 2011f.

INSTITUTE ON REHABILITATION ISSUES

The Rehabilitation Training Program supports the Institute on Rehabilitation Issues (IRI) to discuss and debate contemporary VR service delivery challenges and then to develop and disseminate publications.

The IRI is an annual activity and RSA funds are provided to George Washington University and the University of Arkansas to coordinate two separate study groups composed of experts from all facets of the disability community.

These publications are used in training VR professionals and as technical assistance resources for other stakeholders in the VR program. Since its inception, the IRI has served to exemplify the unique partnerships among the federal and state governments, the university training programs, and persons served by the VR agencies. The IRI publications are posted on the two university websites, where they are readily accessible by persons interested in the topics. VR counselors obtain continuing education credits applicable to maintaining their certification as certified rehabilitation counselors by completing a questionnaire based on the content of an IRI publication. In FY 2011, one publication was developed—*Understanding the Impact of Health Care Reform on the Employment and Independence of Individuals with Disabilities*.

EVALUATION, RESEARCH AND INFORMATION DISSEMINATION

To improve the delivery of services to individuals with disabilities, the *Rehabilitation Act* requires the distribution of practical and scientific information regarding state-of-the-art practices, scientific breakthroughs and new knowledge regarding disabilities. To address those requirements, RSA funds and promotes a variety of research and demonstration projects, training programs, and a range of information dissemination projects designed to generate and make available critical data and information to appropriate audiences.

THE NATIONAL CLEARINGHOUSE OF REHABILITATION TRAINING MATERIALS Authorized Under Section 15 of the *Rehabilitation Act*

The National Clearinghouse of Rehabilitation Training Materials (NCRTM), located at Utah State University in Logan, Utah, responds to inquiries and provides the public with information about what is going on in the rehabilitation community. Inquiries usually come from individuals with disabilities, their families, national organizations, other federal and state agencies, information providers, the news media, and the general public. Most inquiries are related to federal funding, legislation affecting individuals with disabilities, and federal programs and policies. These inquiries are often referred to other appropriate sources of disability-related information and assistance.

Information provided varies. The NCTRM digital library is an archive of historical and contemporary documents that can include white papers, conference proceedings, books and journals (in the public domain or with permission), assessment tools, manuals, training modules, training programs, slide presentations, memos, maps and tables, audio and video recordings of educational (e.g., webinars, video lectures, interviews, and conference recordings) or historical events, research findings and tools—virtually any information that serves practitioners, educators, researchers, managers or consumers under the aegis of the *Rehabilitation Act*. The website itself provides additional information including job openings, calendar of events, links to partner sites, and open forums on topics of interest.

Historically, NCRTM disseminated materials by sending hard copies to customers who were charged copy and mailing costs. Since moving to Utah State University the dissemination process has been digitized. This has resulted in the elimination of waste and increased efficiency in reaching constituents.

During FY 2011, NCRTM sold 1,923 items to customers. These were primarily VR career marketing materials that were produced in hard copy. The digital versions are available to constituents online, free of charge, through the NCRTM website. The NCRTM newsletter is sent by e-mail to approximately 1,200 individuals each quarter.

Website usage data is collected through Google Analytics. During FY 2011, there were 66,607 visits to the website, with 6,558 library documents downloaded.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

Authorized Under Sections 200–204 of the Rehabilitation Act

Managed by the Office of Special Education and Rehabilitative Services

Created in 1978, the National Institute on Disability and Rehabilitation Research (NIDRR) conducts comprehensive and coordinated research programs to assist individuals with disabilities. NIDRR activities are designed to improve the economic and social self-sufficiency of these individuals, with particular emphasis on improving the effectiveness of services authorized under the *Rehabilitation Act*.

The primary role of NIDRR is to provide a comprehensive and coordinated program of research and related activities to advance knowledge and inform and improve policy, practice and system capacity to maximize the inclusion and social integration, health and function, employment, and independent living of individuals with disabilities of all ages.

To address this role, NIDRR supports rehabilitation research and development centers, demonstration projects, and related activities, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. In addition, NIDRR supports projects to disseminate and promote the use of information about development of rehabilitation procedures, methods, and devices. Information is provided to rehabilitation professionals and to persons with disabilities and their representatives.

NIDRR also supports data analyses on the demographics of individuals with disabilities and provides that information to policymakers, administrators, and other relevant groups. Awards are competitive, with applications reviewed by panel experts, including rehabilitation professionals, rehabilitation researchers, and persons with disabilities.

NIDRR's Research Program Mechanisms and Selected Accomplishments for 2011

NIDRR is unique among the offices that administer programs for individuals with disabilities within the Department. In contrast to the RSA and the Office of Special Education Programs (OSEP), which implement and monitor nationwide service programs, NIDRR fulfills its mission through targeted investments in research, dissemination, and capacity-building activities across 11 discretionary grant funding mechanisms. Each of these mechanisms is described below along with selected accomplishments that highlight how the results of NIDRR funding are contributing to the goals of Title II of the *Rehabilitation Act*. Three other categories of NIDRR accomplishments also are reported under this section – Interagency Committee on Disability Research (ICDR), Peer-Reviewed Publications, and 2011 NIDRR Allocations. Consistent with guidance provided by OMB for NIDRR performance measurement, all accomplishments reported by NIDRR consist of either *outputs* or *outcomes*. *Outputs* constitute the direct results of NIDRR-funded research and related activities and include products resulting from a program's activities (e.g., study findings or publications) that are provided to external audiences outside of the boundaries of the project conducting the activities. *Outcomes*, on the other hand, describe the intended results or

consequences of NIDRR-funded activities for beneficiaries and consist of advances in knowledge and understanding (i.e., short-term outcomes) and changes or improvements in policy, practice, and system capacity (i.e., intermediate outcomes).

The 12 categories of NIDRR accomplishments described in this report were taken from the FY 2011 annual performance reports (APRs) of NIDRR grantees. The outputs and outcomes reported cover the period between June 1, 2010, and May 31, 2011. In a few instances, the accomplishments reported also cover the last four months of FY 2011, June through September. The accomplishments reported were selected based on an internal review by NIDRR project officers of the APRs completed by grantees for 2011. All accomplishments reported were in 2011, although the research activities on which they are based may have occurred in previous years.

1. Rehabilitation Research and Training Centers

Rehabilitation Research and Training Centers (RRTCs) conduct coordinated, integrated and advanced programs of research, training and information dissemination in general problem areas that are specified by NIDRR. More specifically, RRTCs conduct research to improve rehabilitation methodology and service delivery systems, alleviate or stabilize disabling conditions, and promote maximum social and economic independence for individuals with disabilities; provide training, including graduate, pre-service and in-service training, to assist rehabilitation personnel to more effectively provide rehabilitation services to individuals with disabilities; and serve as centers of national excellence in rehabilitation research for providers and for individuals with disabilities and their representatives. RRTCs develop methods, procedures and rehabilitation technologies that are intended to maximize the full inclusion and integration of individuals with disabilities, especially individuals with significant disabilities, into society by improving outcomes in the areas of employment, independent living, family support, and economic and social self-sufficiency.

The following are examples of RRTC accomplishments reported to NIDRR in FY 2011:

- **Groundbreaking Study Demonstrates the Effectiveness of Peer-Delivered Program for Self-Management of Psychiatric Disability.** Researchers at the RRTC on Psychiatric Disability (Grant # H133B050003) at the University of Illinois at Chicago, demonstrated that the illness self-management intervention, Wellness Recovery Action Planning (WRAP), when delivered by peers who have recovered from serious mental illness, significantly reduces the severity of psychiatric symptoms, enhances quality of life, and increases hopefulness over time, compared to services as usual. The study established that a well-trained and properly supported peer workforce can deliver WRAP in successive waves to hundreds of individuals with psychiatric disabilities over a multi-year period. Publication of the study's findings resulted in WRAP being included in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), a searchable online registry of more than 190 independently reviewed interventions that support mental health promotion, substance abuse prevention, and mental

health and substance abuse treatment. This registry assists policymakers, funders, and the general public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. In carrying out this pioneering study, the RRTC demonstrated that it is possible to conduct a multi-site, randomized controlled trial (RCT) study of a peer-delivered wellness intervention. The report of findings is available in a peer-reviewed publication, Cook, J.A., Copeland, M.E., Jonikas, J.A., Hamilton, M.M., Razzano, L.A., Grey, DD, Floyd, CB, Hudson, WB, Macfarlane, RT, Carter, TM, & Boyd, S. 2011. Results of a randomized controlled trial of mental illness self-management using Wellness Recovery Action Planning. *Schizophrenia Bulletin*, 37, 1-11. The NREPP registry listing is at: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=208>.

- **Key Advance in Treatment of Duchenne Muscular Dystrophy.** Researchers at the RRTC in Neuromuscular Diseases (Grant # H133B090001) at the University of California in Davis, California, have identified a genetic modifier, Osteopontin, which is expected to substantially advance the development of new treatments that will slow the progression of Duchenne muscular dystrophy (DMD). DMD is the most common single-gene lethal disorder. Substantial variability from patient to patient in the disease's onset, progression, and response to standard pharmaceutical treatment is seen, suggesting genetic or environmental modifiers. Neurologists SF Nelson and RC Griggs (2011) wrote a commentary about this study, "If the results of the present study are confirmed, the authors will have found a genotype deserving study in many of the muscular dystrophies and neuromuscular diseases; moreover, a new target for treatment may have been identified. This pioneering study in DMD is a harbinger of what will become an integral part of the care of patients with diseases caused by single or multiple genetic abnormalities."¹¹ The report is available in Pegoraro, E., Hoffman, E.P., Piva, L., Gavassini, B.F., Cagnin, S., Ermani, M., Bello, L., Soraru, G., Pacchioni, B., Bonifati, M.D., Lanfranchi, G., Angelini, C., Kesari, A., Lee, I., Gordish-Dressman, H., Devaney, J.M., McDonald, C.M.; Cooperative International Neuromuscular Research Group. (2011). SPP1 genotype is a determinant of disease severity in Duchenne muscular dystrophy. *Neurology*, 76(3), 219-226.
- **Research Review Shows Limited Impact of Exercise Alone on Disability from Arthritis.** Although it is often assumed that exercise programs have a beneficial impact on disability, researchers at the Arthritis RRTC (Grant # H133B100003) at Boston University in Boston, Massachusetts have summarized the existing literature and found that systematic reviews and clinical trials involving older adults and adults with knee arthritis show mixed results. Few randomized controlled trials of exercise interventions have investigated disability-level outcomes, and the majority of those that do did not show a benefit of exercise. Reviews show little to no effect of exercise on the prevention of disability, and only a modest beneficial effect of strengthening and aerobic programs on

¹¹ Griggs, R.C. & Nelson, S.A. (2011). Predicting the Severity of Duchenne Muscular Dystrophy: Implications for Treatment. *Neurology*, 76, 3, 208-209.

strength, pain, and function among persons with chronic conditions such as arthritis. The researchers concluded that disability is a very complex phenomenon and that behavioral and environmental strategies are likely needed to complement physical activity programs. Alternatively, different strategies need to be developed to address disability more directly. This report is available in Keysor, J. & Brems, A. (2011). Exercise: necessary but not sufficient for improving function and preventing disability? *Current Opinion in Rheumatology*, 23(2), 211-218.

- **New Instrument Aids Implementation of “Wraparound” Programs Serving Youth with Serious Mental Health Conditions.** Researchers at the RRTC for Pathways to Positive Futures: Supporting Successful Transition for Youth and Young Adults with Serious Mental Health Conditions (Grant # H133B090019) at Portland State University in Portland, Oregon, have developed an instrument to aid in the implementation of wraparound programs for young people with mental health conditions. In wraparound programs, service providers work in a team environment involving the family, the child, relevant agencies, and community services to provide individualized plans and services. The Community Supports for Wraparound Inventory (CSWI) is a research and quality improvement tool intended to measure how well a local system supports the implementation of the wraparound process. The CSWI is based on the framework of Necessary Conditions described by Walker, Koroloff and Schutte (2003),¹² and presents 40 community or system variables that ideally are in place in communities that aim to implement the wraparound process. The CSWI has been used by all seven of the federal grantees under the Healthy Transitions Initiative funded by the Substance Abuse and Mental Health Administration (SAMHSA) of the Department of Health and Human Services. The development and utilization of this instrument is reported in Walker, J. S. & Sanders, B. (2011), The Community Supports for Wraparound Inventory: An Assessment of the Implementation Context for Wraparound, *Journal of Child and Family Studies*, 20, 747-757.
- **Study Finds Important Differences in Perceptions of Community Participation Among Diverse Groups.** Researchers at the RRTC for Developing Strategies to Foster Community Integration and Participation for Individuals with Traumatic Brain Injury (Grant # H133B090023) at The Institute for Rehabilitation and Research in Houston, Texas, have found that perceptions of community participation in a diverse non-rehabilitation sample are somewhat different for persons from diverse backgrounds than what is traditionally emphasized in traumatic brain injury (TBI) research and in rehabilitation programs. For Blacks and Hispanics, as compared to non-Hispanic Caucasians, domestic activities such as housekeeping, parenting, and meal preparation are rated as equally as important as work in overall life satisfaction; the type and quality of relationships is just as important as engaging in productive activity; and environmental factors such as safety and security as well as the quality of interactions among people in

¹² Walker, J. S., Koroloff, N., & Schutte, K. (2003) Implementing High-Quality Collaborative Individualized Service/Support Planning: Necessary Conditions. Portland OR: Research and Training Center on Family Support and Children's Mental Health, www.rtc.pdx.edu/PDF/pblmpHighQualISP.pdf.

their neighborhoods are more important for community participation. These results emphasize the need to include non-work activities in rehabilitation research and practice, particularly for Blacks and Hispanics. The results also point to the problems inherent in current measures of community participation, in that they do not include underserved groups in their development or validation procedures and often weigh the concept of community integration toward activities that are valued more by the majority group. This is reported in Sander, A., Pappadis, M., Clark, A., Struchen, M. (2011). Perceptions of community integration in an ethnically diverse sample. *Journal of Head Trauma Rehabilitation*, 26, 158-169.

2. Rehabilitation Engineering Research Centers

Rehabilitation Engineering Research Centers (RERCs) focus on issues dealing with rehabilitation technology, including rehabilitation engineering and assistive technology devices and services. The purpose of the RERC program is to improve the effectiveness of services authorized under the *Rehabilitation Act* by conducting advanced engineering research and development on innovative technologies that are designed to solve particular rehabilitation problems or remove environmental barriers. RERCs also demonstrate and evaluate such technologies, facilitate service delivery systems changes, stimulate the production and distribution of equipment in the private sector, and provide training opportunities to enable individuals, including individuals with disabilities, to become researchers and practitioners of rehabilitation technology. Awards are normally made for a five-year period.

Examples of RERC accomplishments reported to NIDRR in FY 2011 follow:

- **Critical Solutions for Accessible Emergency Alerts Shared with Emergency Management Community.** The emergency management community has identified unfamiliarity with how to provide accessible alerts to people with disabilities as a major problem. Researchers at the RERC for Wireless Technologies (Grant # H133E060061) at the Georgia Tech Research Corporation in Atlanta, Georgia, presented a paper to the emergency management community addressing this problem. The paper offered accessible options for mobile emergency alerting and features to consider when exploring upgrades to emergency communications systems, such as the Emergency Alert System (EAS) and the Commercial Mobile Alert System (CMAS). This paper provides critical insights into vibration cadences, alert signals, message length and content, and receipt of alerts on wireless devices. The paper helps close the information gap regarding accessible options for mobile emergency alerting. In addition, data from the Center's EAS National Test is being used by the Federal Communications Commission (FCC) to develop the next EAS. This information is available in Mitchell, H., Johnson, J., LaForce, S. (2010). *Wireless Emergency Alerts: An Accessibility Study*, in French, S., Tomaszewski, B., Zobel, C. (eds.), *7th International Conference on Information Systems*. ISCRAM, at:

- Three Studies Contribute New Knowledge to Reduce the Risk of Pressure Ulcers in Wheelchair Users. Pressure ulcers are a common secondary condition among wheelchair users. Researchers at the RERC for Spinal Cord Injury (Grant # HI33E070024) at the University of Pittsburgh in Pittsburgh, Pennsylvania, have conducted three studies that contribute to understanding and reducing complications from pressure ulcers. One study demonstrated that local skin cooling provides a protective effect on skin tissue during pressure-induced blood reduction, which is often experienced by wheelchair users. Several mechanisms contributed to this protective effect, including metabolic, neurogenic, and myogenic control mechanisms. Prior to this study, only animal studies had been done to understand the effectiveness of local cooling on preserving tissue viability. These findings will support the development of more effective cooling mechanisms for wheelchair users. Results of this study are reported in Tzen, Y., Brienza, D., Karg, P., Loughlin, P. (2010). Effects of local cooling on sacral skin perfusion response to pressure: Implications for pressure ulcer prevention. *Journal of Tissue Viability*, 19(3), 86-97. The second study generated data on two risk factors for pressure ulcer development, interface shear and pressure characteristics, of a wide range of commercially-available cushions. Researchers also determined that the existing International Organization for Standardization 16840-2 horizontal stiffness measure should be supplemented with a pressure and shear force sensor to adequately quantify a cushion's ability to reduce interface shear stress at the user's bony prominences. These data provide users and clinicians with evidence-based information about important wheelchair cushion properties and performance to assist in the cushion selection process. The results are reported in Akins, J., Karg, P., Brienza, D. (2011). Interface shear and pressure characteristics of wheelchair seat cushions. *Journal of Rehabilitation Research and Development*, 48(3), 225-34. The third study created successful mathematical models of diabetic foot ulcers and post-SCI pressure ulcers using the recently developed SPARK (Simple Platform for Agent-based Representation of Knowledge) framework. These models help to yield insights into mechanisms underlying these problems, such as inflammation and healing, as well as possible therapies for these secondary complications of SCI. Results of this research is reported in Solovyev, A., Mikheev, M., Zhou, L., Dutta-Moscato, J., Ziraldo, C., An, G., Vodovotz, Y., Mi, Q. (2010). SPARK: A framework for multi-scale agent based biomedical modeling. *International Journal of Agent Technologies and Systems*, 2(3), 18-30.

3. Disability and Rehabilitation Research and Related Projects

The Disability and Rehabilitation Research Project (DRRP) program supports projects that carry out one or more of the following activities: research, development, demonstration, training, dissemination, utilization, and technical assistance. The purpose of the DRRP program is to plan and conduct research, demonstration projects, training and related activities to develop methods, procedures and rehabilitation technology that maximize the full inclusion and integration of individuals with disabilities into society, employment, independent living, family support, and economic and social self-sufficiency and to improve the effectiveness of services authorized under the *Rehabilitation Act*.

NIDRR funds four types of DRRPs: (a) Knowledge Translation (KT) projects; (b) Model Systems in Traumatic Brain Injury and Burn Injury, described hereafter under Model Systems; (c) ADA National Network projects; and (d) individual research projects. Since the first three types of DRRPs are managed as separate programs and, therefore, discussed later in this report, only research DRRPs are described here under the general DRRP heading.

General DRRPs differ from RRTC's and RERC's in that they support short-term research relating to the development of methods, procedures and devices to assist in the provision of rehabilitation services, particularly to persons with significant disabilities. Awards can range from three to five years.

The following are examples of general DRRP accomplishments reported to NIDRR in FY 2011:

- **Technical Assistance Leads to New Law to Protect the Rights of Parents with Disabilities.** The National Center for Parents with Disabilities and their Families, funded by a grant to Through the Looking Glass (Grant # H133A080034), in Berkeley, California, produced a National Council on Disability publication on the legal issues faced by parents with disabilities. This publication provided the basis of ongoing technical assistance and consultation by Center staff to advocates who supported the creation and passage of California SB 1188. This bill stated that a parent's disability "may not form the basis for an order granting custody or visitation to another party, or for an order for imposing any condition or limitation on an award of custody to or visitation by the disabled parent, unless there is a finding by the court that...would not be in the best interest of the child." The bill was signed into law in August 2010. More information is available at: http://www.dailynews.com/opinions/ci_15809318 and http://totalcapitol.com/?bill_id=200920100SB1188.
- **Study Identifies Critical Skills for Current and Future Jobs to Support Workforce Preparation.** Researchers funded under the DRRP on Demand-side Employment Placement Models at Syracuse University, (Grant # H133A060033), in Syracuse, New York conducted a study that enhances understanding of current and future

demands in job skills. Specifically, researchers examined which skills will be critical as individuals with disabilities prepare to enter the workforce. Researchers found that substantial job growth is expected in occupations in which several cognitive abilities either have low importance or only some importance. This finding points to greater employment opportunities, particularly for individuals with cognitive impairments. Significant growth will also be seen in jobs for which many psychomotor and physical abilities have low or no importance; these jobs represent promising employment opportunities for individuals with mobility impairments. In addition, most new jobs between 2008 and 2018 will require computer skills, and this will translate into good employment opportunities for individuals with disabilities. It is also projected that due to occupational growth and replacement needs, the number of future job openings is estimated at 50.9 million, presenting substantial employment opportunities for individuals with disabilities who are prepared with the appropriate education, computer skills, accommodations, and other employment supports. This work is reported in Kruse, D., Schur, L. & Ali, M. 2010. Disability and Occupational Projections. *Monthly Labor Review*, 133 (10). This article is available through the Bureau of Labor Statistics web site at: <http://www.bls.gov/opub/mlr/2010/10/mlr201010.pdf>

4. Knowledge Translation

Knowledge Translation (KT) is a process of ensuring that new knowledge and products gained through the course of research and development will ultimately be used to improve the lives of individuals with disabilities and further their participation in society. KT is built upon and sustained by ongoing interactions, partnerships and collaborations among various stakeholders in the production and use of such knowledge and products, including researchers, practitioners, policymakers, persons with disabilities and others. NIDRR has invested in KT by direct funding of research and development projects in its KT portfolio and by integrating the KT underlying principle of interactions, partnerships and collaborations among stakeholders into the content of all priorities. The projected long-term outcomes are knowledge and products that can be used to solve real issues faced by individuals with disabilities.

The following are examples of KT accomplishments reported to NIDRR in FY 2011:

- New Online Encyclopedia of Rehabilitation Offers Original Syntheses of International Research. Researchers at the Center for International Rehabilitation Research Information and Exchange (CIRRIE) at the University of Buffalo, The State University of New York, (Grant # H133A050008), in Buffalo, New York, developed an extensive collection of original articles, based on syntheses of international research, for an online International Encyclopedia of Rehabilitation. The purpose of this International Encyclopedia is to bring syntheses of research from a global perspective on a variety of topics to users in the U.S., thereby enriching both research and practice in the U.S. and other countries. Authors and reviewers were identified through a search of the CIRRIE Database of International Rehabilitation Research to find well-published authors on the topics

of interest. To give the Encyclopedia an international scope, 75 percent of authors were from countries outside the U.S. There are over 120 original articles within the database, with many available in Spanish and French. Article examples include “Age Related Disabilities - Aging and Quality of Life,” available at: <http://cirrie.buffalo.edu/encyclopedia/en/article/189/>; “Caregivers: Their Role in Rehabilitation,” available at: <http://cirrie.buffalo.edu/encyclopedia/en/article/47/>; “Dementia (Improving Quality of Life in Individuals with Dementia: The Role of Nonpharmacologic Approaches in Rehabilitation),” available at: <http://cirrie.buffalo.edu/encyclopedia/en/article/28/>; and “Universal Design - Computer,” available at: <http://cirrie.buffalo.edu/encyclopedia/en/article/146/>; among many others. The entire list of the articles can be accessed and downloaded at: <http://cirrie.buffalo.edu/encyclopedia/en/>.

- **New Checklist for Assessing the Quality and Applicability of Systematic Reviews.** The Task Force on Systematic Review and Guidelines of the National Center for the Dissemination of Disability Research at TSEDL, (Grant# H133A060028), in Austin, Texas, developed the Checklist for Assessing the Quality and Applicability of Systematic Reviews for clinicians, policymakers, and researchers who did not learn about systematic reviews during their training or are not confident that they can evaluate the quality of a review. This checklist helps busy clinicians, policymakers, and researchers ask the critical questions that will help reveal the strengths and weaknesses of systematic reviews and meta-analyses, thereby enabling accurate assessments of their quality and applicability. The checklist was developed based on the existing literature and the Center researchers’ own experience in the creation and use of systematic reviews. The checklist is part of a publication “Guidelines for Assessing the Quality and Applicability of Systematic Reviews” and can be freely accessed at: http://www.ktdrr.org/ktlibrary/articles_pubs/ncddrwork/aqasr/index.html
- **Comprehensive Online Resource Shares Best Practices in Technology Transfer.** The Center on KT for Technology Transfer at the University of Buffalo, The State University of New York, (Grant # H133A080050), in Amherst, New York, has created The Knowledge Base, an online repository of comprehensive information related to best practices in successful technology transfer. The Knowledge Base contains information for a broad range of audiences including policymakers, researchers, manufacturers, clinicians, consumers, and brokers. The goal is to maximize technology investments’ benefit to society. The information was extracted from literature concerning knowledge translation, technology transfer and new product development, which has generated over 1,000 specific findings related to the knowledge translation for technology transfer process. The Knowledge Base is generically useful for any technology-based innovation program, and is searchable by keywords. Each result contains information on citation, format (e.g. peer-reviewed), type of information (e.g. research), experience level of readers, annotation, setting, knowledge of user (e.g. clinician), knowledge level of user addressed by the literature (e.g. organization),

and findings. The Knowledge Base is available at:
<http://kt4tt.buffalo.edu/knowledgebase/index.php>.

5. Model Systems

NIDRR's Model Systems programs in spinal cord injury (SCIMS), traumatic brain injury (TBIMS), and burns (BMS) provide coordinated systems of rehabilitation care for individuals with these conditions and conduct research on recovery and long-term outcomes. In addition, these centers serve as platforms for collaborative, multisite research including research on interventions using randomized controlled approaches. These programs also track cohorts of patients over time. The SCIMS has over 28,500 individuals in its database; the TBIMS has over 10,900 individuals; and the BMS has over 4,900. These databases provide information on the life course of individuals who have experienced these injuries.

The following are examples of Model Systems accomplishments reported to NIDRR in FY 2011:

TBI Model Systems

- Innovative Partnership with the Department of Veterans Affairs Advances Understanding of Outcomes in Veterans with TBI. In 2011, Congress recognized the significant contributions of NIDRR's TBIMS Centers Program and commended its collaborations with the VA. These collaborations include formal Interagency Agreements to support two initiatives that will advance an understanding of functional outcomes in veterans with TBI: the Congressionally-mandated VA TBI Registry and the VA Polytrauma Rehabilitation Centers TBI Database. The TBIMS National Data and Statistical Center at Craig Hospital, (Grant # H13A110006) in Englewood, Colorado, provides the database infrastructure and expertise, data analytic skills, and training to support these initiatives that will eventually allow for outcomes studies in the veteran population and comparative studies with civilians. In an FY2012 Appropriations Bill, the Senate Committee wrote, "The Committee strongly supports the Traumatic Brain Injury Model Systems [TBIMS] Centers program funded by NIDRR. Almost 500 peer-reviewed publications have resulted from TBIMS research since 1987, bringing dramatic improvements to the treatment of TBI for both civilian and military populations. The Committee is aware that the TBIMS Centers will compete for new 5-year awards in fiscal year 2012. The Committee bill includes sufficient funds to support the current size of the TBIMS Centers program and to provide adequate resources to meet the research objectives of the TBIMS program. The Committee intends that funds provided will enhance the capability of the TBIMS Centers to conduct critical multi-center investigations, expand the TBIMS Centers' scope of intervention studies, maintain the ongoing high quality TBIMS Centers' longitudinal research while keeping pace with the increased number of participants followed, and promote continued collaboration to improve outcomes for civilians and military populations with TBI. The Committee also commends NIDRR for establishing collaboration between the TBIMS Centers

program and the Department of Veterans Affairs and encourages continuation of these efforts.” For information, please refer to: Senate Committee Report No. 112-84 (September 22, 2011); Departments of Labor Health and Human Services, Education, and Related Agencies FY2012 Appropriation Bill, pp. 195-196.

- **Research Influences Policy for Cognitive Rehabilitation Treatment to Wounded Warriors.** The groundbreaking work of NIDRR-funded researchers Keith Cicerone at the TBIMS Center at JFK Medical Center, (Grant # H133A020518, Grant # H133A070030 and FIP Grant # H133G050063), in Edison, New Jersey; James Malec at the TBIMS Center at Mayo Clinic, (Grant # H133A070013), in Rochester, Minnesota; and Wayne Gordon at the TBIMS Center at Mt. Sinai School of Medicine, (Grant # H133A070033), in New York, New York, have been at the nexus of policy decisions regarding coverage of cognitive rehabilitation therapy (CRT) for military personnel with TBI. The high incidence of traumatic brain injury, including mild TBI, in military personnel has led to the characterization of TBI as the “signature injury” of the wars on Iraq and Afghanistan. These three researchers were among the co-authors of a consensus publication on recommended treatments for mild TBI, including CRT.¹³ NIDRR-funded studies were referenced throughout this peer-reviewed publication. The three NIDRR-funded researchers referenced above were quoted on this topic by National Public Radio in a series of four news reports regarding coverage of CRT for military personnel with TBI.¹⁴ Their NIDRR-funded research publications were also used to support conclusions and recommendations of the 2011 report of the Institute of Medicine, a report commissioned by the DoD to evaluate the evidence for cognitive rehabilitation therapy for TBI.¹⁵ Each of these researchers provided invited consultations to the IOM panel to document the evidence in support of the effectiveness of CRT and the need for continued clinical care and research.
- **Major Interagency Conference Disseminates Recent TBI Research Findings.** The Model Systems Knowledge Translation Center at the University of Washington, (Grant # H133A060070), in Seattle, Washington, chaired the planning committee and held a leadership role in the execution of the 3rd Federal Interagency Conference on TBI. The Center also presented research findings throughout the conference proceedings. NIDRR was the lead sponsor, with co-sponsorship provided by the Department of Defense, the Department of Veterans Affairs, the National Institutes of Health and the Centers for Disease Control and Prevention. Over 750 professionals and consumers attended the conference in Washington, D.C. on June 13-15, 2011. The conference was organized around three themes: (1) Effective Practices for Community Integration; (2) Seminal Advances in TBI

¹³ Helmick, K. and members of Consensus Conference. (2010). Cognitive rehabilitation for military personnel with mild traumatic brain injury and chronic post-concussional disorder: Results of April 2009 consensus conference. *NeuroRehabilitation*, 26, 239-255.

¹⁴ Miller, T. C. & Zwerdling, D. (December 20, 2010). Chapter 1: Pentagon Won't Cover Brain Damage Therapy. Chapter 2: Brain Specialists Reach Unanimous Conclusion. Chapter 3: Pentagon Contractor Finds Therapy Inconclusive. Chapter 4: Service Members Struggle to Receive Care. National Public Radio News. Available at <http://www.npr.org/2010/12/20/132145959/pentagon-health-plan-wont-cover-brain-damage-therapy-for-troops>

¹⁵ Institute of Medicine. (2011). Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence. Washington, DC: The National Academies Press. Available at <http://iom.edu/Reports/2011/Cognitive-Rehabilitation-Therapy-for-Traumatic-Brain-Injury-Evaluating-the-Evidence.aspx>.

Research; and (3) The Promise of Technology. The presented research findings were subsequently highlighted in numerous peer-reviewed publications and through other media outlets. See Hampton, T. (2011, August 3). Traumatic Brain Injury: A Growing Problem Among Troops Serving in Today's Wars. *Journal of the American Medical Association*, 306(5), 477-479., available at www.jama.ama-assn.org; and, Miller, G. (2011, July 29), A Battle No Soldier Wants to Fight. *Science*, 333, 517-519., available at www.sciencemag.org.

- Studies Focus on Supporting Families and Marriages after TBI. Researchers at the Virginia Commonwealth University (VCU) TBIMS Center (Grant # H133A070036 and Grant # H133A020516), in Richmond, Virginia, studied the challenges to rebuilding marriages after TBI for survivors and their spouses. A *New York Times* article, "When Injuries to the Brain Tear at Hearts"¹⁶ highlighted the work, referencing the recent NIDRR-funded research regarding the impact of TBI on the marital relationships of those injured, and evidence-based treatment for families.¹⁷ Research from two additional TBIMS Centers has also advanced understanding of the impact of TBI on marital and family adjustment: the TBIMS Center at Carolinas Medical Center, in Charlotte, North Carolina (Grant # H133A070042)¹⁸ and the TBIMS Center at The Institute for Rehabilitation and Research (Grant # H133A070015, and RRTC Grant # H133B031117 and Grant # H133B090023).¹⁹ The VCU research abstract is available at http://journals.lww.com/headtraumarehab/Fulltext/2011/01000/Marriage_After_Brain_Injury____Review,_Analysis,.5.aspx.

Burn Model Systems

- Effectiveness Study Shows Benefits of Pressure Garment Therapy for Burn Injury. Researchers at the Burn Injury Model Systems Center at the University of Washington, (Grant # H133A070047), in Seattle, Washington, reported a study on the usefulness of custom-fit pressure garment therapy after a burn injury, bringing solid evidence to an identified knowledge gap. This study is one of only a few randomized clinical trials evaluating pressure garment therapy. The study found burn wounds treated with normal custom-fit pressure therapy were significantly softer, thinner, and had improved clinical appearance; outcomes were not associated with patient ethnicity; and findings were clinically evident only with moderate to severe scarring. The authors concluded that pressure garment therapy is effective, but that the clinical benefit is restricted to those patients with moderate to severe scarring. Results are reported in Engrav, L.H., Heimbach, D.M., Rivara, F.P., Moore, M.L., Wang, J., Carrouger, G.J., Cost, B., Numhom, S., Calderon, J., Gibran, N.S. (2010). 12-year within-wound study of

¹⁶ Wheaton, S. (January 9, 2012). When Injuries to the Brain Tear at Hearts. *New York Times*. <http://www.nytimes.com/2012/01/10/health/when-injuries-to-the-brain-tear-at-hearts.html>

¹⁷ Godwin, E., Kreutzer, J., Arango-Lasprilla, J., Lehan, T. (2011). Marriage after brain injury: Review, analysis, and research recommendations. *Journal of Head Trauma Rehabilitation*, 26: 43-55.

¹⁸ Hammond, F.M., Davis, C.S., Whiteside, Y.O., Philbrick, P., Hirsch, M.A. (2011). Marital Adjustment and Stability following traumatic brain injury: A pilot qualitative analysis of spouse perspectives. *Journal of Head Trauma Rehabilitation*, 26, 69-78.

¹⁹ Gill, C. J., Sander, A. M., Robins, N., Mazzei, D., & Struchen, M. A. (2011). Exploring experiences of intimacy from the viewpoint of individuals with traumatic brain injury and their partners. *Journal of Head Trauma Rehabilitation*, 26, 56-68.

the effectiveness of custom pressure garment therapy. *Burns*, 36(7), 975-983). Abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/20537469?dopt=Abstract>.

- Measures of Stigma and Social Comfort Adapted for Children with Burn Injuries. Researchers at the BMS Center at Johns Hopkins University, in Baltimore, Maryland (Grant # H133A070045) expanded the utility of two instruments measuring stigma and social comfort by validating their use with children and adolescents. The grantee developed and validated the "Perceived Stigmatization Questionnaire" (PSQ) and the "Social Comfort Questionnaire" (SCQ) in an adult burn survivor sample with earlier NIDRR funding. In a recent publication, these researchers reported the results of additional reliability and validity studies with pediatric patients. This report can be found in Lawrence, J.W., Rosenberg L.E., Rimmer, R.B., Thombs, B.D., Fauerbach, J.A. (2010). Perceived Stigmatization and Social Comfort: Validating the Constructs and their Measurement among Pediatric Burn Survivors. *Rehabilitation Psychology*, 55, 360-371. The measures were then used to investigate differences in perceptions of stigma between children with burn scars and their parents, reported in Lawrence, J.W., Rosenberg, L.E., Mason, S.T., Fauerbach, J.A. (2011). Comparing Parent and Child Perceptions of Stigmatizing Behavior Experienced by Children with Burn Scars. *Body Image*, 70-73. This work represents next steps in the ongoing research conducted at this center on the importance of body image to psychological outcomes following burn injury, found here: Lawrence, J.W., & Fauerbach, J.A. (2011). Body image issues associated with burn injuries. In T. Cash, L. Smolak (Ed.), *Body Image: A Handbook of Science, Practice, and Prevention* (pp. 358-365). New York, NY: The Guilford Press.

Spinal Cord Injury Model Systems

- Transfer Assessment Instrument Shows Promise for Clinical Use. Researchers at the University of Pittsburgh SCIMS Center (Grant # H133N060019) in Pittsburgh, Pennsylvania, reported that tool validation is an important first step towards the effective translation of evidence-based practices into a clinical setting. The Transfer Assessment Instrument (TAI) is the first attempt to provide clinicians with a psychometrically valid tool that can be used in the clinic in the absence of sophisticated biomechanical analyses to evaluate the ergonomics of transfers. The instrument is designed to be used by therapists in the clinic to determine a patient's adherence with best transfer techniques; to identify targeted areas of intervention; and to document performance outcomes pre- and post- transfer training, intervention (e.g., trunk orthosis) or change in medical status. Analysis found that the TAI can be completed in a reasonable amount of time, is safe, and uses equipment readily available in a therapy clinic. Participants are asked to perform familiar tasks. Reliability and validity testing found the TAI to have acceptable inter-rater and a wide range of intra-rater reliability. The study also suggested that additional refinement of the TAI is needed, including removal or modification of items found to have low reliability

and further reliability and validity testing with a more diverse subject population. The report is available in a 2011 peer-reviewed publication (McClure, L., Boninger, M., Ozawa, H., Koontz, A. (2011). Reliability and Validity Analysis of the Transfer Assessment Instrument. *Archives of Physical Medicine and Rehabilitation*, 92(3): 499-508). The abstract is also available at: <http://www.ncbi.nlm.nih.gov/pubmed/21276957>.

- Medicare Data Analysis Reveals Dramatic Increase in SCI in the Elderly Population. Researchers at the Midwest Regional SCI Care System at the Rehabilitation Institute of Chicago (Grant # H133N060014) in Chicago, Illinois, have detected evidence of a startling increase in the prevalence of recent traumatic SCI in the elderly population in an analysis of US Medicare data. A large increase in number of elderly with a traumatic spinal cord injury (TSCI) presents new challenges for providers of rehabilitation and community services. The researchers found a 38 percent increase in the number of aged Medicare fee-for-service patients with a recent onset TSCI treated in inpatient rehabilitation facilities between 2002 and 2005. Factors contributing to this increase include a higher incidence of TSCI in the US among individuals in this age group, an increase in survival rates during the acute care phase, and a higher level of access to inpatient rehabilitation care. The following three related trends in this population during these same years suggests greater costs and challenges for service providers: (1) Each year, more than half of the elderly patients presented with incomplete cervical-level injuries; (2) The mean case-mix index increased from 1.87 to 2.03, indicating more complexity in patients' medical requirements; and (3) The percentage of patients discharged to the community decreased from 62.7 in 2002 to 55.5 in 2005. More elderly patients with a TSCI undergoing rehabilitation means there are additional needs for community support services for these patients and their families/caregivers. This research is reported in: Deutsch, A., Almagor, O., Rowles, D., Pucci, D., Chen, D. (2011). Characteristics and Outcomes of Aged Medicare Beneficiaries with a Traumatic Spinal Cord Injury: 2002-2005. *Topics in Spinal Cord Injury Rehabilitation*, 16(4): 17- 26.
- Study Highlights Important Factor in Natural Recovery After SCI. Researchers at the Kessler Northern New Jersey Spinal Cord Model System (Grant # H133N060022) in West Orange, New Jersey contributed new knowledge about the importance of degree of sacral sensory sparing in persons with motor complete SCI beyond its impact on natural recovery by analyzing longitudinal data housed in the National SCI Statistical Center Database. The study examined the impact of sacral sensory sparing in persons with motor complete injuries at rehabilitation discharge (AIS grade A vs B) in neurological, functional and social outcomes reported at one year post-injury. Significant one-year outcomes for persons discharged from rehabilitation with AIS grade B relative to AIS grade A were less likely to use indwelling catheterization as a bladder method; less likely to experience re-hospitalization; show improved perceived health status, functional independence in self-care, sphincter control, mobility,

and locomotion; and report greater social participation. A greater portion of individuals with AIS grade B at discharge also had improved neurologic recovery than those with AIS grade A; however some of the medical and social improvements including bladder management and perceived health status were independent of improved neurologic gains to motor incomplete status by one year. This recognition of differences between persons with motor complete injuries (AIS grade A vs. B) at time of discharge from rehabilitation has important ramifications for the field of SCI rehabilitation and research such that patients with motor complete injuries (AIS A and B) should most likely be separated when considering outcomes. This research is reported in: (Kirshblum, S., Botticello, A., Lammertse, D., Marino, R., Chiodo, A., & Jha, A. (2011). The impact of sacral sensory sparing in motor complete spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 92(3): 376-83). The abstract is also available at the following URL:
<http://www.ncbi.nlm.nih.gov/pubmed/21353822>.

- New Treatment for Cardiovascular Disease Prevention in Persons with SCI. Cardiovascular disease (CVD) has emerged as a leading cause of death for individuals aging with spinal cord injury (SCI) and is attributed, in part, to an abnormal lipid profile characterized by normal total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-C), but severely depressed high-density lipoprotein cholesterol (HDL-C). Researchers at the Kessler Northern New Jersey Spinal Cord Model System (Grant # H133N060022) in West Orange, NJ, examined the safety, tolerance, and efficacy of extended-release niacin monotherapy in persons with chronic tetraplegia through a randomized, single-blind, placebo-controlled, multicenter clinical trial. The study found that extended-release niacin monotherapy is highly effective, safe, and generally well tolerated for the treatment of dyslipidemia in persons with SCI. The drug treatment had a beneficial effect on all lipid and lipoprotein fractions and significantly decreased the risk for CVD associated with low HDL-C concentrations. Lipid profile improvement surpassed that reported for lifestyle intervention by means of exercise and diet, which generally is not a practical option for persons with tetraplegia. The findings provide important information for establishing practice patterns in the treatment of SCI-associated dyslipidemia. The effects of sustained extended-release niacin treatment on disease surrogates and hard CVD endpoints are warranted to confirm the hypothesized decrease in vascular disease, morbidity, and mortality in the SCI population. This research is reported in Nash, M.S., Lewis, J.E., Dyson-Hudson, T.A., Szlachcic, Y., Yee, F., Mendez, A.J., Spungen, A.M., Bauman, W.A. (2011), Safety, tolerance, and efficacy of extended-release niacin monotherapy for treating dyslipidemia risks in persons with chronic tetraplegia: a randomized multi-center clinical trial. *Archives of Physical Medicine and Rehabilitation*, 92(3): 399-410. The abstract is also available at the following URL:
<http://www.ncbi.nlm.nih.gov/pubmed/21276961>.

- Labor Force Participation after SCI is Associated with Greater Longevity. Researchers at the Southeastern Spinal Cord Model System at Shepherd Center (Grant # H133N060009) in Atlanta, Georgia, reported post spinal cord injury outcomes showing that education, known to be essential for labor force participation, is a significant predictor of mortality, having a protective influence with the greater amount of education associated with greater longevity. Income, associated with family earnings, was a significant predictor of mortality, also protective, and related to greater longevity. The publication demonstrates the importance of labor force participation after SCI, although indirectly, by relating education and income to longevity. While the importance of these factors has been debated, it is now clearly supported with data from the SCIMS and replicated with data from other research. Although the study did not explicitly use employment status as a predictor due to its changing nature over time, it closes the knowledge gap by demonstrating two essential components related to labor force participation as primary predictors of longevity. This research strongly suggests the need to promote intervention strategies to enhance education and employment opportunities among those with SCI, not only for the immediate benefit, but also to promote greater longevity. This research is reported in Krause, J. S., Saunders, L. L., & DeVivo, M. (2011). Income and risk of mortality after spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 92(3): 339-345). The abstract is also available at the following URL: <http://www.ncbi.nlm.nih.gov/pubmed/21353818>.
- International State of the Science Conference in SCI Rehabilitation. NIDRR and researchers from its Model SCI Centers Program sponsored, in conjunction with the American Spinal Cord Injury (ASIA) and the International Spinal Cord Society (ISCoS) and other agencies, a conference on the State of the Science in Spinal Cord Injury (SCI) Rehabilitation: Informing a New Research Agenda. This conference was held June 5-7, 2011 in Washington, D.C. and attended by over 600 people from around the world. The goals of the conference were to: (a) identify priority research goals, (b) describe research approaches that are essential to progress, and (c) provide a vision for the achievements that will define SCI rehabilitation research over the next 10 years. The conference was organized around four themes that encompass the broad range of bio-psychosocial issues in SCI rehabilitation: 1) Neurologic and Functional Recovery, 2) Technology for Mobility and Function, 3) Aging and Secondary Conditions, and 4) Psychosocial, Vocational and Quality of Life Outcomes. Key recommendations of the conference were presented at a White House briefing on November 8, 2011 (http://sci-health.org/RRTC/publications/PDF/SCI_White_House_Meeting_Press_Release.pdf). The briefing was attended by a cross-section of the policy, research, and clinical communities that provide service to individuals with SCI. The proceedings of the conference are currently in press.

6. ADA National Network

The ADA National Network, historically known as the Disability and Business Technical Assistance Center (DBTAC) program, is comprised of a network of 10 regional centers that provide information, training and technical assistance to businesses and agencies with responsibilities under the *Americans with Disabilities Act (ADA)*. An additional grantee serves as a coordination, outreach and research center (CORC). CORC conducts activities to enhance the capacity of the regional DBTACs to use research-based information to help achieve the objectives of *ADA*. Each regional center, along with CORC, conducts research that enhances understanding of *ADA* compliance barriers and identifies evidence-based strategies for eliminating these barriers.

The following is an example of an *ADA* Network accomplishment reported to NIDRR for FY 2011:

- **Successful Business Webinar Series Promotes Inclusion in the Workplace.** The Southeast ADA Center, at Syracuse University, (Grant # H133A060094), in Syracuse, New York, offers a four-part Business Webinar Series targeted to businesses, employees, community partners, and individuals with disabilities. The series focuses on the foremost practices that promote the inclusion of persons with disabilities in the workplace and includes leaders in the field sharing their experiences, successes, and practical solutions for promoting full inclusion. The Southeast ADA Center has partnered with a number of entities to coordinate this series, including other regional centers comprising the ADA National Network, the American Association of People with Disabilities, the Council of State Administrators of Vocational Rehabilitation, and the U.S. Business Leadership Network. At the time of this report, over 800 individuals completed the series, and 103 participants have taken the series exam for educational credit. An average of 83 percent of series participants reported that their knowledge of the subject increased by a considerable amount. In addition, 91.7 percent of series participants have indicated that the session information will be very useful in his/her job. Additional information about the Business Webinar Series is available at <http://sedbtac.org/webinars/index.php>.
- **Interactive Website Provides Important Information to Customers about Accessible Area Businesses.** The Northwest ADA Center, located at University of Washington, (Grant # H133A070048), in Seattle, Washington, has developed the BluePath website that provides information to customers with disabilities about mobility or sensory access at shopping, dining, or travel destinations within the Center's region. This unique interactive website includes pictures and descriptions of the accessible features and services provided at member businesses. Use of the BluePath website has the benefit of providing customers with disabilities with information about the level of access at a particular destination before they arrive. Businesses that are members of the BluePath Directory have an opportunity to build an online profile that advertises the accessible features of their business. In addition, member businesses can

display a BluePath Member decal that highlights their interest in providing a welcoming, user-friendly experience for customers with disabilities. Customers are also able to rate the accessibility features of each of the member sites. The site also features accessibility checklists and training videos that provide useful tips for enhancing business accessibility. The BluePath website can be accessed at www.blue-path.com.

Information on services provided by the DBTAC program for FY 2011 is listed in tables 12 and 13 on the following pages:

Table 12. DBTAC Training Activities—Overview, Type of Activity and Target Audience, by Number and Percentage: Fiscal Year 2011

	Number	Percent
Overview		
Total training activities	245	100
Average per award	24.50	
Minimum per award	4	
Maximum per award	109	
Number of DBTAC grantees reporting training activities	10	100
Total number of grantees submitting APRs	10	100
Type of Training Activity		
Presentation	97	39.59
Workshop	40	16.33
Training course	53	21.63
Other	24	9.80
Webcast	14	5.71
Distance learning curricula	10	4.08
Curricula development	3	1.22
Planning, conducting, or sponsoring a conference	4	1.63
Total	245	100
Target Audience		
Service providers	46	11.27
Employers	47	11.52
State/local government agencies	60	14.71
Individuals with disabilities and/or family members	54	13.24
Other ^a	38	9.31
Consumer advocates	40	9.80
Educators	25	6.13
Business groups	32	7.84
Architects and design professionals	18	4.41
Policy experts	5	1.23
Practitioners/clinicians	7	1.72
Researchers	8	1.96
Code officials responsible for physical accessibility requirements	6	1.47
Industry representatives and/or product developers	4	0.98
Attorneys or other legal professionals	2	0.49
Federal & nonfederal partners	9	2.21
Media	7	1.72

Notes: Grantees may select more than one audience for each training activity. Percentages are based on total number of training activities. Percentages may not sum to 100% due to rounding.

Source: U.S. Department of Education, NIDRR, 2011 APRs

^a Examples include but are not limited to: employees, vocational counselors, facilities managers, design students, state and local ADA coordinators, HR managers/supervisors, and law enforcement personnel.

Table 13. Number of DBTAC Technical Assistance (TA) Activities by Type, Frequency, Target Audience, and Dissemination: Fiscal Year 2011

Type of TA Activity	Number	Percent
Phone calls	50,069	41.50
Email	29,981	24.85
In-person	30,546	25.32
Other ^b	10,062	8.34
Total	120,658	100.01

Target Audience	No. Grantees Selecting Audience as Top Two for TA Activities	Percent
Employers	10	100
Service providers	9	90
Individuals with disabilities and/or family members	9	90
State and local government agencies	10	100
Other ^c	8	80
Consumer advocates	6	60
Code officials responsible for physical accessibility requirements	6	60
Architects and design professionals	6	60
Business groups	7	70
Educators	7	70
Researchers	4	40
Practitioners/clinicians	3	30
Policy experts	3	30
Industry representatives and/or product developers	3	30
Federal and nonfederal partners	4	40
Attorneys and other legal professionals	2	20
Media	1	10
Total no. of grantees submitting APRs	10	100

Table 13. Number of DBTAC Technical Assistance (TA) Activities by Type, Frequency, Target Audience, and Dissemination: Fiscal Year 2011

Type of Materials Disseminated	No. of DBTAC-generated electronic ^a	No. of DBTAC-generated other ^b	No. of non-DBTAC-generated electronic ^c	No. of non-DBTAC-generated other ^d
Journal articles	130	580	120	212
Project publications	640,851	64,410	N/A	N/A
Video/audio tapes	16,449	75	18	614
CDs/DVDs	917	824	3,412	1,555
Books/book chapters	45	561	1,462	767
Bulletins/newsletters/fact sheets	560,365	149,666	242,701	212,813
Research reports/conference proceedings	3,295	168	2,109	70
Other ^b	239,503	19,719	19,315	14,520
Total	1,461,555	236,003	269,137	230,551

Note: Percentages are based on total number of TA activities and total number of grantees submitting APRs. Percentages may not sum to 100% due to rounding.

a DBTAC-generated electronic is defined as, i.e., ten ADA regional centers generated and disseminated 3816 journal articles in electronic format.

b DBTAC-generated other is defined as, i.e., materials generated by the DBTAC or some other organization.

c non-DBTAC generated electronic is defined as, i.e., ADA regional centers disseminated, 225 journal articles in electronic format that was created by other organizations.

d non-DBTAC generated other is defined as, i.e., the material was in electronic or other format such as hard-copy.

Source: U.S. Department of Education, NIDRR, 2011 APRs

7. Field-Initiated Projects

The Field-Initiated Projects (FIP) program supports projects that carry out research or development activities. The purpose of the FIP program is to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration of individuals with disabilities into society. Topics and issues for FIP awards are identified by researchers, practitioners, service providers, and others outside of NIDRR. Most FIP awards are made for three years.

The following are examples of FIP accomplishments reported to NIDRR in FY 2011:

- Study Supports Viability of Teleconference-Delivered Fatigue Management Education for People with Multiple Sclerosis. Researchers at the Department of Occupational Therapy at the University of Illinois, Chicago (Grant # H133G070006) conducted a randomized trial of a teleconference-delivered fatigue management program for people with multiple sclerosis (MS). Fatigue is one of the most common symptoms of MS. It can significantly interfere with a person's ability to function at home and at work, and it is one of the primary causes of early departure from the workforce. Previous studies support the efficacy and effectiveness of face-to-face group-based fatigue management education for people with MS. Nevertheless, many people with MS are unable

to access these programs due to environmental barriers. The teleconference program was more effective and efficacious than a wait-list control for reducing fatigue impact but not fatigue severity. Before and after comparisons demonstrated efficacy and effectiveness for fatigue impact, fatigue severity, and health-related quality of life dimensions. Changes were maintained for six months with small to moderate effect sizes. The results offer strong support for the viability of teleconference-delivered fatigue management education for enabling people with MS to manage this disabling symptom. This research is reported in a peer-reviewed publication: Finlayson, M., Preissner, K., Cho, C., & Plow, M. (2011) Randomized trial of a teleconference-delivered fatigue management program for people with multiple sclerosis, *Multiple Sclerosis Journal*, 17(9): 1130-1140.

- **Study Offers New Insight about the Impact of Medicare Part D on SSDI Beneficiaries.** Researchers with the NIDRR field-initiated project “Assessing the Impact of Medicare-D on SSDI Beneficiaries” (Grant # H133G070055) at Washington State University, in Spokane, Washington, have improved understanding of the effectiveness of Medicare coverage for prescription medications (Part D) in reducing the cost-related non-adherence (CRN) to prescription regimens. A public health justification for adding Part D to Medicare coverage was that it would reduce medical costs by making essential medications more affordable and more people would adhere to their prescription regimens and not develop conditions that are expensive to treat. Previous research found a substantial overall decrease in CRN following the implementation of Part D, but this study is the first to clearly demonstrate that this decrease occurs mostly among individuals who have had no prior medication coverage. The study also found that Part D did not resolve CRN discrepancies associated with poor health, multiple chronic conditions, and depression, in addition to factors that have been identified by other studies, such as poor mental and physical health, younger age, and participation in Medicare at an early age through SSDI. Part D has not removed financial barriers for a sizable minority. More understanding is needed other types of barriers. This research is reported in Kennedy, J., Maciejewski, M., Liu, D., Blodgett, E. (2011). Cost-related Nonadherence in the Medicare Program - The Impact of Part D. *Medical Care*, 49, 522-526.
- **Researchers Develop Improved Method to Distribute Closed Captions for Display on Mobile Devices.** Researchers with the NIDRR field-initiated project “Captioning Solutions for Handheld Media and Mobile Devices Development” (Grant # H133G070122) at WGBH Educational Foundation in Boston, MA, helped develop the open standard for broadcasters to use when converting previously captioned (CEA-608) television programs for IP distribution. This provides a framework for re-encoding broadcast for use on devices such as mobile receivers, Web browsers, or other broadband equipment. SMPTE-TT is the result of collaboration between broadcasters, broadcast equipment manufacturers, and project staff from NCAM. SMPTE-TT is based largely on the

W3C's Timed Text Markup Language (TTML), of which the project director was also a co-author. By providing a standard method for broadcasters to convert existing CEA-608 caption data for IP distribution, SMPTE-TT eases the process of moving the huge library of captioned broadcast programs that broadcasters already own for display on browser-based players of all types. It preserves not only the styling and timing of the original captions, but also the intent, thus ensuring that viewers will see captions as the author originally intended. This tool is reported in Freed, G; Hayes, S; et al (2011). Time Text Format (SMPTE-TT) Society of Motion Picture and Television Engineers (SMPTE).

8. Small Business Innovation Research

The intent of NIDRR's Small Business Innovation Research (SBIR) program is to help support the development of new ideas and projects that are useful to persons with disabilities by inviting the participation of small business firms with strong research capabilities in science, engineering or educational technology. Small businesses must meet certain eligibility criteria to participate: the company must be American-owned and independently operated, it must be for profit and employ no more than 500 employees and the principal researcher must be employed by the business. During Phase I, NIDRR funds firms to conduct feasibility studies to evaluate the scientific and technical merit of an idea. During Phase II, NIDRR funds firms to expand on the results of Phase I and to pursue further development.

The following are examples of SBIR accomplishments reported to NIDRR during FY 2011:

- **Unique Prototype Way-Finding Application for Indoor Navigation.** Researchers and developers at CreateAbility, Inc., in Indianapolis, IN, have developed technology that facilitates safe and efficient indoor navigation for people with visual impairments (Grant # H133S100084). VisionARI, pronounced "visionary," stands for Vision (related) Advanced Resources for Independence. VisionARI is a way-finding system that facilitates navigating indoor venues where GPS may not be available. Typical GPS-based way-finding systems do not consistently work indoors because satellite signals can be weakened or blocked by building materials. The benefit of this approach is in the ease of use in creating new maps to safely navigate unfamiliar buildings, malls, and public places. An Android Application enables speech recording as the individual maps out the course in terms of reference points and distance traveled. The recording format is also compatible with MP3 players for later playback. Maps are stored on a central repository server for easy sharing. This prototype app is currently being tested in the second year of a Phase II grant from NIDRR. CreateAbility hopes to have this map recorder/player application available within the next year. Additional information is available at . <http://createabilityinc.com/wp-content/uploads/2012/07/iUtileyes.pdf>

- New iTunes App Helps Deaf Students Access Science Content. VCom3D in Orlando, Florida, (Grant # H133S090134) created an Apple iTunes app of a Mobile Signing Science Pictionary that was disseminated via iTunes in 2011. The Signing Science Pictionary is designed for kindergarten through third grade students who are deaf or hard-of-hearing and use American Sign Language (ASL) or Signed English in the classroom. The Signing Science Pictionary supports access to standards-based science content among lower grade elementary students. The dictionary contains 730 science terms and will link to definitions in other dictionaries and pictionaries from VCom3D's series of illustrated, interactive 3D sign language dictionaries and pictionaries. Information is available at http://www.signingapp.com/ssp_desktop.html.
- New Device Helps Students with Print Disabilities Access Graphic Materials. Touch Graphics, (Grant # H133S090137), in New York, New York, created a Talking Tactile Pen that improves access to graphic materials for students with print disabilities, including blindness, low vision and various cognitive impairments. In 2011, Touch Graphics received the Tibbets Award from the White House in recognition of its contributions as a model of excellence for the Small Business Innovation Research (SBIR) Program. Users explore booklets of raised line and color printed diagrams, and then touch the tip of a commercially available "smart pen" to any part of a picture to hear spoken identifiers for the part that was touched. Additional spoken or recorded information can be heard when the same spot on a picture is tapped again with the pen. By this means, complex images can be understood by people who normally could not perceive print graphics. Information is available at: <http://touchgraphics.com/research/pen.htm>.

9. Advanced Rehabilitation Research Training Projects

Advanced Rehabilitation Research Training (ARRT) projects seek to increase the capacity to conduct high-quality rehabilitation research by supporting grants to institutions to provide advanced research training to individuals with doctorates or similar advanced degrees, who have clinical or other relevant experience. Grants are made to institutions to recruit qualified persons, including individuals with disabilities, and to prepare them to conduct independent research related to disability and rehabilitation, with particular attention to research areas that support the implementation and objectives of the *Rehabilitation Act* and that improve the effectiveness of services authorized under the act. This research training may integrate disciplines, teach research methodology, and promote the capacity for disability studies and rehabilitation science. Training projects must operate in interdisciplinary environments and provide training in rigorous scientific methods.

Selected ARRT project statistics for the reporting period June 1, 2010 to May 31, 2011 are reflected in table 14 on the following page.

**Table 14. Advanced Rehabilitation Research Training (ARRT) Projects:
Selected Indicators: June 1, 2010, to May 31, 2011**

Fellows	Total
Fellows enrolled this reporting period	66
Fellows completing program in reporting period	14
Fellows with disabilities	6
Fellows from race and ethnic minority populations*	27
Fellows contributing to 2011 publications	29
Total number of active awards	19
Total number of publications authored by fellows in 2011	67

*Refers to fellows who are identified as Latino, African American, American Indian, Asian, and Native Hawaiian.

Source: U.S. Department of Education, NIDRR. Grantee Performance Report, APR forms for NIDRR, ARRT program for fiscal year 2011.

10. Mary E. Switzer Fellowship Program

The Mary E. Switzer Fellowship Program seeks to increase capacity in rehabilitation research by giving qualified individual researchers, including individuals with disabilities, the opportunity to develop new ideas and gain research experience. There are two levels of fellowships: Distinguished Fellowships go to individuals of doctorate or comparable academic status who have had seven or more years of experience relevant to rehabilitation research. Merit Fellowships are given to persons with rehabilitation research experience but who do not meet the qualifications for Distinguished Fellowships, usually because they are in earlier stages of their careers. Fellows work for one year on an independent research project of their design.

Table 15 on the following page summarizes key statistics and accomplishments for Switzer Fellows funded in FY 2008 and FY 2010 and submitting annual or final performance reports in 2011. Accomplishments are defined as peer-reviewed publications, measurement and tools, and informational products:

Table 15. Switzer Research Fellowship Program Accomplishments for the 2011 APR Reporting Period: June 2008 to May in 2011

Total Number of Fellows funded in FY 2008 and FY 2011	21
Number of Merit Fellows	14
Number of Distinguished Fellows	7
Number of 2008-2010 Fellows submitting an Annual or Final Performance Report in 2011	14
Number of Fellows with disabilities reporting in 2011	1
Number of Fellows from race and ethnic minority populations reporting in 2011	8
Number of Fellows reporting peer-reviewed publications in 2011	4
Number of Fellows reporting measurement tools or technology products in 2011	4
Number of Fellows reporting information products in 2011	2

Source: U.S. Department of Education, NIDRR, Grantee Performance Report, annual, or final performance reporting (FPR) forms for NIDRR Switzer Research Fellowship program for FY 2011.

11. Outreach to Minority-Serving Colleges and Universities

Section 21 of the *Rehabilitation Act* requires NIDRR and RSA to reserve 1 percent of the annually appropriated budget for programs authorized under Titles II, III, VI and VII to serve traditionally underserved populations. These funds are to be used either to make awards to minority entities and Indian tribes to carry out activities under the *Rehabilitation Act* or to make awards to state or public or private nonprofit agencies to support capacity-building projects designed to provide outreach and technical assistance to minority entities and American Indian tribes to promote their participation in activities under the *Rehabilitation Act*.

The following Section 21 accomplishment from a DRRP was identified and reviewed by NIDRR for FY 2011:

- New Tool to Assess Health Behaviors and Outcomes among African-Americans with SCI and TBI. The Medical University of South Carolina, in Columbia, South Carolina, supports the Center on Health Outcomes Research and Capacity Building for Underserved Populations (CHORCUP) with Spinal Cord Injury (SCI) and Traumatic Brain Injury (TBI) (Grant # H133A080064). Center researchers developed a tool to assess health behaviors and chronic health outcomes among African-Americans with SCI and TBI to compare their behaviors and outcomes with African-Americans in the general population. In developing this tool, specific measures from the Behavioral Risk Factor Surveillance System (BRFSS) were selected for use with the target populations. The BRFSS, the largest on-going telephone health survey system in the world, is a system of state-based surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic

disease and injury. The measures selected from the BRFSS were included in a mail-in survey to be completed by African-Americans with SCI and TBI. By comparing normative data from the general population, researchers have the potential to validate use of the BRFSS to determine systematic differences among people with SCI and TBI. Results of the research will highlight items that are sensitive to neurologic injury. General information on the study and the tool can be found at:

<http://academicdepartments.musc.edu/chp/CHORCUP/index.htm>, and also at: http://academicdepartments.musc.edu/chp/longevity_after_injury/newsletters/2012spring_sciorg_newsletter.pdf

12. 2011 NIDRR Allocations

The allocation of NIDRR grant funds for FY 2010 and FY 2011 for the 11 funding mechanisms discussed in this section on NIDRR is shown in Table 16 on the following pages. For each funding mechanism, the table includes the number of new and continuation awards along with the corresponding grant amount and the combined totals for FYs 2010 and 2011. NIDRR's overall grant allocations across all 11 funding mechanisms totaled \$101,813,459 for FY 2010 and \$101,169,950 for FY 2011. NIDRR awarded \$7,852,568 in contracts and other support activities for FY 2011.

Table 16. NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2010 and 2011

NIDRR-Funded Centers and Projects	Number of Awards FY 2010	Grant Amount (in thousands of dollars)	Number of Awards FY 2011	Grant Amount (in thousands of dollars)
RRTCs				
Continuations	21	\$14,597	26	\$20,306
New Awards	7	\$5,742	1	\$850
Total	28	\$20,339	27	\$21,156
RERCs				
Continuations	17	\$15,404	16	\$18,372
New Awards	2	\$1,823	2	\$1,899
Total	19	\$17,227	18	\$20,271
ARRTs				
Continuations	12	\$1,799	15	\$2,236
New Awards	4	\$592	4	\$600
Total	16	\$2,391	19	\$2,836

Table 16. NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2010 and 2011 (Continued)

NIDRR-Funded Centers and Projects	Number of Awards FY 2010	Grant Amount (in thousands of dollars)	Number of Awards FY 2011	Grant Amount (in thousands of dollars)
DRRPs				
Continuations	12	\$6,149	9	\$4,496
New Awards	2	\$1,050	1	\$500
Total	14	\$7,199	10	\$4,996
DBTACs				
Continuations	11	\$12,907	0	\$0
New Awards	0	\$0	11	\$11,917
Total	11	\$12,907	11	\$11,917
SBIRs				
	25	\$3,643	26	\$3,813
KTs				
Continuations	4	\$2,100	3	\$2,050
New	2	\$1,050	1	\$800
Total	6	\$3,150	4	\$2,850
FIPs				
Continuations	43	\$7,831	43	\$7,958
New Awards	23	\$5,733	23	\$5,539
Total	66	\$13,564	66	\$13,497
Mary Switzer Fellowships				
New Awards	6	\$493	10	\$680
Model Systems				
Spinal Cord Injury (includes model systems projects, collaborative projects and data center)				
Continuations	17	\$8,899	0	\$0
New Awards	0	\$0	15	\$7,119
Total	17	\$8,899	15	\$7,119
Traumatic Brain Injury (includes model systems projects, collaborative projects and data center)				
Continuations	19	\$9,171	18	\$8,565
New Awards	0	\$0	1	\$625
Total	19	\$9,171	19	\$9,190

Table 16. NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2010 and 2011 (Continued)

NIDRR-Funded Centers and Projects	Number of Awards FY 2010	Grant Amount (in thousands of dollars)	Number of Awards FY 2011	Grant Amount (in thousands of dollars)
Burn Injury				
Continuations	5	\$1,750	5	\$1,750
New Awards	0	\$0	0	\$0
Total	5	\$1,750	5	\$1,750
Outreach to Minority Institutions				
	3	\$1,080	3	\$1,095
TOTAL	235	\$101,813	233	\$101,170

Abbreviations and full titles of NIDRR-funded Centers and Projects:

RRTCs—Rehabilitation Research and Training Centers

RERCs—Rehabilitation Engineering Research Centers

ARRTs—Advanced Rehabilitation Research Training Grants

DRRPs—Disability and Rehabilitation Research Projects

DBTACs—Disability and Business Technical Assistance Centers

SBIRs—Small Business Innovation Research Projects

KTs—Knowledge Translation

FIPs—Field Initiated Projects

Note: Dollar values have been rounded to nearest one thousandth.

Source: U. S. Department of Education, NIDRR. Grant Administration and Payment System (GAPS). 2011. Washington, D.C.

ADVOCACY AND ENFORCEMENT

Through the programs and activities described in this report, Congress and the federal government are doing much to improve opportunities for employment and community integration for persons with disabilities. However, full independence cannot be achieved if individuals are not able to protect their rights under the law. Recognizing this need, Congress has created a number of programs to assist and advocate on behalf of individuals with disabilities. Several of these programs are administered by RSA and include the Client Assistance Program (CAP), the Protection and Advocacy of Individual Rights (PAIR) program, and the Protection and Advocacy for Assistive Technology (PAAT) program. Each of these programs directs its advocacy efforts to a particular group of persons with disabilities or to a specific issue. This section of the annual report provides data and information concerning the activities and performance of the CAP and PAIR programs. Information pertaining to the PAAT program is contained in the annual report to Congress prepared in accordance with Section 7 of the *Assistive Technology Act of 1998*, as amended.

Requirements under the *Rehabilitation Act* call for the continuous review of policies and practices related to the nondiscrimination and affirmative employment of individuals with disabilities and their access to facilities and information. To carry out the responsibilities stemming from those requirements, the *Rehabilitation Act* authorizes a number of advocacy and advisory programs operating at national and state levels. Such programs conduct periodic reviews of existing employment policies and practices. In addition, these programs develop and recommend policies and procedures that facilitate the nondiscrimination and affirmative employment of individuals who have received rehabilitation services to ensure compliance with standards prescribed by federal legislation.

Some of the advocacy programs also develop advisory information and provide appropriate training and technical assistance, as well as make recommendations to the President, the Congress, and the U.S. Secretary of Education.

Several federal agencies have been given enforcement authority to ensure that government agencies and private entities that receive federal assistance subscribe to and implement legislative provisions related to the employment of individuals with disabilities. These enforcement agencies review complaints, conduct investigations, conduct outreach and technical assistance activities to promote compliance, conduct public hearings, attempt to obtain voluntary compliance with civil rights laws, and pursue formal administrative and court enforcement where necessary. These agencies participate, when necessary, as *amicus curiae* in any United States court in civil actions. They also design appropriate and equitable remedies. Formal enforcement action may lead to the withholding of or suspension of federal funds.

CLIENT ASSISTANCE PROGRAM

Authorized Under Section 112 of the *Rehabilitation Act*

The Client Assistance Program (CAP), informs and advises all clients and client applicants of all available benefits under the Rehabilitation Act. Upon request of such individuals, the CAP assists and advocates for them in their relationships with projects, programs, and services provided under the Rehabilitation Act, including assistance and advocacy in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals and to facilitate access to the services funded under the Rehabilitation Act through individual and systemic advocacy. The CAP also is authorized to provide information on their rights under the Americans with Disabilities Act. Primarily, CAPs assist individuals in their relationships with the VR program. In addition, CAP grantees provide information to individuals with disabilities regarding the programs and services available under the *Rehabilitation Act* and the rights afforded them under Title I of the *Americans with Disabilities Act (ADA)*.

State VR agencies, and the other programs and projects funded under the *Rehabilitation Act*, must inform consumers about the services available from the CAP and how to contact the CAP. States must operate a CAP in order to receive other allotments under the *Rehabilitation Act*, including VR grant funds. RSA funds the CAP in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories.

Each governor designates a public or private agency to operate a CAP. This designated agency must be independent of any agency that provides services under the *Rehabilitation Act*, except in those cases where the *Rehabilitation Act* “grandfathered” CAPs already housed within state agencies providing services. In the event that one of these state agencies providing services under the *Rehabilitation Act* restructures, the *Rehabilitation Act* requires the governor to redesignate the CAP in an agency that does not provide services under the *Rehabilitation Act*. Currently, only a few “internal” CAPs (e.g., those housed within a state VR agency or other agency providing services under the *Rehabilitation Act*) remain.

Overall, in FY 2011, CAPs nationwide responded to 52,376 requests for information and provided extensive services to 6,965 individuals. Slightly more than 94 percent of those cases in which extensive services were provided involved applicants for or recipients of services from the VR program. In 87 percent of all cases, issues are related to the delivery of VR services. This data also demonstrates that in 36 percent of the cases closed, CAPs enabled the individuals to advocate for themselves through the explanation of policies; 19 percent resulted in the development or implementation of an IPE; and 19 percent of these cases resulted in the reestablishment of communication between the individuals and other parties. In addition, 68 percent of the cases requiring action by the CAP on behalf of the individual were resolved in the individual’s favor.

Examples of CAP activities during FY 2011 include:

- An individual contacted the New York CAP after learning that the VR agency would not assist him to obtain a Bachelor's of Art degree in graphic design at a local university. The individual possessed a two-year degree at the time, but believed he would require a four year degree to become gainfully employed in the field. The VR agency asserted that the individual's two-year degree in graphic design made him employable in an entry level position. The CAP demonstrated through its research that the only position available with a two-year degree was that of an Assistant to a Graphic Designer, which would entail mainly clerical, as opposed to creative graphic design, duties.

During a meeting organized by the CAP, the individual was able to display his portfolio to the VR counselor and supervisor. Based on this demonstration and the CAP's research, the VR agency agreed to fund the individual's education at a four-year university. As a result, the individual obtained his Bachelor's Degree and is now permanently employed at a graphics design firm, where he is responsible for several major accounts.

- In Kentucky, a farmer with a visual impairment requested VR services to continue working on his farm. The consumer also had experienced significant facial trauma, resulting in extensive reconstruction and nasal surgeries. As a farmer, he was charged with overseeing 133 acres of land and 30 head of cattle on a daily basis, but felt unable to continue his life-long work due to the severity of his disabilities. His doctor strongly recommended an enclosed cab for his tractor to protect his nose from any additional trauma or noxious stimuli. Following an assessment, it was determined that the consumer could resume his duties in full if the proper accommodations were put in place. When VR denied his request for a new tractor with an enclosed cab, the farmer contacted CAP for assistance.

CAP was able to negotiate the acquisition of a new tractor by trading in the old tractor to minimize the cost VR would need to expend. Once the consumer received his new tractor with the recommended enclosed cab, he was able to resume working on his farm performing all the same duties.

- In Louisiana, an individual with a long history of mental health issues and difficulties securing employment applied for services from the VR agency, which requested that the individual participate in a trial work experience plan for one year. The individual was seeking employment with a flexible work schedule. During the year in which the individual participated in trial work, he received no contact from VR counselor. He called CAP for advocacy and assistance with his VR case.

CAP reviewed the individual's case file, which revealed there was no documentation of contact with the individual or an assessment of his progress, as required under the *Rehabilitation Act* and its implementing regulations at 361.42

(e). CAP requested the individual be determined eligible for services and an IPE developed in conjunction with the individual. VR acknowledged its failure by not following its policy and immediately developed an IPE for the individual. The individual as since completed his services and is now competitively employed.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM

Authorized Under Section 509 of the *Rehabilitation Act*

The Protection and Advocacy of Individual Rights (PAIR) program is a mandatory component of the protection and advocacy (P&A) system, established in each of the 50 states, District of Columbia, Puerto Rico, and U.S. territories, as well as the P&A system that serves the American Indian consortium pursuant to Part C of the *Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act)*. The 57 PAIR programs provide information, advocacy and legal representation to individuals with disabilities who are not eligible for other P&A programs serving persons with developmental disabilities and mental illness or whose issues do not pertain to programs funded under the *Rehabilitation Act*. Of all the various P&A programs, the PAIR program has the broadest mandate and potentially represents the greatest number of individuals. Through the provision of information and the conduct of advocacy, PAIR programs help to ensure the protection of the rights of persons with disabilities under federal and state law in a wide variety of areas, including employment, access to public accommodations, education, housing and transportation. PAIR programs investigate, negotiate or mediate solutions to problems expressed by individuals with disabilities. Grantees provide information and technical assistance to requesting individuals and organizations. PAIR programs also provide legal counsel and litigation services.

Prior to making allotments to the individual grantees, a portion of the total appropriation must be set aside for each of the following two activities. During any fiscal year in which the appropriation is equal to or exceeds \$5.5 million the Secretary must first set aside not less than 1.8 percent and not more than 2.2 percent of the amount appropriated for training and technical assistance to eligible systems established under this program. In addition, in any fiscal year in which the total appropriation exceeds \$10.5 million, the Secretary must award \$50,000 to the eligible system established under the *DD Act* to serve the American Indian consortium. The Secretary then distributes the remainder of the appropriation to the eligible systems within the states on a population basis after satisfying minimum allocations of \$100,000 for states except for the territories of Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Marianas Islands, each of which receives \$50,000.

Each year, PAIR programs, with public comment, must develop a statement of objectives and priorities, including a rationale for the selection of the objectives and priorities and a plan for achieving them. These objectives and priorities define the issues that PAIR will address during the year, whether through individual or systemic advocacy. PAIR programs reported representing 14,739 individuals and responded to 42,949 requests for information or referral during FY 2011. Of the cases handled by PAIR programs in that year, the greatest number of specified issues involved government benefits/services (22 percent), education (17 percent), employment (12 percent), housing (12 percent) and health care (12 percent). Because PAIR programs cannot address all issues facing individuals with disabilities solely through individual advocacy, they seek to change public and private policies and practices that present barriers to the rights of individuals with disabilities, utilizing negotiations and

class action litigation. In FY 2011, 51 out of the 57 PAIR programs (89 percent) reported that these activities resulted in changes in policies and practices benefiting individuals with disabilities.

Examples of PAIR activities during FY 2011 include:

- Maine Disability Rights Center (DRC) provided assistance to a 5-year-old child with a diagnosis of diabetes after the parents were notified by their child's school that the school officials were not knowledgeable about this type of disability and were not trained to administer glucagon to the child if needed. The school district indicated these services were only offered in another school which was located further away than the child's neighborhood school. DRC provided guidance to the child's parents that the school is responsible to comply with their son's 504 plan, which required training for staff to ensure a safe environment for the child. The outcome is that the child was successful in continuing to attend his neighborhood school with school staff fully trained on his medical condition to ensure his safety.
- Disability Rights Oregon (DRO) assisted a client who is deaf experiencing communication barriers during hospital visits before surgery. The hospital did not want to pay for her American Sign Language (ASL) Interpreter during these medical appointments. DRO provided advocacy services by educating the hospital of their responsibility to provide interpreters for patients who are deaf and hard of hearing. The hospital then changed its position and agreed to provide an interpreter for her next appointment and all subsequent appointments. The outcome allowed the patient to make a more informed health care decision.
- Ohio Legal Rights Service (LRS) assisted an individual who is blind and resides in a public institution who needed the help of assistive technology (AT) and accommodations to be able to live more independently. Because an aide was not always available to help him complete daily tasks, he requested LRS advocate for him to receive accommodations for his disability. LRS investigated and was able to secure a cane, a new walkway, large print materials, and other low vision aides. The outcome was that the client received accommodation through AT devices that increased his independence within the facility.
- Massachusetts Disability Law Center (DLC) assisted a 61-year-old woman with multiple sclerosis and a severe visual impairment who used a dog as a service animal. After entering her local pharmacy with her dog, she was informed that pets were not allowed there. She explained that her dog was a service animal, but the pharmacy continued to respond that she would not be able to return with the dog in the future. DLC educated the store manager about laws supporting persons with disabilities to have their service animal accompany them in public space. As a result, store personnel were trained about service animals to ensure consumers using this accommodation were not restricted access in the future.

- Disability Rights California (DRC) assisted an individual with a mobility impairment that prevented him from using the stairs in his apartment. The individual requested that his landlord permit him, at his own expense to install a stair-lift, which would enable him to leave his apartment to carry out daily activities including meeting medical appointments. After the landlord denied the request, DRC provided advocacy services by explaining that the provisions of the Federal Housing Act prohibits housing providers from discriminating against qualified individuals with disabilities. The outcome was that the stair-lift was installed to ensure the individual could be more mobile from his apartment.
- Illinois Equip for Equality (EFE) assisted an individual with a learning disability who worked for a hotel as a banquet manager. The individual had been placed on unpaid leave following the results of a psychological examination. He sought to return to work with accommodations and the employer refused. In collaboration with the client's psychiatrist, EFE provided advocacy by educating the employer that the individual could perform the essential functions of the job. EFE also provided assistance to the client on self-advocacy. The outcome was that the individual returned to his job with accommodations and has been reported to be succeeding on the job.
- Missouri Protection and Advocacy Services (PAS) provided assistance to a 61-year-old man with a series of disabilities who was denied Social Security Administration (SSA) benefits. PAS gathered the client's medical records and subsequently obtained a favorable decision from the Social Security's Virtual Screening Unit without having to undergo a hearing process. The outcome was that the senior citizen with multiple disabilities was successful in being able to receive benefits to help cover basic necessities.

EMPLOYMENT OF PEOPLE WITH DISABILITIES

Authorized Under Section 501 of the *Rehabilitation Act*
Managed by the Equal Employment Opportunity Commission

The *Rehabilitation Act* authorizes the Equal Employment Opportunity Commission (EEOC) to enforce the nondiscrimination and affirmative employment provisions of laws and regulations concerning the employment of individuals with disabilities. As part of its oversight responsibilities, the EEOC conducts on-site reviews of federal agency affirmative action employment programs. Based on these reviews, the EEOC submits findings and recommendations for federal agency implementation. The EEOC then monitors the implementation of these findings and recommendations by performing follow-up on-site reviews. For more information, visit <http://www.eeoc.gov/eeoc>.

ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

(Access Board)

Authorized Under Section 502 and Section 508 of the *Rehabilitation Act*

Section 502 of the *Rehabilitation Act* created the Architectural and Transportation Barriers Compliance Board, also known as the Access Board. Section 502 lays out the duties of the board under the *Architectural Barriers Act (ABA)*, which include: ensuring compliance with standards issued under the *ABA*, developing and maintaining guidelines for complying with *ABA*, and promoting access throughout all segments of society. The Access Board also has the primary responsibility for developing and maintaining accessibility guidelines and providing technical assistance under *ADA* with respect to overcoming architectural, transportation and communication barriers. The Access Board is also responsible for developing and periodically updating guidelines under the *Telecommunications Act of 1996* that ensure access to various telecommunication products.

Composed of 25 members, the Access Board is structured to function as a representative of the general public and as a coordinating body among federal agencies. Twelve of its members are senior managers from federal departments; the other 13 are private citizens appointed by the president, a majority of whom must be individuals with disabilities. Key responsibilities of the Access Board include: developing and maintaining accessibility requirements for the built environment, transit vehicles, telecommunications equipment, and electronic and information technology; providing technical assistance and training on these guidelines and standards; and enforcing accessibility standards for federally funded facilities.

The 1998 amendments to the *Rehabilitation Act* expanded the Access Board's role and gave it responsibility for developing access standards for electronic and information technology under Section 508 of the *Rehabilitation Act*. The description of the Access Board in Section 508 provides information regarding its expanded role and those standards. The Access Board provides training and technical assistance on all its guidelines and standards.

With its publications, hotline and training sessions, the Access Board also provides a range of services to private as well as public organizations. In addition, the board enforces accessibility provisions of *ABA*, *ADA* and the *Telecommunications Act* through the investigation of complaints. The Access Board conducts its investigations through the responsible federal agencies and strives for amicable resolution of complaints. For more information, visit <http://www.access-board.gov>.

ELECTRONIC AND INFORMATION TECHNOLOGY

Authorized under Section 508 of the *Rehabilitation Act*

Activities Conducted by the Assistive Technology Team, Office of the Chief Information Officer,
U.S. Department of Education

Section 508 requires that when federal agencies develop, procure, maintain, or use electronic and information technology they shall ensure that the electronic and information technology allows federal employees with disabilities to have access to and use of information and data that is comparable to the access to and use of information and data by federal employees who are not individuals with disabilities, unless an undue burden would be imposed on the agency. Section 508 also requires that individuals with disabilities who are members of the public seeking information or services from a federal agency have access to and use of information and data that is comparable to the access to and use of information and data by members of the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency. The intention is to eliminate barriers in accessing information technology, make new opportunities available for individuals with disabilities and encourage development of technologies that will help achieve a more accessible society. The 1998 amendments to the *Rehabilitation Act* significantly expanded and strengthened the technology access requirements in Section 508.

The Department's Office of the Chief Information Officer (OCIO) plays a lead role in the implementation of Section 508 through such activities as product performance testing and the provision of technical assistance to government agencies and vendors on the implementation of the Section 508 standards. The OCIO Assistive Technology Team delivers assistive technology workshops, presentations and demonstrations to other federal agencies, to state and local education institutions, and at assistive technology and information technology industry seminars and conferences and conducts numerous conformance tests of high-visibility e-government-sponsored websites.

The OCIO, in conjunction with the Access Board, the General Services Administration (GSA), and a number of other government agencies, also participates in the Interagency Section 508 Working Group, an effort coordinated by GSA and OMB, to offer technical assistance and to provide an informal means of cooperation and information sharing on implementation of Section 508 throughout the federal government. For more information, visit <http://www.ed.gov/about/offices/list/ocio/ocio.html>.

EMPLOYMENT UNDER FEDERAL CONTRACTS

Authorized Under Section 503 of the *Rehabilitation Act*

Managed by the Employment Standards Administration,
U.S. Department of Labor

The Department of Labor's Office of Federal Contract Compliance Program (OFCCP) is responsible for ensuring that employers with federal contracts or subcontracts in excess of \$10,000 take affirmative action to employ and advance in employment qualified

individuals with disabilities. OFCCP investigators conduct at least several thousand compliance reviews and investigate hundreds of complaints each year. OFCCP also issues policy guidance to private companies and develops innovative ways to gain compliance with the law. For more information, visit <http://www.dol.gov/ofccp>.

NONDISCRIMINATION IN PROGRAMS THAT RECEIVE FEDERAL FINANCIAL ASSISTANCE

Authorized under Section 504 of the *Rehabilitation Act*
Enforced by the
Civil Rights Division, U.S. Department of Justice, and the
Office for Civil Rights, U.S. Department of Education

Section 504 prohibits discrimination on the basis of disability by recipients of federal financial assistance. This provision of the *Rehabilitation Act* is designed to protect the rights of any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. Major life activities include, but are not limited to, walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks.

The U.S. Department of Justice, Civil Rights Division (CRD), has overall responsibility for coordinating federal agencies' implementation and enforcement of Section 504 of the *Rehabilitation Act*.

Through its Office for Civil Rights (OCR), the Department enforces Section 504 with respect to state and local educational agencies and public and private elementary, secondary and postsecondary schools that receive federal financial assistance from the Department. In addition, OCR and CRD both have enforcement responsibilities under *ADA*. In the education context, OCR enforces Title II of *ADA*, which prohibits disability discrimination by state and local government entities, including public elementary, secondary and postsecondary schools. CRD enforces Title III of the *ADA*, which prohibits disability discrimination by private entities in places of public accommodation, including private elementary, secondary and postsecondary schools.

Examples of the types of discrimination prohibited by Section 504 and its implementing regulations include access to educational programs and facilities, improper denials of a free appropriate public education for elementary and secondary students, and improper denials of academic adjustments and auxiliary aids and services to postsecondary students. Section 504, *ADA*, and their implementing regulations also prohibit employment discrimination and retaliation for filing, or participating in any manner in an OCR complaint or proceeding, or for advocating for a right protected by these laws. For information on OCR, visit the website at: <http://www.ed.gov/about/offices/list/ocr>.

NATIONAL COUNCIL ON DISABILITY

Authorized under Section 400 of the *Rehabilitation Act*
An Independent Federal Agency

As an independent agency, the National Council on Disability (NCD) promotes policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities and that empower people with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society. More specifically, NCD reviews and evaluates laws, policies, programs, practices and procedures conducted or assisted by federal departments or agencies to see if they meet the needs of individuals with disabilities. The council makes recommendations based on those evaluations to the president, the Congress, the Secretary of Education, the commissioner of RSA, the director of NIDRR, and officials of federal agencies.

REFERENCES

- Office of Management and Budget (n.d): Government Performance and Results Act (GPRA) Related Materials. Available: <http://www.whitehouse.gov/omb/mgmt-gpra/index-gpra>
Accessed June 9, 2011.
- U.S. Department of Education Office of Special Education and Rehabilitative Services, Rehabilitative Services Administration (2011), Rehabilitation Act of 1973, as amended. Available: <http://www.ed.gov/policy/speced/reg/narrative.html>.
Accessed June 9, 2010.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (2011a), Case Service Report (RSA-911). Selected fiscal years. Washington, D.C.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (2011b). Vocational Rehabilitation State Grants. Annual Review Report for each of the 80 state VR agencies. Available: <http://rsa.ed.gov/view.cfm?rsaform=ARR&fy=2009>.
Accessed March 12, 2012.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (2011c). Annual Performance Report for the American Indian Vocational Rehabilitation Services Program. Selected fiscal years. Washington, D.C.
- U.S. Department of Education (2011d), Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration. RSA Annual Performance Report (Form RSA-704). Compilation. Washington, D.C.
- U.S. Department of Education (2011e), Office of Special Education and Rehabilitative Services, Rehabilitative Services Administration. Projects With Industry Annual Reporting Form Report (RSA-631), Fiscal Year 2010. Washington, D.C.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Form RSA-15. (2011f). Report of Randolph Sheppard Vending Facility Program for Fiscal Year 2010. Available: <http://rsa.ed.gov/view.cfm?rsaform=RSA-15>.
Accessed March 12, 2012
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute of Disability and Rehabilitative Research (2011g). Grantee Performance Report, annual performance reporting (APR) forms for NIDRR ARRT program for Fiscal Year 2011. Prepared by RTI International under ED contract No. ED-04-CO-0036/0001. 2011. Washington, D.C.

- U.S. Department of Education (n.d.a). Rehabilitative Services Administration Supported Employment State Grants. Available: <http://www.ed.gov/programs/rsasupemp>. Accessed January 27, 2012.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (n.d.b). Independent Living Annual Performance Report (RSA-704) Available: <http://rsa.ed.gov/programs.cfm?pc=IL&sub=performance>. Accessed Jan. 12, 2012.
- U.S. Department of Labor, Bureau of Labor Statistics Report on State Average Annual Pay for the M Office of Management and Budget (n.d): Government Performance and Results Act (GPRA) Related Materials. Available: <http://www.whitehouse.gov/omb/mgmt-gpra/index-gpra>. Accessed June 9, 2011.

APPENDIX A

APPENDIX A

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2011

Must Pass at Least Four of Six Indicators and Two of Three Primary Indicators^b

Agency ^c	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (> 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^f (> 35.4%)	Indicator 1.4: Percentage of Employment Outcomes That Were for Individuals With Significant Disabilities ^g (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self- Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Arkansas	-45	72.06	71.36	100.00	0.706	21.15	4	3
Connecticut	9	72.01	82.94	100.00	0.633	14.86	5	3
Delaware	28	80.67	90.63	100.00	0.544	25.29	4	2
Florida	35	47.43	98.37	100.00	0.644	36.08	5	3
Idaho	0	60.62	93.16	99.08	0.822	33.03	5	3
Iowa	-10	77.67	90.00	100.00	0.803	17.36	4	3
Kentucky	6	79.12	90.35	100.00	0.662	23.23	5	3

^a VR—Vocational Rehabilitation

^b Minimum performance-level criteria for each standard and indicator were established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on June 5, 2000 (34 CFR Part 361).

^c Separate agencies in 24 states providing specialized services to blind and visually impaired persons.

^d An individualized plan for employment (IPE) is a written document developed for each individual determined to be eligible for VR services. To pass this indicator, the number of individuals exiting the VR program securing employment during the current performance period must be at least the same as the number of individuals exiting the VR program employed during the previous performance period and, hence, comparison of the two elements must yield a number greater than or equal to zero.

^e Percentage who have received employment outcomes after provision of VR services.

^f Percentage of employed individuals that exit the VR program and are placed in an integrated setting, self-employment, or BEP (Business Enterprise Program, also known as the Vending Facility Program) with earnings equivalent to at least the minimum wage.

^g Significant disabilities are severe physical or mental impairments caused by certain conditions that seriously limit one or more functional capacities and require multiple VR over an extended period of time.

Source: U.S. Department of Education, RSA 2011a

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2011 (*Continued*)

Must Pass at Least Four of Six Indicators and Two of Three Primary Indicators^b

Agency ^c	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (> 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^f (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^g (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self- Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Maine	7	69.05	33.72	98.86	1.054	34.09	5	2
Massachusetts	31	51.41	54.60	100.00	0.761	25.45	4	3
Michigan	-6	50.39	80.43	98.10	0.679	38.02	4	3
Minnesota	3	59.63	90.68	98.63	0.723	32.19	5	3
Missouri	3	82.97	93.47	97.21	0.754	22.36	5	3
Nebraska	17	42.15	94.68	100.00	0.803	38.20	5	3
New Jersey	8	71.96	93.74	100.00	0.551	42.49	5	2
New Mexico	-8	44.77	98.70	100.00	0.744	63.16	4	3
New York	93	69.54	84.64	99.06	0.669	37.10	6	3
North Carolina	34	76.95	98.87	89.82	0.557	32.40	5	2
Oregon	3	72.27	64.86	100.00	0.852	28.33	5	3
South Carolina	-40	67.04	75.60	97.82	0.636	14.08	3	3
South Dakota	3	75.24	96.54	99.55	0.707	33.63	6	3
Texas	57	70.37	88.68	99.75	0.604	30.94	6	3
Vermont	-6	74.63	66.67	97.00	0.815	18.00	4	3
Virginia	6	56.56	91.54	100.00	0.627	54.45	5	3
Washington	-6	62.05	99.63	96.32	0.781	37.87	4	3

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2011

Must Pass at Least Four of the Six Indicators and Two of Three Primary Indicators^c

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Alabama	-520	58.59	98.28	83.28	0.489	80.22	4	2
Alaska	104	65.29	98.42	91.35	0.606	55.93	6	3
American Samoa	-1	100.00	50.00	83.33	N/A	58.33	4	2
Arizona	-186	36.43	99.15	95.94	0.517	71.50	3	2
Arkansas	-472	49.02	99.36	96.25	0.623	58.38	4	3
California	883	43.28	87.22	99.78	0.453	68.90	4	2
Colorado	1,114	53.93	93.87	92.15	0.504	51.61	3	2
Connecticut	249	60.67	100.00	100.00	0.547	44.24	5	3
Delaware	243	68.01	100.00	94.20	0.412	69.94	5	2

(Continued on next page)

^a VR – Vocational Rehabilitation

^b General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

^c Minimum performance-level criteria for each standard and indicator were established by the Rehabilitation Services Administration (RSA) and published in the Federal Register on Monday, June 5, 2000 (34 CFR Part 361).

^d An individualized plan for employment (IPE) is a written document developed for each individual determined to be eligible for VR services. To pass this indicator, the number of individuals exiting the VR program securing employment during the current performance period must be at least the same as the number of individuals exiting the VR program employed during the previous performance period.

^e Percentage who have received employment outcomes after provision of VR services.

^f Percentage of employed individuals that exit the VR program and are placed in an integrated setting, self-employment, or BEP (Business Enterprise Program, also known as the Vending Facility Program) with earnings equivalent to at least the minimum wage.

^g Significant disabilities are severe physical or mental impairments caused by certain conditions that seriously limit one or more functional capacities and require multiple VR services over an extended period of time.

^h No state wage data exists for Guam, Northern Mariana Islands and American Samoa. Therefore, Indicator 1.5 cannot be computed for these VR agencies.

Source: U.S Department of Education, OSERS, RSA 2011a

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2011 (*Continued*)

Must Pass at Least Four of the Six Indicators and Two of Three Primary Indicators^c

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
District of Columbia	185	35.52	84.24	94.60	0.342	67.45	4	2
Florida	1,576	47.89	99.69	97.92	0.522	50.09	4	3
Georgia	239	62.57	95.17	84.76	0.434	74.44	5	2
Guam	8	42.00	61.90	100.00	N/A	69.23	4	2
Hawaii	-63	34.63	95.42	94.76	0.586	65.94	4	3
Idaho	187	59.75	99.23	99.66	0.620	75.13	6	3
Illinois	-46	54.65	90.79	100.00	0.424	60.25	3	2
Indiana	303	53.43	97.55	75.63	0.583	48.42	4	3
Iowa	-81	57.95	98.27	94.52	0.613	66.94	5	3
Kansas	172	48.45	98.95	94.52	0.509	56.50	4	2
Kentucky	49	60.81	98.22	99.97	0.612	64.35	6	3
Louisiana	-49	48.39	99.78	97.05	0.594	70.54	4	3
Maine	132	46.53	100.00	90.92	0.599	55.74	5	3
Maryland	29	44.48	91.83	100.00	0.428	70.73	4	2
Massachusetts	305	49.81	97.47	100.00	0.440	55.19	4	2
Michigan	330	50.49	99.04	95.86	0.589	61.22	5	3
Minnesota	334	60.21	99.07	100.00	0.470	67.93	5	2
Mississippi	2	73.69	98.79	65.30	0.654	61.26	6	3
Missouri	165	61.03	98.14	97.48	0.485	56.32	5	2
Montana	60	47.81	95.49	83.54	0.634	53.04	5	3

(Continued on next page)

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2011 (*Continued*)

Must Pass at Least Four of the Six Indicators and Two of Three Primary Indicators^c

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Nebraska	122	59.97	99.61	98.77	0.555	69.36	6	3
Nevada	0	52.52	100.00	96.20	0.552	70.01	5	3
New Hampshire	42	61.23	95.48	91.70	0.554	53.67	6	3
New Jersey	3	53.81	100.00	99.97	0.434	72.72	4	2
New Mexico	-322	50.73	98.85	96.35	0.604	52.37	3	3
New York	102	48.78	96.33	98.24	0.364	59.96	4	2
North Carolina	342	56.49	99.67	77.05	0.459	63.82	5	2
North Dakota	-100	62.17	98.95	86.85	0.614	61.89	5	3
Northern Mariana Islands	1	81.82	61.11	59.09	N/A	4.55	3	1
Ohio	-2,334	45.98	95.49	99.97	0.539	61.72	4	3
Oklahoma	520	56.18	91.86	80.57	0.575	73.52	6	3
Oregon	616	56.57	99.50	94.95	0.566	74.48	6	3
Pennsylvania	427	50.88	93.84	100.00	0.544	52.27	4	3
Puerto Rico	112	72.47	96.39	84.81	0.677	92.00	6	3
Rhode Island	149	60.71	97.63	100.00	0.493	67.14	5	2
South Carolina	-478	56.70	99.86	93.53	0.570	65.85	5	3
South Dakota	29	57.06	98.33	99.86	0.552	61.10	6	3
Tennessee	83	42.11	92.16	93.99	0.500	59.64	4	2
Texas	146	59.28	97.80	81.73	0.501	54.68	5	2
Utah	101	61.08	94.26	98.73	0.570	67.73	6	3

(Continued on next page)

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2011 (*Continued*)

Must Pass at Least Four of the Six Indicators and Two of Three Primary Indicators^c

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Vermont	94	59.79	94.82	99.80	0.574	45.06	5	3
Virginia	23	65.52	85.96	81.63	0.627	44.90	5	3
Virgin Islands	540	51.38	94.50	99.03	0.409	56.25	4	2
Washington	89	52.69	98.59	97.10	0.503	58.62	4	2
West Virginia	368	74.33	98.70	86.38	0.622	54.23	6	3
Wisconsin	189	58.52	99.97	98.96	0.562	57.71	6	3
Wyoming	36	60.43	99.56	89.88	0.575	55.06	6	3

**Table A-3. Equal Access to Service (Evaluation Standard 2) of State VR^a
Agencies Serving the Blind and Visually Impaired, by Indicator and
Jurisdiction: Fiscal Year 2011**

Agency ^b	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
Arkansas	0.900	167
Connecticut	0.941	49*
Delaware	0.995	36*
Florida	1.020	889
Idaho	0.635	12*
Iowa	0.823	16*
Kentucky	0.911	71*
Maine	0.797	7*
Massachusetts	1.001	92*
Michigan	0.773	145
Minnesota	0.545	58*
Missouri	0.817	124
Nebraska	0.895	33*
New Jersey	0.845	285
New Mexico	0.783	78*
New York	0.781	537
North Carolina	0.780	538
Oregon	0.870	24*
South Carolina	0.918	314
South Dakota	0.759	59*
Texas	0.889	1906
Vermont	1.118	5*
Virginia	0.787	266
Washington	0.785	90*

^a VR—Vocational Rehabilitation

^b Separate agencies in 24 states providing specialized services to blind and visually impaired persons.

^c Minority service rate ratio is the ratio of the percentage of minorities exiting the VR program who received services to the percentage of nonminorities exiting the program who received services. Minimum performance level criterion for this standard and indicator (as shown in parenthesis) was established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on Monday, June 5, 2000 (34 CFR Part 361).

^d Total number of individuals from minority populations exiting the VR program during the performance period.

Source: U.S. Department of Education, OSERS, RSA 2011a

**Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR^a
Agencies—General and Combined,^b by Indicator and Jurisdiction:
Fiscal Year 2011**

Agency	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
Alabama	0.990	4,862
Alaska	0.946	680
American Samoa	0.000	30*
Arizona	0.938	1,759
Arkansas	0.886	2,257
California	1.044	23,210
Colorado	0.886	2,725
Connecticut	0.832	1,142
Delaware	0.975	1,386
District of Columbia	0.868	3,523
Florida	0.861	13,030
Georgia	0.885	7,360
Guam	1.655	116
Hawaii	1.076	851
Idaho	0.963	888
Illinois	0.831	6,408
Indiana	0.769	3,204
Iowa	0.766	799
Kansas	0.763	2,269
Kentucky	0.876	2,289
Louisiana	0.932	3,634
Maine	0.740	216
Maryland	0.921	5,171
Massachusetts	0.952	2,869
Michigan	0.859	7,887
Minnesota	0.808	1,697
Mississippi	0.818	4,691
Missouri	0.885	4,125
Montana	0.843	638
Nebraska	0.885	1,112
Nevada	0.914	1,398

(Continued on next page)

^a VR—Vocational Rehabilitation

^b General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

^c Minority service rate ratio is the ratio of the percentage of minorities exiting the VR program who received services to the percentage of nonminorities exiting the program who received services. Minimum performance level criterion for this standard and indicator (as shown in parenthesis) was established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on Monday, June 5, 2000 (34 CFR Part 361).

^d Total number of individuals from minority populations exiting the VR program during the performance period.

Source: U.S Department of Education, OSERS, RSA 2011a

**Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR^a
Agencies—General and Combined,^b by Indicator and Jurisdiction:
Fiscal Year 2011 (Continued)**

Agency	Indicator 2.1: Minority Service rate ratio (≥ .80)	Minorities Exiting the VR Program <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
New Hampshire	0.964	154
New Jersey	0.937	6,218
New Mexico	0.878	2,510
New York	0.885	19,386
North Carolina	0.994	11,707
North Dakota	0.800	610
Northern Mariana Islands	0.512	93*
Ohio	0.756	4,993
Oklahoma	0.847	3,395
Oregon	0.977	1,387
Pennsylvania	0.832	7,044
Puerto Rico	1.392	8,060
Rhode Island	0.932	738
South Carolina	0.961	9,692
South Dakota	0.816	640
Tennessee	0.925	3,275
Texas	0.952	18,933
Utah	0.943	2,026
Vermont	0.942	197
Virginia	1.371	175
Virgin Islands	0.945	4,784
Washington	0.928	3,167
West Virginia	0.837	378
Wisconsin	0.585	4,566
Wyoming	0.852	310

Source: U.S Department of Education, OSERS, RSA 2011a

^a VR—Vocational Rehabilitation

^b General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

APPENDIX B

APPENDIX B

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
U.S. Total	2011	2,981,935,132	178,290	166,376	93.32
	2010	3,040,323,049	171,966	156,679	91.11
	Percentage Change	-1.92	3.68	6.19	
Total—General and Combined Agencies ^e	2011	2,742,494,688	172,050	160,224	93.13
	2010	2,797,914,809	165,901	150,719	90.85
	Percentage Change	-1.98	3.71	6.31	
Total—Agencies for the Blind ^f	2011	275,879,054	6,240	6,152	98.59
	2010	242,408,240	6,065	5,960	98.27
	Percentage Change	13.81	2.89	3.22	
General/Combined Agencies					
Alabama	2011	59,101,952	4,547	3,791	83.37
	2010	59,746,023	5,067	4,424	87.31
	Percentage Change	-1.08	-10.26	-14.31	
Alaska	2011	11,657,490	634	580	91.48
	2010	11,157,490	530	495	93.40
	Percentage Change	4.48	19.62	17.17	
American Samoa	2011	1,084,072	24	19	79.17
	2010	1,081,888	25	15	60.00
	Percentage Change	0.20	-4.00	26.67	
Arizona	2011	64,736,995	945	907	95.98
	2010	64,465,810	1,131	1,078	95.31
	Percentage Change	0.42	-16.45	-15.86	
Arkansas	2011	39,700,456	2,198	2,116	96.27
	2010	37,649,209	2,670	2,330	87.27
	Percentage Change	5.45	-17.68	-9.18	
California	2011	289,165,617	11,602	11,580	99.81
	2010	290,143,755	10,719	10,702	99.84
	Percentage Change	-0.34	8.24	8.20	
Colorado	2011	40,186,308	2,349	2,162	92.04
	2010	39,952,101	1,235	1,208	97.81
	Percentage Change	0.59	90.20	78.97	

^a VR — Vocational Rehabilitation.

^b Total number of individuals with disabilities exiting the VR program securing employment during current performance period.

^c Significant disabilities are severe physical or mental impairments caused by certain conditions that seriously limit one or more functional capacities and require multiple VR services over an extended period of time.

^d Percentage = Employment outcomes of individuals with significant disabilities divided by total employment outcomes

^e General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

^f Separate agencies in 24 states providing specialized services to blind and visually impaired persons.

Source: U.S Department of Education, OSERS, RSA 2011a

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Connecticut	2011	20,789,029	1171	1171	100.00
	2010	27,847,199	922	922	100.00
	Percentage Change	-25.35	27.01	27.01	
Delaware	2011	8,933,866	948	893	94.20
	2010	8,933,866	705	651	92.34
	Percentage Change	0.00	34.47	37.17	
District of Columbia	2011	14,872,642	660	627	95.00
	2010	13,345,845	475	194	40.84
	Percentage Change	11.44	38.95	223.20	
Florida	2011	125,350,469	5,495	5,381	97.93
	2010	129,842,803	3,919	3,629	92.60
	Percentage Change	11.44	38.95	223.20	
Georgia	2011	64,749,034	4,702	4,010	85.28
	2010	76,510,963	4,463	2,785	62.40
	Percentage Change	-15.37	5.36	43.99	
Guam	2011	2,992,651	21	21	100.00
	2010	2,052,208	13	9	69.23
	Percentage Change	45.83	61.54	133.33	
Hawaii	2011	12,899,816	240	228	95.00
	2010	13,232,080	303	267	88.12
	Percentage Change	-2.51	-20.79	-14.61	
Idaho	2011	13,029,189	2,083	2,076	99.66
	2010	13,364,075	1,896	1,875	98.89
	Percentage Change	-2.51	9.86	10.72	
Illinois	2011	114,847,171	4,982	4,982	100.00
	2010	117,943,665	5,028	5,028	100.00
	Percentage Change	-2.63	-0.91	-0.91	
Indiana	2011	64,145,199	4,404	3,347	76.00
	2010	62,548,597	4,101	3,081	75.13
	Percentage Change	2.55	7.39	8.63	
Iowa	2011	20,921,385	2,136	2,020	94.57
	2010	20,892,963	2,217	2,109	95.13
	Percentage Change	0.14	-3.65	-4.22	
Kansas	2011	29,103,545	1,624	1,535	94.52
	2010	29,188,253	1,452	1,371	94.42
	Percentage Change	-0.29	11.85	11.96	
Kentucky	2011	41,312,100	3,544	3,543	99.97
	2010	40,246,652	3,495	3,495	100.00
	Percentage Change	2.65	1.40	1.37	
Louisiana	2011	33,432,451	2,313	2,245	97.06
	2010	31,482,174	2,362	2,227	94.28
	Percentage Change	6.19	-2.07	0.81	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Maine	2011	13,149,675	705	641	90.92
	2010	13,145,639	573	573	100.00
	Percentage Change	0.03	23.04	11.87	
Maryland	2011	47,116,848	2,437	2,437	100.00
	2010	47,029,781	2,408	2,387	99.13
	Percentage Change	0.19	1.20	2.09	
Massachusetts	2011	60,446,532	3,478	3,478	100.00
	2010	55,864,022	3,173	3,173	100.00
	Percentage Change	8.20	9.61	9.61	
Michigan	2011	82,480,865	7,704	7,388	95.90
	2010	86,106,832	7,374	6,967	94.48
	Percentage Change	-4.21	4.48	6.04	
Minnesota	2011	38,691,432	2,477	2,477	100.00
	2010	38,719,844	2,143	2,143	100.00
	Percentage Change	-0.07	15.59	15.59	
Mississippi	2011	44,457,037	4,559	2,982	65.41
	2010	44,514,376	4,557	3,320	72.85
	Percentage Change	-0.13	0.04	-10.18	
Missouri	2011	56,345,072	4,528	4,415	97.50
	2010	53,683,608	4,363	4,326	99.15
	Percentage Change	4.96	3.78	2.06	
Montana	2011	11,750,000	776	650	83.76
	2010	12,087,792	716	613	85.61
	Percentage Change	-2.79	8.38	6.04	
Nebraska	2011	16,583,590	1,799	1,777	98.78
	2010	16,612,034	1,677	1,677	100.00
	Percentage Change	-0.17	7.27	5.96	
Nevada	2011	18,616,938	947	911	96.20
	2010	17,364,524	947	425	44.88
	Percentage Change	7.21	0.00	114.35	
New Hampshire	2011	11,973,927	1,085	998	91.98
	2010	11,650,039	1,043	966	92.62
	Percentage Change	2.78	4.03	3.31	
New Jersey	2011	46,096,206	3,930	3,929	99.97
	2010	47,313,110	3,927	3,751	95.52
	Percentage Change	-2.57	0.08	4.75	
New Mexico	2011	18,983,865	1,219	1,175	96.39
	2010	19,461,082	1,541	1,494	96.95
	Percentage Change	-2.45	-20.90	-21.35	
New York	2011	144,715,873	12,194	11,974	98.20
	2010	152,323,333	12,092	11,866	98.13
	Percentage Change	-4.99	0.84	0.91	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
North Carolina	2011	86,414,137	6,303	4,855	77.03
	2010	93,935,168	5,961	4,599	77.15
	Percentage Change	-8.01	5.74	5.57	
North Dakota	2011	10,157,490	761	662	86.99
	2010	10,157,490	861	748	86.88
	Percentage Change	0.00	-11.61	-11.50	
Northern Marianas	2011	820,583	36	21	58.33
	2010	877,825	35	19	54.29
	Percentage Change	-6.52	2.86	10.53	
Ohio	2011	105,641,313	3,373	3,372	99.97
	2010	98,527,009	5,707	5,703	99.93
	Percentage Change	7.22	-40.90	-40.87	
Oklahoma	2011	43,404,870	2,812	2,306	82.01
	2010	41,092,230	2,294	1,885	82.17
	Percentage Change	5.63	22.58	22.33	
Oregon	2011	34,176,503	1,792	1701	94.92
	2010	34,187,817	1,176	391	33.25
	Percentage Change	-0.03	52.38	335.04	
Pennsylvania	2011	99,130,376	9,887	9,887	100.00
	2010	128,694,693	9,460	9,459	99.99
	Percentage Change	-22.97	4.51	4.52	
Puerto Rico	2011	75,015,072	2,711	2,307	85.10
	2010	75,355,380	2,599	2,151	82.76
	Percentage Change	-0.45	4.31	7.25	
Rhode Island	2011	15,953,474	717	717	100.00
	2010	13,007,431	568	568	100.00
	Percentage Change	22.65	26.23	26.23	
South Carolina	2011	42,680,316	7,073	6,615	93.52
	2010	48,379,175	7,551	7,264	96.20
	Percentage Change	-11.78	-6.33	-8.93	
South Dakota	2011	8,125,992	719	718	99.86
	2010	8,125,992	690	685	99.28
	Percentage Change	0.00	4.20	4.82	
Tennessee	2011	72,682,343	1,734	1,635	94.29
	2010	72,509,053	1,651	1,553	94.06
	Percentage Change	0.24	5.03	5.28	
Texas	2011	187,316,008	11,526	9,439	81.89
	2010	188,635,876	11,380	8,901	78.22
	Percentage Change	-0.70	1.28	6.04	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Utah	2011	37,874,343	3,587	3,540	98.69
	2010	37,672,947	3,486	3,421	98.14
	Percentage Change	0.53	2.90	3.48	
Vermont	2011	13,438,591	1,622	1,618	99.75
	2010	11,938,591	1,528	1,522	99.61
	Percentage Change	12.56	6.15	6.31	
Virgin Islands	2011	2,286,262	57	47	82.46
	2010	2,101,025	34	26	76.47
	Percentage Change	8.82	67.65	80.77	
Virginia	2011	63,792,373	3,930	3,894	99.08
	2010	62,379,977	3,390	3,359	99.09
	Percentage Change	2.26	15.93	15.93	
Washington	2011	45,200,071	2,765	2,686	97.14
	2010	43,694,074	2,676	1,600	59.79
	Percentage Change	3.45	3.33	67.88	
West Virginia	2011	47,955,763	2,537	2,189	86.28
	2010	54,579,169	2,169	1,978	91.19
	Percentage Change	-12.14	16.97	10.67	
Wisconsin	2011	57,088,852	2,973	2,942	98.96
	2010	55,648,243	2,784	2,745	98.60
	Percentage Change	2.59	6.79	7.18	
Wyoming	2011	8,920,659	675	607	89.93
	2010	8,912,009	639	566	88.58
	Percentage Change	0.10	5.63	7.24	
Blind Agencies					
Arkansas	2011	6,295,517	305	305	100.00
	2010	6,388,529	278	278	100.00
	Percentage Change	-1.46	9.71	9.71	
Connecticut	2011	3,264,241	112	112	100.00
	2010	3,274,506	99	99	100.00
	Percentage Change	-0.31	13.13	13.13	
Delaware	2011	1,523,624	53	53	100.00
	2010	1,873,624	43	43	100.00
	Percentage Change	-18.68	23.26	23.26	
Florida	2011	30,347,230	720	720	100.00
	2010	29,311,176	689	689	100.00
	Percentage Change	3.53	4.50	4.50	
Idaho	2011	2,452,148	56	55	98.21
	2010	2,452,148	61	61	100.00
	Percentage Change	0.00	-8.20	-9.84	
Iowa	2011	5,314,293	77	77	100.00
	2010	6,435,887	83	83	100.00
	Percentage Change	-17.43	-7.23	-7.23	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Kentucky	2011	4,873,490	354	354	100.00
	2010	6,908,120	351	351	100.00
	Percentage Change	-29.45	0.85	0.85	
Maine	2011	3,346,736	112	107	95.54
	2010	3,543,979	149	147	98.66
	Percentage Change	-5.57	-24.83	-27.21	
Massachusetts	2011	8,233,200	249	249	100.00
	2010	11,211,298	262	262	100.00
	Percentage Change	-26.56	-4.96	-4.96	
Michigan	2011	16,217,814	160	155	96.88
	2010	16,379,280	167	167	100.00
	Percentage Change	-0.99	-4.19	-7.19	
Minnesota	2011	8,770,354	81	80	98.77
	2010	8,499,478	80	78	97.50
	Percentage Change	3.19	1.25	2.56	
Missouri	2011	8,832,078	269	257	95.54
	2010	8,832,078	267	267	100.00
	Percentage Change	0.00	0.75	-3.75	
Nebraska	2011	3,399,105	63	63	100.00
	2010	3,260,462	31	31	100.00
	Percentage Change	4.25	103.23	103.23	
New Jersey	2011	11,524,051	287	287	100.00
	2010	12,078,278	288	288	100.00
	Percentage Change	-4.59	-0.35	-0.35	
New Mexico	2011	3,036,179	37	37	100.00
	2010	4,526,020	40	40	100.00
	Percentage Change	-32.92	-7.50	-7.50	
New York	2011	24,405,404	451	444	98.45
	2010	24,521,111	428	428	100.00
	Percentage Change	-0.47	5.37	3.74	
North Carolina	2011	17,075,848	562	518	92.17
	2010	12,981,201	590	513	86.95
	Percentage Change	31.54	-4.75	0.97	
Oregon	2011	4,882,358	100	100	100.00
	2010	4,883,974	85	85	100.00
	Percentage Change	-0.03	17.65	17.65	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2010 and 2011 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
South Carolina	2011	7,291,274	279	276	98.92
	2010	7,011,424	266	260	97.74
	Percentage Change	3.99	4.89	6.15	
South Dakota	2011	2,031,498	115	114	99.13
	2010	2,031,498	116	111	95.69
	Percentage Change	0.00	-0.86	2.70	
Texas	2011	46,829,002	1,409	1,406	99.79
	2010	47,158,939	1,339	1,337	99.85
	Percentage Change	-0.70	5.23	5.16	
Vermont	2011	1,376,899	69	66	95.65
	2010	1,308,899	81	77	95.06
	Percentage Change	5.20	-14.81	-14.29	
Virginia	2011	9,629,262	176	176	100.00
	2010	9,099,117	143	143	100.00
	Percentage Change	5.83	23.08	23.08	
Washington	2011	8,488,839	144	141	97.92
	2010	8,437,214	129	122	94.57
	Percentage Change	0.61	11.63	15.57	

APPENDIX C

DEFINITION OF "*INDIVIDUAL WITH A DISABILITY*"
AS LISTED IN SECTION 7(20) OF THE *REHABILITATION ACT*

(A) In general

Except as otherwise provided in subparagraph (B), the term "individual with a disability" means any individual who—

- (i) has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and
- (ii) can benefit in terms of an employment outcome from vocational rehabilitation services provided pursuant to Title I, III, or VI.

(B) Certain programs; limitations on major life activities

Subject to subparagraphs (C), (D), (E), and (F), the term "individual with a disability" means, for purposes of Sections 2, 14, and 15, and Titles II, IV, V, and VII of this act, any person who—

- (i) has a physical or mental impairment which substantially limits one of more of such person's major life activities;
- (ii) has a record of such an impairment; or
- (iii) is regarded as having such an impairment.

(C) Rights and advocacy provisions

- (i) In general; exclusion of individuals engaging in drug use

For purposes of Title V, the term "individual with a disability" does not include an individual who is currently engaging in the illegal use of drugs, when a covered entity acts on the basis of such use.

- (ii) Exception for individuals no longer engaging in drug use

Nothing in clause (i) shall be construed to exclude as an individual with a disability an individual who—

- (I) has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;
- (II) is participating in a supervised rehabilitation program and is no longer engaging in such use; or
- (III) is erroneously regarded as engaging in such use, but is not engaging in such use; except that it shall not be a violation of this act for a covered entity to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described in subclause (I) or (II) is no longer engaging in the illegal use of drugs.

(iii) Exclusion for certain services

Notwithstanding clause (i), for purposes of programs and activities providing health services and services provided under Titles I, II, and III, an individual shall not be excluded from the benefits of such programs or activities on the basis of his or her current illegal use of drugs if he or she is otherwise entitled to such services.

(iv) Disciplinary action

For purposes of programs and activities providing educational services, local educational agencies may take disciplinary action pertaining to the use of possession of illegal drugs or alcohol against any student who is an individual with a disability and who currently is engaging in the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against students who are not individuals with disabilities. Furthermore, the due process procedures at Section 104.36 of Title 34, Code of Federal Regulations (or any corresponding similar regulation or ruling) shall not apply to such disciplinary actions.

(v) Employment; exclusion of alcoholics

For purposes of Sections 503 and 504 as such sections relate to employment, the term “individual with a disability” does not include any individual who is an alcoholic whose current use of alcohol prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

(D) Employment; exclusion of individuals with certain diseases or infections

For the purposes of Section 503 and 504, as such sections relate to employment, such terms does not include an individual who has a currently contagious disease or infection and who, by reason of such disease or infection, would constitute a direct threat to the health or safety of other individuals or who, by reason of the currently contagious disease or infection, is unable to perform the duties of the job.

(E) Rights provision; exclusion of individual on basis of homosexuality or bisexuality

For purposes of Sections 501, 503, and 504—

- (i)** for purposes of the application of subparagraph (B) to such sections, the term “impairment” does not include homosexuality or bisexuality; and
- (ii)** therefore the term “individual with a disability” does not include an individual on the basis of homosexuality or bisexuality.

(F) Rights provisions; exclusion of individuals on basis of certain disorders

For the purposes of Sections 501, 503, and 504, the term “individual with a disability” does not include an individual on the basis of—

- (i)** transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;
- (ii)** compulsive gambling, kleptomania, or pyromania; or
- (iii)** psychoactive substance use disorders resulting from current illegal use of drugs.

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

www.ed.gov