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**ANNUAL REPORT ON FEDERAL ACTIVITIES
UNDER THE *REHABILITATION ACT***

Fiscal Year 2006

ANNUAL REPORT ON FEDERAL ACTIVITIES
UNDER THE *REHABILITATION ACT*

FISCAL YEAR 2006

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

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U.S. Department of Education

Arne Duncan
Secretary

Office of Special Education and Rehabilitative Services

Alexa E. Posny
Assistant Secretary

Rehabilitation Services Administration

Lynnae Ruttledge
Commissioner

March 2011

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ABBREVIATIONS

Abbreviation	Full Term
AAN	American Academy of Neurology
ABA	<i>Architectural Barriers Act</i>
ADA	<i>Americans with Disabilities Act</i>
AHRQ	Agency for Healthcare Research and Quality
AIVRS	American Indian Vocational Rehabilitation Services
APAER	annual portfolio assessment expert review
APR	annual performance reporting
ARR	annual review report
ARRT	Advanced Rehabilitation Research Training
ASHRAE	American Society of Heating, Refrigerating and Air-Conditioning Engineers
AT	assistive technology
BAC	Business Advisory Council
BEP	Business Enterprise Program
BLN	Business Leadership Network
CAHPS-PWMI	Consumer Assessment of Healthcare Providers and Systems for People with Mobility Impairments
CAP	Client Assistance Program
CDRH	Center for Devices and Radiological Health
CFDA	Catalog of Federal Domestic Assistance
CFR	<i>Code of Federal Regulations</i>
CIL	Center for Independent Living
CoP	Communities of Practice
CRD	Civil Rights Division
CRP	Community Rehabilitation Program
CRS-R	Coma Recovery Scale-Revised
CSAVR	Council of State Administrators of Vocational Rehabilitation
CSPD	Comprehensive System of Personnel Development
DBTAC	Disability and Business Technical Assistance Center

Abbreviation	Full Term
DCHA	District of Columbia Housing Authority
<i>DD Act</i>	<i>Developmental Disabilities Assistance and Bill of Rights Act</i>
DOL	Department of Labor
DRRP	Disability and Rehabilitation Research Projects
DSU	designated state unit
EASTIN	European Assistive Technology Information Network
ED	Department of Education
EEOC	Equal Employment Opportunity Commission
EIT	educational information technology
<i>ESEA</i>	<i>Elementary and Secondary Education Act of 1965</i>
FAPE	free appropriate public education
FDA	Food and Drug Administration
FIP	Field-Initiated Projects
FY	fiscal year
GAO	Government Accountability Office
GAPS	Grant Administration and Payment System
<i>GPRA</i>	<i>Government Performance and Results Act</i>
GSA	General Services Administration
HHS	Health and Human Services
ICC	Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities
ICDR	Interagency Committee on Disability Research
IHEs	institutions of higher education
IL	Independent Living
IOM	Institute of Medicine
IPE	Individualized Plan for Employment
IRI	Institute on Rehabilitation Issues
ISO	International Organization for Standardization
IT	Information technology
KDU	Knowledge Dissemination and Utilization

Abbreviation	Full Term
LIFE	Living Independently with Friendship and Education
LRP	Long-Range Plan
MR/DD	Mental Retardation and Developmental Disabilities
MIS	Management Information System
MS	Multiple Sclerosis
MSFW	Migrant and Seasonal Farmworkers Program
NCD	National Council on Disability
NCDDR	National Center for Dissemination on Disability Research
NCRTM	National Clearinghouse of Rehabilitation Training Materials
NFI	New Freedom Initiative
NFP	Notice of Final Priorities
NIDRR	National Institute on Disability and Rehabilitation Research
NMD	Neuro-Muscular Disease
NPP	Notice of Proposed Priorities
NSF	National Science Foundation
OCIO	Office of the Chief Information Officer
OCR	Office for Civil Rights
OFCCP	Office of Federal Contract Compliance Programs
OMB	Office of Management and Budget
OSEL	Office of Science and Engineering Laboratories
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitative Services
P&A	protection and advocacy
PAAT	Protection and Advocacy for Assistive Technology
PAIR	Protection and Advocacy of Individual Rights
PALM	Pediatric Adjustable Lightweight Modular
PART	Program Assessment Rating Tool
PB&E	Program, Budget and Evaluation
PEAT	Photosensitive Epilepsy Analysis Tool
PPMD	Program Performance Management Database

Abbreviation	Full Term
PVRES	Post Vocational Rehabilitation Experiences Study
PWI	Projects With Industry
RCEP	rehabilitation continuing education program
RERC	Rehabilitation Engineering Research Center
RESNA	Rehabilitation Engineering and Assistive Technology Society of North America
RRCEP	regional rehabilitation continuing education program
RRTC	Rehabilitation Research and Training Center
RSA	Rehabilitation Services Administration
SBIR	Small Business Innovation Research
SBIR	Small Business Innovation Research
SCI	spinal cord injury
SGA	Substantial Gainful Activity
SILC	Statewide Independent Living Council
SILS	State Independent Living Services
SMPID	State Monitoring and Program Improvement Division
SOSC	State of the Science Conference
SRC	State Rehabilitation Council
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TBI	traumatic brain injury
UI	unemployment insurance
ULS-P&A	University Legal Services Protection and Advocacy
VA	Veterans Administration
VR	vocational rehabilitation
WIA	<i>Workforce Investment Act</i>

FOREWORD

The *Rehabilitation Act of 1973*, as amended (the *Rehabilitation Act*), provides the legislative basis 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 is intended to provide a description of accomplishments and progress made under this act during fiscal year (FY) 2006 (October 2005 through September 2006). 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 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 protection for individuals with disabilities. A description of those activities also is provided in this report.

Note that all Web addresses consulted or listed within this report were operational as of Oct. 19, 2009, unless otherwise noted.

**THE *REHABILITATION ACT*
AN OVERVIEW**

THE REHABILITATION ACT: AN OVERVIEW

Federal interest and involvement in rehabilitation issues and policy dated initially from the enactment of the *Smith-Fess Act of 1920*. 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 disabled rather than those of disabled veterans.

A major event in the history of the federal rehabilitation program was passage of the *Rehabilitation Act of 1973* (the *Rehabilitation Act*). The *Rehabilitation Act*, as amended, provides the legislative basis 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 (EEOC), the Architectural and Transportation Barriers Compliance Board (also known as the United States Access Board) and the National Council on Disability.

The U.S. Department of Education 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, RSA and 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: Names of the Act's 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

¹ An individual with a disability is defined, for purposes of programs funded under the *Rehabilitation Act*, at Section 7(20) of the *Rehabilitation Act* (see Appendix A, Definition of "Individual With a Disability," as listed in Section 7(20) of the *Rehabilitation Act*, p. 101).

RSA currently administers all of its programs from its headquarters office at the U.S. Department of Education in Washington, D.C. RSA administers grant programs that provide direct support for vocational rehabilitation (VR), independent living, and individual advocacy and assistance. The agency also supports training and related activities designed to increase 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.

In addition, RSA conducts model demonstrations and systems change projects to improve services provided under the *Rehabilitation Act* and evaluates programs to assess their effectiveness and identify best practices. Finally, RSA provides consultative and technical assistance services and disseminates information to public and nonprofit private agencies and organizations to facilitate meaningful and effective participation by individuals with disabilities in employment and in the community.

By far, the largest program administered by RSA is the Vocational Rehabilitation Services Program, also known as the Vocational Rehabilitation State Grants program (both hereinafter referred to as the VR program). This program funds state² 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 85 years, the VR program has helped individuals with physical disabilities³ not injured as a result of military service prepare for and enter into the workforce. Nationwide, the VR program serves more than 1 million people with disabilities each year. More than 91 percent of the people who use state VR services have significant physical or mental disabilities that seriously limit one or more functional capacities. These individuals often require multiple services over an extended period of time. For them, VR services are indispensable to their becoming employed 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, integration into and full inclusion in society and the transfer of rehabilitation technology to 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*.

Toward 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,

² The term "state" includes, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, according to the *Rehabilitation Act*, Section 7(32).

³ The Civilian *Vocational Rehabilitation Act*, also known as the *Smith-Fess Act*, passed by Congress in 1920, defined vocational rehabilitation (VR) as a program for those with physical disabilities. Mental disabilities were not included as part of the VR program until 1943.

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.

The *Rehabilitation Act* has been a driving force behind major changes that have since affected the lives of millions of individuals with disabilities in this country. With passage of the *Workforce Investment Act of 1998 (WIA)*, the *Rehabilitation Act* was reauthorized for another five years. Congress has yet to reauthorize *WIA*, including Title IV (the *Rehabilitation Act*), therefore, there have been no changes from the reauthorization of 1998, and RSA continues to operate based on appropriations. This report, covering FY 2006, describes all of the major programs and activities authorized under the *Rehabilitation Act*, and the status of programmatic outcome as the federal government carries 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 discrete program, initiative or activity. Each description includes a budget allocation for FY 2006 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 Program
- Migrant and Seasonal Farmworkers Program
- Projects With Industry

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

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 Under Federal Grants and Programs
- National Council on Disability

EMPLOYMENT PROGRAMS

RSA administers seven programs that assist individuals with disabilities to achieve employment outcomes.⁴ Two of these programs, the Vocational Rehabilitation Services Program (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 (PWI) programs are discretionary grant programs that make competitive awards for up to a five-year period. RSA also provides oversight of the Vending Facility (also known as the Business Enterprise Program, or BEP) 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 Program⁵ assists states in operating a VR program as an integral part of a coordinated, statewide workforce investment system. 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.

FY 2006 Federal Funding
\$2,687,168,000

The federal government covers 78.7 percent of the program's costs through financial assistance to the states 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. To match the federal funds allocated to the states for the VR program in FY 2006, states expended \$797,635,213 of their own funds.

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

⁴ The term employment outcome means (according to the program regulations at 34 *CFR* 361.5(b)(16)), "with respect to an individual, 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, interest and informed choice."

⁵ Also known as the Vocational Rehabilitation State Grants program.

also have separate agencies serving individuals who are blind or visually impaired, for a total of 80 state VR agencies.⁶

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—one that is primarily concerned with VR or VR and other rehabilitation of individuals with disabilities, or in an agency that is not primarily concerned with VR or VR and other rehabilitation of individuals with disabilities. For the latter, the *Rehabilitation Act* requires the agency to have a designated state VR unit that is primarily concerned with VR or VR and other rehabilitation of individuals with disabilities. Of the 80 VR agencies, 25 are primarily concerned with VR and other rehabilitation of individuals with disabilities. Of these, 10 are consumer-controlled agencies. The VR programs operated by the 55 agencies that are not primarily concerned with VR or VR and other rehabilitation of individuals with disabilities are typically located in one of three types of state agencies: education agencies (12); labor or workforce agencies (14); and human services or welfare agencies (28). 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 disabilities⁷ and assisting consumers in achieving 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 high-quality employment outcomes for the people with disabilities they serve requires a robust system of collaboration, monitoring and state improvement plans that address identified needs and goals.

During FY 2006, RSA reorganized its structure and staff to facilitate collaboration with stakeholders and to enhance monitoring and program improvement efforts. In addition, RSA implemented a variety of leadership, technical assistance and monitoring initiatives. Under the new RSA structure, the RSA State Monitoring and Program Improvement Division (SMPID) has responsibility for monitoring state VR agencies.

⁶ There are three types of VR agencies. A *general VR agency* provides VR services to individuals with disabilities, except those who are blind and visually impaired; a *blind VR agency* provides VR services only to individuals who are blind and visually impaired; and a *combined VR agency* provides VR services to individuals with all types of disabilities.

⁷ 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.

SMPID staff is 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 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 is also assigned to units to perform specific functions that support the work of the state teams including the Data Collection and Analysis Unit, the Fiscal Unit, the Vocational Rehabilitation (VR) Unit, the Independent Living Unit and the Technical Assistance Unit. The Vocational Rehabilitation (VR) unit is responsible for:

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

During FY 2006, RSA issued reports on the results of previous monitoring efforts and worked with state VR agencies to develop corrective actions and take steps to improve their performance. All state liaisons visited their assigned states to establish a personal relationship with the state director and other state agency personnel, members of the State Rehabilitation Councils (SRCs),⁸ disability advocates, people with disabilities and other stakeholders. During the visit, they shared information about new monitoring processes and followed up on previous monitoring findings to ensure that corrective actions were taken and steps to improve performance were under way.

In August 2006, RSA, in partnership with the Council of State Administrators of Vocational Rehabilitation (CSAVR), hosted the 2006 national employment conference, “Employment and Disability: Transition Into High-Demand Industries,” convening approximately 400 business leaders, representatives of public VR agencies and other stakeholders with an interest in the transition and employment of students and young adults with disabilities. The conference featured interactive training, successful programs in high-growth industry careers and effective strategies for achieving successful post-school outcomes for youths and young adults with disabilities. Materials are available online at

<http://www.gwu.edu/~rrcep/NEC/Files/Concurrent%20session16.doc>. Accessed March 2011.

To provide VR agencies, disability advocates, VR consumers, service providers and other stakeholders with information on the performance of the VR Services Program,

⁸ The State Rehabilitation Council (SRC) is established in Section 105 of the *Rehabilitation Act of 1973*, as amended, and 34 *CFR* 361.16–361.17 of the implementing regulations. It is composed of members appointed by the state to represent specific stakeholder groups with interest in the VR program and employment, including individuals with disabilities who have received or are receiving VR services. The SRC represents the consumer of VR services in coordinating with other councils in the state, advising the VR agency or unit, working in partnership with the VR agency or unit to evaluate the effectiveness of the VR program, conduct statewide needs assessments and to establish goals and priorities for the titles I and VI, Parts B, state plan for VR services. The SRC prepares and submits an annual report to the governor and RSA on the status of VR services.

RSA developed a process for publishing an annual review report (ARR) 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)⁹ at <http://rsamis.ed.gov/choose.cfm?menu=publications> under "Publications and General Information" (*Annual Review Report* with FY 2006 information was issued shortly after the end of FY 2007). Based on data submitted to RSA by the state VR agencies, the ARR includes the following information about each state VR agency:

- State goals and priorities;
- Individuals in the VR program;
- Program outcomes;
- Agency staffing patterns;
- Financial data, such as grant amounts, program expenditures and amounts of carryover funds;
- Compliance with standards and indicators;
- State policies and procedures, as well as guidance issued by the agency;
- Activities conducted by the SRC or Independent Commission; and
- Status of appeals (this includes decisions made in formal reviews and types of complaints or issues involved in disputes).

Ticket-to-Work Social Security Reimbursement

During FY 2006, state VR agencies received a total of \$105,049,203 in reimbursements from the Social Security Administration (SSA) for the rehabilitation of 8,387 individuals with disabilities. In order to receive these reimbursements, it is required that the disabled Social Security Disability Insurance (SSDI) beneficiary or Supplemental Security Income (SSI) recipient who is blind or disabled have earnings from work equal to or greater than Substantial Gainful Activity (SGA)¹⁰ for nine months in a 12-month period.

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 has had outcome data on which to assess its performance, including its performance in assisting individuals to achieve employment outcomes. Over the years, RSA has used these

⁹ The RSA Management Information System (MIS) is the online reporting tool developed by RSA to request, receive and manage performance and *Government Performance and Results Act (GPRA)* data from grantees. Through monthly teleconferences with grantees and distribution of correspondence, RSA staff provides guidance on data entry into this collection instrument.

¹⁰ The term *substantial gainful activity* is used to describe a particular level of work activity and earnings. Work is *substantial* if it involves doing significant physical or mental activities, or a combination of both. *Gainful* work activity is: work performed for pay or profit; work of a nature generally performed for pay or profit; or work intended for profit, whether or not a profit is realized (http://www.ssa.gov/OP_Home/handbook/handbook.06/handbook-0603.html).

basic performance data, or some variation, to evaluate the effectiveness of state VR agencies. In FY 2000, RSA developed additional assessment tools in the form of 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 established performance benchmarks for employment outcomes under the VR program and the 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 achieve competitive employment.¹¹ 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 who are blind or visually impaired 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 all disability populations, due to the larger population the calculations are based on data from the current fiscal year only, except for Performance Indicator 1.1, which requires comparative data for both years.

Three of the six performance indicators have been 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-time 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*¹² 361.84, the minimum performance level for each indicator to be successful and the number of state VR agencies that met the minimum level for FY 2006.

Performance Indicator 1.1

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

¹¹ *Competitive employment* means work: (i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated work 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; see 34 *CFR* 361.5(b)(11).

¹² *CFR* means *Code of Federal Regulations*.

Minimum Required

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

Fiscal Year 2006**Performance for****Indicator 1.1:**

Of the 80 state VR agencies, 53, or 66.3 percent, met or exceeded the required performance level.

Performance Indicator 1.2

Of all individuals who exit 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, the level is 68.9 percent; for other agencies, the level is 55.8 percent.

Fiscal Year 2006**Performance for****Indicator 1.2:**

Of the 24 agencies serving only individuals who are blind, 15, or 62.5 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 46 or 82.1 percent met or exceeded the minimum required performance level.

Performance Indicator 1.3 (Primary Indicator)

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

Minimum Required

Performance Level: For agencies serving only individuals who are blind, the level is 35.4 percent; for other agencies, the level is 72.6 percent.

Fiscal Year 2006**Performance for****Indicator 1.3:**

Of the 24 agencies serving only individuals who are blind, 23, or 95.8 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 54, or 96.4 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.4 (Primary Indicator)

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, the percentage who are individuals with significant disabilities.

**Minimum Required
Performance Level:**

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

**Fiscal Year 2006
Performance for
Indicator 1.4:**

Of the 24 agencies serving only individuals who are blind, all 24 met or exceeded the minimum required performance level. Of the 56 other agencies, all 56 met or exceeded the minimum required performance level.

Performance Indicator 1.5 (Primary Indicator)

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, which for FY 2006 would be U.S. Department of Labor 2005 data).

**Minimum Required
Performance Level:**

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

**Fiscal Year 2006
Performance for
Indicator 1.5:**

Of the 24 agencies serving only individuals who are blind, 21, or 87.5 percent, met or exceeded the minimum required performance level. No state wage data exists for three of the 56 other agencies (Guam, the Commonwealth of the Northern Mariana Islands and American Samoa). Of the remaining 53 agencies, 35, or 66.0 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.6

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, 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, the level is an arithmetic difference of 30.4; for other agencies, the level is an arithmetic difference of 53.0.

Fiscal Year 2006

Performance for

Indicator 1.6:

Of the 24 agencies serving only individuals who are blind, 17, or 70.8 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 47, or 83.9 percent, met or exceeded the minimum required performance level.

Table 1 summarizes the FY 2006 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 identified performance indicators, including two of the three primary performance indicators. For FY 2006, of the 80 state VR agencies, 76 agencies, or 95 percent, passed Evaluation Standard 1. The four agencies or 5 percent that failed Evaluation Standard 1 include four agencies that serve either all disability populations or disability populations other than individuals with visual impairments (the Commonwealth of the Northern Mariana Islands, Kansas, North Carolina and Wisconsin).

Table 1. State^a VR Performance Indicators for RSA Evaluation Standard 1: for General and Combined Agencies and Agencies Serving the Blind, FY 2006

Performance Indicators	General and Combined VR Agencies ^b		VR Agencies Serving the Blind ^c	
	Pass ^d	Fail	Pass	Fail
1.1 Number of Employment Outcomes ^e	37	19	16	8
1.2 Percentage of Employment Outcomes After Provision of VR Services	46	10	15	9
1.3 Percentage of Employment Outcomes in Competitive Employment ^f (primary indicator)	54	2	23	1
1.4 Percentage of Competitive Employment Outcomes for Individuals with Significant Disabilities ^g (primary indicator)	56	0	24	0
1.5 Ratio of Competitive Employment Earnings to State Average Weekly Wage (primary indicator)	35 ^h	18 ^h	21	3
1.6 Percentage Difference Earnings as Primary Source of Support at Competitive Employment Outcome Versus at Time of Application ⁱ	47	9	17	7

^a The term “state” 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, according to the *Rehabilitation Act*, Section 7(32).

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

^c Agencies in certain states providing specialized services to blind and visually impaired persons.

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

^e 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.

^f The percentage of individuals exiting the VR program that obtained employment with earnings equivalent to at least the minimum wage.

^g See footnote 7 on page 12.

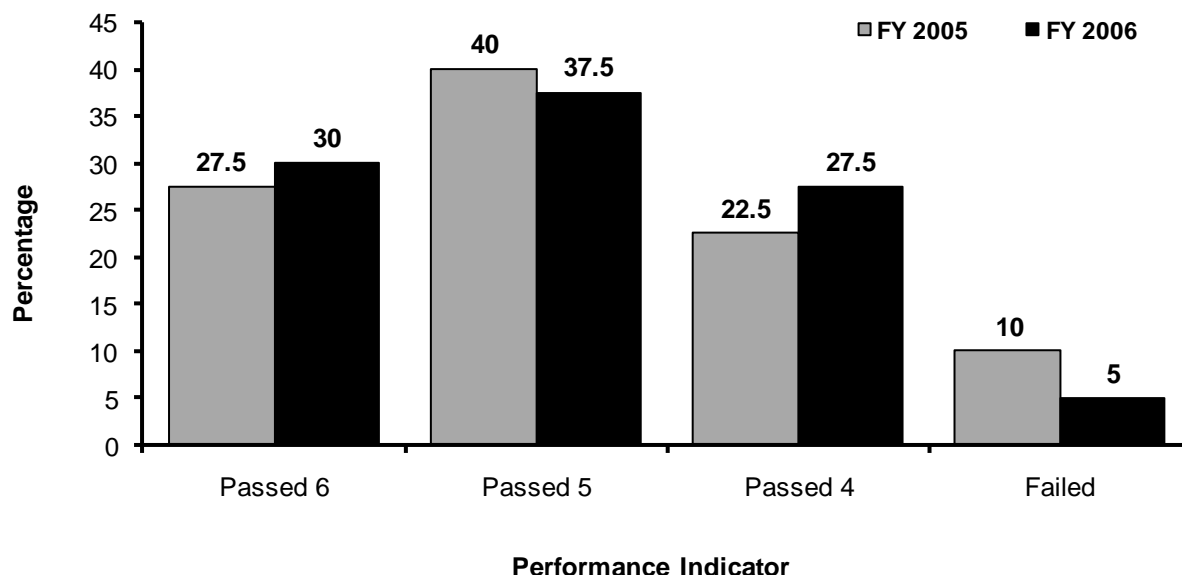
^h Since no state wage data exist for Guam, the Commonwealth of the Northern Mariana Islands and American Samoa, Indicator 1.5 cannot be computed for these three agencies.

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

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Washington, D.C.

Figure 2 compares overall agency performance for fiscal years 2005 and 2006 for Evaluation Standard 1.

Figure 2. Overall State^a VR Agency Performance for Evaluation Standard 1: Percentage Passing Six, Five or Four Indicators, and Percentage That Failed, Fiscal Years 2005 and 2006



^a The term “state” 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, according to the *Rehabilitation Act*, Section 7(32).

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Quarterly Cumulative Caseload Report (Form RSA-911)*. Washington, D.C.

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. Standard 2 has only one indicator (34 *CFR* 361.82 and 361.84).

Performance Indicator 2.1

The service rate¹³ for all individuals with disabilities from minority backgrounds as a ratio to the service rate for all individuals with disabilities from nonminority backgrounds.

¹³ For purposes of calculating this indicator, the numerator for the service rate is the number of individuals whose service records are closed in FY 2006 after they receive services under an Individualized Plan for Employment (IPE; see footnote 14 on page 21) whether or not they achieved an employment outcome; the denominator is the number of all individuals whose records are closed in FY 2006 after they applied for services whether or not they had an IPE.

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, 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.

Fiscal Year 2006 Performance for Indicator 2.1:

Of the 80 state VR agencies, 72 agencies either passed Evaluation Standard 2 or had fewer than 100 individuals from a minority background exit the VR program during the reporting period. Of the eight agencies that did not meet the required performance level for Evaluation Standard 2, seven were agencies that serve either all disability populations or disability populations other than individuals with visual impairments (Connecticut, Iowa, Maine, Minnesota, Missouri, North Dakota and Wisconsin). The other agency that did not meet the required performance level for Evaluation Standard 2 was an agency that serves only disability populations with visual impairments or blindness (New York).

Table 2 summarizes the FY 2006 performance of the 80 state VR agencies on the performance indicator for Evaluation Standard 2. A state-by-state breakdown of VR agency FY 2006 performance for both evaluation standards is provided in Appendix B of this report.

Table 2. State^a VR Agency Performance Indicators for RSA Evaluation Standard 2: General and Combined Agencies, and Agencies Serving the Blind, FY 2006

Performance Factors	General and Combined VR Agencies	VR Agencies Serving The Blind
Ratio ^b of .80 or Higher	45	9
Ratio of Less than .80	7	1
Fewer than 100 Individuals From Minority Backgrounds Exiting the State VR Program	4	14

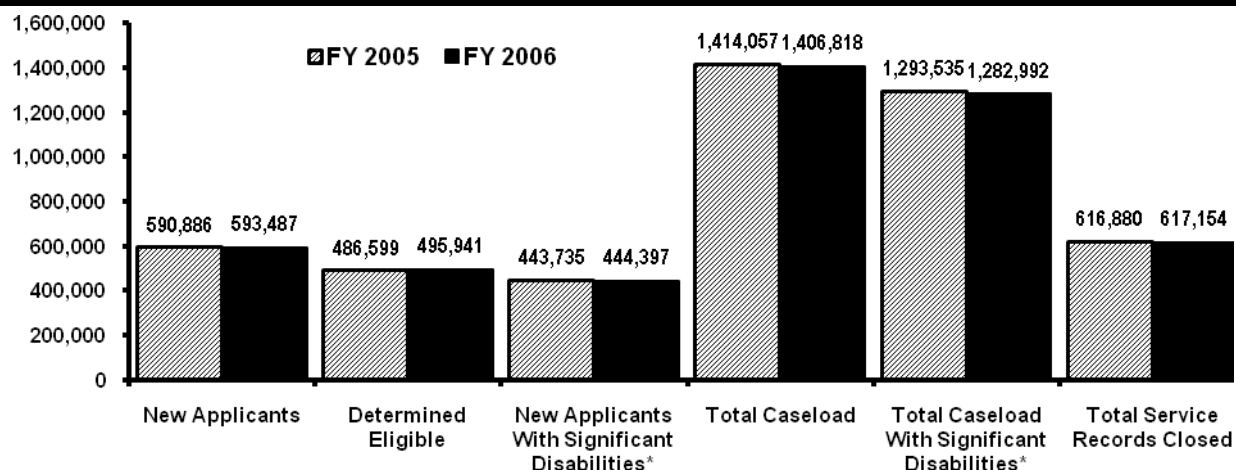
^a The term "state" includes, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa and the Commonwealth of the Northern Mariana Islands, according to the *Rehabilitation Act*, Section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

^b Ratio of .80 or higher is the performance level for Performance Indicator 2.1. It is the service rate for all individuals with disabilities from minority backgrounds in relation to the service rate for all nonminority individuals with disabilities.

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Washington, D.C.

Figure 3 compares statistical information from FYs 2005 and 2006 on a variety of key indices for the VR program. In FY 2006, 593,487 individuals with disabilities applied for VR services. Of this number, 495,941 (84 percent of the applicants) were determined to be eligible to participate in the VR program. Of the individuals determined to be eligible to receive VR services, 444,397 (90 percent) were individuals with significant disabilities.

Figure 3. VR Program Participants: Selected Key Index Data on New Applicants and Total Caseload, Fiscal Years 2005 and 2006



* See footnote 7 on page 12 for definition of individuals with significant disabilities.

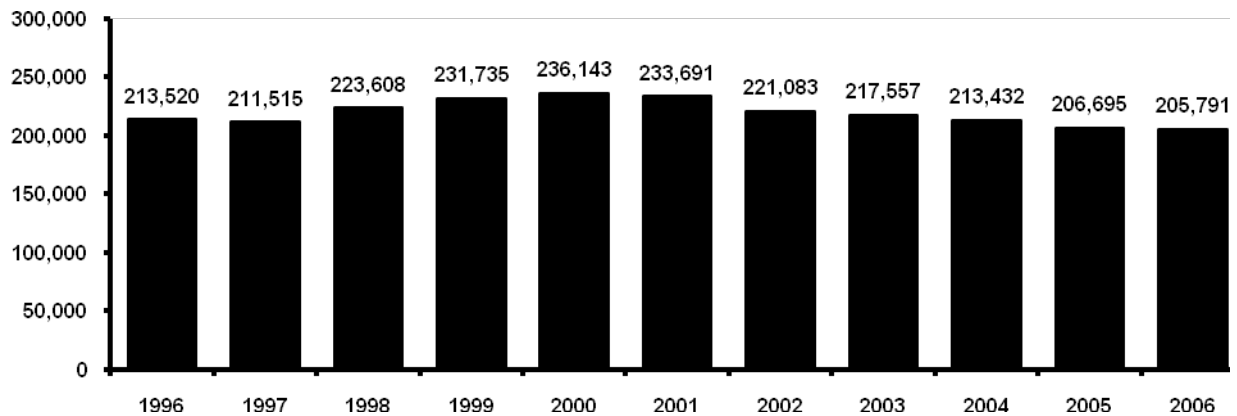
Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Quarterly Cumulative Caseload Report (Form RSA-113)*. Washington, D.C.

During FY 2006, 1.41 million individuals were involved in the public VR process, actively pursuing the achievement of their employment aspirations and choices. Of the 1.41 million individuals participating in the process, 1.3 million were individuals with a significant disability. In FY 2006, 274 more service records were closed than in FY 2005. In FY 2006, 997,370 individuals were receiving services under an individualized plan for employment (IPE),¹⁴ of which, 925,104 or 93 percent were individuals with significant disabilities.

Figure 4 shows the number of individuals who achieved employment outcomes after receiving VR services for each fiscal year from 1996 through 2006. In FY 2006, there were 205,791 individuals who achieved an employment outcome, less than any of the previous years for which records were available, from 1996 through 2005.

¹⁴ An IPE, developed by the individual and the VR counselor, is a description of the specific rehabilitation services needed for the individual to achieve an employment outcome. An IPE may include the total cost of services and the amount of the financial participation by both the individual and the Division of Vocational Rehabilitation (DVR). All services provided must be necessary for the individual to achieve an employment outcome. An IPE must be designed to achieve the specific employment outcome that is selected by the individual and consistent with the individual's unique strengths, resources, priorities concerns, abilities, capabilities, interests and informed choice, and the IPE must, to the maximum extent appropriate, result in employment in an integrated setting.

Figure 4. VR Program Participants Achieving Employment, Fiscal Years 1996–2006



Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Washington, D.C.

Declines beginning in FY 2001 are the result of several factors that have had an impact on the VR program. Some of these contributing factors include:

- The large decline in employment outcomes from 2004 to 2006, primarily due to significant decreases in four states—Illinois, Minnesota, Missouri and Texas.
- The elimination in FY 2001 of extended employment¹⁵ as an allowable employment outcome under the VR program. Immediately prior to the date for the implementation of this new policy, state VR agencies reported that 7,359 persons had achieved an employment outcome in extended employment.
- RSA policies that stimulate VR agencies to serve individuals with significant disabilities, especially those with the most significant disabilities,¹⁶ 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.

¹⁵ *Extended employment* is defined as work in a nonintegrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the *Fair Labor Standards Act*. See 34 *CFR* 361.5(b)(19). Although extended employment is no longer an allowable employment outcome under the VR program, state VR agencies may continue to serve eligible individuals who choose to continue to train or otherwise prepare for competitive employment in an extended employment setting, unless the individual, through informed choice, chooses to remain in extended employment.

¹⁶ An *individual with a most significant disability* means an individual with a significant disability who meets the designated state unit's (the state entity responsible for the administration of the VR program under the state plan) criteria for an individual with a most significant disability (see footnote 7 on page 12 for the definition of an individual with a significant disability). These criteria must be consistent with the requirements in Sections 361.36(d)(1) and (2) of the program regulations. See 34 *CFR* 661.5(b)(30).

- 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 2006, of the 80 state VR agencies 42 reported that they could not serve all eligible individuals and implemented an order of selection. At the end of FY 2006, there were 45,333 individuals on waiting lists, 6.1 percent less than at the end of FY 2005. Only seven of the 45,333 individuals were awaiting services from separate agencies serving only blind or visually impaired individuals.
- 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. 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 stopped 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 annually since FY 1995. In that year, individuals with significant disabilities represented 76 percent of all individuals with disabilities who obtained competitive employment after receiving VR services. During FY 2006, over 92.2 percent of individuals who obtained employment after receiving VR services were individuals with significant disabilities.

Table 3. Number of Individuals With and Without Significant Disabilities, and Percentage of Those With Significant Disabilities Obtaining Employment After Exiting Vocational Rehabilitation, Fiscal Years 1995–2006

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	188,353	18,342	91.1
2006	189,709	16,082	92.2

* See footnote 7 on page 12.

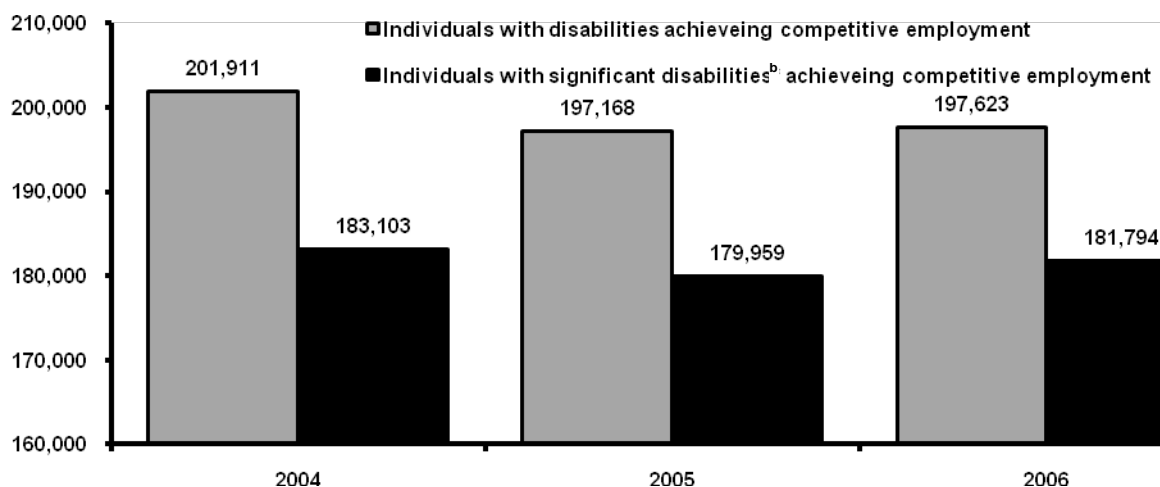
Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Quarterly Cumulative Caseload Report (Form RSA-113)*. Washington, D.C.

The number of individuals with disabilities achieving competitive employment outcomes under the VR program steadily increased on an annual basis from 1995 through 2006. However, as shown in figure 5, there was a decrease in overall competitive employment outcomes (see footnote 11 on page 15) between FY 2004 and FY 2005 and a slight increase between FY 2005 and FY 2006. The same trend was evident for competitive employment outcomes for individuals with significant disabilities (see footnote 7 on page 12).

An important aspect of employment for anyone, particularly individuals with disabilities, is employer-provided medical benefits. In FY 2006, almost 134,000 individuals with disabilities achieved a competitive employment outcome with medical benefits, of whom approximately 125,000 were individuals with significant disabilities.

A more detailed, state-by-state breakdown of statistical information regarding the VR program for FY 2006 is provided in Appendix B of this report. Additional information is available by calling the RSA State Monitoring and Program Improvement Division's Data Collection and Analysis Unit, 202-245-7598, or by going to the RSA website at <http://www.ed.gov/about/offices/list/osers/rsa/research.html>. [Note: Program data and statistics tables at this site are only available through FY 2005].

Figure 5. VR Program Participants Achieving Competitive Employment,^a Fiscal Years 2004–06



^a See footnote 11 on page 15.

^b See footnote 7 on page 12.

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (Form RSA-911)*. Washington, D.C.

Program Assessment Rating Tool Results

The VR program was one of the first programs in the Department to be assessed using OMB's Program Assessment Rating Tool (PART)¹⁷ during the FY 2002 mid-session budget review. The program was formally reviewed in early FY 2003 and received an overall rating of "adequate." The PART assessment noted that the *Longitudinal Study of the Vocational Rehabilitation Services Program*¹⁸ indicated that the program has been successful in achieving positive results. Data from the longitudinal study showed benefits to program participants, particularly in terms of improvements in employment and earning status. Results from this study also indicated that VR consumers remained employed over a sustained period of time. The assessment pinpointed a number of areas needing improvement, including the development of long-term goals and the use and timeliness of performance data.

At the time the PART assessment was conducted, RSA had not begun the process of developing long-term goals for its programs. The PART review noted that the VR program has performance goals that focus on outcomes and meaningfully reflect the purpose of the program, but they were not ambitious long-term performance goals. Since that time, RSA has revised the program's annual goals and adopted two long-term measures related to the percentage of combined and general VR agencies assisting individuals with disabilities to achieve employment and the percentage of these agencies assisting individuals to achieve competitive employment. Targets for these long-term measures have been established through FY 2012. In FY 2006, 82.14 percent of general and combined agencies assisted at least 55.8 percent of individuals receiving services to achieve employment, significantly exceeding the target of 70 percent for this long-term measure. In addition, 96.4 percent of these agencies assisted at least 85 percent of individuals achieving employment to achieve competitive employment, meeting the target of 96 percent for this second long-term measure.

In FY 2006, RSA also established three efficiency measures. These efficiency measures relate to the cost per participant, the cost per employment outcome and the consumer expenditure rate. In addition, RSA is working to assist states in collecting the necessary data to implement job-training common measures to aid in the measurement of outcomes across federal job-training and employment programs.

The PART assessment acknowledged that the agency regularly collects credible performance information. RSA uses evaluation standards and performance indicators to increase state accountability while conducting monitoring of state programs and providing states with technical assistance. However, the PART identified the following concerns about the performance data: (1) inadequate use of the performance data in managing the

¹⁷ Assessment tool designed to assess and improve federal program performance. It enables analysis of factors that affect and reflect program performance, including program purpose and design; performance measurement, evaluations and strategic planning; program management; and program results.

¹⁸ U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration, *Longitudinal Study of the Vocational Rehabilitation (VR) Services Program: First Final Report: How Consumer Characteristics Affect Access to, Receipt of, and Outcomes of VR Services*. Washington, D.C. 2003. Last accessed Aug. 13, 2009, from <http://www.ed.gov/policy/speced/leg/rehab/eval-studies.html#vr>.

overall program; (2) delays in the receipt and reporting of the data, including its accessibility to the public; and (3) wide variation in individual state agency performance.

RSA's weakness in using performance information to manage the overall program had been largely due to the fact that the data were not timely. RSA is working to improve both the timeliness and the accessibility of the data. RSA has taken a number of steps to improve the timeliness of its VR data and to promote the use of the data for program improvement by RSA and the state VR agencies funded under this program. RSA has made significant progress in making the data it collects from state VR agencies available sooner to consumers and their families, public administrators and researchers. By automating data submission and improving the data editing process, RSA's FY 2005 data were available only four months after the close of the fiscal year, continuing the significant improvement in this area over previous years. Improving the timeliness of the data is enhancing RSA's ability to use its data for enhanced program management and monitoring.

In addition to posting the performance of state agencies using the program's standards and indicators on the Department's website, RSA has developed detailed data tables and outcome reports that are being used by both program staff and state VR agencies to manage the program. In addition, RSA revised its VR program measures to address the wide variation in individual state agency performance. The measures now focus on the percentage of agencies that meet an established criterion rather than overall program averages. Finally, in FY 2006, RSA continued the development of a long-term plan focused on using data together with strategic interventions to increase employment outcomes, particularly high-quality employment outcomes.

Supported Employment Services Program

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

The Supported Employment Services Program¹⁹ implements an approach to the rehabilitation of persons with the most significant disabilities²⁰ that has been proven effective and enjoys wide support.

FY 2006 Federal Funding
\$29,700,000

The concept of supported employment was developed to assist in the transition of persons with intellectual and developmental disabilities into a work setting through the use of on-site job coaches and other supports. By federal regulation, state VR agencies must provide ongoing support services that individuals with significant disabilities need

¹⁹ Also known as the Supported Employment State Grants Program and as Supported Employment for Individuals With the Most Significant Disabilities, Title VI-B State Grants.

²⁰ See footnote 16 on page 22.

to maintain supported employment. Such supports may include monthly monitoring at the work site, from the time of job placement until transition to extended services.²¹

Under the program, state VR agencies collaborate with appropriate public and private nonprofit organizations to provide supported employment services. State VR agencies provide eligible individuals with disabilities time-limited services for a period not to exceed 18 months, unless a longer period to achieve job stabilization has been established in the IPE. Once this 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 achieved when the short-term VR services are augmented with extended services 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 be used only to provide supported employment services and are essentially used to supplement Title I funds.

Data from the Department's *FY 2006 Case Service Report (RSA 911)*²² show that a total of 40,368 individuals whose cases 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. About 58 percent of those individuals received at least some funds for their 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 24,126 individuals, or about 60 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, 8,604 individuals received funding for supported employment services solely under the Title I VR program, and 15,522 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.

²¹ 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 Title VI, Part B, of the *Rehabilitation Act of 1973*, as amended, and 34 *CFR* 363 after an individual with a most significant disability has made the transition from support provided by the designated state unit.

²² U.S. Department of Education, Rehabilitation Services Administration. 2006. Case Service Report (RSA 911). Washington, D.C.

FY 2006 data also show that 64 percent, or 9,916, of 15,522 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, 9,128, or 92 percent, were in competitive employment. In FY 2006, the mean hourly wage for individuals with supported employment outcomes who had achieved competitive employment was \$7.31.

Some individuals who have an initial goal of supported employment achieve 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, 35.1 percent were employed in an integrated setting without supports and 1 percent were self-employed, employed in a state VR agency managed BEP program or were a homemaker or unpaid family worker.

As state VR agencies serve an increasing number of individuals with 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 rehabilitation alternative. Consistent with this finding, budget requests to Congress for fiscal years 2002 through 2006 have 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 (RSA assesses the performance of the Supported Employment Services Program by measuring the percentage of individuals with a supported employment goal, who achieve a competitive employment outcome after receiving services) assesses the effectiveness of state agency efforts to increase the competitive employment outcomes of individuals with the most significant disabilities²³ 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 is encouraging state agencies to help individuals with disabilities in supported employment to achieve competitive employment outcomes. The measure is the percentage of individuals with a supported employment goal achieving an employment outcome who obtain competitive employment. In fiscal years 2002 through 2004, state VR agencies far surpassed their performance targets of 77 to 78 percent for this measure. As a result, targets for 2005 through 2007 were raised from 78 percent to 93 percent. In FY 2005, 92.6 percent of the individuals with a supported employment goal achieved a competitive employment outcome. In FY 2006, the target of 93 percent was exceeded with 93.9 percent achieving a competitive employment outcome.

²³ See footnote 16 on page 22 for the full definition of an individual with a most significant disability.

American Indian Vocational Rehabilitation Services Program Authorized Under Section 121 of the *Rehabilitation Act*

The American Indian Vocational Rehabilitation Services (AIVRS) program²⁴ provides grants to governing bodies of Indian tribes located on federal and state reservations (and consortia of those governing bodies) to deliver VR services to American Indians with disabilities who live on or near federal or state reservations. In accordance with Section 7(19)(B) of the *Rehabilitation Act of 1973*, as amended, 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*.

**FY 2006 Federal Funding
\$33,024,000**

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 must ensure that the broad scope of rehabilitation services provided shall 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 agencies.

The AIVRS program is supported through funds reserved by the RSA commissioner from funds allocated under Title I, Part B, Section 110, of the *Rehabilitation Act*. As table 4 shows, the program has grown in the last several years as a result of increases in the minimum amount of funds required to be reserved for the program.

Table 4. American Indian VR Services Grants: Number and Funding Amount, FYs 1999–2006

Fiscal Year	No. of Grants	Funding Amount
1999	53	\$17,243,871
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	\$32,964,316
2006	73	\$32,999,370

The number of grantees funded increased from 53 in FY 1999 to 73 in FY 2006, and, as the number of grantees increased, the funding available for each award granted increased as well. The average award size in FY 1997 was about \$290,000, and it was over \$400,000 in FY 2006, about a 38 percent increase. Established projects that recompile for new grants often request higher levels of funding from RSA’s AIVRS program because they

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. American Indian Vocational Rehabilitation Services (AIVRS) Annual Performance Report. Selected fiscal years. Washington, D.C. Accessed August 2009 at <http://rsamis.ed.gov>.

²⁴ Also known as Vocational Rehabilitation Services Projects for American Indians with Disabilities.

have increased their capacity to serve effectively more individuals with disabilities. In addition, the 1998 amendments to the *Rehabilitation Act* extended the grant period from three years to five years, providing more program stability. 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 *GPRRA* program goal is to improve employment outcomes of American Indians with disabilities that live on or near reservations by providing effective tribal VR services. Program outcome data extrapolated from the AIVRS program performance database are shown in table 5.

As table 5 shows, the number of American Indians with disabilities who achieved an employment outcome increased from 530 in FY 1997 to 1,576 in FY 2006. In FY 2006, 67.4 percent of American Indians with disabilities who received services and exited the program achieved an employment outcome. Although there is fluctuation from year to year, this percentage has consistently ranged from about 61 percent to 67 percent.

Table 5. Number of Individuals Achieving Employment Through American Indian VR Services, Fiscal Years 1997–2006			
Fiscal Year	Number Served	Total Number Exiting After Receiving Services	Number Achieving Employment
1997	2,617	819	530
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	6,222	2,352	1,563
2006	5,829	2,339	1,576

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. American Indian Vocational Rehabilitation Services (AIVRS) Annual Performance Report. Selected fiscal years. Washington, D.C. Accessed at <http://rsamis.ed.gov>.

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, for example, are building strong relationships with the state VR agencies. These relationships, in turn, 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.

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.

Program Assessment Rating Tool Results

The AIVRS program was assessed in 2004 using the PART and received an overall rating of “adequate.” However, certain aspects of the program were identified as needing improvement. RSA is undertaking the following activities to address these concerns:

- Examine reporting inconsistencies. The implementation of the AIVRS annual performance reporting form on the RSA MIS (see footnote 9 on page 14) Database has assisted RSA in providing project data effectively and consistently. The FY 2006 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.
- Develop an implementation strategy for collecting the necessary data to support the administration’s job-training common measures initiative and establish specific performance targets. 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 draft final report documented significant barriers to implementing the job-training common measures in the AIVRS program, including grantees access to UI records and capacity to collect and report the data. The final report from the study included a recommendation that both the AIVRS and PWI programs seek supplemental data elements to address the common measures. RSA will work to identify appropriate supplemental data elements contingent upon the supplemental sources for the PWI program.
- Implement an outcome efficiency measure. The Department has established an efficiency measure that examined 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 data used to calculate the cost per outcome for fiscal years 2004 and 2005 were unreliable and inconsistent. In order to establish a range of acceptable performance and future targets for the performance measure, a baseline for this efficiency measure was established using FY 2006 data. In FY 2006, the baseline was set at 64 percent, with small increases set for future performance targets.
- Improve use and transparency of project data to manage and improve the program. RSA developed a draft of program summary analysis and key data and plans to post it on the Web.

Demonstration and Training Programs

Authorized Under Section 303 of the *Rehabilitation Act*

Demonstration and Training Programs provide competitive grants to, or 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.

FY 2006 Federal Funding
\$6,511,230

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 such activities as technical assistance, 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, American 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) authorizes special projects that 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.

Although special demonstration project types vary, the objective for a majority of the projects is to provide comprehensive services to individuals with disabilities that lead to employment outcomes. In prior years, the program used the following common measures to evaluate these projects:

- 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 percentage of individuals served and placed into employment by the projects.
- The increase in referrals of individuals to or from VR agencies and the subsequent expansion of service provision due to the impact of interactions, presentations and information made to and by state VR agencies.

After using the measures for some period of time, RSA discovered that these measures miss the mark for many projects funded under this authority as many projects do not relate directly to employment or inclusion in the VR system. 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 is over. For this reason, the program, in conjunction with OMB and the Department's Budget Service, changed its outcome measure to the following:

- The percentage of projects that met their goals and objectives as established in their original applications.

This allows each project to be included in the evaluation of the Demonstrations and Training Program. Program outcome data are being collected on projects that end after FY 2005. The data will serve as the baseline for future years.

In FY 2006, RSA funded 12 new grants that focused on technology and reutilization. In this area, RSA provided grants to state agencies and nonprofit organizations to support special demonstrations for assistive technology (AT) reutilization. AT reutilization involves finding used AT that no longer is needed by an individual and providing it at low or no cost to another individual who needs it. Grantees used their funds to establish, expand or coordinate the efforts of AT reutilization programs in their states. The goal for these grants is to increase the availability of AT through promoting and supporting the appropriate reutilization of AT devices at the state and local level. To assist these grantees in accomplishing this goal, RSA also awarded a cooperative agreement for a National Assistive Technology Device Reutilization Coordination and Technical Assistance Center located at the Georgia Department of Labor.

Also in FY 2006, RSA continued the funding of five model demonstrations to improve the literacy and employment outcomes of individuals with disabilities. These projects assessed whether certain specific literacy services raise the literacy levels and, consequently, the earnings of individuals with disabilities compared to individuals who receive the usual VR services.

Seven parent information and training grants and the technical assistance center that supports them received continuation grants. These centers provide training and information to enable individuals with disabilities and their 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.

Nine demonstration projects, in the area of mentoring transition-age youths and young adults with disabilities, were continued. The projects demonstrated research-based mentoring models that are effective in increasing meaningful community integration, postsecondary education and employment outcomes.

Two Braille training grants received funding for continuation. These projects provide training to youths and adults who are blind and build the capacity of service providers who work with those individuals.

The FY 2006 congressional appropriations bill, P.L. 109-149, authorizes funding under the Demonstration and Training Programs, Title III, Section 303.

The Demonstration and Training Programs are continuing to monitor the progress and impact of 20 Access-to-Telework grants that were provided funding in FY 2003. These projects provide support for alternative financing mechanisms with the goal of expanding telework opportunities for individuals with disabilities. Projects are designed to continue until there are no longer any funds available, and all outstanding loans have been repaid.

Program Assessment Rating Tool Results

The RSA Demonstration and Training Program was assessed in 2005 using the PART and received an overall rating of "Results Not Demonstrated." The deficiencies identified and activities to improve performance are summarized below:

Deficiencies

- The program does not have specific long-term performance measures that focus on outcomes and meaningfully reflect the purposes of the program. As a result, RSA developed a new efficiency measure to determine the percentage of demonstration projects that are successful in meeting project goals, as determined by examination of project applications and final reports.
- The program does not have ambitious target time frames for its long-term measures. Baselines are being established for the new efficiency measure.
- Independent evaluations of sufficient scope and quality are not conducted on a regular basis or as needed to support program improvements and evaluate effectiveness and relevance to problem, interest or need.
- Budget requests are not explicitly tied to accomplishment of the annual and long-term performance goals, and resource needs are not presented in a complete and transparent manner in the program's budget.
- The program has not taken meaningful steps to correct its strategic planning deficiencies.
- The agency does not regularly collect timely and credible performance information, including information from key partners to use to manage the program and improve performance.

- The program does not have procedures (e.g., competitive sourcing and cost comparisons, IT improvements, appropriate incentives) to measure and achieve efficiencies and cost-effective program execution.
- The program has not taken meaningful steps to address its management deficiencies.
- Grants are not awarded based on a clear competitive process that includes a qualified assessment of merit.
- The program does not collect grantee performance data on an annual basis and make it available to the public in a transparent and meaningful manner.
- The program has not demonstrated adequate progress in achieving its long-term performance goals.
- The program (including program partners) does not achieve its annual performance goals.
- The program does not demonstrate improved efficiencies or cost effectiveness in achieving program goals each year.
- The performance of the program does not compare favorably to other programs, including government, private and others with similar purpose and goals.
- Independent evaluations of sufficient scope and quality do not indicate that the program is effective and achieving results.

Planned Actions

- Develop a comprehensive plan (including a plan for program evaluation) that will establish procedures for identifying multiyear initiatives and annual priority areas.
- Develop long-term measures; examine current annual measures to determine whether they should be maintained or revised in line with the comprehensive plan.
- Develop procedures for the review of grantee data, progress and final reports to improve program performance.
- Resolve outstanding issues with the Web-based data collection instrument so that it is operating correctly for both grantees and RSA.

Migrant and Seasonal Farmworkers Program Authorized Under Section 304 of the *Rehabilitation Act*

The Migrant and Seasonal Farmworkers Program (MSFW) 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 placed on outreach to migrant camps, providing bilingual rehabilitation counseling to this population and coordinating 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.

**FY 2006 Federal Funding
\$2,278,980**

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. The significant barriers to securing employment are: 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 (ESEA)*, 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 2006 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 *GPR*A performance indicator for this program is based on the *Case Service Report (RSA 911)*²⁵ 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 migrant or seasonal farmworkers project at some time during their VR program. This is the data element used to assess the performance measure for this program.

The *GPR*A indicator for this program is used to indicate the number of “individuals who achieve employment outcomes, within project-funded states, the percentage of migrant

²⁵ Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. Case Service Report (RSA 911). Washington, D.C.

or seasonal farmworkers with disabilities served by VR and the projects, who achieve employment outcomes is higher than those who do not access the project.” In FY 2006, 12 projects funded under this program served a total of 260 individuals who also were served by the VR program and placed a total of 147 individuals into competitive employment, a 56.5 percent placement rate. During this same time period, the VR program in those same 12 states that have an MSFW project served an additional 92 migrant or seasonal farmworkers who did not participate in a project funded under this program and placed a total of 48 individuals into competitive employment, a 52.2 percent placement rate. The lower placement percentage rate for the MSFW program for this fiscal year was attributed to the fact that several of the MSFW projects had just started in FY 2006. The implication is that these new projects did not have the entire year to provide services and placements since it normally takes a few months at the beginning of a new project to hire staff and get the project started.

Program Assessment Rating Tool Results

Although the MSFW PART process started in FY 2006, the first PART was not completed until FY 2007, and there is no information on results to include in this report.

The number of grants awarded under the MSFW program from FY 2000 through FY 2006 is illustrated in table 6.

Table 6. Migrant and Seasonal Farmworkers Program: Number of Continuation And New Grant Awards, Fiscal Years 2000–06

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

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Migrant and Seasonal Farmworkers Program Annual Performance Report* (ED 524B). Washington, D.C.

Projects With Industry Authorized Under Sections 611–612 of the *Rehabilitation Act*

The 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

**FY 2006 Federal Funding
\$19,537,650**

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 opportunities within the community, consistent with the current and projected local labor market identified by the local workforce 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 (DSUs) 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 of the U.S. Department of Education considers the equitable distribution of projects among the states.

PWI grantees must provide to RSA an annual evaluation 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 a PWI grant, as follows:

PWI 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.

PWI 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.

PWI Evaluation Standard 3: The project must ensure the provision of services that will assist in the placement of individuals with disabilities.

PWI Evaluation Standard 4: Funds must be used to achieve the project's primary objective at minimum cost to the federal government.

PWI Evaluation Standard 5: The project's advisory council must provide policy guidance and assistance in the conduct of the project.

PWI Evaluation Standard 6: Working relationships, including partnerships, must be established with agencies and organizations to expand the project's capacity to meet its objectives.

PWI 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 identified below.

PWI Compliance Indicator 1: (Primary) Placement rate. A minimum of 55 percent of individuals served by the project during FY 2006 must be placed into competitive employment.

PWI 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.

PWI Compliance Indicator 3: (Secondary) Percentage 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.

PWI Compliance Indicator 4: (Secondary) Percentage 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.

PWI 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.

Three of the compliance indicators also serve as the program’s measures established pursuant to *GPR*A. These measures, including FY 2006 performance results based on the reports of 79 grantees, are provided below.

- Placement rate of individuals with disabilities into competitive employment (PWI indicator 1). The placement rate for FY 2006 was 56 percent.
- Change in earnings of individuals who are placed in competitive employment (PWI indicator 2). In FY 2006, the change in earnings of individuals who were placed in competitive employment averaged \$248 per week.

- Percentage of individuals served who were unemployed for six months or more prior to program entries, who are placed in competitive employment (PWI indicator 4). In fiscal FY 2006, 56 percent of individuals served who were unemployed six months or more prior to program entry were placed in employment.

In order to receive continuation funding for the third and subsequent years, 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.

In FY 2006, 6 percent of the projects completed their third and final year of their grant and 94 percent completed their first year of their grant. In FY 2006, about 33 percent of the projects failed the compliance indicators. About 85 percent of these failing projects did not pass the placement indicator, a primary indicator. The failure rate was significantly higher in FY 2006 as compared to FY 2005, when about 8 percent of the projects failed to meet the compliance indicators. The increase in failure rates can be attributed to the fact that 94 percent of the grantees were in their first year of reporting.

Table 7 presents selected performance information for the PWI program for FYs 2005 and 2006. In FY 2006, there were 79 projects in operation, six less than in FY 2005. The 79 PWI projects operating and reporting data in FY 2006 placed 56 percent of the total 7,512 individuals served into competitive employment. Approximately 86 percent of the total number of individuals served and 87 percent of individuals placed were individuals with significant disabilities. About 76 percent of individuals served and 77 percent of individuals placed in employment were individuals who were unemployed six months or more prior to program entry. In FY 2006, the placement rate for individuals with significant disabilities (percentage of individuals with significant disabilities served who were placed in employment) was 56 percent.

**Table 7. Projects With Industry Selected Program Outcomes,^a
Fiscal Years 2005 and 2006**

Selected Outcome	FY 2005	FY 2006
Total projects reporting	85	79
Total persons served	12,652	7,512
New persons served	8,148	7,325
Persons served with significant disabilities ^b	10,082	6,482
Percentage served with significant disabilities	80%	86%
Persons served who were unemployed six months or more	8,226	5,694
Percentage served who were unemployed six months or more	65%	76%
Total persons placed in employment	6,564	4,189
Percentage of total persons placed in employment	52%	56%
Persons placed with significant disabilities ^b	5,880	3,628
Percentage of individuals with significant disabilities placed in employment	90%	87%
Persons placed who were unemployed six months or more in employment	5,133	3,215
Percentage of previously unemployed individuals placed in employment	78%	77%
Placement rate of individuals with significant disabilities ^b	58%	56%
Placement rate of previously unemployed individuals	62%	56%

^a In prior fiscal years, the placement rate was calculated based on grantee reported data on the total new individuals (individuals first entering the system) served in the reporting period. In FY 2005, the data collection instrument was revised and now requires grantees to report new and continuing served.

^b See footnote 7 on page 12 for definition of individual with a significant disability.

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Projects With Industry Annual Compliance Indicators and Annual Evaluation Plan Report*. Fiscal years 2005 and 2006. Washington, D.C.

Program Assessment Rating Tool Results

In FY 2004, the Department selected the PWI program to undergo a PART assessment. The PART is designed to assess performance of federal programs and to develop methods to improve performance in order to achieve better results. The program was given an “adequate” rating, but the PART finding cited that many of the program’s activities were redundant with allowable activities under the VR program. Although the program is generally successful in meeting its performance goals, the PART finding was that these results are undermined by the lack of credible data collected and reported by grantees and highly variable grantee performance.

As a result of the PART findings, RSA: (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 on-site compliance reviews.

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM

Authorized Under Section 103(b)(1) of the *Rehabilitation Act* And Under the *Randolph-Sheppard 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 individuals with significant disabilities (see footnote 7 on page 12 for the definition of an individual with a significant disability). 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.

Supported by a combination of RSA program funds, state appropriations, federal vending machine income and levied set-asides from vendors, the Randolph-Sheppard Vending Facility Program (also known as the Business Enterprise Program in many states) 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, miscellaneous shops and facilities comprised of vending machines.

RSA administers the *Randolph-Sheppard Act* in accordance with the goals of providing blind persons with remunerative employment, enlarging the economic opportunities of blind persons and stimulating blind individuals to greater efforts in striving to make themselves 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 were obtained from the *Report of Vending Facility Program*, Form RSA-15, for FY 2006. The total gross income for the program was \$692.2 million in FY 2006, compared to \$661.3²⁶ million in FY 2005, a 4.7 percent increase. The total

²⁶ The figures cited in this report for FY 2005 are different than those reported in the RSA annual report for FY 2005. These data reflect revisions in the treatment of data involving cafeteria contracts and were received after publication of that report. Any subsequent revisions by individual states may cause minor changes in the totals listed for FY 2006 in this report.

earnings of all vendors were \$115.7 million in FY 2006 and \$111.2 million in FY 2005, an increase of 4.1 percent. The national average annual earnings of vendors increased 7.8 percent to \$46,963 in FY 2006 from \$43,584 the previous year. The number of vendors in FY 2006 was 2,575 compared to 2,564 in FY 2005, an increase of 11 operators. There were 3,040 vending facilities in FY 2006 and 3,080 the previous year, a decrease of 40 facilities.

Table 8. Randolph-Sheppard Vending Facility Program: Selected Outcomes, Fiscal Years 2005 and 2006

	FY 2005	FY 2006
Income and Earnings		
Gross Income	\$661,311,042*	\$692,152,876
Vendor Earnings	\$111,165,525	\$115,701,361
Average Earnings	\$43,584	\$46,963
Number of Vendors		
Federal Locations	895	894
Nonfederal Locations	1,669	1,681
Total Vendors	2,564	2,575
Number of Vending Facilities		
Federal Locations	1,115	1,069
Nonfederal Locations	1,965	1,971
Total Vending Facilities	3,080	3,040

* See footnote 26 on page 43.

Source: U.S. Department of Education, Rehabilitation Services Administration information memorandum. RSA-IM-06-09. August 2007 for FY 2006. Washington, D.C.

INDEPENDENT LIVING AND COMMUNITY INTEGRATION

The purpose of the independent living (IL) and community integration 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; and to improve working relationships among state IL programs, centers for independent living (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) program²⁷ provides formula grants, based on population, to states for the purpose of funding, directly or through grant or contractual arrangements, one or more of the following activities:

**FY 2006 Federal Funding
\$22,361,962**

- 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

²⁷ Also known as the Independent Living State Grants Program.

- 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 an 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 DSU.

Program Assessment Rating Tool Results

In 2003, OMB conducted a PART review of the SILS and CIL programs and rated the programs “results not demonstrated.” The PART evaluation identified certain aspects of this program that needed improvement. RSA continues to implement the SILS program’s performance and accountability improvement plan, in response to OMB’s PART recommendations. The plan includes: new outcomes-based annual and long-term performance measures; a revised annual performance data collection instrument (called the Section 704 [of the *Rehabilitation Act*] Report) that incorporates the outcomes-based performance measures; and a new monitoring protocol to maximize DSU and SILC performance and accountability, consistent with federal statutory and regulatory requirements. FY 2006 was the initial year for which RSA was able to collect SILS program data based on the new performance measures.

Centers for Independent Living Program Authorized Under Title VII, Chapter I, Part C, of the *Rehabilitation Act*

The CIL program provides grants to consumer-controlled, community-based, cross-disability,²⁸ nonresidential, private nonprofit agencies for the provision of independent living services to individuals with significant disabilities. At a minimum, centers funded by the program are required to provide the following independent living core services: information and referral; independent living skills training; peer counseling; and individual and systems advocacy. Centers also may provide, among other services: 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, or to continue in employment, or both.

**FY 2006 Federal Funding
\$74,638,080**

The *Rehabilitation Act* establishes a set of standards and assurances that eligible centers are required to meet. To continue receiving CIL program funding, centers must demonstrate minimum compliance with the following evaluation standards: promotion of

²⁸ Cross-disability means (according to the program regulations at 34 *CFR* 364.4), with respect to a center for independent living, that a center provides IL services to an individual with 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.

Table 9. Centers for Independent Living Program: Selected Accomplishments, FY 2006

In FY 2006, centers for independent living nationwide served over 196,773 individuals with significant disabilities. A few examples of their beneficial impact on individuals follow:

- Individuals relocated from nursing homes or other institutions to community-based living arrangements. 2,649
- Individuals who received assistive technology or rehabilitation services. 32,481
- Individuals who received independent living skills training and life skills training. 62,250
- Individuals who received independent living services related to securing housing or shelter. 48,631
- Individuals who received services related to transportation. 20,018
- Individuals who received personal assistance services. 47,958

Source: U.S. Department of Education, Rehabilitation Services Administration. RSA Annual Performance Report (Form RSA-704) Compilation. 2006. Washington, D.C.

centers that existed as of FY 1997 at the same level of 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 2006, there were 336 CILs operating nationwide that received funds under this program.

CILs are required to submit an annual performance report.²⁹ 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.

Program Assessment Rating Tool Results

RSA continues to implement the CIL program’s performance and accountability improvement plan, in response to OMB’s PART recommendations. The plan includes: new outcomes-based annual and long-term performance measures; a revised annual performance data collection instrument (the Section 704 Report) that incorporates the outcomes-based performance measures; and a new monitoring protocol to maximize CILs’ performance and accountability, consistent with federal statutory and regulatory

the independent living philosophy; provision of independent living services on a cross-disability basis; support for the development and achievement of independent living goals chosen by the consumer; efforts to increase the availability of quality community options for independent living; provision of independent living 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

²⁹ Source: U.S. Department of Education, Rehabilitation Services Administration. RSA Annual Performance Report (Form RSA-704). 2006. Washington, D.C.

requirements. FY 2006 was the initial year for which RSA was able to collect CIL program data based on the new performance measures.

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 (Older Blind) 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 program extends the independence and quality of life of older Americans who are blind or significantly visually impaired while offering alternatives to costly long-term institutionalization and care.

**FY 2006 Federal Funding
\$37,061,892**

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. Grants to state agencies for the blind or, in states that have no such agency, to state VR agencies have been made on a formula basis since FY 2000. 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 addition to federal funding under Title VII, Chapter 2, the Older Blind program benefited from increased nonfederal support. In FY 2006, the average nonfederal source of funding and in-kind support per state was \$276,735, 8 percent more than in FY 2005. 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 Older Blind 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 2006, 65,017 older individuals nationwide benefited from the IL services provided through this program, up 2 percent from FY 2005.

To maximize program performance and accountability, RSA has developed new outcomes-based performance indicators. 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 Older Blind program.

Recreational Programs
Authorized Under Section 305 of the *Rehabilitation Act*
Managed by the Special Projects Division of RSA

The goal of this program is to provide recreation activities and related experiences for individuals with disabilities that can be expected to aid in their employment, mobility, independence, socialization and community integration.

FY 2006 Federal Funding
\$2,517,570

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

Grants are available for periods of up to three years. The federal share of the costs of each grant is 100 percent for the first year, 75 percent for the second year and 50 percent for the third year. Projects funded under this program authority are required to provide a nonfederal match (cash, 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 shows the number of new and continuing recreational grants funded over a six-year period, as well as the total of the two.

Table 10. Recreational Programs: Number of Continuation and New Grant Awards, Fiscal Years 2001–06

Fiscal Year	Continuation Awards	New Awards	Total Awards
2001	18	6	24
2002	15	10	25
2003	16	8	24
2004	18	8	26
2005	16	9	25
2006	17	8	25

Source: U.S. Department of Education, Rehabilitation Services Administration, internal records of program data for FY 2001–FY 2006.

This program’s goal stated above—to provide recreation activities and related experiences for individuals with disabilities that can be expected to aid in their employment, mobility, independence, socialization and community integration—includes an objective for Recreational Programs to sustain the activities initiated by the grant after federal funding ceases. This goal, which is an objective under the *GPRA* requirements, is the only measurement currently used to demonstrate a tie between the mandated goal of the

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. The latest data available relative to this objective come from grants that were closed from FY 2001 through FY 2003 and tracked one year later in FY 2004. As reported in the Department's Program Performance Management Database (PPMD), at least 20 (83 percent) of the 24 projects closed in FY 2003 continued to operate after federal funding ended. Six (75 percent) of eight projects closed in FY 2004 continued to operate after federal funding ended.

One of the projects funded under Recreational Programs in FY 2006 was for Starfire Council of Greater Cincinnati Inc. Starfire served individuals with developmental disabilities, age 13 and older. Starfire reached the entire community by attending a wide variety of evening and weekend events monthly. By having outings that host small groups of individuals, the group was more approachable and able to be fully included in community activity. Integration into the community allowed individuals without disabilities to become more familiar with the participants and enables persons with disabilities to experience inclusion in the community. Other organizations and the local county board refer individuals with disabilities to Starfire on a regular basis making sure that all participants have access to evening and weekend activities. Participation in regular activities was monitored closely with regular surveys secured from the teen, young adult and adult populations who regularly participated in activities. By close monitoring of satisfaction level and by soliciting suggestions, the overall effectiveness of the program was continuously evaluated and a system of documentation was established to provide appropriate information to other organizations interested in replicating the project.

Starfire was supported and complemented by two major community entities: the City of Cincinnati and the Hamilton County Board of Mental Retardation and Developmental Disabilities (MR/DD). The City of Cincinnati provides funding for the Old Adults Program, which enables adults, ages 46 and up to participate in evening and weekend activities. Through presentations to the staff of the MR/DD board and informal word of mouth, information about the evening and weekend activities project is disseminated directly to potential beneficiaries of the project and their caregivers. Starfire counted MR/DD staff members among its most ardent and active volunteers. Starfire worked with approximately 20 group homes and supported-living residences throughout the community, ensuring an active community life for their residents. Other partner organizations included those that assist individuals with disabilities to find employment. Starfire engenders so much community participation not only to make the present program effective but also to guarantee the continuation of the project after federal funding ceases.

Another project funded in FY 2006 was by Compeer LIFE (Living Independently with Friendship and Education). This was a project of the Mental Health Association of South Central Kansas. Over a three-year period this project provided the opportunity for 100 adult individuals residing in Wichita (Sedgwick County) who have a severe mental illness to participate in recreational classes, leisure events and related experiences that can be expected to aid them in achieving employment. Trained community volunteers

participated with adult consumers in enrolling in and attending weekly classes and community events as a means of bridging the gap between services provided by mental health professionals and integration of consumers with nondisabled persons in recreation, leisure and personal development activities.

The overall expectation of the project is that volunteer assistance in making these transitions will serve to increase skills, self-confidence and independent living leading to employment. Evaluation of the project effectiveness will be accomplished by quarterly review and feedback by the Continuous Quality Improvement and Compeer Advisory Committees, based on consumer participation and satisfaction surveys as well as ratings by Compeer volunteers and consumer case managers. Matching funds for years two and three came from contracts with COMCARE (the local mental health authority) and United Way of the Plains as well as through foundation grants.

These and other grants are helping individuals who participate in projects funded by Recreational Programs to develop important life skills (e.g., job-seeking and mobility skills).

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.

Program Improvement Authorized Under Section 12 of the *Rehabilitation Act* Managed by the Office of the Commissioner of RSA

Program Improvement³⁰ funds allocated under Section 12 of the *Rehabilitation Act* are used to support activities that 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.

**FY 2006 Federal Funding
\$834,570**

Under this section of the *Rehabilitation Act*, the RSA commissioner is authorized to provide technical assistance and consultative services to public and nonprofit private agencies and organizations, including assistance to enable such agencies and organizations to facilitate meaningful and effective participation by individuals with disabilities in workforce investment activities.

In FY 2006, RSA used Section 12 funds to support the continuation of a project that began in FY 2005 to develop and implement a strategy for enhancing performance measurement, as well as to initiate three new projects that will assist in improving the performance of the VR program. These include: developing and implementing a Web-based dissemination and technical assistance resource; enhancing the capacity of state rehabilitation councils to fulfill their mandated responsibilities; and implementing an

³⁰ Also known as *Rehabilitation Act* Program Improvement.

outreach initiative to encourage stronger collaboration between prospective employers, trade organizations and state VR agencies. The common link among these initiatives is that they are all aimed at improving access to relevant and timely information.

A U.S. Government Accountability Office (GAO) report released in September 2005, titled *Vocational Rehabilitation: Better Measures and Monitoring Could Improve Performance of the VR Program*, recommended that the secretary of education take executive action to “develop alternative means of disseminating best practices among state VR agencies . . . such as a central repository. . . .”³¹ In response, OSERS Assistant Secretary John H. Hager noted, “State VR agencies may be influenced to undergo changes to increase productivity, effectiveness and accountability when monitoring and program information is made readily available to interested and effected individuals and organizations within each state. We intend to broaden the dissemination of the information we produce and publicize the availability of our monitoring and analytic work products. We expect to do this efficiently and economically through better website postings.”³²

Pursuant to fulfilling this commitment, the Web-based dissemination and technical assistance resource project will form the foundation for addressing the considerations for building and operating a Web-based information technology structure that is compatible with RSA’s existing website. This project will allow electronic access to a wide variety of technical assistance resources, including demographic and performance measurement data, information covering best practices and program initiatives, as well as monitoring results, including updates on progress to achieve compliance with program and fiscal findings identified during the monitoring process. By these means, state VR agencies, SRCs and stakeholders will be able to quickly and easily access the most current RSA information or obtain referral to resources, publications and web-sites.

This Web-based resource will serve as an online repository for reference works, research results and current information on issues related to VR policies, services and initiatives. It will provide a forum for eliciting feedback on RSA’s proposals and practices. Using current Web-based technology will maximize access to and availability of information to state VR agencies, SRCs, stakeholders, other RSA grantees and the general public.

In FY 2006, RSA continued to promote the empowerment of the SRC through the use of the training modules developed in FY 2005. Both the state VR agencies and the regional rehabilitation continuing education programs (RRCEPs) complemented this training with more targeted on-site training conducted in many of the states. Building upon the success of the SRC training initiative, RSA used Section 12 funds to

³¹ U.S. Government Accountability Office Report to Congressional Committees, 2005. *Vocational Rehabilitation: Better Measures and Monitoring Could Improve the Performance of the VR Program, Recommendations for Executive Action*, p. 39. Washington, D.C.

³² U.S. Government Accountability Office Report to Congressional Committees, 2005. *Vocational Rehabilitation: Better Measures and Monitoring Could Improve the Performance of the VR Program, Recommendations for Executive Action*, p. 68. Washington, D.C.

supplement an RRCEP grant in order to convert the training materials into a Web-based format, and also to develop additional modules designed to improve the SRCs' participation in developing the VR state plan and in evaluating the effectiveness of the VR program, as required in Section 101(a)(15) of the *Rehabilitation Act*. The Web-based SRC training materials are scheduled for completion in FY 2008.

The employer outreach and collaboration project involves promoting partnerships between employers and state VR agencies in support of the RSA charge to increase job placements for individuals with disabilities. For this project, a contractor has primary responsibility for conceiving and implementing the process to enhance the partnership, from generating ideas for employer-targeted materials and activities to planning, organizing and conducting them, either in conjunction with a specific employer or with consortia. A major portion of the activity involves revising existing promotional materials for the purpose of promoting the employment of individuals with disabilities to prospective employers. In the context of this project, the purpose of developing new materials is to market this message to employers, in particular, targeted employers in such industries as health care, technology, banking and finance, and hospitality and food service.

Since the labor participation rate of people with disabilities is low and has not changed appreciably over the last 12 years, new approaches are necessary to increase the employment rate. This project engages public VR agencies and various organizations of employers in an initiative to market the abilities of this labor force to the private sector. This project constitutes an opportunity for RSA to pursue a "freshened" and more contemporary approach for reaching an audience of prospective employers.

Prior outreach attempts have primarily focused on developing partnerships among public VR agencies, nonprofit organizations and stakeholder groups. As effective as this strategy has been, it devoted insufficient attention to seeking a more active development role for business organizations and employers. Moreover, it did not adequately recognize the unique perspective that employer-focused organizations bring to designing materials and implementing strategies for working with public VR agencies to increase job placement and on-the-job training opportunities. For these reasons, RSA needed to support public VR agencies by providing technical assistance on building effective relationships with employers to increase job placements.

RSA's work with the U.S. Chamber of Commerce and the Business Leadership Network (BLN) has shown that business people are likely to listen to other business people to learn from their experiences. This project is intended to tap into the extensive network and targeted communication capacity that business organizations have at their disposal to reach their members. As a result of this effort, employers will receive information about the broad range of services that public VR agencies provide to help employers in recruiting, hiring, retaining and promoting individuals with disabilities.

Capacity-building for Traditionally Underserved Populations³³ Authorized Under Section 21 of the *Rehabilitation Act*

Section 21 of the *Rehabilitation Act* requires RSA and NIDRR to ensure that individuals with disabilities from minority backgrounds have equal access to programs authorized under the *Rehabilitation Act*. In order to

FY 2006 Federal Funding
\$2,291,038

implement this mandate, RSA and NIDRR must reserve 1 percent of funds appropriated each year for programs under titles II, III, VI and VII to make awards to eligible agencies and organizations, including minority institutions of higher education (IHEs) and American Indian tribes, to carry out activities designed to enhance the capacity and increase the participation of minority IHEs and American Indian tribes in programs funded under the *Rehabilitation Act*. In FY 2006, \$2,291,038 was reserved from programs administered by RSA under titles III, VI and VII. NIDRR reserved \$1,067,052 for these activities in FY 2006 (see “National Institute on Disability and Rehabilitation Research” beginning on page 68).

The 1998 amendments to the *Rehabilitation Act* define “minority entities” as historically black colleges and universities, Hispanic-serving IHEs, 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 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 2006, RSA awarded 11 continuation grants under the RSA Rehabilitation Capacity-building Program in two priority areas: (Priority 1) Establishing New Rehabilitation Training Programs (CFDA³⁴ 84.315C), and (Priority 2) Capacity Building for Minority Entities (CFDA 84.315D). Six grants were awarded under Priority 1 and five under Priority 2. Two grants were awarded to Hispanic-serving IHEs, four grants were awarded to three historically black universities and one grant was awarded to a Pacific island university.

In addition, two grant supplements were awarded to a capacity-building project in FY 2006. One supplement sponsored funds for technical assistance activities for the capacity-building projects. The other supplement carried out the Leadership Initiative. The Leadership Initiative gives participants the tools they need to effectively advocate for and improve the inclusion of people with disabilities within their communities. The initiative consists of a four-day training conference and community-based leadership activities. In FY 2006, training was provided to 23 participants through a nomination and selection process. Nominations were sent to approximately 790 organizations involved in disability legislation, independent living, civil rights, service delivery to individuals and

³³ Also known as Traditionally Underserved Populations.

³⁴ CFDA means Catalog of Federal Domestic Assistance; federal programs each have a unique CFDA identifier.

parent groups. Key components of the training included the delivery of six training modules by a nationally recognized group of training professionals. The training modules included disability legislation, group building and dynamics, group facilitation, networking, identification of community resources, disability awareness, diversity awareness, grant development and grant management. Trainees were also exposed to a variety of leaders from the disability field who served as guest speakers and consultants.

Completion of the training modules was followed by the development of a personal action plan. The plans are based on the interest of the trainee. Trainees are required, as a condition of their selection, to work on projects to improve the inclusion of people with disabilities within their respective communities. The projects include community education and awareness, and access to transportation, housing and technology, as well as other areas of interest and need for people with disabilities.

Rehabilitation Training

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.

FY 2006 Federal Funding
\$38,437,740

Grants and contracts under this program authority are awarded to states and public and nonprofit agencies and organizations, including IHEs, to pay all or 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.

The long-term training program supports academic training grants that must direct 75 percent of the funds to trainee scholarships. The statute requires trainees who receive assistance either to: 1) work two years for every year of assistance in public or private nonprofit rehabilitation agencies or related agencies, including professional corporations or professional practice groups that have service arrangements with a state agency or 2) 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 assure that data on the employment of students are accurate.

In FY 2006 RSA funded 11 new projects in four areas of long-term training, one new in-service training grant and three new community rehabilitation program continuing education programs. These new projects and grants are described below.

Long-term training grants make money available for student scholarships in specified fields. In 2006, RSA funded three new grants that offer scholarships to students in master's-level rehabilitation counseling programs, five in the field of undergraduate education in the rehabilitation services, one in the field of specialized personnel for rehabilitation of individuals who are blind or have vision impairment and two in the field of rehabilitation of individuals who are deaf or hard of hearing. These grants will help train personnel to support the public rehabilitation system in critical need areas.

Of the funds appropriated for the Rehabilitation Training program, 15 percent must be used to support in-service training. While 76 state agencies continued to receive funding for in-service training under new awards they received in FY 2005, one additional agency received a new in-service training grant in FY 2006. In-service training is intended to assist state VR agencies in the training of their staff consistent with the state's Comprehensive System of Personnel Development (CSPD).³⁵

RSA awarded three new rehabilitation continuing education program (RCEP) grants to help train staff of community rehabilitation programs that provide services to customers of the public rehabilitation program. These grants will provide important training to such staff to maintain and upgrade their skills and their responsiveness to the needs of people with disabilities.

RSA continued funding of 263 training grants that are in continuation status. These grants cover a broad array of areas including: long-term training or scholarship grants (146); in-service training for staff of VR agencies (76); programs of continuing education for staff of the public rehabilitation program and the community rehabilitation programs that support it (18); grants to support the Institute on Rehabilitation Issues (IRI), which presents current thinking and state-of-the-art knowledge on important rehabilitation topics (3); provision of quality educational opportunities for interpreters at all skill levels (6); and other specialty training grants (3). Together, these grants support the public rehabilitation system through recruiting and training well-qualified staff and maintaining and upgrading their skills once they begin working within the system.

Under Title I of the *Rehabilitation Act*, each state is required to establish procedures to ensure there is an adequate supply of qualified staff for the state agency, assess personnel needs and make projections for future needs and address current and

³⁵ Section 101(a)(7) of the *Rehabilitation Act Amendments of 1992*, commonly referred to as the Comprehensive System of Personnel Development (CSPD), requires state VR agencies to establish qualified personnel standards for rehabilitation personnel, including VR counselors, that are consistent with any national or state-approved or recognized certification, licensing or registration that apply to a particular profession. To the extent that a state's existing personnel standards are not based on the highest requirements of the state, the state agency also is required to develop a plan to retrain or hire personnel to meet personnel standards that are based on the highest requirements in the state. The purpose of the CSPD provisions is to ensure the quality of personnel who provide VR services and assist individuals with disabilities to achieve employment outcomes through the VR program.

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. Funds under the VR program also may be used to comply with these requirements.

In FY 2006, RSA awarded \$2,275,145 in CSPD grants to help retrain VR counselors to comply with the state degree standard. During FY 2006 the Rehabilitation Training Program made 77 in-service training awards to state VR agencies totaling \$5,823,883 to assist efforts to train VR staff nationwide. The Rehabilitation Training Program continued to play a critical role in helping state VR agencies develop and implement their CSPD standards for hiring and training qualified rehabilitation professionals in their respective states.

The RSA Rehabilitation Training program also sponsors an annual conference for educators and state agencies to discuss human resource issues and solutions. A rehabilitation educators' conference was held Oct. 15–17, 2006, in Washington, D.C. The conference theme, "Creative Options for Expanding Opportunities in Rehabilitation Education," dealt with recruiting and training rehabilitation counselors for the public rehabilitation system. 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 SRCs (see footnote 8 on page 13 for more on SRCs). The forum is designed to ensure that rehabilitation executives have the content and leadership skills needed to meet the challenges of the state VR rehabilitation system.

Government Performance and Results Act (GPRA) Performance Indicators

The RSA training program has two objectives and three indicators upon which grantees report. Summaries of data on these indicators appear below. Data on performance indicators reflect FY 2005 activities. Fiscal year 2006 activities will be reported in the FY 2007 annual report.

Objective a: To provide graduates who work within the VR system to help individuals with disabilities to achieve their employment goals.

Indicator 1: Numbers Trained: The number of students supported by RSA scholarships and the number of RSA scholars graduating will remain stable.

The number of scholars supported by RSA scholarships decreased from 2,332 in FY 2005 to 2,062 in FY 2006. The number of scholars graduating decreased from 901 in FY 2005 to 786 in FY 2006. The

reason for decreases could not be immediately determined; however, tuition costs continue to increase generally decreasing the number of students grantees can support. Also, some of the decline appears to be due to the fact that in FY 2005 grantees were able to support a very high number of scholars—FY 2005 reflected a sharp spike in enrollment over other years. The FY 2006 performance did meet performance targets of 2,000 scholars and 725 graduates.

Indicator 2: Percentage Working: The percentage of graduates fulfilling their payback requirements through acceptable employment will increase annually.

In FY 2006, the percentage of graduates fulfilling their obligation through acceptable employment increased as compared to FY 2004 and FY 2005 (from 81 percent in 2004 and 2005 to 86 percent in 2006). Given that the demand for counselors exceeds the number of graduates produced by counselor-training programs, the 86 percent figure reflects strong performance by the RSA Rehabilitation Training program.

Objective b: Maintain and upgrade the knowledge and skills of personnel currently employed in the public VR system.

Indicator 1: Qualified Personnel: The percentage of currently employed VR state agency counselors who meet their state's CSPD standard will increase annually.

The percentage of staff who met their state's standard remained relatively stable from FY 2005 to FY 2006—73 percent FY 2005 and 71 percent in FY 2006. These figures reflect continued effort by RSA to increase counselor qualifications in state VR agencies in spite of large turnover rates in state VR agencies due primarily to retirements.

Allocation of Grant Funds

The allocation of rehabilitation training grant funds for FY 2006 is shown in table 11. Funds have been shifted from within the RSA rehabilitation training funds to programs designed to meet the critical need of training current and new counselors to meet state agency personnel needs as retirement levels increase.

Table 11. Rehabilitation Training Projects: Number of Grant Awards and Funding Amounts, by Type of Project, Fiscal Year 2006

Type of Project	Number of Grant Awards FY 2006	Grant Amount (\$)
Long-term Training		
Medical Rehabilitation	1	70,463
Rehabilitation Counseling	69	10,128,704
Rehabilitation Administration	4	399,939
Rehabilitation Engineer	4	382,339
Vocational Evaluation/Adjustment	8	799,827
Rehabilitation of Mentally Ill	6	599,971
Rehabilitation Psychology	2	199,475
Undergraduate Education	19	1,424,617
Rehabilitation-of-the Blind	15	1,498,292
Rehabilitation-of-the Deaf	10	999,156
Job Development/Placement	9	893,976
CSPD Priority	12	1,896,420
Long-term Training Totals	159	\$19,293,179
Short-term Training		
Institute for Rehabilitation Issues	3	190,000
In-service Training	77	5,707,901
Interpreter Training	6	2,097,361
Clearinghouse	1	300,000
RCEP ^a : General & CRP ^b	21	9,970,423
GRAND TOTALS	269	\$38,008,856

^a Rehabilitation continuing education program: 34 *CFR* 389 (p. 421).

^b Community Rehabilitation Program

Source: U.S. Department of Education, Rehabilitative Services Administration, internal records of program data for FY 2006. Washington, D.C.

Program Assessment Rating Tool Results

The RSA Training program was assessed in 2006 using the PART and received an overall rating of “adequate.” A few deficiencies were identified, however, and activities to improve performance are summarized on the next page.

Deficiencies

- Budget requests are not explicitly tied to accomplishment of the annual and long-term performance goals, and the resource needs are not presented in a complete and transparent manner in the program's budget.
- The program does not have procedures (e.g., competitive sourcing and cost comparisons, IT improvements, appropriate incentives) to measure and achieve efficiencies and cost-effectiveness in program execution.
- The program does not collect grantee performance data on an annual basis and make it available to the public in a transparent and meaningful manner.
- Only to a small extent has the program demonstrated adequate progress in achieving its long-term performance goals.
- Only to a small extent has the program (including program partners) achieved its annual performance goals.
- The program does not demonstrate improved efficiencies or cost-effectiveness in achieving program goals each year.
- To a large extent, independent evaluations of sufficient scope and quality indicate that the program is effective and achieving results.

Planned Actions

- Determine whether the Rehabilitation Training program should be restructured in order to address emerging needs.
- Use existing outcome data to improve program management and direct priorities.
- Take significant steps to improve the accuracy of information on payback and numbers of counselors who met their CSPD standard.
- Make data on payback and numbers of counselors who met their CSPD standard available to the public.
- Calculate and analyze the efficiency measure data (cost per graduate) at the grantee level in order to establish targets and identify potential candidates for technical assistance.

Institute on Rehabilitation Issues

The RSA Rehabilitation Training Program supports the IRI, an annual activity that funds the University of Arkansas and the George Washington University to coordinate two separate study groups composed of experts from all facets of the VR program, who come together to: 1) discuss and debate contemporary VR service delivery challenges

and 2) develop and disseminate publications that are used in training VR professionals and as technical assistance resources for other stakeholders in the VR program. For 58 years, the IRI has served to exemplify the unique partnership between the federal and state governments, the university training programs and vocational rehabilitation professionals. IRI publications are posted on the two university websites, where they are readily accessible by persons interested in the topics. The three publications released during FY 2006 are: *Leading and Managing Change in Public Vocational Rehabilitation*,³⁶ from the thirty-first IRI in FY 2004, *Rehabilitation of Individuals With Autism Spectrum Disorders*³⁷ and *The VR-Business Partnership*³⁸ from the thirty-second IRI in FY 2005. 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.

IRI Topics Studied During FY 2006–07

- Improving Employment Outcomes Through Evidence-based Practices
- Recruitment and Retention of Vocational Rehabilitation Counselors

³⁶ University of Arkansas Institute on Rehabilitation Issues. 2005. *Leading and Managing Change in Public Vocational Rehabilitation*. IRI No. 31. Hot Springs, Ark.: University of Arkansas, Rehabilitation Continuing Education Center.

³⁷ Dew, D. W., & Alan, G. M. (Eds.). 2007. *Rehabilitation of individuals with autism spectrum disorders*. IRI Monograph No. 32. Washington, D.C.: The George Washington University, Center for Rehabilitation Counseling Research and Education.

³⁸ University of Arkansas Institute on Rehabilitation Issues. 2006. *The VR-Business Partnership: Charting Your Course*. IRI No. 32. Hot Springs, Ark.: University of Arkansas, Rehabilitation Continuing Education Center.

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 programs, training programs and a range of information dissemination projects designed to generate and make available critical data and information to appropriate audiences.

Program Evaluation

Authorized Under Section 14 of the *Rehabilitation Act*

Section 14 mandates that RSA evaluate all programs authorized by the *Rehabilitation Act* using appropriate methodology and evaluative research design. The purpose of this mandate is to evaluate the

FY 2006 Federal Funding
\$1,473,120

effectiveness of programs in relation to their cost, and the impact on target populations and mechanisms for delivery of services. The *Rehabilitation Act* further requires that standards be established and used for evaluations and that evaluations be conducted by individuals who are not immediately involved in the administration of the program or project to be evaluated. RSA relies significantly on evaluation studies to obtain information on the operations and effects of the programs it administers and to help make judgments about the programs' levels of success and decisions on how to improve them.

RSA continued to fund two existing studies in FY 2006:

- ***Evaluation of Projects Demonstrating the Use of Literacy Services by State VR Agencies to Improve the Earnings of Individuals With Disabilities***

The Department is currently supporting five model projects to demonstrate the effect that the provision of specific literacy services has on the earnings outcomes of targeted groups of VR consumers. The purpose of this evaluation is to assess whether instruction in the Wilson Reading System and provision of relevant support services has an impact on the literacy skills, utilization of postsecondary education, employability and earnings and benefits of VR consumers with poor literacy skills, particularly individuals with learning disabilities. Study objectives are to:

1. Describe the literacy and related services provided at each model project;
2. Assess the impact of the literacy intervention and related services on (a) literacy skills, (b) postsecondary education, training, or both, and (c) earnings and benefits for VR consumers;

3. Identify factors and conditions correlated with successful outcomes, such as hours and duration of literacy services, VR and support services received and accommodations provided to support literacy instruction;
4. Document whether certain types of profiles of VR consumers seem to benefit more from literacy interventions;
5. Identify promising practices demonstrated by the projects; and
6. Identify challenges and barriers to effective provision of literacy and related services to individuals with disabilities by VR programs.

A final report is expected in September 2009.

- ***Long-term Post-program Experiences of VR Services Consumers***

This multiyear national study, initiated at the end of FY 2005, focuses on the post-program experiences of four subgroups of former VR consumers in the years following their participation in the VR Services Program. These four subgroups of VR consumers are: transitioning youths, individuals with mental retardation, individuals with mental illness and persons receiving Social Security disability benefits. Individuals in these subgroups face unique challenges in achieving long-term employment success. The Post Vocational Rehabilitation Experiences Study (PVRES) is designed to determine the degree to which these former VR consumers make satisfactory progress in employment, identify post-closure services that may assist them to do so and discover variables that may impede their long-term success. The study will document the long-term outcomes of these consumers (employment status, earnings and reductions in federal benefits) and examine the role of post-employment services in enhancing these outcomes. Of particular interest are VR services that: (1) assist persons with most significant disabilities in maintaining stable employment over time and (2) support the career advancement goals of persons desiring to improve their employment experiences over time. In addition, supported employment outcomes for these two groups of consumers will be noted for secondary analysis. The contractor will collect data on a nationally representative sample of VR consumers in these subgroups who recently exited the program through a baseline interview and two annual follow-up interviews.

The following research questions are being addressed by this study:

1. What is the labor market progression of former VR consumers in terms of employment status, earnings and receipt of job-related benefits?
2. What are the noneconomic outcomes (e.g., community integration) of former VR consumers?

3. To what extent do former VR consumers continue to obtain post-employment and other services and resources from the community following participation in VR? In what ways do such services improve employment stability and advancement?
4. How, and in what ways, does former consumers' receipt of SSA benefits change over time following participation in VR?
5. How do the demographic, disability and other characteristics of individuals affect economic and other outcomes following participation in VR?
6. To what extent and how do outcomes vary by specific subgroups of former VR consumers, including transitional youths, individuals with long-term mental illness, individuals with mental retardation and individuals who had not achieved an employment outcome at the time their service record was closed?
7. What are the major policy implications of the findings of this study for the VR Services Program and for the long-term employment of former VR consumers?

A final report is expected in September 2010.

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, responds to inquiries and provides the public with information about current events 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.

Periodically, the NCRTM staff will analyze all forms of inquiries to assess current information needs. Based on these analyses, fact sheets and other relevant publications are prepared in various formats and made available to the public.

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

During FY 2006, NCRTM sold 1,241 items to customers. These were primarily VR career-marketing materials that were produced in hard copy. During this time period NCRTM achieved the digitization of 95 percent of its holdings, and digital versions were

made available to constituents online, free of charge, through the NCRTM website. The NCRTM newsletter is sent by e-mail to 1,072 individuals each quarter.

With the move to a digital library, more accurate measures of usage relate to the NCRTM website. During FY 2006 there were 15,920 visits to the website, with 10,914 unique visitors; 68.54 percent of the visitors were new. There were 13,640 visits from within the United States and 2,280 visits from 113 other countries. The average pages viewed per visitor were 3.21.

National Institute on Disability and Rehabilitation Research Authorized Under Sections 200–204 of the *Rehabilitation Act*

Created in 1978, NIDRR conducts comprehensive and coordinated programs of research, demonstration projects, training and related activities that promote full inclusion and integration into society; employment; independent living; maintenance of health and function; and the transfer of rehabilitation technology to 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 of 1973*, as amended.

FY 2006 Federal Funding
\$106,705,170

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

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 concerning developments in 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 those with disabilities 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.

NIDRR's Research Program Mechanisms and Selected Accomplishments for 2006

NIDRR is unique among the offices that administer programs for individuals with disabilities within the Department's Office of Special Education and Rehabilitative Services. In contrast to RSA and the Office of Special Education Programs (OSEP) that

implement and monitor nationwide service and compliance programs, NIDRR fulfills its mission through targeted investments in research, dissemination and capacity-building activities across 11 discretionary grant-funding mechanisms.³⁹ 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*. Two other categories of NIDRR accomplishments also are reported under the subheadings of the Interagency Committee on Disability Research (ICDR) and NIDRR management. Consistent with guidance provided by OMB, all accomplishments reported consist of either *outputs* or *outcomes*.⁴⁰ *Outputs* constitute the direct results of NIDRR-funded research and related activities and consist of the goods and services (e.g., significant findings, publications and products) 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 and changes or improvements in policy, practice and system capacity.

The categories of NIDRR accomplishments described in this report were taken from three sources. Wherever possible, outputs and outcomes reported were based on the favorable judgments of independent reviewers who participated in the 2006 annual portfolio assessment expert review (APAER) for the health and function domain of the *NIDRR Long-Range Plan for Fiscal Years 2005–09*. However, since the 2006 pilot APAER did not include NIDRR's four other LRP domains of participation and community living, technology, employment, and disability statistics, in some cases, accomplishments reported were selected based on internal review by NIDRR project officers. To identify examples of noteworthy outputs and outcomes for these non-APAER program areas, program officers were asked to review the annual performance reports (APRs) submitted by grantees as part of the 2006 continuation-funding process. Third, for the two remaining nondiscretionary grant program areas, accomplishments were identified by NIDRR senior management and reviewed for accuracy and appropriateness by NIDRR's Program, Budget and Evaluation (PB&E) division. In all cases, NIDRR accomplishments described in this report were externally assessed or internally reviewed in 2006, although the research and related activities on which they are based may have occurred in previous years.

1. 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

³⁹ NIDRR's 11 program mechanisms included in this report are: RERCs, RRTC's, DRRTs, Model Systems, DBTACs, Knowledge Dissemination and Utilization projects, FIPs, SBIRs, Section 21 (traditionally underserved populations), Switzer Fellows and ARRTs.

⁴⁰ See PART Performance Measurement Challenges and Strategies at http://www.whitehouse.gov/omb/part/challenges_strategies.html. This document provides definitions of key terms and practical strategies for addressing common performance measurement challenges. It grew out of the workshop on performance measurement organized by OMB and the Council for Excellence in Government, which was held on April 22, 2003.

of services authorized under the *Rehabilitation Act of 1973*, as amended, 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 for five years, except that grants to new recipients or to support new or innovative research may be made for less than five years.

The following accomplishments for the RERC program for 2005 were evaluated independently as part of the pilot phase of NIDRR's new APAER process, although the activities on which they are based may have occurred in previous years:

- ▶ *RERC Outcome:* The RERC on Prosthetics and Orthotics, in collaboration with the RERC on Improved Technology Access for Landmine Survivors, succeeded in refining and improving manufacturing methods for the Shape&Roll prosthetic foot, developed under previous NIDRR funding, to enable easy customization of the foot to the height, weight and foot length of the user. These refined and improved methods were deemed noteworthy by expert panelists for the 2006 APAER on health and function because they support simple, low-cost technologies (e.g., compression molding of copolymer plastic, sawing and drilling) that are easily applied in local laboratory or manufacturing settings and have the potential to significantly increase access to low-cost prosthetics devices for persons with lower extremity amputations who reside in any part of the world. To build capacity for the transfer of these technological refinements internationally, the RERC has developed easy-to-understand multilingual manuals (in French, Spanish and English) that describe how to fabricate a compression-molding device and create a Shape&Roll prosthetic foot core. A description of the *Shape&Roll* foot is available at:
http://www.medschool.northwestern.edu/depts/repoc/sections/research/projects/ambulate/srfoot_lowincome.html.⁴¹

- ▶ *RERC Output:* The RERC on Machine Assisting Recovery from Stroke developed a novel technology device, the T-WREX (Wilmington Robotic Exoskeleton), for motor training that allows individuals with severe motor impairment after a stroke or other neurological injuries to practice arm movement without continuous supervision from a rehabilitation therapist. This device responds to a growing body of research that suggests it is possible for stroke survivors to improve arm movement with intensive training. However, intense training generally requires close supervision from a therapist, which may not be accessible to some, and many insurance providers limit coverage for such treatment. This accomplishment was deemed noteworthy by expert panelists for the 2006 APAER on health and function because of the T-WREX potential to eliminate the above barriers by replacing the therapist with a device that allows stroke survivors to practice repetitive arm movements by playing functionally

⁴¹ Rehabilitation Engineering Research Center (RERC) in Prosthetics and Orthotics, H133E030030, Northwestern University, (Gard, Steven A., principal investigator)

oriented computer games. A pilot study with five chronic stroke subjects conducted at the University of California, Irvine, demonstrated that exercising the affected arm with T-WREX over an eight-week period improved unassisted movement ability. A short demo video of the NIDRR-supported prototype T-WREX is available at <http://www.smp.northwestern.edu/MARS/Project5desc.htm>.⁴²

- ▶ *RERC Outcome:* In 2006, the RERC on Technology Transfer provided post-commercialization support for Kelvin, a Voice Interactive Residential Thermostat, which is designed to benefit individuals with visual impairments and fine motor control difficulties. Support from the RERC started with beta-testing activities of the product prototype in 2005, which involved conducting focus groups on design changes needed for the final commercial product; producing a commercial on the Kelvin thermostat; and evaluating the thermostat on the design and features the device needed for incorporation into hotels. Kelvin controls the temperature in the home with the sound of voice and features large buttons for easy recognition, seven-day programmability and temporary temperature override. Kelvin has been endorsed by the National Federation of the Blind. For more information go to: <http://cosmos.buffalo.edu/t2rerc>.⁴³
- ▶ *RERC Outcome:* The RERC on Universal Interface and Information Technology Access developed a Photosensitive Epilepsy Analysis Tool (PEAT) for use by website designers and software developers to ensure that their screen presentations do not trigger seizures. Certain types of flashing in Web or computer content have provoked seizures in photosensitive children. PEAT can familiarize Web designers and computer software developers with triggers of photosensitive disorder seizures, such as bright and rapid flashes, especially red flash, and some spatial patterns, and facilitate their ability to consider and use content that can minimize the risk of visually induced seizures. The *Web Content Accessibility Guidelines (WGAC) 2.0* provides recommendations for using these forms of content safely. This tool is available for free download. (See <http://trace.wisc.edu/PEAT>.⁴⁴)
- ▶ *RERC Output:* The RERC on Telecommunications Access held a State of the Science Conference (SOSC) on Nov. 2–3, 2006, on accessibility of emergency communications for individuals with disabilities that brought together experts on accessibility, mass media, emergency communications, telecommunications, the Internet, and government policy to analyze barriers and identify technological solutions. As a result of the SOSC, a website (<http://tap.gallaudet.edu/emergencycommconf.htm>) was established that provides resources to consumers with disabilities on emergency notification and

⁴² Rehabilitation Engineering Research Center (RERC), Machines Assisting Recovery from Stroke, H133E020724, Rehabilitation Institute Research Corporation (RIRC), (Rymer, W. Zev, principal investigator).

⁴³ Rehabilitation Engineering Research Center, The Rehabilitation Engineering Research Center on Technology Transfer, T2RERC State University of New York (SUNY) at Buffalo, Center for Assistive Technology, H133E030025. Vignettes document available at NIDRR Library, (Bauer, Steve, principal investigator).

⁴⁴ Rehabilitation Research and Training Center (RRTC) in NMD-Enhancing Health, Function & Quality of Life, Regents of the University of California, Davis, H133B031118. (McDonald, Craig, principal investigator).

communication, identifying where these issues are being addressed and progress made to date in addressing them.⁴⁵

2. 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, to alleviate or stabilize disabling conditions and to promote maximum social and economic independence for individuals with disabilities; provide training, including graduate, preservice 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 maximize the full inclusion and integration of individuals, especially individuals with significant disabilities (see footnote 7 on page 12 for the definition of *an individual with a significant disability*), into society by improving outcomes in the areas of employment, independent living, family support and economic and social self-sufficiency. Awards are for five years, except that grants to new recipients or to support new or innovative research may be made for less than five years.

- ▶ *RRTC Output:* The RRTC on Technology Promoting Integration for Stroke Survivors published a peer-reviewed paper describing research on the development of a limb-loading device used as an exercise intervention to improve walking function in individuals acutely post-stroke (Brown, D.A., Nagpal, S., and S. Chi. "Limb-Loaded Cycling Program for Locomotor Intervention Following Stroke," *Physical Therapy*. 2005. 85(2); 158–168). Expert panelists for the NIDRR 2006 APAER on health and function agreed that this publication is noteworthy because it advances knowledge about ambulation training, specifically increases in gait velocity for individuals post-stroke. Further refinements in the design and testing of this device also were used in two randomized clinical trials. For more information on this research refer to the clinical trials website at (<http://pt.usc.edu/clinresnet/patient.html>).⁴⁶
- ▶ *RRTC Outcome:* An investigator with the RRTC in Neuro-Muscular Disease (NMD) published an invited review article on obesity, physical activity and metabolic syndrome in NMD (Kilmer, D.D., and H.H. Zhao. "Obesity, Physical Activity and Metabolic Syndrome in Adult Neuromuscular Disease." *Phys Med Rehabil Clin N Amer*. 2005. 86 (11); 2150–6). This review article summarizes the work of the RRTC

⁴⁵ Rehabilitation Engineering Research Center on Telecommunications Access, a joint project of the Trace Center, University of Wisconsin, and the Technology Access Program, Gallaudet University. H133E040013, (Vanderheinden, Gregg, co-principal investigator and Harkins, Judy, director, Technology Access Program, Gallaudet University co-principal investigator).

⁴⁶ Rehabilitation Research and Training Center (RRTC) on Technology Promoting Integration for Stroke Survivors: Overcoming Societal Barriers, Rehabilitation Institute Research Corporation, H133B031127, (Roth, Elliot, principal investigator).

started in 1996, showing how simple interventions in the daily life of individuals with NMD, such as increasing the number of steps taken per day by 25 percent and a simple dietary prescription, can reduce the risk of obesity and improve the quality of life for individuals with NMD. This publication was deemed noteworthy by expert panelists from the NIDRR 2006 APAER on health and function because of its potential to advance the knowledge of the effective ways to treat obesity and metabolic syndrome, thus reducing the risk of type 2 diabetes among individuals with NMD. For further information on this article go to http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=Abstract&list_uids=16271563&itool=iconabstr&query_hl=2&itool=pubmed_docsum.⁴⁷

- *RRTC Outcome:* The RRTC in NMD has conducted extensive research, starting in 1993, on the beneficial effects of corticosteroids in the treatment of individuals with Duchenne muscular dystrophy. This research demonstrates that corticosteroids aid in the treatment of ambulation, strength, muscle function and pulmonary function. In 2006 this research led to the development of practice guidelines produced in collaboration with the Quality Standards Subcommittee of the American Academy of Neurology (AAN); Practice Committee of the Child Neurology. Expert panelists for the NIDRR 2006 APAER on health and function agreed that this research is noteworthy because the guidelines have the potential to generate significant changes in practice and influence physicians to prescribe corticosteroids for the treatment of Duchenne muscular dystrophy. For further information on the guidelines development refer to <http://hmg.oxfordjournals.org/cgi/content/abstract/15/10/1623>.⁴⁸

3. Disability and Rehabilitation Research 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 of 1973*, as amended.

NIDRR funds four types of DRRPs: (1) Knowledge Dissemination and Utilization (KDU) projects, (2) Model Systems in Traumatic Brain Injury (TBI) and Burn Injury, described hereafter under Model Systems, (3) Disability and Business Technical Assistance Centers (DBTAC) projects and (4) 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. Research DRRPs

⁴⁷ Rehabilitation Research and Training Center (RRTC) in NMD-Enhancing Health, Function & Quality of Life, H133B031118, Regents of the University of California, Davis (McDonald, Craig, principal investigator).

⁴⁸ Rehabilitation Research and Training Center (RRTC) in NMD-Enhancing Health, Function & Quality of Life, H133B031118, Regents of the University of California, Davis (McDonald, Craig, principal investigator).

differ from RERCs and RRTC'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 are for five years, except that grants to new recipients or to support new or innovative research may be made for less than five years.

- *DRRP Outcome:* In 2006, the DRRP on Medicaid Quality Indicators for Individuals with Disabilities contributed to improved data collection and health-care quality measurement practices for the SSI population in the state of Wisconsin, which is serving as the alpha test site for the Consumer Assessment of Healthcare Providers and Systems for People with Mobility Impairments (CAHPS-PWMI) survey. The CAHPS program, funded by the U.S. Agency for Healthcare Research and Quality (AHRQ) as a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care, did not initially contain questions targeted on the unique needs of adults with disabilities. Analyses of responses to the supplemental pre-post enrollment survey for People with Mobility Impairments, developed by the NIDRR-funded DRRP, helped six counties in Wisconsin implement a quality assessment process of medical services for people with disabilities under SSI. This process will allow the state to identify access gaps for different types of disabled persons in each county. Copies of the Wisconsin CAHPS-PWMI survey instrument can be obtained from the Wisconsin Department of Health and Financial Services at: landstrm@dhfs.state.wi.us or from AHRQ at CCrofton@ahrq.gov.⁴⁹ For more information on this research contact spalsbo@gmu.edu

4. Model Systems

The Model Systems program is intended for the conduct of research activities across all of NIDRR's research domains described in the *NIDRR Long-Range Plan for Fiscal Years 2005–09* and in the introduction to this section. For example, in the health and function domain, model systems projects address challenges to systems for individual care, rehabilitation services and supports for people with spinal cord injury (SCI), TBI and burn injury. Other projects associated with these three model systems focus on the employment and participation and community living long-range plan (LRP) domains and test the effectiveness of social interventions in terms of enhancing options for workplace and community reintegration for individuals with these disabilities. TBI and burn model systems are funded as DRRPs. The SCI Model System is funded under its own authority (34 *CFR* 359—Disability and Rehabilitation Research: Special Projects and Demonstrations for Spinal Cord Injuries).

The following accomplishments for the Model Systems program were taken from the APAER in health and function research, summary of the Oct. 18–19, 2006 APAER expert panel meeting. This report presents accomplishments deemed noteworthy by the panelists in the Model Systems areas of SCI, TBI and Burn.

⁴⁹ Disability Rehabilitation Research PROJECT, Medicaid Quality Indicators for Individuals with Disabilities, George Mason University, H133A040016, (Palsbo, Susan E., principal investigator).

- ▶ *Model Systems SCI Outcome:* In 2006, the University of Pittsburgh Model Systems on Spinal Cord Injury conducted a successful beta test of the GAMECycle exercise system prototype. This assistive technology device consists of a novel upper extremity exercise system that combines arm ergometry with videogame. Findings from the beta test indicated that the *GameCycle's* features are attractive to people of all abilities and reinforce universal access in the exercise environment. Documentation of these findings can be found in Guo, S., Grindle, G.G., Authier, E.L., Cooper, R.A., Fitzgerald, S.G., Kelleher, A.R., and R. Cooper. "Development and Qualitative Assessment of the GAMECycle Exercise System," *IEEE Transactions on Neural Systems and Rehabilitation Engineering*, March 2006. 14(1): 83–90. APAER expert panelists from the NIDRR 2006 APAER on health and function considered the findings in this beta test noteworthy. In FY 2006, 75 GAMECycle Exercise Systems were sold across the country to rehabilitation clinics, such as Walter Reed Army Medical Center and the Veterans Administration as well as to individuals. Additional information on the GAMECycle can be found at <http://www.3rivers.com/gamecycle.php>.⁵⁰

- ▶ *Model Systems SCI Output:* The University of Pittsburgh Model Systems on Spinal Cord Injury conducted a pilot-test on the effectiveness of the unique features of on the iBOT wheelchair. These include the ability to get the device to perform different operating functions, such as traveling on uneven terrain, allowing for raising oneself to eye-level, and standing upright and offering more stability. Most importantly, the iBOT is portable. The powered wheelchair pilot study was cited in the Veterans Administration's 2005 decision to allow coverage of this device for people with severe mobility limitations. Subsequently in 2006, the VA allowed payment of \$30,000 for IBOTs to eligible disabled veterans (<http://www1.va.gov/opa/fact/pros-sensory.asp>). Expert panelists for the NIDRR 2006 APAER on health and function agreed that this research is noteworthy because it contributed to changing the VA's policy regarding eligibility for the iBOT, which has important implications for improving community integration of disabled veterans. Documentation of the University of Pittsburgh's contribution to this decision can be found at: http://www.prosthetics.va.gov/docs_Motorized_Wheeled_Mobility_Devices_IBOT_Addendum.pdf.⁵¹

- ▶ *Model Systems TBI Output:* In 2006, the University of Washington Traumatic Brain Injury Model Systems published research on factors contributing to employment stability after TBI (Doctor, J.N., Castro, J., Temkin, N.R., Fraser, R.T., Machamer, J.E., and S.S. Dikmen. "Workers' Risk of Unemployment After Traumatic Brain Injury." *Journal of the International Neuropsychological Society*. 2005. 11: 747–752. The Institute of Medicine (IOM) in its evaluation of the Health and Research Services Administration TBI programs (Eden, J. and R. Stevens (eds.)) cited this research. *Evaluating the HRSA Traumatic Brain Injury Program*. Washington, D.C.: The National

⁵⁰ University of Pittsburgh Model System on Spinal Cord Injury, H133N000019, University of Pittsburgh (Boninger, Michael, principal investigator).

⁵¹ University of Pittsburgh Model System on Spinal Cord Injury, H133N000019, (Boninger, Michael, principal investigator).

Academies Press, 2006). Findings of this research demonstrate how workers with complicated mild to severe TBI retain their employment. Amount of time worked was significantly and systematically related to brain injury severity, neuropsychological functioning at one-month post-injury, and such pre-injury characteristics as prior work stability and earnings. Expert panelists for the NIDRR 2006 APAER on health and function agreed that this research was noteworthy because of its potential to advance knowledge about how to predict whether individuals with TBI are likely to have employment problems and to identify the contributing factors; thus helping clinicians design less costly and more successful treatments.⁵²

- ▶ *Model Systems TBI Outcome:* The JFK Coma Recovery Scale-Revised (CRS-R), developed under a NIDRR-funded DRRP to the Solaris Health Systems, was used in 2006 by the governments of Italy and Belgium in epidemiological studies of the incidence, prevalence, functional outcomes and cost of care in patients diagnosed with vegetative state and minimally conscious state (see Giacino, J. and K. Kalmar, 2006. "Introduction to the Coma Recovery Scale-Revised. (CSR-R).” The Center for Outcome Measurement in Brain Injury (accessed June 29, 2009, from <http://tbims.org/combi/crs>). Originally described in a 2004 publication, the purpose of the restructured JFK Coma Scale is to assist with differential diagnosis, prognostic assessment and treatment planning in patients with disorders of consciousness (see Giacino, J.T., Kalmar, K., and J. Whyte. "The JFK Coma Recovery Scale-Revised: Measurement characteristics and diagnostic utility," *Archives of Physical Medicine and Rehabilitation*, 2004. 85(12): 2020–29). Recent adoption of the CRS-R by Italy and Belgium was supported by a 2005 review of behavioral assessment methods published by European researchers in which the authors recommended use of the CRS-R as a "new promising tool" for evaluating consciousness after severe brain injury (Majerus, s., Gill-Thwaites, H., Andrews, K. and S. Laureys, 2005. "Behavioral Evaluation of Consciousness In Severe Brain Damage." *Progress in Brain Research*. 150: 397-413). Expert panelists for the NIDRR 2006 APAER on health and function considered this research noteworthy because of the revisions and adoption of the CRS-R, which demonstrates utility of the scale for evaluating consciousness after severe brain injury in both large-scale epidemiological studies and TBI outcomes research. The CRS-R is publicly accessible at http://www.solarishs.org/pdf/JFK_CRS-R.pdf.⁵³
- ▶ *Model Systems Burn Output:* In 2006, the Pediatric Burn Injury Rehabilitation Model System published a paper on metabolic and hormonal changes of severely burned children that demonstrated that the administration of the product Oxandrolone for one year post-burn injury significantly improved lean body mass, muscle strength and bone mineral content for children with burns equal to or more than 40 percent total body surface area. This article further demonstrated how pain inhibits the recovery and rehabilitation of those with post-burn injury (Przkora, R., Jeschke, M.G., Barrow, R.E.,

⁵² University of Washington Traumatic Brain Injury Model System, H133A020508, University of Washington, (Bell, Kathleen, principal investigator).

⁵³ Solaris Health System, A prospective randomized control trial of the effectiveness of Amantadine Hydrochloride in Promoting Recovery of Function Following Severe Brain Injury, H133A031713, (Giacino, Joseph, principal investigator).

Suman, O.E., Meyer, W.J., Finnerty, C.C., Sanford, A.P., Lee, J., Chinkes, D.L., Micak, R.P. and D.N. Herndon, "Metabolic and Hormonal Changes of Severely Burned Children Receiving Long-Term Oxandrolone Treatment." *Annals of Surgery*. September 2005. 242(3): 384–391. This publication was deemed noteworthy by expert panelists from the NIDRR 2006 APAER on health and function because of its potential to advance knowledge about how Oxandrolone facilitates early rehabilitation and strengthens the bodies of young survivors with massive burns. To retrieve the article, go to <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1357746/pdf/20050900s00009p384.pdf>.⁵⁴

5. Disability and Business Technical Assistance Centers

The DBTACs are 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 an *ADA* technical assistance coordinator and assists all of the grantees with their activities. DBTACs are responsible for providing technical assistance, disseminating information and providing training to individuals or entities with responsibilities and rights under the *Rehabilitation Act* on the requirements of *ADA* and developments in *ADA* case law, policy and implementation. DBTACs also are responsible for increasing the capacity of organizations at the state and local level to provide technical assistance, disseminate information, provide training and promote awareness of *ADA* requirements. DBTACs also promote the availability of services provided by the DBTACs, other NIDRR grantees working on *ADA* issues and other federal information sources on *ADA*.

The following accomplishments for the DBTAC program were identified and reviewed in 2006 by NIDRR staff, although the activities on which they are based may have occurred in previous years:

- ▶ *DBTAC Accessible Educational IT Outcome*: In the previous cycle of FY 2005–10, the DBTACs developed and implemented a training program on accessible educational information technology (EIT) for K–12 schools and select postsecondary education settings. Post-training follow-up data from last cycle indicated that training participants experienced an increase in knowledge and awareness regarding the importance of accessible EIT. Follow-up activities conducted this year indicated that 83 percent (552/665) of training attendees reported increased awareness of the individual and institutional preparation steps required for accessible EIT. Further follow-up survey activities were conducted with 98 of the 665 K–12 EIT awareness training attendees. Results indicated 75 percent of respondents took one or more of the individual preparatory steps for accessible EIT, while 37 percent reported that their organization took one or more of the institutional preparatory steps.⁵⁵

⁵⁴ Pediatric Burn Injury Rehabilitation Model System, H133A020102, University of Texas Medical Branch, (Herndon, David, principal investigator).

⁵⁵ Disability and Business Technical Assistance Center, Grant Performance Report (ED 524B). Last accessed Aug. 19, 2009, from <http://www.adaportal.org>.

- ▶ *DBTAC Employment Outcome:* In the previous cycle, the DBTACs piloted a training program on the reasonable accommodation process and requirements under Title I of the *ADA*. Post-training follow-up data from last cycle indicated that training participants experienced an increase in knowledge as a result of the program. Follow-up activities were conducted this year to measure the employment policy and procedure changes made by the reasonable accommodation training attendees after they had returned to their agencies or companies. All 10 regional DBTACs conducted follow-up activities and as a result produced data that supports the positive impact of their reasonable accommodation training program. Thirty-seven percent of respondents indicated that as a result of the training they had provided a reasonable accommodation for an individual with a disability which enabled the individual to obtain, remain in, or advance in a job.⁵⁶

6. Knowledge Dissemination and Utilization

NIDRR's KDU projects support information utilization and dissemination, including state-of-the-art assessments and diffusion centers, to ensure that knowledge generated from research is available and can be fully used to improve services, opportunities and conditions for persons with disabilities. Through this program, NIDRR reaches its many constituencies, including research scientists, people with disabilities and their families, service providers, policymakers, educators, human resource developers, advocates, entities covered by *ADA* and others. In carrying out this part of its mission, NIDRR's challenge is to reach diverse and changing populations, to present research results in many different and accessible formats and to use technology appropriately. In addition to requiring grantees to engage in dissemination of research results, demonstration, training and other activities, NIDRR supports a range of diffusion centers specifically designed to address this part of its mission. Other projects provide information on specific disabilities or information to target audiences.

- ▶ *KDU Output:* In 2006 ABLEDATA initiated mapping activities of its database of AT products so they can be classified under the International Organization for Standardization's Technical Aids for Persons with Disabilities - Classification and Terminology System (ISO 9999). ABLEDATA in 2003 was a founding member of the International Alliance of Assistive Technology Information Providers, which seeks to increase cooperation and coordination among assistive technology information providers throughout Europe, the United States and the rest of the world. In 2005, under the alliance, six European members developed the European Assistive Technology Information Network (EASTIN), a Web-based tool that searches across the individual national assistive technology information databases of the member countries using ISO 9999 as its "Rosetta Stone." With the completion of ABLEDATA's mapping phase, approximately 34,000 product listings from over 4,000 companies will be searchable by an international audience using one or more of the ISO 9999 classifications. Adding ABLEDATA's resources to EASTIN will create a transatlantic assistive technology information resource where ABLEDATA's product information is

⁵⁶ Disability and Business Technical Assistance Center, Grant Performance Report (ED 524B). Last accessed Aug. 19, 2009, from <http://www.adaportal.org>.

available through EASTIN's existing resources. This represents a significant step forward in the integration of international AT databases. For more information, refer to <http://www.eastin.info>, <http://www.abledata.com> and <http://www.ati-alliance.net>.⁵⁷

- ▶ *KDU Output:* In 2006 the National Center for Dissemination on Disability Research (NCDDR) conducted Communities of Practice (CoP) on Performance Management for grantees in NIDRR's health and function domain to assist them in reporting on significant outputs and outcomes in conjunction with the new APAER process. The CoP activity involved Web-based repositories and tutorials, teleconferences and Web casts, and selected meetings with NIDRR grantees. The methods and strategies utilized in the CoP to build capacity in the application of performance management practices are described in a NCDDR newsletter (*FOCUS* Technical Brief #11. "Communities of Practice: A Strategy for Sharing and Building Knowledge." Austin, Texas: Southwest Educational Development Laboratory <http://www.ncddr.org/kt/products/focus/focus11>). For more information visit: <http://www.ncddr.org/kt/products/focus/focus11>.⁵⁸

7. Field-Initiated Projects

Field-Initiated Projects (FIPs) are intended for the conduct of research and development activities that address topics and issues identified by researchers. Most FIP awards are made for three years.

- ▶ *FIP Output:* In 2006, the State University of New York Research Foundation published two abstracts for paper presentations to the American Academy of Neurology annual meeting that illustrate how exercise can improve muscle function and functional activities and help to reduce fatigue levels in patients with multiple sclerosis (MS) (see Graham, J.E. and N.M. Fisher. "Supervised Resistance Training Improves Muscle Function in Individuals with Multiple Sclerosis." *Neurology* 66(5) Suppl 2: A239. Relationship of core temperature to physical activity and fatigue in MS). Expert panelists participating in the NIDRR 2006 APAER on health and function deemed these published abstracts noteworthy because of their potential to advance knowledge regarding the benefits of exercise for individuals with MS.
- ▶ *FIP Outcome:* In 2006, the Center on Disability Research at the University of Illinois, Chicago, was awarded special recognition by the Kellogg Foundation as one of 10 national entities whose findings exemplify research best practices in community partnerships effecting health-care policy. The NIDRR-funded center's findings were the only ones that focus on individuals with disabilities among the 10 recipients of this honor. Two center associates describe notification of this prestigious award in a publication: Minkler, M. and J. Hammel. "Moving Out of the Nursing Home: Building

⁵⁷ ABLEDATA, Silver Spring, Md., <http://www.abledata.com>. (Belknap, Katherine, project director).

⁵⁸ National Center for Dissemination of Disability Research, NCDDR, H133060028. (Westbrook, John, director).

8. Small Business Innovation Research

The intent of Small Business Innovation Research (SBIR), as mandated under the *Small Business Reauthorization Act of 2000*, is to help support the development of new ideas and projects 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. This program funds small businesses in three phases, covering the process required to take an idea from development to market readiness. However, NIDRR and the Department of Education only provide support during the first two of these phases. During Phase I, NIDRR funds firms to conduct feasibility studies to evaluate the scientific and technical merit of an idea that could be useful to persons with disabilities. During Phase II, NIDRR funds firms to expand on the results of Phase I and to pursue further development. In Phase III, the program focuses on helping small businesses find funding in the private sector to move innovations from the laboratory into the marketplace.

- ▶ *SBIR Output:* In 2006, Three Rivers Holdings LLC produced a new prototype for a commercial ready Pediatric Adjustable Lightweight Modular (PALM) Wheelchair. This wheelchair was deemed noteworthy by expert panelists for the NIDRR 2006 APAER on health and function because the design allows for adjustments to the needs of an estimated 4 million children with disabilities as they grow. Additional noteworthy features of the PALM include plastic components and straight tubes that allow for easier customization on-site and decreased costs by virtue of inexpensive manufacturing and shipping expense. Documentation of the success of these development activities was presented at the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) in 2006, and the abstract for this presentation was published in the RESNA Conference Proceedings (Zipfel, E., Cooper, R., Bonninger, D., Pearlman, J., and M. McCartney. “Testing and evaluation of a prototype pediatric wheelchair design.” In: B. Crane, conference chair (ed.), 29th Annual RESNA Conference Proceedings. Atlanta).
- ▶ *SBIR Outcome:* In 2006, Automatic Sync Technologies successfully transferred the automated Web-based service for captioning and audio-video search to CaptionSync. This Web-based service, developed under a Phase II SBIR grant, contains new features, including a sophisticated transcription management system in which several vendors actively participate. These added features respond to the growing field of distance learning and education and enable a wide range of media, such as DVDs and webcast materials, to be captioned and support remote learning populations. In addition, the service has potential to increase understanding of

⁵⁹ Field Initiated Program, Moving Out of Nursing Homes, H133G010033. (Hammel, Joy, principal investigator).

universal design and the importance of integrating the needs of deaf individuals into the community at large via captioning at the outset of production and design. Also, the system is self-sustaining, generates revenue and has a substantial user population. For more information go to <http://www.automaticsync.com/caption/overview.htm>.

9. Outreach to Minority Colleges and Universities

Section 21 of the *Rehabilitation Act* instructs NIDRR and RSA to reserve 1 percent of the appropriated budget each year for programs authorized under titles II, III, VI and VII to serve traditionally underserved populations. These funds then are awarded through grants, contracts or cooperative agreements to minority entities, Indian tribes, colleges and universities, state, public or private nonprofit agencies and organizations to support program activities focused on: (1) research training, (2) professional development, special projects and demonstrations and (3) employment opportunities.

- ▶ *Section 21 Output:* In 2006 recipients of a NIDRR-funded Section 21 award published an article describing the demographic makeup of rehabilitation personnel in state offices, district and regional offices, and evaluation and training facilities (Kundu, M.M., Dutta, A., and S. Walker. "Participation of ethnically diverse personnel in state-federal vocational rehabilitation agencies." *Journal of Applied Rehabilitation Counseling*, 37(1), 30–37). Based on the findings presented, the authors generate recommendations for future research and possible changes in existing policies.⁶⁰
- ▶ *Section 21 Output:* In 2005 and 2006 Section 21 grantees conducted training and mentoring activities for doctoral and predoctoral students from minority backgrounds to assist them in building and upgrading their scientific writing and research development skills. These training activities resulted in the development of individual grant proposals and the opportunity to present trainees' research projects at a professional conference held during February 2006 in Washington, D.C.⁶¹

10. Mary E. Switzer Fellowship Program

This fellowship program supports one-year fellowships to highly qualified individuals to carry out discrete research activities that are related to NIDRR's research priorities or to pursue studies of importance to the rehabilitation community. Awards are made to individuals of doctoral or comparable academic status who have had seven or more

⁶⁰ Madan M. Kundu, CRC, NCC, FNRCA, is chairperson of the Department of Rehabilitation and Disabilities and Coordinator of Rehabilitation Counseling Program (RCP), Southern University, 229 Blanks Hall, Baton Rouge, LA 70813; 225-771-2819; <mailto:kundusubr@aol.com>; Alo Dutta is an assistant professor in the Department of Rehabilitation and Disability Studies at Southern University, Baton Rouge, LA. Southern University, 233 Blanks Hall, Baton Rouge, LA 70813; 225-771-2667 or 3020; <mailto:alodutta1992@aol.com> and the late Sylvia Walker, Ed.D., who was the chairperson of the Department of Psycho-educational Studies, and director, Howard University Research and Training Center and Center for Disability and Socioeconomic Policy Studies, 2900 Van Ness Street N.W., Washington, DC 20008.

⁶¹ Disability Rehabilitation Research Projects, Minority Scholar/Champion Research Training Project., H133A031704, (Epps, Irvine E., principal investigator).

years of relevant experience and to individuals who are at earlier stages in their careers. Selected Switzer fellowship program statistics for FY 2006 are reflected in table 12.

Table 12. Mary E. Switzer Fellowship Program: Selected Research-related Activities and Number for FY 2006

Research-related activity	Number
Total number of awards	8
<ul style="list-style-type: none"> • Number of merit fellows^a • Number of distinguished fellows^b 	5 3
Professional conferences and presentations	14
Fellow publications	7 ^c
Tools	5
Technology products or devices	2

^aTo be eligible for a Merit Fellowship, an individual must have either advanced professional training or independent study experience in an area that is directly pertinent to disability and rehabilitation. In the most recent competitions for this program, Merit Fellowship recipients had research experience at the doctoral level.

^bTo be eligible for a Distinguished Fellowship, an individual must have seven or more years of research experience in subject areas, methods, or techniques relevant to rehabilitation research and must have a doctorate, other terminal degree, or comparable academic qualifications.

^cOf the seven peer-reviewed publications reported, four were published in 2005 and three were published in 2006.

Source: U.S. Department of Education, National Institute on Disability and Rehabilitation Research. NIDRR administrative data for the Mary E. Switzer Fellowship program for FY 2006.

11. Advanced Rehabilitation Research Training Projects

The Advanced Rehabilitation Research Training (ARRT) program supports grants to institutions to provide advanced training in research to physicians, nurses, engineers, physical therapists and other professionals. Grants are made to institutions to recruit qualified persons with doctoral or similar advanced degrees with clinical, management or basic science research experience and to prepare them to conduct independent research in areas related to disability and rehabilitation. 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.

In FY 2006, NIDRR funded 16 ARRTs, with 63 fellows receiving training. Short-term outcomes include the fact that: 49 fellows received doctoral degrees, 47 fellows submitted contributions to scientific journals, and 9 percent of trained fellows were persons with disabilities.

Other

NIDRR funding also supports a variety of other activities, including interagency research initiatives and activities to improve the quality and utility of NIDRR-funded research.

1. Interagency Committee on Disability Research

Within the U.S. Department of Education, the director of NIDRR serves as the chair of the ICDR. The purpose of the ICDR authorized by the *Rehabilitation Act of 1973*, as amended, is to promote cooperation among federal departments and agencies conducting disability and rehabilitation research. The ICDR is responsible for coordinating federal research related to the rehabilitation of individuals with disabilities, facilitating the compilation of information about the status of rehabilitation research sponsored by federal agencies, promoting the exchange of information, making recommendations regarding disability and rehabilitation research and preparing reports to the president and Congress. ICDR maintains a public website with links to ongoing research activities supported by ICDR member agencies and other useful information about disability and rehabilitation research. For more information, visit <http://www.icdr.us>.

- ▶ *ICDR Output:* One output was a two-day conference, “Technology to Improve Cognitive Function,” sponsored by the Interagency Subcommittee on Technology (June 29–30, 2006) and cosponsored by the President’s Committee for People with Intellectual Disabilities and the National Science Foundation (NSF). The conference provided a national forum for clinicians, researchers, consumers, providers, advocates and industry members to share information and innovative ideas about the state of the science in assistive and accessible technologies that support the needs of people with cognitive disabilities. The 66 participants included 24 speakers from universities, businesses and disability policy organizations.
- ▶ *ICDR Output:* The ICDR sponsored a summit on Aug. 10–11, 2006, to bring together editors of leading journals in disability research and representatives of federal research funding agencies to analyze publication trends and the implications for the future federal research agenda. This was the first time that representatives of federal funding agencies met with editors who publish disability and rehabilitation research. The summit was successful in providing participants with a unique perspective on the status of the field, capacity-building needs, knowledge translation issues, and the relationship between grant support and resulting publications. Eleven journals in the field of disability and rehabilitation research were represented.

2. NIDRR Management—Planning for and Demonstrating Results

NIDRR’s management of its research investments involves long-term strategic planning, performance management and a multilevel evaluation process (APAER; see more on APAER on p. 69) that includes independent expert review of awards at the portfolio or programmatic level corresponding to the domains of the *NIDRR Long-Range Plan for Fiscal Years 2005–09*. Both the pilot phase of the APAER process and the five domains of the *NIDRR Long-Range Plan for Fiscal Years 2005–09* are described in more detail in the introduction to this section.

- ▶ *NIDRR Outcome:* In FY 2005, NIDRR launched the *NIDRR Long-Range Plan for Fiscal Years 2005–09*. The plan builds on the previous 1999–2003 plan, while

responding to new developments in the disability and rehabilitation research field and in government, including President George W. Bush's New Freedom Initiative (NFI) and a strong focus on accountability for results. The new LRP continues to emphasize the same or similar research areas as those delineated in the earlier plan—employment, health and function, technology for access and function, community living and participation, and disability demographics. For each area NIDRR identifies goals and objectives and topical priorities to encourage achievements under NIDRR's mission. (The final *Long-Range Plan for 2005-09* was published in the *Federal Register* on Feb. 15, 2006, Vol. 71, No. 31). The allocation of NIDRR grant funds for FY 2005 and FY 2006 is shown in table 14 "NIDRR-funded Centers and Projects: Grant Amounts and Awards, Fiscal Years 2005 and 2006" on the pages 90-91.

- ▶ *NIDRR Output:* In August 2006, NIDRR and the Food and Drug Administration (FDA) signed an interagency agreement to establish a joint laboratory focused on the facilitation of innovative and underdeveloped technologies for medical device applications in rehabilitation medicine and engineering. This agreement is part of the implementation of a 2005 memorandum of understanding between the Department of Education and the Department of Health and Human Services (HHS) to support innovative medical technology. The joint NIDRR and FDA laboratory will develop new measurement methods and methodologies for assessment of safety and effectiveness of rehabilitation devices and enable development and improvement of standards and guidelines for rehabilitation technologies. In particular, the goals of the laboratory are to support NIDRR and the Office of Science and Engineering Laboratories (OSEL) of the Center for Devices and Radiological Health (CDRH) program planning and development and provide scientific bases for the development of standards. Initial implementation of this agreement is focused on the collaborative development of a functional assessment laboratory and in providing opportunities for collaboration between NIDRR grantees and FDA. The initial collaborations are focused on issues around accessible medical instrumentation and around models of middle ear function in support of hearing aid development and testing.⁶²

- ▶ *NIDRR Emergency Preparedness Output:* On Sept. 19, 2006, NIDRR published in the *Federal Register* two proposed priorities related to emergency management and individuals with disabilities. This included a DRRP on Emergency Evacuation and Individuals with Disabilities and a RERC on Emergency Management Technologies. Both of these priorities were expected to be published as Final Priorities in early 2007, and to be competed later that year. The publication of these priorities followed extensive interagency collaboration. NIDRR, in its roles as chair of the Research Subcommittee of the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC) and chair of the ICDR, spearheaded discussion across multiple federal agencies to determine the scope and focus of the priorities and research needs in this area.

⁶² Interagency agreement between NIDRR and the FDA's Center for Devices and Radiological Health to establish a joint laboratory focused on the advancement of rehabilitation science and engineering (Order #3: ED-06-AR-0158).

- ▶ *NIDRR Output:* As a result of improved internal strategic planning methods, NIDRR created a combined notice containing the majority of its priorities in one package. The combined notice of proposed priorities (NPP) was published in the *Federal Register* on Feb. 7, 2006 (Vol. 71, No. 25), followed by the publication of the combined notice of final priorities (NFP) on June 2, 2006 (Vol. 71, No. 106). Together, this represents an important first step toward putting NIDRR on a fixed competition schedule, which is intended to streamline research management within the agency and increase satisfaction among applicants and grantees.
- ▶ *NIDRR Output:* NIDRR created an APAER process in 2005 to respond to the government accountability emphasis on results based on performance goals and measures. In 2006 the APAER review covered NIDRR's health and function domain, consisting of 128 awards, and provided NIDRR with an assessment of quality and relevance of: (1) NIDRR-funded research and to what extent this research outputs and outcomes are contributing to the agency's long-term performance goals under *GPR*A; (2) the quality and relevance of NIDRR's management of research directions and awards decisions; and (3) the strengths and weaknesses of the health and function domain. The 2006 expert panel consisted of 13 members with expertise in a wide range of subfields within the overall health and function domain. The deliberations and recommendations of the panel were published in a report entitled, *Annual Performance Assessment Expert Review Health and Function Research Summary of the October 18-19, 2006 Panel Meeting*. The expert panel's selection of noteworthy accomplishments was used in the preparation of this RSA annual report.

3. Peer-reviewed Publications by Research Mechanisms

In addition to the narrative accomplishments reported for NIDRR's 11 funding mechanisms and other program areas, NIDRR demonstrates accountability for results quantitatively by reporting the total and average number of publications per award published in refereed or peer-reviewed journals based on NIDRR-funded research and development activities. Information on the quantity of peer-reviewed publications produced is important because it constitutes the "gold standard" for evaluating the scientific productivity, as opposed to the scientific quality and impact of research investments. Data on the average number of peer-reviewed publications per award per year also corresponds to one of NIDRR's official performance measures used to satisfy *GPR*A and *PART* requirements, which can be used to track progress over time in scientific productivity.⁶³

⁶³ Information on NIDRR-related R&D publications is collected through citations entered into the agency's Web-based annual performance reporting (APR) form, which is completed by all grantees to demonstrate progress on their award as part of the Department of Education's required grant continuation process. The peer-review status of publications is verified independently through the Thomson Reuters (formerly Thomson International Scientific Index) Master Journal List (see <http://scientific.thomsonreuters.com/mjl/>). Because the average number of peer-reviewed publications is measured by calendar year not fiscal year, calculating this measure requires data from two performance-reporting periods and always lags one year behind the current fiscal year. The data reported on this indicator for calendar year 2005 is based on grantees completed annual performance reports (ARPs) for 2005 and 2006. The next data for calendar year 2006 will be available in October 2007, based on grantees' completed APRs for 2006 and 2007.

The data on peer-reviewed publications for calendar year 2005 are depicted in table 13 separately for Panels A and B to reflect the scientific productivity of two different sets of NIDRR program mechanisms. Panel A contains data on NIDRR's traditional three largest program mechanism (RERCs, RRTCs, and Model Systems) and the first for which peer-reviewed information was collected and reported in the RSA annual report for fiscal year 2005. Panel B contains data on four additional NIDRR program mechanisms for which information on peer-reviewed publications was first collected in the revised annual performance report (APR) introduced July 2006 and not previously reported.⁶⁴ Across table 13, there is considerable variability in both the total and average number of peer-reviewed publications for calendar year 2005 by type of program, ranging from a high total of 191 and an average of 5.03 for the Model Systems to a low of 0 for the Small Business Innovation Research projects. There is also important variability between the two panels, as reflected in the average of 4.18 peer-reviewed publications per award for the combined program mechanisms in Panel A compared to an average of 2.33 for the combined programs in Panel B. The combined average of 4.18 for Panel A also reflects a noteworthy increase over the combined average of 2.71 for calendar year 2004 publications, which was reported for the same programs in the RSA annual report for fiscal year 2005. Based on these two data points, the scientific productivity of NIDRR's investments in the RERCs, RRTCs, and Model Systems programs appears to be increasing.

However, it is important to note that differences in the average number of peer-reviewed publications between panels, among program mechanisms and over time, may have more to do with differences in the nature of the research and development activities conducted, the duration and level of funding, the type of outputs produced, and fluctuations in the number of grantees completing APRs than they do with scientific productivity. For example, the awards associated with Panel A are all funded for five years and, on average, at higher levels than those in Panel B, which typically conduct smaller scale studies with funding cycles ranging from one year for ARRTs to two years for Phase II SBIRs, three years for FIPs and three to five years for DRRPs. In addition, the RRTCs and Model Systems conduct primarily medical rehabilitation and psychosocial-behavioral research, including intervention studies, which result in empirical findings that lend themselves readily to publication in peer-reviewed journals. Whereas, the RERCs and SBIRs conduct primarily rehabilitation engineering research and development activities, where the outputs are technology-oriented, such as new applications of existing technologies, prototypes of new devices and industry standards for products, which typically are not as well suited to peer-reviewed publications. Finally, the total number of grantees completing APRs actually decreased between calendar years 2004 and 2006 (from 102 to 91), thus changing the denominator by which the number of peer-reviewed publications were divided.

⁶⁴ Beginning with the revised APR introduced in 2006, information on peer-reviewed publications will be collected for seven of NIDRR's 11 program mechanisms, not including the KDU projects, the DBTACs, the Switzer Fellowship Program, and the Section 21 grants.

Table 13. Number of NIDRR Peer-reviewed Publications and Number of Awards With Research Reported in Those Publications for Calendar Year 2005, By Program Funding Mechanism^a

Panel A: Original Program Mechanisms for Which Data Were Available Beginning in FY 2005 ^b			
Program Funding Mechanism	Total No. Refereed Publications	Total No. Awards Reporting	Average No. Refereed Publications/Awards
RERCs ^c	44	21	2.10
RRTC ^d	146	32	4.56
Model Systems ^e	191	38	5.03
Total Combined Original Program Mechanisms	381	91	4.18^f
Panel B: Additional Program Mechanisms for Which Data Collection Began in FY 2006 ^g			
Program Funding Mechanism	Total No. Refereed Publications	Total No. Awards Reporting	Average No. Refereed Publications/Awards
DRRP ^h	66	36	1.83
FIP ⁱ	66	103	.64
ARRT ^j	34	16	2.13
SBIR ^k	0	11	0.0
Total Combined Additional Program Mechanisms	166	166	1.15
Overall Totals Across All Program Mechanisms	547	257	2.33

^a Data presented in this table correspond to the peer-reviewed publications published in a calendar year 2005 rather than fiscal year 2006. To calculate the total and average number of peer-reviewed publications for the full calendar year of 2005 requires two years of annual performance reports (APRs), submitted in June 2005 and June 2006. As a result, reported publications always lag one calendar year behind the current fiscal year.

^b Panel A presents data on the first three program funding mechanisms for which information on peer-reviewed publications was collected in NIDRR's APR, starting June 1, 2005. Data in Panel A also correspond to NIDRR's official *GPRA* performance measure based on the average number of peer-reviewed publications per award per calendar year for the original three program mechanisms only, and are used to satisfy NIDRR's PART requirements.

^c Rehabilitation Engineering Research Centers

^d Rehabilitation Research and Training Center.

^e Model Systems projects for Spinal Cord Injury, Traumatic Brain Injury and Burn

^f The average number of peer-reviewed publications for the three original program mechanisms combined constitutes NIDRR's official *Government Performance Results Act (GPRA)* measure.

^g Panel B presents data on the four additional program mechanisms for which information on peer-reviewed publications was first collected in NIDRR's revised APR introduced July 1, 2006. Data for these additional program mechanisms are not included in NIDRR's official *GPRA* measure.

^h Disability Rehabilitation Research Projects

ⁱ Field Initiated Projects

^j Advanced Rehabilitation Research Training projects

^k Small Business Innovation Research projects

Source: U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research. Grantee Performance Report, annual performance reporting (APR) forms for NIDRR ARRT program for fiscal years 2005 and 2006. Compiled under contract no. ED-04-CO-0036/0001. 2007. Washington, D.C.

4. NIDRR Allocations

The allocation of NIDRR grant funds for fiscal year 2005 and fiscal year 2006 for the 11 funding mechanisms discussed in this section on NIDRR is shown in table 14 on the following two 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 fiscal year 2005 and fiscal year 2006. NIDRR's overall grant allocations across all 11 funding mechanisms totaled \$96,339,000 for fiscal year 2005 and \$95,855,000 for fiscal year 2006.

Table 14. NIDRR-funded Centers and Projects: Number Grant Awards and Grant Amount, Fiscal Years 2005 and 2006

NIDRR-funded* Centers and Projects	Number of Awards FY 2005	Combined Grant Amount (in thousands of dollars)	Number of Awards FY 2006	Combined Grant Amount (in thousands of dollars)
RRTCs				
Continuations	26	\$19,269	25	\$16,707
New Awards	1	\$1,300	2	\$1,450
Total	27	\$20,569	27	\$18,157
RERCs				
Continuations	19	\$16,484	19	\$15,915
New Awards	2	\$1,900	3	\$2,800
Total	21	\$18,384	22	\$18,715
ARRTs				
Continuations	12	\$1,795	16	\$2,243
New Awards	4	\$600	1	\$150
Total	16	\$2,395	17	\$2,393
DRRPs				
Continuations	23	\$6,942	12	\$3,598
New Awards	0	\$0	11	\$8,273
Total	23	\$6,942	23	\$11,871
DBTACs				
Continuations	10	\$11,130	0	\$0
New Awards	0	0	11	\$11,167
Total	10	\$11,130	11	\$11,167
SBIRs				
SBIRs	34	\$5,131	27	\$3,730
KDUs				
Continuations	6	\$2,248	4	\$1,494
New	2	\$999	2	\$1,350
Total	8	\$3,247	6	\$2,844
Field-Initiated Projects (FIPs)				
Continuations	48	\$7,099	48	\$6,953
New Awards	29	\$4,278	21	\$3,037
Total	77	\$11,377	69	\$9,990
Mary E. Switzer Fellowship Program				
New Awards	10	\$490	8	\$550

Table 14. NIDRR-funded Centers and Projects: * Grant Amounts and Awards, Fiscal Years 2005 and 2006 (Continued)

NIDRR-funded Centers and Projects	Number of Awards FY 2005	Grant Amount (in thousands of dollars)	Number of Awards FY 2006	Grant Amount (in thousands of dollars)
Model Systems				
Spinal Cord Injury				
Continuations	20	\$6,540	0	\$0
New Awards	0	0	14	\$6,495
Total	20	\$6,540	14	\$6,495
Traumatic Brain Injury				
Continuations	19	\$7,386	18	\$7,026
New Awards	0	\$0	2	\$650
Total	19	\$7,386	20	\$7,676
Burn Injury				
Continuations	5	\$1,698	5	\$1,200
New Awards	0	0	0	0
Total	5	\$1,698	5	\$1,200
Outreach to Minority Institutions				
Outreach to Minority Institutions	3	\$1,050	4	\$1,067
TOTAL	273	\$96,339	253	\$95,855

* Abbreviations for 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
- KDUs - Knowledge Dissemination and Utilization Projects

Source: U. S. Department of Education, National Institute on Disability and Rehabilitation Research. Grant Administration and Payment System (GAPS). 2006. 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, slated for publication in FY 2007.

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 congressional 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, Congress and the secretary of education. Other advocacy programs authorized under the *Rehabilitation Act* assist individuals with disabilities to obtain the services they need under the *Rehabilitation Act*, or to protect their legal rights, or to do both.

Several federal agencies have been given the authority to use enforcement and compliance techniques to ensure that government agencies and private firms doing business with the government subscribe to and implement legislative provisions related to the employment of individuals with disabilities. These enforcement agencies review complaints, conduct investigations, conduct public hearings and issue orders. These agencies participate, when necessary, as *amicus curiae*⁶⁵ in any United States courts in civil actions. They design appropriate and equitable affirmative action remedies. Orders of compliance may include the withholding of or suspension of federal funds.

⁶⁵ "Friend of the court"; acts as advisor to the court.

Client Assistance Program Authorized Under Section 112 of the *Rehabilitation Act*

The CAP program, through grants to the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the

**FY 2006 Federal Funding
\$11,781,990**

Northern Mariana Islands, provides advocacy and legal representation to individuals in dispute with other programs, projects or facilities funded under the *Rehabilitation 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 by the 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.

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 in CAPs that were 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, very 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 2006, CAPs nationwide responded to 49,777 requests for information and provided extensive services to 7,023 individuals. Slightly more than 91 percent of cases in which extensive services were provided involved applicants for or recipients of services from the VR program. In 69 percent of those cases, issues were related to the delivery of VR services. These data also demonstrate that in 35 percent of the cases closed, CAPs provided explanations of policies that assisted the individuals in advocating for themselves; 19 percent of these cases resulted in the reestablishment of communication between the individuals and other parties; and 14 percent resulted in the development or implementation of an IPE. In addition, 64 percent of the cases requiring action by the CAP on behalf of the individual were resolved in the individuals’ favor.

Selected examples of CAP activities during FY 2006 follow:

A 79-year-old individual with severe back problems requested assistance with becoming a medical transcriptionist. She had been a nurse for over 20 years. However, as the result of a back injury that required significant surgery, she was no longer able to work in the nursing field. Since she could no longer work as a nurse, she requested training to become a medical transcriptionist. VR denied her request, inferring that the consumer may have trouble obtaining a position because of her age.

The CAP asserted that the consumer's age should not be a consideration for the provision of services. The CAP assisted the consumer in transferring to another VR office. The CAP then worked with staff in the new VR office to assist the consumer with the development of a plan to achieve her requested vocational goal of medical transcriptionist.

Another CAP advocated for a summer youth work experience program that would allow students with disabilities to obtain job shadowing and work experience with an employer. As a result, the VR agency organized a pilot summer job program for high school students with disabilities in two areas of the state. Approximately 20 students received work experiences in retail, photography, food service and other job fields. The VR agency will consider expanding this pilot to more counties next year.

Protection and Advocacy of Individual Rights
Authorized Under Section 509 of the *Rehabilitation Act*
Managed by the Program Administration Division of RSA

The PAIR program is a mandatory component of the protection and advocacy (P&A) system, established in each of the 50 states, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands and 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 the potential to represent 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.

FY 2006 Federal Funding
\$16,489,440

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: (1) 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. (2) 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 Higher Education Consortium. The secretary of

education then distributes the remainder of the appropriation to the eligible systems within the states on a formula basis after satisfying minimum allocations of \$100,000 for states, except for Guam, American Samoa, the U.S. Virgin Islands and the Commonwealth of the Northern Marianas Islands that each get \$50,000.

Each year, PAIR programs 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 programs will address during the year, whether through individual or systemic advocacy. During FY 2006, PAIR programs reported representing 17,345 individuals and responding to 59,957 requests for information or referral. Of the cases handled by PAIR programs in that fiscal year, the greatest number of specified issues involved education (20 percent), employment (11 percent) and government benefits or services (14 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 2006, 51 out of the 57 PAIR programs (89 percent) reported that these activities resulted in changes in policies and practices benefiting individuals with disabilities. An example of PAIR activities during FY 2006 follows:

University Legal Services Protection and Advocacy (ULS-P&A), a private nonprofit organization, advocated for community-based services and equipment for people with disabilities who are discharged from local hospitals in order to divert people from nursing homes. At one hospital in particular, the only home health care available was a Medicare agency that does not provide ongoing routine attendant or nursing care to people living independently without live-in caregivers. In September 2006, ULS-P&A urged the hospital to expand the range of home care services available to patients in order to divert admissions to nursing homes.

ULS-P&A successfully represented a public housing tenant who relied primarily on a motorized wheelchair for mobility and lived in an inaccessible apartment. The tenant had submitted numerous requests dating back to 2002 to transfer to a wheelchair-accessible unit for herself and her grandson, but the District of Columbia Housing Authority (DCHA) never acted on her request or took any steps to accommodate the family. As a result, despite her limited ability to ambulate, the consumer was forced to utilize the stairs to enter and exit her apartment three times a week for medical appointments, as well as additional times for conducting other necessary activities. During the contempt-enforcement litigation against DCHA, ULS-P&A submitted a declaration from the consumer regarding her prior requests for accessible housing and moved for immediate relief, arguing that DCHA's failure to act on the consumer's request was indefensible. DCHA then offered the consumer and her family a fully wheelchair-accessible public housing unit, and they moved within weeks.

Employment of People with Disabilities Authorized Under Section 501 of the *Rehabilitation Act*

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, including the Department of Education, implementation. The EEOC then monitors the implementation of these findings and recommendations by performing follow-up on-site reviews. More information is available at: <http://www.eeoc.gov/types/ada.html>.

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 the *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 the *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, including the Department of Education. 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 the *ABA*, the *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. More information is available at: <http://www.access-board.gov>.

Electronic and Information Technology Authorized Under Section 508 of the *Rehabilitation Act*

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 are 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 are 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 (AT) workshops, presentations and demonstrations to other federal agencies, to state and local education institutions and at AT and information technology industry seminars and conferences and conducts numerous conformance tests of high-visibility government-sponsored websites.

OCIO, in conjunction with the Access Board and 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. More information on OCIO is available at: <http://www.ed.gov/about/offices/list/ocio/ocio.html>.

Employment Under Federal Contracts Authorized Under Section 503 of the *Rehabilitation Act*

The Department of Labor's Office of Federal Contract Compliance Programs (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. More information is available at:
<http://www.dol.gov/esa/ofccp>.

Nondiscrimination Under Federal Grants and Programs Authorized Under Section 504 of the *Rehabilitation Act*

Section 504 prohibits discrimination on the basis of disability in federally assisted programs and activities. 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 impairment or is regarded as having such an impairment. Major life activities include 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 the implementation and enforcement of Section 504 of the *Rehabilitation Act*. As part of its regulatory and review efforts, the CRD responds to education agencies, elementary and secondary school systems, colleges and universities, vocational schools, proprietary schools, state VR agencies, libraries and museums. Such programs, projects or activities may include, but are not limited to: admissions, recruitment, financial aid, academic programs, student treatment and services, counseling and guidance, discipline, classroom assignment, grading, vocational education, recreation, physical education, athletics, housing and employment.

Examples of the types of discrimination prohibited by Section 504 and its implementing regulations include access to educational programs and facilities, denial of a free appropriate public education (FAPE) for elementary and secondary students and academic adjustments in higher education. Section 504 and its implementing regulations also prohibit employment discrimination and retaliation for filing an Office for Civil Rights (OCR) complaint or for advocating for a right protected by this provision of the law. More information on OCR is available at:
<http://www.ed.gov/about/offices/list/ocr>.

National Council on Disability
(An Independent Federal Agency)
Authorized Under Section 400 of the *Rehabilitation Act*

As an independent agency, the 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, the 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 to the president, the Congress, the secretary of education, the commissioner of RSA, the director of NIDRR and officials of federal agencies based on those evaluations. More information on NCD is available at: <http://www.ncd.gov>.

APPENDIX A

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

APPENDIX A

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 or 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 do 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.

APPENDIX B

RSA EVALUATION STANDARDS 1 AND 2 FOR VOCATIONAL REHABILITATION AGENCIES, BY INDICATOR

APPENDIX B

Table B-1. Employment Outcomes (Evaluation Standard 1) of State^a Vocational Rehabilitation Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction, Fiscal Year 2006

Must pass at least four of six indicators and two of three primary indicators^b
Performance level criteria are shown in parentheses for each indicator.

State 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
Arkansas	6	81.90	71.37	100.00	0.609	28.11	5	3
Connecticut	-29	74.16	72.35	100.00	0.556	36.13	4	2
Delaware	-1	81.48	100.00	100.00	0.528	45.45	5	2
Florida	50	64.37	94.95	98.65	0.623	47.10	5	3
Idaho	7	71.88	77.54	99.07	0.686	28.97	5	3

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

^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* 361).

^c Separate agencies in 24 states provide 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 0.

^e Percentage of VR consumers who have 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 the Vending Facility Program, also known as the Business Enterprise Program, with earning 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.

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Selected fiscal years. Washington, D.C.

Table B-1. Employment Outcomes (Evaluation Standard 1) of State^a Vocational Rehabilitation Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction, Fiscal Year 2006 (Continued)

Must pass at least four of six indicators and two of three primary indicators^b
 Performance level criteria are shown in parentheses for each indicator.

State 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
Iowa	-8	81.07	89.49	100.00	0.842	22.61	4	3
Kentucky	13	82.61	85.85	100.00	0.647	34.76	6	3
Maine	73	74.36	23.72	97.94	0.826	42.27	5	2
Massachusetts	7	55.85	56.11	100.00	0.691	33.33	5	3
Michigan	19	60.38	64.02	100.00	0.612	32.51	5	3
Minnesota	-5	48.74	94.40	97.72	0.709	30.59	4	3
Missouri	7	78.33	93.65	99.12	0.751	33.04	6	3
Nebraska	-11	52.40	71.24	100.00	0.709	39.45	4	3
New Jersey	40	65.08	95.83	96.74	0.594	46.20	5	3
New Mexico	2	49.44	98.88	100.00	0.982	50.00	5	3
New York	-709	72.98	44.16	95.62	0.597	29.04	4	3
North Carolina	0	70.53	97.93	96.21	0.579	32.46	5	2
Oregon	3	81.39	73.54	100.00	0.750	37.20	6	3
South Carolina	-23	69.91	79.12	93.75	0.615	23.38	4	3
South Dakota	20	73.20	93.99	97.09	0.705	37.21	6	3
Texas	-22	72.30	86.34	99.91	0.603	25.30	4	3
Vermont	9	77.65	57.58	100.00	0.784	19.30	5	3
Virginia	-50	58.33	88.51	98.95	0.619	34.04	4	3
Washington	8	54.71	97.00	99.23	0.759	50.58	5	3

Table B-2. Employment Outcomes (Evaluation Standard 1) of State^a Vocational Rehabilitation Agencies—General and Combined^b, by Indicator and Jurisdiction, Fiscal Year 2006

Must Pass at least four of the six Indicators and two of three Primary Indicators^c
 Performance level criteria are shown in parentheses for each indicator

State 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
Alabama	75	66.94	98.24	90.73	0.490	78.25	5	2
Alaska	1	58.82	99.62	84.00	0.652	55.81	6	3
American Samoa	-5	78.26	55.56	80.00	N/A	80.00	4	2
Arizona	105	47.15	92.47	97.95	0.533	68.72	5	3
Arkansas	149	59.08	99.76	88.66	0.637	66.23	6	3
California	423	57.56	87.61	99.85	0.480	71.07	5	2
Colorado	273	65.16	92.49	97.16	0.499	56.88	5	2

^a The term “state” includes, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and the Commonwealth of the Northern Mariana Islands, according to the *Rehabilitation Act*, Section 7(32).

^b General agencies serve persons with various disabilities other than blindness or other visual impairments. Combined agencies serve all individuals with disabilities, including persons who are blind or 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 June 5, 2000 (34 *CFR* 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 and, hence, comparison of the two elements must yield a number greater than or equal to 0.

^e Percentage of VR consumers who have 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 the he Vending Facility Program, also known as the Business Enterprise Program, with earning 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, the Commonwealth of the Northern Mariana Islands and American Samoa. Therefore, Indicator 1.5 cannot be computed for these VR agencies.

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Selected fiscal years. Washington, D.C.

Table B-2. Employment Outcomes (Evaluation Standard 1) of State^a Vocational Rehabilitation Agencies—General and Combined^b, by Indicator and Jurisdiction, Fiscal Year 2006 (Continued)

Must Pass at least four of the six Indicators and two of three Primary Indicators
 Performance level criteria are shown in parentheses for each indicator

State Agency	Indicator 1.1: Change in Total Employment Outcomes After an IPE ^c (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under an IPE ^d (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^e (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^f (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^g (≥ .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
Connecticut	40	61.40	99.84	100.00	0.612	35.27	5	3
Delaware	5	63.59	99.17	67.71	0.428	67.83	5	2
District of Columbia	-41	60.96	99.71	97.69	0.356	83.98	4	2
Florida	954	60.84	98.78	77.41	0.590	50.06	5	3
Georgia	-237	58.08	93.20	84.62	0.448	71.63	4	2
Guam	-4	46.67	100.00	100.00	N/A	71.43	4	3
Hawaii	-28	50.08	97.45	84.46	0.612	64.62	4	3
Idaho	89	62.51	99.30	98.13	0.603	69.12	6	3
Illinois	-493	59.31	93.44	99.98	0.434	58.03	4	2
Indiana	-345	59.18	95.94	67.72	0.662	33.91	4	3
Iowa	5	61.25	98.12	93.67	0.607	57.05	6	3
Kansas	-10	55.32	97.02	96.46	0.519	58.56	3	2
Kentucky	17	68.29	97.94	99.96	0.612	69.06	6	3
Louisiana	-122	49.55	99.62	96.83	0.666	62.31	4	3
Maine	-12	50.20	94.71	99.84	0.651	62.40	4	3
Maryland	77	69.29	96.07	100.00	0.460	70.48	5	2
Massachusetts	250	61.37	97.45	99.97	0.470	49.87	4	2
Michigan	53	57.33	98.41	91.23	0.552	62.32	6	3
Minnesota	304	60.53	95.01	100.00	0.520	63.54	5	2
Mississippi	59	73.32	98.83	93.77	0.706	62.42	6	3
Missouri	202	70.18	95.81	97.41	0.518	58.52	5	2

Table B-2. Employment Outcomes (Evaluation Standard 1) of State^a Vocational Rehabilitation Agencies—General and Combined^b, by Indicator and Jurisdiction, Fiscal Year 2006 (Continued)

Must Pass at least four of the six Indicators and two of three Primary Indicators
 Performance level criteria are shown in parentheses for each indicator

State Agency	Indicator 1.1: Change in Total Employment Outcomes After an IPE ^c (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under an IPE ^d (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^e (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^f (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^g (≥ .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
Montana	10	57.46	97.47	81.72	0.648	55.19	6	3
Nebraska	80	62.76	99.80	100.00	0.562	57.86	6	3
Nevada	117	62.68	99.22	94.91	0.566	72.63	6	3
New Hampshire	3	65.65	95.95	97.36	0.523	54.07	6	3
New Jersey	112	60.75	99.84	93.72	0.443	65.11	5	2
New Mexico	237	63.59	97.68	94.73	0.638	53.82	6	3
New York	-336	57.11	95.15	97.59	0.382	64.79	4	2
North Carolina	-1,478	38.46	99.66	65.78	0.494	65.99	3	2
North Dakota	-65	67.92	97.11	85.46	0.677	54.83	5	3
Northern Mariana Islands	-7	76.74	57.58	68.42	N/A	0.00	3	2
Ohio	368	60.57	96.89	99.99	0.610	49.71	5	3
Oklahoma	202	29.58	93.76	96.44	0.606	67.59	5	3
Oregon	113	65.34	99.90	84.84	0.563	76.65	6	3
Pennsylvania	98	57.99	96.64	99.94	0.526	57.69	6	3
Puerto Rico	-45	76.18	94.86	75.76	0.680	89.78	5	3
Rhode Island	36	59.79	92.80	100.00	0.532	65.15	6	3
South Carolina	-541	61.81	99.30	95.05	0.597	68.05	5	3
South Dakota	29	59.00	98.60	95.87	0.540	58.56	6	3
Tennessee	-478	65.87	93.22	89.69	0.562	68.53	5	3
Texas	-1,251	56.75	99.47	83.77	0.502	55.34	4	2
Utah	77	63.80	98.62	96.31	0.634	68.27	6	3

Table B-2. Employment Outcomes (Evaluation Standard 1) of State^a Vocational Rehabilitation Agencies—General and Combined^b, by Indicator and Jurisdiction, Fiscal Year 2006 (Continued)

Must Pass at least four of the six Indicators and two of three Primary Indicators
 Performance level criteria are shown in parentheses for each indicator

State Agency	Indicator 1.1: Change in Total Employment Outcomes After an IPE ^c (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under an IPE ^d (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^e (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^f (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^g (≥ .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
Vermont	32	59.93	97.73	99.22	0.591	44.12	5	3
Virginia	0	92.86	96.15	76.00	0.680	72.00	6	3
Virgin Islands	309	56.70	91.92	97.42	0.439	52.61	4	2
Washington	232	45.76	98.27	99.84	0.499	55.25	4	2
West Virginia	133	63.96	98.60	94.18	0.629	66.70	6	3
Wisconsin	-463	42.90	98.78	98.14	0.578	43.64	3	3
Wyoming	6	72.75	98.66	67.32	0.606	64.90	6	3

Table B-3. Equal Access to Service (Evaluation Standard 2) of State^a Vocational Rehabilitation Agencies Serving the Blind and Visually Impaired: Service Rate Ratio and Number Exiting, by Indicator and Jurisdiction, Fiscal Year 2006

State Agency ^b	Indicator 2.1: Minority Service Rate Ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>An asterisk indicates fewer than 100 individuals from minority populations exiting program.</i>
Arkansas	1.025	144
Connecticut	0.888	51*
Delaware	1.458	16*
Florida	0.998	685
Idaho	0.842	18*
Iowa	0.926	18*
Kentucky	0.970	59*
Maine	0.750	10*
Massachusetts	0.978	66*
Michigan	0.895	162
Minnesota	0.658	96*
Missouri	1.043	111
Nebraska	0.822	33*
New Jersey	0.834	307
New Mexico	0.739	83*
New York	0.789	562
North Carolina	0.906	613
Oregon	1.032	26*
South Carolina	0.942	207
South Dakota	0.806	38*
Texas	0.826	1,840
Vermont	0.563	4*
Virginia	0.812	137
Washington	0.969	94*

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

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

^c Minority services 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 was established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on June 5, 2000 (34 *CFR* 361).

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

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Selected fiscal years. Washington, D.C.

Table B-4. Equal Access to Service (Evaluation Standard 2) of State^a Vocational Rehabilitation Agencies—General and Combined, by Indicator and Jurisdiction, Fiscal Year 2006

State Agency, General & Combined ^b	Indicator 2.1: Minority Service Rate Ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>An asterisk indicates fewer than 100 individuals from minority populations exiting program.</i>
Alabama	0.992	6,264
Alaska	0.938	618
American Samoa	0.000 ^e	58*
Arizona	0.894	2,686
Arkansas	0.877	1,980
California	1.021	19,869
Colorado	0.904	2,302
Connecticut	0.646	952
Delaware	1.019	971
District of Columbia	0.942	2,195
Florida	0.878	12,374
Georgia	1.013	6,346
Guam	0.921	63*
Hawaii	1.027	1,524
Idaho	0.919	705
Illinois	0.836	7,215
Indiana	0.865	2,349
Iowa	0.741	797
Kansas	0.906	1,432
Kentucky	0.873	2,144
Louisiana	0.966	2,776
Maine	0.700	125
Maryland	0.861	5,090
Massachusetts	0.831	2,754
Michigan	0.880	6,294
Minnesota	0.745	1,861
Mississippi	0.842	4,057
Missouri	0.798	3,807
Montana	0.865	544
Nebraska	0.855	736
Nevada	0.925	1,094

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

^b General agencies serve persons with various disabilities other than blindness or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind or 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 was established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on June 5, 2000 (34 *CFR* 361).

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

^e To calculate this figure, the minority service rate is divided by the non-minority service rate. American Samoa did not have any non-minorities exiting the VR program in FY 2006, therefore their service rate is zero.

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911)*. Selected fiscal years. Washington, D.C.

Table B-4. Equal Access to Service (Evaluation Standard 2) of State^a Vocational Rehabilitation Agencies—General and Combined, by Indicator and Jurisdiction, Fiscal Year 2006 (*Continued*)

State Agency, General & Combined ^b	Indicator 2.1: Minority Service Rate Ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>An asterisk indicates fewer than 100 individuals from minority populations exiting program.</i>
New Hampshire	1.011	150
New Jersey	0.926	5,928
New Mexico	0.842	3,209
New York	0.869	18,496
North Carolina	0.974	14,188
North Dakota	0.665	390
Northern Mariana Islands	1.228	76*
Ohio	0.814	6,944
Oklahoma	0.967	3,717
Oregon	0.899	1,524
Pennsylvania	0.886	6,361
Puerto Rico	1.188	7,509
Rhode Island	0.927	626
South Carolina	0.956	9,494
South Dakota	0.826	556
Tennessee	0.808	3,034
Texas	0.988	19,838
Utah	0.893	1,364
Vermont	1.022	135
Virginia	1.500	54*
Virgin Islands	0.956	4,259
Washington	0.930	2,490
West Virginia	0.949	446
Wisconsin	0.655	4,461
Wyoming	0.877	196

APPENDIX C

APPENDIX C

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006

State Agency	Fiscal Year and Percentage Change Between Years 2005 and 2006	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	2006	2,687,087,415	205,791	189,709	92.19
	2005	2,603,845,000	206,695	189,207	91.54
	Percentage Change	3.20	-0.44	0.27	
Total – General/ Combined Agencies ^e	2006	2,479,231,394	198,921	182,947	91.97
	2005	2,404,009,702	199,607	182,272	91.32
	Percentage Change	3.13	-0.34	0.37	
Total – Agencies for the Blind ^f	2006	207,856,021	6,870	6,762	98.43
	2005	199,835,298	7,088	6,935	97.84
	Percentage Change	4.01	-3.08	-2.49	
State Agency, General or Combined					
Alabama	2006	55,857,717	7,792	7,073	90.77
	2005	55,445,837	7,717	6,940	89.93
	Percentage Change	0.97	1.92	0.94	
Alaska	2006	8,993,999	527	443	84.06
	2005	8,679,483	526	443	84.22
	Percentage Change	0.19	0.00	-0.19	
American Samoa	2006	891,016	18	15	83.33
	2005	867,728	23	23	100.00
	Percentage Change	-21.74	-34.78	-16.67	

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

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

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

^d *Percentage* means the number of employment outcomes of individuals with significant disabilities divided by the number of employment outcomes.

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

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

Source: U.S. Department of Education, Rehabilitation Services Administration. 2006. *Case Service Report (RSA 911) and Financial Status Report (RSA 269)*. Selected fiscal years. Washington, D.C.

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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
Arizona	2006	51,413,359	2,005	1,964	97.96
	2005	40,862,175	1,900	1,823	95.95
	Percentage Change	5.53	7.73	2.09	
Arkansas	2006	30,872,284	2,502	2,218	88.65
	2005	29,691,981	2,353	2,110	89.67
	Percentage Change	6.33	5.12	-1.14	
California	2006	260,883,309	14,226	14,207	99.87
	2005	248,655,290	13,803	13,778	99.82
	Percentage Change	3.06	3.11	0.05	
Colorado	2006	32,547,661	2,209	2,147	97.19
	2005	28,243,537	1,936	1,819	93.96
	Percentage Change	14.10	18.03	3.44	
Connecticut	2006	16,543,233	1,258	1,258	100.00
	2005	16,005,885	1,218	1,218	100.00
	Percentage Change	3.28	3.28	0.00	
Delaware	2006	7,653,262	840	571	67.98
	2005	7,377,561	835	559	66.95
	Percentage Change	0.60	2.15	1.54	
District of Columbia	2006	12,250,059	695	679	97.70
	2005	11,989,800	736	733	99.59
	Percentage Change	-5.57	-7.37	-1.90	
Florida	2006	115,823,065	10,794	8,355	77.40
	2005	115,632,314	9,840	7,610	77.34
	Percentage Change	9.70	9.79	0.09	
Georgia	2006	81,908,688	4,591	3,905	85.06
	2005	77,939,250	4,828	4,255	88.13
	Percentage Change	-4.91	-8.23	-3.49	
Guam	2006	1,289,427	14	14	100.00
	2005	2,052,208	18	18	100.00
	Percentage Change	-22.22	-22.22	0.00	
Hawaii	2006	10,749,158	667	566	84.86
	2005	10,447,079	695	580	83.45
	Percentage Change	-4.03	-2.41	1.68	

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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
Idaho	2006	12,956,248	1,996	1,959	98.15
	2005	12,515,781	1,907	1,854	97.22
	Percentage Change	4.67	5.66	0.95	
Illinois	2006	100,712,441	5,413	5,412	99.98
	2005	95,138,073	5,906	5,905	99.98
	Percentage Change	-8.35	-8.35	0.00	
Indiana	2006	63,748,728	5,616	3,845	68.47
	2005	61,487,904	5,961	4,165	69.87
	Percentage Change	-5.79	-7.68	-2.01	
Iowa	2006	23,868,336	2,126	1,992	93.70
	2005	23,332,421	2,121	1,926	90.81
	Percentage Change	0.24	3.43	3.18	
Kansas	2006	25,965,641	1,746	1,686	96.56
	2005	25,388,051	1,756	1,688	96.13
	Percentage Change	-0.57	-0.12	0.45	
Kentucky	2006	42,142,960	5,012	5,010	99.96
	2005	41,546,115	4,995	4,989	99.86
	Percentage Change	0.34	0.42	0.08	
Louisiana	2006	54,442,404	1,582	1,532	96.84
	2005	56,119,794	1,704	1,703	99.94
	Percentage Change	-7.16	-10.04	-3.10	
Maine	2006	12,262,221	643	642	99.84
	2005	11,821,428	655	653	99.69
	Percentage Change	-1.83	-1.68	0.15	
Maryland	2006	39,360,338	3,082	3,082	100.00
	2005	37,912,602	3,005	3,004	99.97
	Percentage Change	2.56	2.60	0.03	
Massachusetts	2006	38,114,514	3,650	3,649	99.97
	2005	37,047,616	3,400	3,394	99.82
	Percentage Change	7.35	7.51	0.15	
Michigan	2006	80,194,706	7,590	6,933	91.34
	2005	77,904,846	7,537	6,839	90.74
	Percentage Change	0.70	1.37	0.67	

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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
Minnesota	2006	34,225,892	2,523	2,523	100.00
	2005	33,052,862	2,219	2,219	100.00
	Percentage Change	13.70	13.70	0.00	
Mississippi	2006	40,552,314	4,516	4,233	93.73
	2005	46,409,766	4,457	4,445	99.73
	Percentage Change	1.32	-4.77	-6.01	
Missouri	2006	51,479,764	4,152	4,047	97.47
	2005	49,484,452	3,950	3,714	94.03
	Percentage Change	5.11	8.97	3.66	
Montana	2006	10,650,000	909	746	82.07
	2005	10,436,312	899	734	81.65
	Percentage Change	1.11	1.63	0.52	
Nebraska	2006	14,459,977	1,498	1,498	100.00
	2005	13,943,911	1,418	1,418	100.00
	Percentage Change	5.64	5.64	0.00	
Nevada	2006	16,597,632	1,149	1,091	94.95
	2005	13,580,711	1,032	993	96.22
	Percentage Change	11.34	9.87	-1.32	
New Hampshire	2006	10,238,071	1,382	1,343	97.18
	2005	9,803,448	1,379	1,336	96.88
	Percentage Change	0.22	0.52	0.31	
New Jersey	2006	41,924,081	4,289	4,019	93.70
	2005	41,891,883	4,177	3,904	93.46
	Percentage Change	2.68	2.95	0.26	
New Mexico	2006	17,641,922	1,942	1,839	94.70
	2005	17,641,062	1,705	1,588	93.14
	Percentage Change	13.90	15.81	1.67	
New York	2006	118,726,654	12,956	12,631	97.49
	2005	114,193,377	13,292	12,924	97.23
	Percentage Change	-2.53	-2.27	0.27	
North Carolina	2006	70,522,109	7,264	4,778	65.78
	2005	68,932,927	8,742	5,403	61.81
	Percentage Change	-16.91	-11.57	6.43	

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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 Dakota	2006	8,957,227	864	740	85.65
	2005	8,679,483	929	792	85.25
	Percentage Change	-7.00	-6.57	0.46	
Northern Mariana Islands	2006	1,054,614	33	21	63.64
	2005	999,872	40	28	70.00
	Percentage Change	-17.50	-25.00	-9.09	
Ohio	2006	114,993,706	8,589	8,558	99.99
	2005	111,586,551	8,221	8,221	100.00
	Percentage Change	4.48	4.46	-0.01	
Oklahoma	2006	39,001,716	2,307	2,230	96.66
	2005	39,104,131	2,105	2,001	95.06
	Percentage Change	9.60	11.44	1.69	
Oregon	2006	29,107,057	2,984	2,532	84.85
	2005	27,898,425	2,871	2,657	92.55
	Percentage Change	3.94	-4.70	-8.31	
Pennsylvania	2006	118,963,780	10,995	10,989	99.95
	2005	115,157,515	10,897	10,889	99.93
	Percentage Change	0.90	0.92	0.02	
Puerto Rico	2006	60,973,560	2,722	2,074	76.19
	2005	66,279,553	2,767	2,115	76.44
	Percentage Change	-1.63	-1.94	-0.32	
Rhode Island	2006	9,972,213	736	736	100.00
	2005	9,895,114	700	700	100.00
	Percentage Change	5.14	5.14	0.00	
South Carolina	2006	41,834,211	8,022	7,628	95.09
	2005	39,017,747	8,563	8,059	94.11
	Percentage Change	-6.32	-5.35	1.04	
South Dakota	2006	7,214,029	859	824	95.93
	2005	6,943,586	830	777	93.61
	Percentage Change	3.49	6.05	2.47	
Tennessee	2006	63,092,034	2,904	2,620	90.22
	2005	60,699,149	3,382	2,976	88.00
	Percentage Change	-14.13	-11.96	2.53	

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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
Texas	2006	161,415,745	12,540	10,505	83.77
	2005	156,872,878	13,791	11,294	81.89
	Percentage Change	-9.07	-6.99	2.29	
Utah	2006	25,154,464	3,186	3,069	96.33
	2005	24,526,633	3,109	2,950	94.89
	Percentage Change	2.48	4.03	1.52	
Vermont	2006	7,919,318	1,452	1,440	99.17
	2005	7,637,945	1,420	1,403	98.80
	Percentage Change	2.25	2.64	0.38	
Virginia	2006	1,935,920	26	19	73.08
	2005	1,861,075	26	21	80.77
	Percentage Change	0.00	-9.52	-9.52	
Virgin Islands	2006	52,965,797	3,921	3,823	97.50
	2005	50,980,939	3,612	3,421	94.71
	Percentage Change	8.55	11.75	2.94	
Washington	2006	40,155,006	1,969	1,966	99.85
	2005	38,642,787	1,737	1,734	99.83
	Percentage Change	13.36	13.38	0.02	
West Virginia	2006	25,010,537	2,351	2,215	94.22
	2005	24,171,790	2,218	2,045	92.20
	Percentage Change	6.00	8.31	2.19	
Wisconsin	2006	52,853,689	2,617	2,569	98.17
	2005	52,012,086	3,080	3,002	97.47
	Percentage Change	-15.03	-14.42	0.72	
Wyoming	2006	8,193,581	670	454	67.76
	2005	7,566,973	664	480	72.29
	Percentage Change	0.90	-5.42	-6.26	
Agencies for the Blind					
Arkansas	2006	4,114,176	344	344	100.00
	2005	4,037,619	344	344	100.00
	Percentage Change	0.00	0.00	0.00	
Connecticut	2006	2,919,215	116	116	100.00
	2005	2,824,568	148	148	100.00
	Percentage Change	-21.62	-21.62	0.00	

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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
Delaware	2006	1,350,482	13	13	100.00
	2005	1,301,922	9	9	100.00
	Percentage Change	44.44	44.44	0.00	
Florida	2006	24,746,893	694	689	99.28
	2005	23,683,727	632	617	97.63
	Percentage Change	9.81	11.67	1.69	
Idaho	2006	1,767,193	79	78	98.73
	2005	1,694,452	59	59	100.00
	Percentage Change	33.90	32.20	-1.27	
Iowa	2006	6,560,056	129	129	100.00
	2005	6,287,764	128	128	100.00
	Percentage Change	0.78	0.78	0.00	
Kentucky	2006	6,860,482	425	425	100.00
	2005	6,741,932	416	416	100.00
	Percentage Change	2.16	2.16	0.00	
Maine	2006	2,784,778	206	204	99.03
	2005	2,683,391	203	199	98.03
	Percentage Change	1.48	2.51	1.02	
Massachusetts	2006	6,724,870	200	200	100.00
	2005	6,537,814	201	201	100.00
	Percentage Change	-0.50	-0.50	0.00	
Michigan	2006	12,413,785	272	272	100.00
	2005	11,329,806	295	295	100.00
	Percentage Change	-7.80	-7.80	0.00	
Minnesota	2006	7,729,380	104	102	98.08
	2005	7,255,507	128	125	97.66
	Percentage Change	-18.75	-18.40	0.43	
Missouri	2006	7,629,682	246	246	100.00
	2005	7,370,509	242	238	98.35
	Percentage Change	1.65	3.36	1.68	
Nebraska	2006	2,652,382	71	71	100.00
	2005	2,557,759	82	82	100.00
	Percentage Change	-13.41	-13.41	0.00	

Table C. Amount and Percentage Change of Grant Awards to State^a Vocational Rehabilitation Agencies, Number and Percentage Change of Total Employment Outcomes of Those With Significant Disabilities and Percentage of Those With Significant Disabilities Who Have Employment Outcomes, by Type of Disability and Agency, Fiscal Years 2005 and 2006 (Continued)

State Agency	Fiscal Year and Percentage Change Between Years 2004 and 2005	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
New Jersey	2006	10,481,020	303	289	95.38
	2005	10,472,971	273	269	98.53
	Percentage Change	10.99	7.43	-3.20	
New Mexico	2006	4,251,945	42	42	100.00
	2005	4,004,413	47	47	100.00
	Percentage Change	-10.64	-10.64	0.00	
New York	2006	23,467,798	705	672	95.32
	2005	21,751,119	948	868	91.56
	Percentage Change	-25.63	-22.58	4.10	
North Carolina	2006	13,318,279	700	673	96.14
	2005	13,621,477	700	674	96.29
	Percentage Change	0.00	-0.15	-0.15	
Oregon	2006	4,158,151	112	112	100.00
	2005	3,985,489	111	111	100.00
	Percentage Change	0.90	0.90	0.00	
South Carolina	2006	6,021,879	264	247	93.56
	2005	5,848,784	282	272	96.45
	Percentage Change	-6.38	-9.19	-3.00	
South Dakota	2006	1,803,507	96	94	97.92
	2005	1,735,897	87	84	96.55
	Percentage Change	10.34	11.90	1.41	
Texas	2006	40,353,936	1,332	1,332	100.00
	2005	39,158,313	1,383	1,381	99.86
	Percentage Change	-3.69	-3.55	0.14	
Vermont	2006	1,079,869	97	95	97.94
	2005	1,041,538	101	101	100.00
	Percentage Change	-3.96	-5.94	-2.06	
Virginia	2006	7,914,434	182	180	98.90
	2005	7,617,841	140	139	99.29
	Percentage Change	30.00	29.50	-0.39	
Washington	2006	6,751,827	138	137	99.28
	2005	6,290,686	129	128	99.22
	Percentage Change	6.98	7.03	0.05	

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