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

REHABILITATION SERVICES ADMINISTRATION

Annual Report

Fiscal Year 2010

REPORT ON FEDERAL ACTIVITIES

UNDER THE *REHABILITATION ACT OF 1973*, AS AMENDED

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

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U.S. Department of Education

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ABBREVIATIONS

Acronym	Full Term
ABA	Architectural Barriers Act
ACT	ADA Coordinator Training
ADA	Americans with Disabilities Act
AIVRS	American Indian Vocational Rehabilitation Services
APR	Annual Performance Report
ARRA	American Recovery and Reinvestment Act
ARRT	Advanced Rehabilitation Research Training
BAC	Business Advisory Council
BEP	Business Enterprise Program
BMS	Burns Model System
CAP	Client Assistance Program
CDE	Common Data Element
CIHR	Canadian Institutes of Health Research
CIL	Center for Independent Living
CORC	Coordination, Outreach and Research Center
CRD	Civil Rights Division
CSPD	Comprehensive System of Personnel Development
DBTAC	Disability and Business Technical Assistance Center
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DD Act	Developmental Disabilities Assistance and Bill of Rights Act
DLAC	Disability Law and Advocacy Center of Tennessee
DMD	Duchenne Muscular Dystrophy
DRNM	Disability Rights New Mexico
DRRP	Disability and Rehabilitation Research Projects
DSU	Designated State Unit
DVE	Diagnostic Vocational Evaluation
DVR	Division of Vocational Rehabilitation
DVT	Venous Thromboembolism
EEOC	Equal Employment Opportunity Commission
FIP	Field-Initiated Projects
FY	Fiscal Year

Acronym	Full Term
GPRA	Government Performance and Results Act
GSA	General Services Administration
HKNC	Helen Keller National Center for Deaf-Blind Youths and Adults
ICDR	Interagency Committee on Disability Research
IDD	Intellectual or Developmental Disabilities
IEP	Individualized Education Program
IL	Independent Living
ILC	Independent Living Center
IPE	Individualized Plan for Employment
IRI	Institute on Rehabilitation Issues
KT	Knowledge Translation
MIS	Management and Information System
MPAS	Missouri Protection and Advocacy Services
MSFW	Migrant and Seasonal Farmworkers Program
NCD	National Council on Disability
NCDDR	National Center on the Dissemination of Disability Research
NCRTM	National Clearinghouse of Rehabilitation Training Materials
NIA	Notice Inviting Applications
NIDRR	National Institute on Disability and Rehabilitation Research
NINDS	National Institute of Neurological Disorders and Stroke
NTAC	National Vocational Rehabilitation Technical Assistance Center
NtK	Need to Knowledge Model
OCIO	Office of the Chief Information Officer
OCR	Office for Civil Rights
OFCCP	Office of Federal Contracts Compliance Programs
OIB	Older Individuals Who Are Blind
OSERS	Office of Special Education and Rehabilitative Services
OSU TBI-ID	Ohio State TBI Identification Method
P&A	Protection and Advocacy
PAAT	Protection and Advocacy for Assistive Technology
PAIR	Protection and Advocacy of Individual Rights
PDMA	Product Development Managers Association
PTSD	Post Traumatic Stress Disorder
PWI	Projects With Industry
QA	Quality Assurance

Acronym	Full Term
RERC	Rehabilitation Engineering Research Center
RF	Radio Frequency
RRTC	Rehabilitation Research and Training Center
RSA	Rehabilitation Services Administration
RSA-911	Annual Vocational Rehabilitation Case Services Report
SBIR	Small Business Innovation Research
SCI	Spinal Cord Injury
SCIMS	Model Systems Programs in Spinal Cord Injury
SILC	Statewide Independent Living Council
SILS	State Independent Living Services
SMPID	RSA's State Monitoring and Program Improvement Division
SRC	State Rehabilitation Council
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TA	Technical Assistance
TACE	Technical Assistance and Continuing Education
TBI	Traumatic Brain Injury
TBIMS	Traumatic Brain Injury Model System
TTP	Talking Tactile Pen
UI	Unemployment Insurance
VOPA	Virginia Office for Protection and Advocacy
VR	Vocational Rehabilitation
VR Program	State Vocational Rehabilitation Services Program
WIA	Workforce Investment Act

PREFACE

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

This report is intended to provide a description of accomplishments and progress made under the *Rehabilitation Act* during fiscal year (FY) 2010 (October 2009 through September 2010). 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 protections for individuals with disabilities. A description of these activities is provided in this report.

THE *REHABILITATION ACT*: AN OVERVIEW

THE REHABILITATION ACT : AN OVERVIEW

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

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

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

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

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

Source: U.S. Department of Education, OSERS, RSA, 2010

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

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 a systems-change project to improve services provided under the *Rehabilitation Act*, evaluates programs to assess their effectiveness, and identifies best practices. Finally, RSA conducts monitoring, provides technical assistance, and disseminates information to public and private nonprofit agencies and organizations to facilitate meaningful and effective participation by individuals with disabilities in employment and in the community.

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

For almost 90 years, the VR program has helped individuals with physical disabilities² to prepare for and enter into the workforce. The program has since expanded to serve individuals with mental disabilities. Nationwide, the VR program serves more than 1 million 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, which are defined as: “mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skill” (34 CFR 361.5(b)(31)). These individuals often require multiple services over an extended period of time. For them, VR services are indispensable to attaining employment and reducing their reliance on public support.

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

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, NIDRR supports projects to disseminate and promote the use of information concerning

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

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 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.

The *Rehabilitation Act* has been a driving force behind major changes that have affected the lives of millions of individuals with disabilities in this country. The passage of the *Workforce Investment Act of 1998 (WIA)* was the most recent reauthorization of the *Rehabilitation Act*. This report, covering FY 2010, describes all of the major programs and activities authorized under the *Rehabilitation Act* and the success of the federal government in carrying out the purposes and policy outlined in the *Rehabilitation Act*.

PROGRAMS UNDER THE *REHABILITATION ACT*

PROGRAMS UNDER THE *REHABILITATION ACT*

Through partnerships with other federal and nonfederal agencies, RSA directly funds or supports a wide variety of programs, initiatives or activities that are authorized under the *Rehabilitation Act*. For the purpose of this report, these programs, initiatives, and activities are organized into five major areas: Employment Programs; Independent Living and Community Integration; Technical Assistance, Training and Support; Evaluation, Research and Dissemination; and Advocacy and Enforcement. Within each area, the report provides a description of the discrete program, initiative or activity. Each description includes budgetary information for FY 2010 and a reporting of major outcomes and accomplishments. Programs, organized by these areas, are:

Employment Programs

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

Independent Living and Community Integration

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

Technical Assistance, Training, and Support

- Program Improvement
- Capacity-building for Traditionally Underserved Populations
- Rehabilitation Training Program

Evaluation, Research and Information Dissemination

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

Advocacy and Enforcement

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

EMPLOYMENT PROGRAMS

RSA administers seven programs that assist individuals with disabilities to achieve employment outcomes.³ Two of these programs, the VR program and the Supported Employment Services Program, are state formula grant programs. The American Indian Vocational Rehabilitation Services, Demonstration and Training, Migrant and Seasonal Farmworkers, and the Projects With Industry programs are discretionary grant programs that make competitive awards for up to a five-year period. RSA also provides oversight of the Business Enterprise Program operated by state VR agencies for individuals who are blind or visually impaired. Each of these programs is described below.

VOCATIONAL REHABILITATION SERVICES PROGRAM

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

The Vocational Rehabilitation Services Program 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.³

**Vocational Rehabilitation
Services Program
FY 2010 Federal Funding:
\$3,040,323,049**

The federal government covers 78.7 percent of the program's costs through financial assistance to the states⁴ for program services and administration. Federal funds are allocated to the states based on a statutory formula in Section 8 of the *Rehabilitation Act*. The formula takes into consideration a state's population and per capita income. To match the federal funds allotted to the states for the VR program In FY 2010, states expended \$864,073,243 in nonfederal funds that year.

Each state designates a state agency to administer the VR program. The *Rehabilitation Act* provides flexibility for a state to have two state VR agencies—one for individuals who are blind and one for individuals with other types of disabilities. All 56 grantees—50 U.S. states, D.C., Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands—have VR agencies; however, 24 of those entities also have separate agencies serving blind or visually impaired individuals, for a total of 80 state VR agencies.⁵

³ 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, interests and informed choice.

⁴ Grantees include, 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 Section 7(32 of the *Rehabilitation Act*).

⁵ 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.

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. Of the 55 agencies that are not primarily concerned with VR or VR and other rehabilitation of individuals with disabilities, the VR program is located in 12 education agencies, 14 labor and workforce agencies and 28 human services/welfare agencies. For American Samoa, Section 101(a)(2)(A)(iii) of the *Rehabilitation Act* identifies the governor's office as the VR agency.

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

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

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

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

⁶ The program regulations at 34 CFR 361.5(b)(31) defines an individual with a significant disability as “an individual with a disability:

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

During FY 2010, its fourth year of a four-year cycle, RSA conducted comprehensive on-site reviews of all Title I, VI, and VII, Part B programs in 11 states to assess compliance and performance to fulfill the requirements of Section 107 of the *Rehabilitation Act*. During the yearlong monitoring process, state teams shared information about the new monitoring processes and followed up on previous monitoring findings to ensure that corrective actions were taken and steps to improve performance were under way. Not only did the state teams meet with the state director and other agency personnel, they also visited with members of state rehabilitation councils, disability advocates, people with disabilities and other stakeholders. The monitoring cycle will begin again in FY 2011, during which eight states and 10 agencies will be reviewed.

To provide VR agencies, disability advocates, VR consumers, service providers, and other VR stakeholders with information on the performance of the State VR Services program, RSA has developed a process for publishing an *Annual Review Report* for each of the 80 state VR agencies. The reports are written in nontechnical language for the general public and are available online through the Department of Education's Management Information System (MIS) at <http://rsa.ed.gov>. The FY 2010 annual review reports were issued shortly after the end of FY 2011. Based on data submitted to RSA by the state VR agencies, the annual review report includes the following information about each state VR agency:

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

The VR program encompasses numerous program components, funding, and service delivery mechanisms. As such, program monitoring ensures that RSA is able to assist agencies to comply with the *Rehabilitation Act* and its implementing regulations, as well as to achieve high performance.

Ticket-to-Work or Social Security Reimbursement

The Social Security Administration (SSA) issues tickets to eligible beneficiaries who may choose to assign those tickets to an Employment Network (EN) of their choice to obtain rehabilitation services, employment services, and vocational or other support services necessary to achieve a vocational (work) goal under the ticket-to-work program. The EN coordinates and provides appropriate services to assist beneficiaries

in obtaining and maintaining employment upon acceptance of the work ticket. Further information on this program may be found here: <http://www.ssa.gov/work>.

During FY 2010, state VR agencies received a total of \$105,964,390.60 in reimbursements from the Social Security Administration (SSA) for the rehabilitation of 7,768 individuals with disabilities. For a VR agency to receive these reimbursements the Social Security Disability Insurance (SSDI) beneficiary or Supplemental Security Income (SSI) recipient must perform paid employment at a level of earnings high enough to be terminated from receipt of his or her SSDI or SSI benefits.

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 have 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 basic performance data, or some variation thereof, to evaluate the effectiveness of state VR agencies. In FY 2000, RSA developed two evaluation standards and performance indicators for each evaluation standard as the criteria by which the effectiveness of the VR program is assessed. The two standards establish performance benchmarks for employment outcomes 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 achieved competitive⁷ employment. The standard has six performance indicators, each with a required minimum performance level to meet the indicator. For any given year, calculations for each performance indicator for agencies that exclusively serve individuals with visual impairments or blindness are based on aggregated data for the current and previous year, i.e., two years of data. For VR agencies serving all disability populations other than those with visual impairments or blindness, or VR agencies serving all disability populations, the calculations are based on data from the current year only, except for Performance Indicator 1.1, which requires comparative data for both years.

Three of the six performance indicators have been designated as "primary indicators" because they reflect a key VR program priority of empowering individuals with disabilities, particularly those with significant disabilities, to achieve high-quality employment outcomes. High-quality employment outcomes include employment in the competitive labor market that is performed on a full- or part-time basis and for which individuals with disabilities are compensated in terms of the customary wage (but not

⁷ The program regulations at 34 CFR 361.5(b)(11) define competitive employment as "work:

- (i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and
- (ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled."

less than the minimum wage) and level of benefits paid by the employer for the same or similar work carried out by individuals without disabilities.

Listed below are each of the six performance indicators identified in Standard 1 as found in the program regulations at 34 CFR 361.84, the minimum performance level established for each indicator, and the number of state VR agencies that met the minimum level for FY 2010. **The three primary performance indicators are highlighted by an asterisk (*).**

Performance Indicator 1.1

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

**Minimum Required
Performance Level:**

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

Fiscal Year 2010 Performance:

Of the 80 state VR agencies 33, including 27 general and combined agencies and six agencies for the Blind; 41 percent, met or exceeded the minimum 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 or visually impaired the level is 68.9 percent; for other agencies the level is 55.8 percent.

Fiscal Year 2010 Performance:

Of the 24 agencies serving only individuals who are blind or visually impaired 12, or 50 percent, met or exceeded the minimum required performance level. Of the 56 other agencies 27, or 48 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.3*

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

**Minimum Required
Performance Level:**

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

Fiscal Year 2010 Performance:

All of the 24 agencies serving only individuals who are blind or visually impaired, met or exceeded the minimum required performance level. Of the 56 other agencies, 54, or 96 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.4*

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 or visually impaired the level is 89.0 percent; for other agencies the level is 62.4 percent.

Fiscal Year 2010 Performance:

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

Performance Indicator 1.5*

The average hourly earnings of all individuals who exit the VR program and enter into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage as a ratio to the state's average hourly earnings for all individuals in the state who are employed (as derived from the Bureau of Labor Statistics report on state average annual pay for the most recent available year, U.S. Department of Labor 2010).

**Minimum Required
Performance Level:**

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

Fiscal Year 2010 Performance: Of the 24 agencies only serving individuals who are blind or visually impaired, 21, or 88 percent, met or exceeded the minimum required performance level. No state wage data exists for three of the 56 other agencies (Guam, Northern Marianas, and American Samoa). Of the remaining 53 agencies, 37 general and combined agencies, or 70 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 or visually impaired the level is an arithmetic difference of 30.4; for other agencies the level is an arithmetic difference of 53.0.

Fiscal Year 2010 Performance: Of the 24 agencies serving only individuals who are blind or visually impaired, 15, or 63 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 45, or 80 percent, met or exceeded the minimum required performance level.

Table 1 on the following page summarizes the FY 2010 performance of the 80 state VR agencies on the performance indicators for Evaluation Standard 1. In order for an agency to "pass" Evaluation Standard 1, it must meet or exceed at least four of the six performance indicators, including two of the three "primary" performance indicators. In FY 2010, 11 of the 80 state VR agencies, or 13.8 percent, passed all six performance indicators, 22, or 27.5 percent, passed five of the performance indicators, and 33, or 41.3 percent, passed four of the performance indicators. In total, 66 agencies, or 82.5 percent, passed Evaluation Standard 1. The 14 agencies, or 17.5 percent, that failed Evaluation Standard 1 include three agencies that serve only individuals with visual impairments or blindness (Michigan, North Carolina and South Carolina), six agencies that serve all disability populations excluding those with visual impairments or blindness (Connecticut, Florida, Massachusetts, Minnesota, New Mexico and New York) and five agencies that serve all disability populations (Alabama, California, Northern Marianas, Ohio and Tennessee).

Table 1. Performance of the 80 State VR Agencies on Evaluation Standard 1, by Performance Indicators and Type of Agency: Fiscal Year 2010

Performance Indicators	General and Combined VR Agencies ^a		VR Agencies Serving the Blind ^b	
	Pass ^c	Fail	Pass	Fail
1.1 Number of Employment Outcomes ^d	27	29	6	18
1.2 Percentage of Employment Outcomes After Provision of VR Services	27	29	12	12
1.3 Percentage of Employment Outcomes in Competitive Employment ^{e*}	54	2	24	0
1.4 Percentage of Competitive Employment Outcomes Individuals with Significant Disabilities ^{f*}	55	1	24	0
1.5 Ratio of Competitive Employment Earnings to State Average Weekly Wage [*]	37 ^{**}	16 ^{**}	21	3
1.6 Percentage Difference Earnings as Primary Source of Support at Competitive Employment Outcome Versus at Time of Application ^g	45	11	15	9

(*) Primary indicator

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

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

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

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

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

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

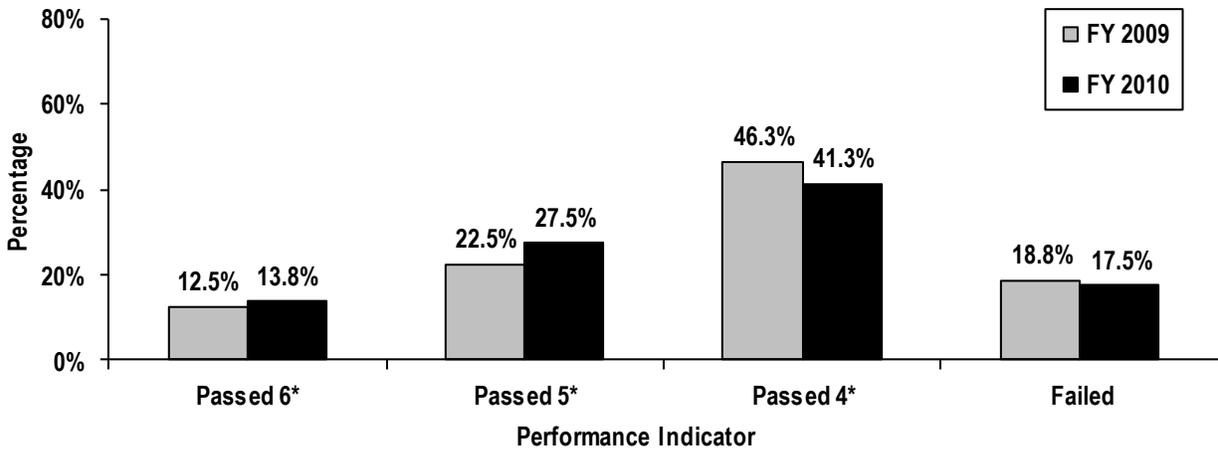
^f Employment outcome means (according to the program regulations at 34 CFR 361.5(b)(16)), with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment ... in the integrated labor market; supported employment; or any other type of employment in an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

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

Source: U.S Department of Education, OSERS, RSA, 2010f

Figure 2 on the following page compares overall agency performance for fiscal years 2009 and 2010 for Evaluation Standard 1.

Figure 2. Performance of State VR Agencies, by Percentages That Met or Failed to Meet Criteria for Passing Performance for Evaluation Standard 1: Fiscal Years 2009 and 2010



*Includes at least two of the three primary indicators
 Source: U.S Department of Education, OSERS, RSA, 2010f

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

Performance Indicator 2.1

The service rate⁸ for all individuals with disabilities from minority backgrounds as a ratio to the service rate for all individuals with disabilities from nonminority backgrounds.

Minimum Required Performance Level:

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

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

⁸ For purposes of calculating this indicator, the numerator for the service rate is the number of individuals whose service records are closed after they receive services under an IPE whether or not they achieved an employment outcome; the denominator is the number of all individuals whose records are closed after they applied for services whether or not they had an IPE..

Fiscal Year 2010 Performance: Of the 65 state VR agencies that served at least 100 individuals from a minority population, 53 or 81.5 percent attained the performance level for indicator 2.1 of .80 or higher. All but one of the 15 who did not serve 100 or more individuals from a minority population were from agencies that serve exclusively individuals with visual impairments or blindness (Connecticut, Delaware, Idaho, Iowa, Kentucky, Maine, Minnesota, Missouri, Nebraska, New Mexico, Oregon, South Dakota, Vermont, and Washington). One agency, American Samoa, that serves all disability populations, served fewer than 100 individuals from a minority population and no non-minorities. Of the 12 agencies that served at least 100 individuals from a minority population, eight were agencies that served all disability populations (Guam, Indiana, North Dakota, Northern Marianas, Ohio, Puerto Rico, Virgin Islands, and Wisconsin). Like, American Samoa, Guam served no individuals from a non-minority background. Two agencies who did not achieve the performance level of .80 for indicator 2.1 served all disability populations except for individuals with visual impairments or blindness (Iowa and Maine). Two agencies that serve exclusively individuals with visual impairments or blindness did not meet the .80 performance level (Michigan and New York).

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

Table 2 on the following page summarizes the FY 2010 performance of the 80 state VR agencies on the performance indicator for Evaluation Standard 2.

Table 2. Evaluation Standard 2 and Performance Indicators: State VR Agency Performance, Fiscal Year 2010

Performance Factors	General and Combined VR Agencies	VR Agencies Serving the Blind
Ratio of .80 or Higher	45	8
Ratio of Less than .80	10	2
Fewer than 100 Individuals from Minority Backgrounds Exiting the State VR Program	1	14

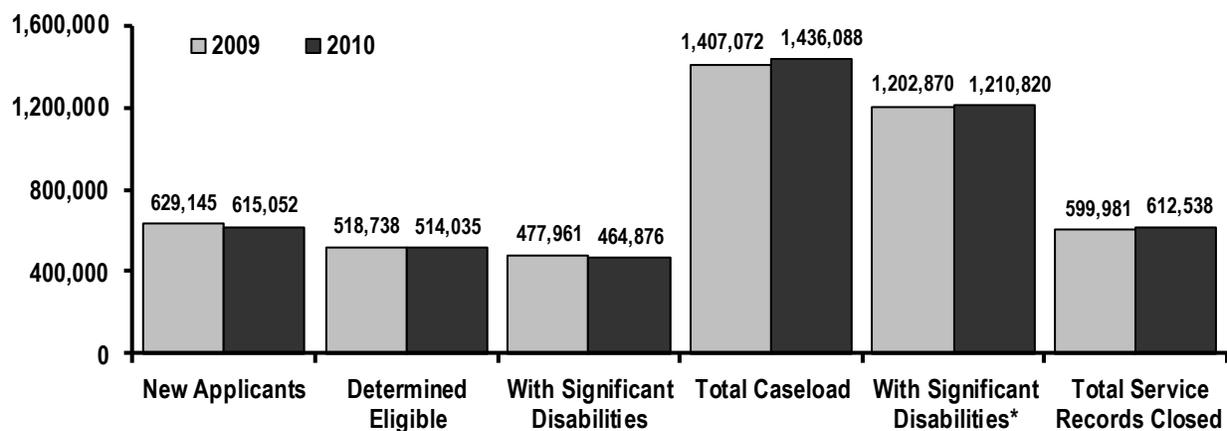
Source: U.S. Department of Education, OSERS, RSA, 2010f

A state-by-state breakdown of VR agency FY 2010 performance for both evaluation standards is provided in Appendix A of this report.

Other Program Performance Information

Figure 3 compares statistical information from fiscal years 2009 and 2010 on a variety of key indices for the VR program. In FY 2010, 615,052 individuals with disabilities exited the VR program. Of this number 514,035 (84 percent of the applicants) were determined eligible to participate in the VR program. Of the individuals who applied for VR services and were determined eligible in FY 2010, 464,876 (90 percent) were individuals with significant disabilities.

Figure 3. Key VR Program Indices, by Numbers Served: Fiscal Years 2009 and 2010

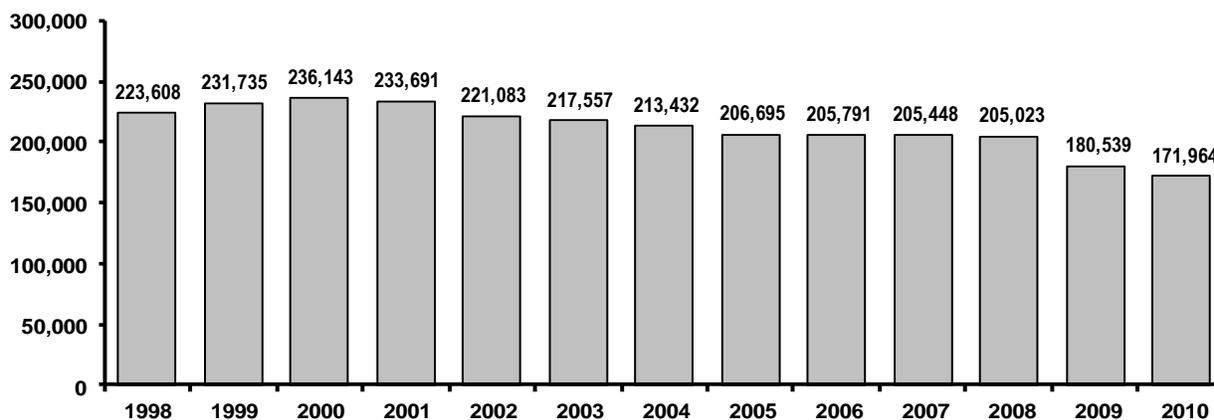


Source: U.S. Department of Education, OSERS, RSA, 2010f

During FY 2010, about 1.50 million individuals were involved in the public VR process, pursuing the achievement of their employment outcomes, including 926,370 individuals who were actively receiving services under an IPE. Approximately 92 percent of the

total number of individuals receiving services under an IPE in FY 2010 were individuals with significant disabilities.⁹

Figure 4. Number of VR Program Participants Achieving Employment Outcomes: Fiscal Years 1998–2010



Source: U.S Department of Education, OSERS, RSA, 2010f

In FY 2010, 171,964 individuals achieved an employment outcome. Figure 5 above shows the number of individuals who achieved employment outcomes after receiving VR services for each fiscal year from 1998 through 2010. The decline in the number of employment outcomes in 2002 was largely due to the elimination of extended employment as an allowable employment outcome under the VR program in FY 2001. In the year prior to implementation of this policy, state VR agencies reported that 7,359 persons had achieved an employment outcome in extended employment.¹⁰ The large decline in employment outcomes from 2004 to 2006 was primarily due to significant decreases in four states—Illinois, Minnesota, Missouri and Texas. In FY 2009, there was a large drop (12 percent) in the overall number of employment outcomes. This decline was widespread with 78 percent of the 80 state VR agencies reporting a decrease in employment outcomes. This decrease in employment outcomes can, at least in part, be attributed to the general decline in available employment opportunities. For example, many VR agencies in states experiencing high rates of unemployment for the general population have had a difficult time assisting the individuals with disabilities they serve to obtain employment. Although employment outcomes continued to decline in FY 2010, the decline was limited to 6 percent.

⁹ Pursuant to 34 CFR 361.5(b)(30), an individual with a most significant disability means an individual with a significant disability who meets the designated state unit's criteria for an individual with a most significant disability. These criteria must be consistent with the requirements in Section 361.36(d)(1) and (2) of the program regulations.

¹⁰ Extended employment is defined as "work in a non-integrated 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.

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

- RSA policies that encouraged VR agencies to serve individuals with significant disabilities, especially those with the most significant disabilities and that focus efforts on assisting these individuals to achieve high-quality employment outcomes that are consistent with their aspirations and informed choices.
- Reduction in state matching funds for VR federal funds and the difficulties experienced by several states in satisfying their maintenance of effort requirements.
- VR agencies' implementation of an order of selection. Agencies operating under an order of selection must give priority to serving individuals with the most significant disabilities. In FY 2010, of the 80 state VR agencies 35 reported that they could not serve all eligible individuals and implemented an order of selection.
- Increases in cost of services, such as tuition costs, that reduce the availability of resources for individuals with disabilities for other services that lead to employment outcomes.

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

Table 3. Individuals Obtaining Employment After Exiting Vocational Rehabilitation: Fiscal Years 1995–2010

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

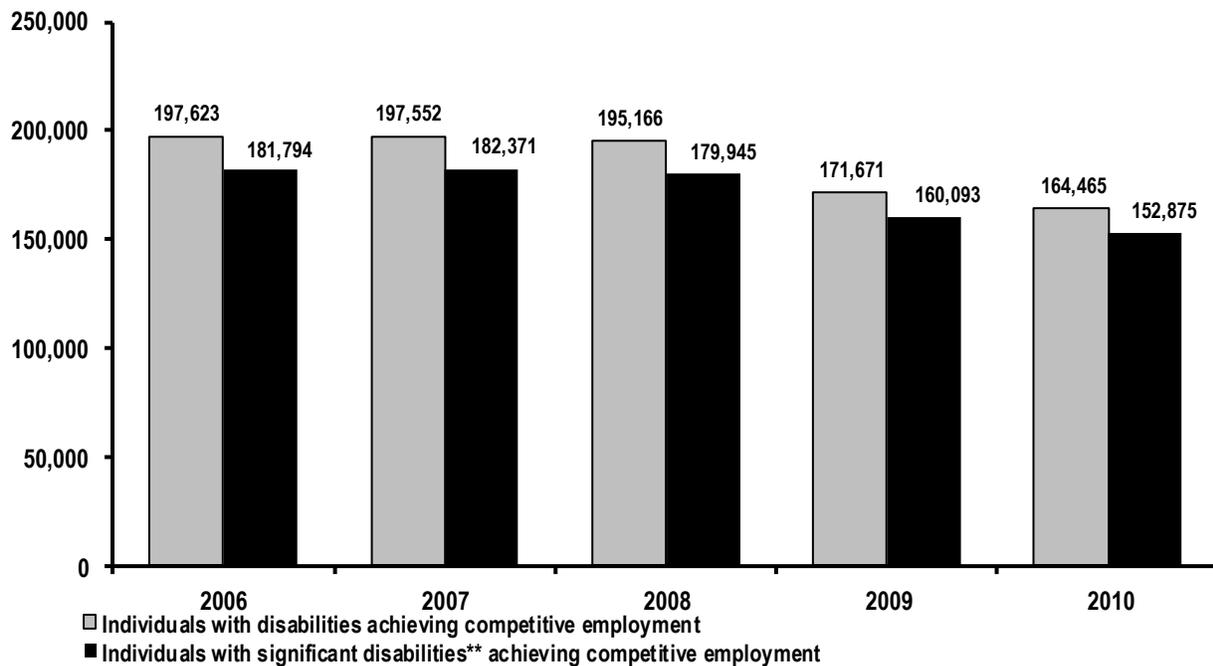
*The program regulations at 34 CFR 361.5(b)(31) defines an individual with a significant disability as "an individual with a disability:

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

Source: U.S Department of Education, OSERS, RSA, 2010f

As shown in figure 5 on the following page, the overall trend in individuals achieving competitive employment outcomes decreased from FY 2006 to FY 2010. The same trend was evident for competitive employment outcomes for individuals with significant disabilities. Between FY 2006 and FY 2007, there was a slight increase in the number of individuals with significant disabilities achieving competitive employment, but starting in FY 2008 through FY 2010 the numbers decreased again. Individuals with significant disabilities as a percentage of all individuals achieving competitive employment outcomes were also 93 percent for both FYs 2009 and 2010.

Figure 5. Number of VR Program Participants Achieving Competitive Employment, by Disability Level: Fiscal Years 2006–2010



* 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.”

** For formula grant purposes, the term “states” refers to, 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 Section 7(32) of the *Rehabilitation Act*.

Source: U.S Department of Education, OSERS, RSA, 2010f

An important aspect of employment for anyone, particularly individuals with disabilities, is employment with some type of medical benefits. In FY 2010, approximately 104,000 individuals obtained competitive jobs with medical benefits, of which a little over 98,000 were individuals with significant disabilities.

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

SUPPORTED EMPLOYMENT SERVICES PROGRAM

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

The Supported Employment Services Program implements an approach to the rehabilitation of persons with the most significant disabilities that has been proven effective and enjoys wide support. The concept of supported employment was developed to assist in the transition of persons with mental retardation and other 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 needed by individuals with the most significant disabilities to maintain supported employment. Such supports may include monthly monitoring at the worksite, from the time of job placement until transition to extended services.¹¹

**Supported Employment
Services Program
FY 2010 Federal Funding:
\$ 28,889,190**

Under the Supported Employment 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—i.e., individuals with the most significant 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 individualized plan for employment (IPE), which is “a description of the specific employment outcome, that is chosen by the eligible individual and is consistent with the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice” (34 CFR 361.45). Once this 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 only be used to provide supported employment services and are essentially used to supplement Title I funds.

Data from the *FY 2010 RSA 911 Case Service Report* (RSA 911) (U.S. Department of Education, OSERS, RSA 2010a) show that a total of 35,668 individuals whose cases were closed that year after receiving services had a goal of supported employment on

¹¹ Extended services is defined in the program regulations at 34 CFR 361.5(b)(20) as “ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment and that are provided by a State agency, a private nonprofit organization, employer or any other appropriate resource, from funds other than funds received under this part and 34 CFR Part 363 after an individual with a most significant disability has made the transition from support provided by the designated State unit.”

their IPE at some time during their participation in the VR program. Fifty-three percent of those individuals received at least some support 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 18,031 individuals, or about 51 percent of the total individuals with a supported employment goal (including those funded solely by Title I and those that received some Title VI-B support), achieved an employment outcome. Of those achieving an employment outcome 7,762 individuals received funding for supported employment services solely under the Title I VR program and 10,269 received partial funding for supported employment services through the Title I VR program, with the remainder of their funding coming from the Title VI-B supplement.

Fiscal year 2010 data also show that 80.3 percent, or 8,242 of 10,269 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, 7,769, or 94 percent, were in competitive employment. In FY 2010, the mean hourly wage for individuals with supported employment outcomes who had achieved competitive employment was \$8.98.

Some individuals who have an initial goal of supported employment achieve an employment outcome other than a supported employment outcome. Of the 2,027 or 19.7 percent of individuals receiving some funding for supported employment services through the Title VI-B program who obtained other types of employment outcomes 18.3 percent were employed in an integrated setting without supports and 1.4 percent were self-employed or were a homemaker or unpaid family worker.

As state VR agencies serve an increasing number of individuals with the most significant disabilities, the number of individuals receiving supported employment services will likely continue to increase. The prevalence of supported employment outcomes in the VR program illustrates its acceptance as a viable rehabilitation alternative. Consistent with this finding, the administration's budget requests to Congress for FYs 2002 through 2010 have included the consolidation of Title VI-B funding into the broader Title I program.

The *Government Performance and Results Act (GPRA)*¹² indicator for the Supported Employment Services Program assesses the effectiveness of state agency efforts to increase the competitive employment outcomes of individuals with the most significant disabilities who have received supported employment services. Individuals in supported employment can achieve competitive employment (with wages at or above minimum wage), although not all individuals in supported employment do achieve these competitive wages. RSA 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 outcome goal achieving an employment outcome that obtains competitive employment. In FY 2008, the performance target at 94 percent was not met, with about 92 percent of individuals with a supported

¹² See the *Government Performance and Results Act (GPRA)* at: <http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m.html>.

employment goal achieving an employment outcome achieving a competitive employment outcome. In FY 2009, the performance target of 94 percent was missed again, when only 91 percent of individuals with a supported employment goal achieved a competitive employment outcome. Although the 94 percent performance target was not met again in FY 2010, performance returned to the FY 2008 level (92 percent).

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

AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROGRAM

Authorized Under Section 121 of the *Rehabilitation Act*

The American Indian Vocational Rehabilitation Services (AIVRS) Program provides grants to governing bodies of Indian tribes (and consortia of such governing bodies) to deliver VR services to American Indians with disabilities who live on or near federal or state reservations. The term

**American Indian Vocational
Rehabilitation Services
Program
FY 2010 Federal Funding:
\$42,899,000**

Table 4. American Indian VR Services Program: Number of Grants and Funding Amounts: Fiscal Years 1999–2010

Fiscal Year	Total 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	\$31,964,316
2006	73	\$32,999,370
2007	74	\$34,409,233
2008	77	\$34,839,212
2009	79	\$36,045,354
2010	82	\$42,822,202

Source: U.S. Department of Education, RSA, 2010 b

“reservation” includes “Indian reservations, public domain Indian allotments, former Indian reservations in Oklahoma, and land held by incorporated Native groups, regional corporations and village corporations under the provisions of the *Alaska Native Claims Settlement Act*.” Section 121(c) of the *Rehabilitation Act*.

Awards are made through competitive applications for a period of up to five years to provide a broad range of VR services, including, where appropriate, services traditionally used by Indian tribes. These services assist American Indians with disabilities to prepare for and engage in gainful employment. Applicants assure that the broad scope of rehabilitation services provided will be, to the maximum

extent feasible, comparable to the rehabilitation services provided by the state VR agencies and that effort will be made to provide VR services in a manner and at a level of quality comparable to those services provided by the state VR agencies.

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

The total number of grants funded under the AIVRS program increased from 53 in FY 1999 to 79 in FY 2010. The amount of the average award (both new and continuation) has also increased. The average award size in FY 1999 was about \$325,000, as compared to about \$450,000 in FY 2010, about a 39 percent increase. Section 121 of the *Rehabilitation Act* requires that projects previously funded under the program be given preference in competing for a new grant award. Previously funded projects that

re-compete for new grants often request higher levels of funding because they have increased their capacity to serve effectively more individuals with disabilities. The evaluation of the program has shown that experienced grantees are more efficient and effective and continue to show significant improvements in their performance.

The *GPRRA* program goal is to improve employment outcomes of American Indians with disabilities who live on or near reservations by providing effective tribal VR services. Consistent with *GPRRA*, the Department measures the percentage of individuals who exit the program with an employment outcome after receiving services under an individualized plan for employment. Program outcome data extrapolated from the AIVRS annual program performance database, to assess performance on this measure, are shown in table 5. As table 5 shows, the number of American Indians with disabilities who achieved an employment outcome increased from 1,690 in FY 2009 to

Table 5. Number of Individuals Served, Exiting, and Achieving Employment Through the American Indian VR Services Program: Fiscal Years 1997–2010

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	6,245	2,375	1,573
2006	5,829	2,339	1,576
2007	6,592	2,494	1,663
2008	7,676	2,447	1,609
2009	7,621	2,769	1,690
2010	8,395	2,868	1,778

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

Source: U.S. Department of Education, RSA, 2010b.

1,778 in FY 2010, a 5.2 percent increase. In FY 2010, 62 percent of American Indians with disabilities who received services and exited the program achieved an employment outcome. The number served under an IPE during the fiscal year includes individuals who began receiving services, in a prior fiscal year.

The Department has established two efficiency measures for the AIVRS program to examine the cost per employment outcome and cost per participant. The cost per employment outcome measure examines the percentage of projects whose average annual cost per employment outcome is no more than \$35,000. Under this measure the cost per employment outcome is calculated by dividing a project's total federal grant by the number of employment outcomes reported. In FY 2010, the target performance level established for this efficiency measure, 70 percent was exceeded, with 71 percent of projects meeting the \$35,000 criterion for this measure.

The cost per participant measure examines the percentage of projects whose average annual cost per participant is no more than \$10,000. Under this measure the average cost per participant is calculated by dividing the project's total federal grant by the number of participants served under an IPE. In FY 2010, the target performance level established for this measure, 78 percent, was also exceeded, with 86 percent of projects meeting the \$10,000 criterion for this measure.

In addition, the Department collects data needed to assess the program's performance on supplemental measures that are comparable to the job training and employment common measures that were developed by the Office of Management and Budget in coordination with federal agencies with job training programs. The data reported by grantees to assess performance on these supplemental measures are: (1) the number of individuals who, during the reporting period, were still employed three months after achieving an employment outcome, (2) the number of individuals who, during the reporting period, were still employed six months after achieving an employment outcome, (3) the average weekly earnings at entry, and (4) the average weekly earnings of the individuals whose employment outcomes resulted in earnings.

The implementation of the AIVRS annual performance reporting form on the RSA Management and Information System (MIS) Database has assisted RSA in providing project data effectively and consistently. The FY 2010, 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. To improve the use and transparency of project data to manage and improve the program, RSA staff evaluated and modified the data table format to display the actual aggregate totals of national performance data and project data under individual grants. The public may access this information through RSA's MIS database at: <http://rsa.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 are building strong relationships with the state VR agencies, and these relationships are promoting cross-training in which state VR agencies are sharing techniques of VR service delivery with tribal VR staff members and tribal project staff persons are sharing techniques on delivering VR services designed for diverse cultures with state VR agency staff members. As another example, the technical assistance network sponsors annual conferences for the AIVRS projects that focus on training and networking. Other grantees funded under the *Rehabilitation Act* participate in the conferences as both trainers and learners, further promoting strong partnerships within the program and among RSA grantees.

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

DEMONSTRATION AND TRAINING PROGRAMS

Authorized Under Section 303 of the *Rehabilitation Act*

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

**Demonstration and Training
Programs
FY 2010 Federal Funding:
\$11,601,000**

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

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

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

Special demonstration projects vary in their objectives. The objective for a number of the projects funded in the past has been to provide comprehensive services for individuals with disabilities that lead to successful employment outcomes. However, some projects funded under this authority do not relate directly to employment of individuals with disabilities. For example, some projects focus on Braille training. Others focus on training parents of youths with disabilities. While these projects will ultimately affect employment and entry into the VR program, such outcomes may occur only indirectly, or many years, after the project ends. For this reason, the program's outcome measure is as follows:

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

Using this measure allows each project to be included in any evaluation of the Demonstration and Training Programs. Program outcome data using this measure have been collected on projects that ended after FY 2005. However, because no project receiving funding in FY 2010 ended that year, data will not be available as to their performance on this measure until the projects end.

In FY 2010, RSA awarded one new grant under this program to the University of Massachusetts–Boston. The purpose of this project is to identify, develop, and implement a demonstration project to improve outcomes for individuals receiving Social Security Disability Insurance (SSDI) who are served by state VR agencies. During the first year of the project, the grantee conducted in-depth case studies of selected state VR agencies to identify the factors that account for these agencies achieving high numbers of employment outcomes that are at or above substantial gainful activity as defined by the Social Security Administration. These analyses will be used to develop intervention models based on replicable factors identified in the case studies that can be implemented in at least three state VR agencies.

In FY 2010, RSA also continued funding for six grants that focused on supporting projects that demonstrate the use of promising practices of collaborative transition planning and service delivery to improve the postsecondary education and employment outcomes of youths with disabilities. Grantees are implementing a model transition program that is designed to improve post-school outcomes of students with disabilities through the use of local interagency transition teams and the implementation of a coordinated set of promising practices and strategies. These grants are located in Ohio, Pennsylvania, Maryland, South Carolina, Massachusetts and Oregon.

In FY 2010, funding was continued for seven parent training and information grants, and the technical assistance center that supports them. These centers provide training and information to enable individuals with disabilities and parents, family members, guardians, advocates, or other authorized representatives of the individuals to participate more effectively with professionals in meeting the vocational, independent living and rehabilitation needs of individuals with disabilities.

Three Braille training grants received continuation funding. These projects provide training in the use of Braille for personnel providing vocational rehabilitation services or educational services to youths and adults who are blind, thereby building the capacity of service providers who work with those individuals.

The purpose of the assistive technology reuse projects that RSA funded previously, which included RSA funded AT device reutilization special demonstration projects, was to demonstrate the feasibility of reusing assistive technology to benefit individuals with disabilities who may not have access to assistive technology through some other means. In FY 2010, in order to continue to maintain the investment that RSA made in these projects, RSA continued a project providing technical assistance to the assistive technology reuse projects.

Finally, in FY 2010, RSA provided earmarked funding for 19 projects under this program authority.

MIGRANT AND SEASONAL FARMWORKERS PROGRAM

Authorized Under Section 304 of the Rehabilitation Act

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

**Migrant and Seasonal
Farmworkers Program
FY 2010 Federal Funding:
\$2,239,000**

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. They face significant barriers to securing employment, such as language barriers, culturally diverse backgrounds and relocation from state to state, making tracking individuals difficult if not impossible.

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

Projects funded in FY 2010 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 upon the Annual Vocational Rehabilitation Case Service Report (RSA-911), which collects data on the number of individuals whose cases are closed from state VR agencies each fiscal year. One element in the system reports on the number of persons who also participated in a MSFW project at some time during their VR program. This is the data element used to calculate the *GPR*A performance indicator for this program. The *GPR*A indicator for this program is shown below:

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

Thirteen projects funded under this program in FY 2010 served a total of 137 individuals who were also served by the VR program and placed a total of 82 individuals into competitive employment, a 60 percent placement rate. During this same time period, the VR program in those same 13 states that had a MSFW project served an additional 28 migrant and seasonal farmworkers, who did not participate in a project funded under this program, and placed a total of 12 individuals into competitive employment, a 43 percent placement rate. Therefore, the *GPR*A indicator was met.

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

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

The states that did not have an MSFW project served 1,450 migrant and seasonal farmworkers and placed a total of 804 individuals into competitive employment, a 55.5 percent placement rate. Therefore, the new *GPR*A indicator was also met in FY 2010.

In order to implement an improvement plan for grantees under this program, RSA advised all of the MSFW grantees to begin collecting data on Oct. 1, 2007, on eight new performance measures to report for the FY 2008 year. The eight data elements and the data for the 13 continuation projects under this program for FY 2010 were as follows:

- Total number of MSFWs with disabilities who received vocational rehabilitation services from this project this reporting period. Total: 538
- Total number of MSFWs with disabilities who also receive vocational rehabilitation services from the state VR agency this reporting period. .. Total: 340

- Total number of MSFWs with disabilities who achieved employment outcomes this reporting period. Total: 140
- Total number of MSFW with disabilities served who exited the program this year without achieving an employment outcome. Total: 97
- Total number of MSFWs with disabilities served who exited the program this reporting period without achieving an employment outcome but who were transferred to another state. Total: 11
- Percentage of MSFWs with disabilities served who achieved employment outcomes this year..... Percentage: 26 percent
- Total number of MSFWs with disabilities who are still employed three months after achieving an employment outcome..... Total: 125
- Annual cost per participant who achieved an employment outcome.Average Cost: \$15,834

The number of grants awarded under the MSFW program for fiscal years 2000–10 is shown in table 6.

Table 6. Migrant and Seasonal Farmworkers Program: Number of Grants: Fiscal Years 2000–10

Fiscal Year	Continuation Grants	New Grants	Total Grants
2000	10	4	14
2001	11	4	15
2002	11	4	15
2003	13	1	14
2004	13	0	13
2005	9	4	13
2006	9	3	12
2007	8	3	13
2008	10	3	13
2009	13	0	13
2010	9	4	13

Source: U.S. Department of Education, OSERS, RSA, 2010e

PROJECTS WITH INDUSTRY

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

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

**Projects With Industry
FY 2010 Federal Funding:
\$19,197,000**

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

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

Evaluation Standard 1: The primary objective of the project must be to assist individuals with disabilities to obtain competitive employment. The activities carried out by the project must support the accomplishment of this objective.

Evaluation Standard 2: The project must serve individuals with disabilities that impair their capacity to obtain competitive employment. In selecting persons to receive services priority must be given to individuals with significant disabilities.

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

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

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

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

Evaluation Standard 7: The project must obtain positive results in assisting individuals with disabilities to obtain competitive employment.

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

Compliance Indicator 1 (Primary): Placement rate. (A minimum of 55 percent of individuals served by the project during fiscal year 2010 must be placed into competitive employment).

Compliance Indicator 2 (Primary): Change in earnings. (Based upon hours worked, projects must have an average increase in earnings of at least \$125 a week per individual placed in competitive employment or \$100 per week for those projects in which at least 75 percent of individuals placed into competitive employment are working fewer than 30 hours per week.)

Compliance Indicator 3 (Secondary): Percent placed who have significant disabilities. (At least 50 percent of individuals served by the project who are placed into competitive employment are individuals who have significant disabilities.)

Compliance Indicator 4 (Secondary): Percent placed who were previously unemployed. (At least 50 percent of individuals who are placed into competitive employment are individuals who were continuously unemployed for at least six months at the time of project entry.)

Compliance Indicator 5 (Secondary): Average cost per placement. (The actual average cost per placement of individuals served by the project does not exceed 115 percent of the projected average cost per placement in the grantee’s application.)

Two of the compliance indicators also serve as the program's measures established pursuant to *GPR*A. These measures, including FY 2010 performance results based on the reports of 67 grantees, are provided below.

- **Placement Rate** of individuals with disabilities into competitive employment. The placement rate for fiscal year 2010 was 68 percent, exceeding the measure's *GPR*A target of 63 percent.
- **Change in earnings** of individuals who are placed in competitive employment. In fiscal year 2010, the change in earnings of individuals who were placed in competitive employment averaged \$266 per week, which exceeded the measure's *GPR*A target of \$263.

The PWI program has three additional *GPR*A measures that were added in FY 2006. These measures including FY 2010 performance results are based on the reports of 67 grantees.

- **The percentage of exiting PWI participants who are placed in competitive employment.** The percentage of exiting participants who were placed in competitive employment during FY 2010 was 78 percent. This percentage was an increase over the 76 percent placed in FY 2009; however, it did not meet the performance target of **84.78 percent**.
- **The percentage of PWI projects whose annual average cost per placement is no more than \$11,000.** In FY 2010, the 81 percent of projects had annual average cost per placement of \$11,000 or less, which exceeded the target of **77 percent**.
- **The percentage of PWI projects whose annual average cost per participant is no more than \$4,500.** In FY 2010, the 67 percent of projects had an annual average cost per participant of \$4,500 or less, which was well below the target of **80 percent**.

In order to receive a continuation award, PWI grantees must demonstrate compliance with the standards and indicators by submitting data for the most recent complete fiscal year. Minimum performance levels must be met on the two primary indicators (placement rate and change in earnings); as well as two of the three secondary indicators (percent placed who have significant disabilities, percent placed who were previously unemployed, and average cost per placement).

In FY 2010, the PWI projects completed the second year of their grant. Projects that failed to meet the performance measures in FY 2009, the first year of this grant cycle, were given an additional six months in FY 2010 to reach the required targets. Projects that did not reach the targets after the six-month period were not granted continuation funds for FY 2011. Of the 67 projects originally funded in FY 2009 seven projects, or 10 percent, failed the compliance indicators and were not continued after FY 2010. This rate is much lower than in FY 2008, the last year of the previous grant cycle, when 23 percent of the projects failed. FY 2009 marked the beginning of a new five-year grant

cycle. These newly funded grants included a number of novice grantees. The Notice Inviting Applications (NIA) for these PWI grants included priority points awarded to novice applicants resulting in a number of novice grants greater than under previous grant cycles. Unlike more experienced grantees, novice grantees face the challenge of start-up activities, including publicizing the availability of the grant's services and securing qualified staff. We believe the combination of the new grant cycle, a greater number of novice grants awarded than in previous grant cycles and the downturn in the economy contributed to the program being unable to meet the targets for the program's GPRA measures.

Table 7 presents selected performance information for the PWI program for fiscal years 2009 and 2010. In FY 2010, there were 67 projects in operation, one more than in FY 2009. The 67 PWI projects operating and reporting data in FY 2010 placed 60 percent of the total 6,519 individuals served into competitive employment. Approximately 89 percent of the total number of individuals served and 89 percent of individuals placed were individuals with significant disabilities. About 77 percent of individuals served and 75 percent of individuals placed in employment were individuals who were unemployed six months or more prior to program entry. In FY 2010 the placement rate for individuals with significant disabilities (percentage of individuals with significant disabilities served who were placed in employment) was 61 percent.

Table 7. Projects With Industry Program Outcomes: Fiscal Years 2009 and 2010

Fiscal Year	2009	2010
Total projects reporting*	66	67
Total persons served	5,454	6,519
Persons served with significant disabilities	4,823	5,803
Percentage served with significant disabilities	88%	89%
Persons served who were unemployed six months or more	4,023	4,988
Percentage served who were unemployed six months or more	74%	77%
Total persons placed in employment	2,599	3,955
Percentage of total persons placed in employment	48%	60%
Persons placed with significant disabilities	2,389	3,535
Percentage of individuals with significant disabilities placed in employment	92%	89%
Persons placed who were unemployed six months or more in employment	1,958	2,981
Percentage of previously unemployed individuals placed in employment	75%	75%
Placement rate of individuals with significant disabilities	50%	61%
Placement rate of previously unemployed individuals	49%	60%

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

Source: U.S. Department of Education, RSA, 2010c

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

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM

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

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

Also known as the Business Enterprise Program, *The Randolph-Sheppard Act* Vending Facility Program is supported by a combination of RSA program funds, state appropriations, federal vending machine income, and levied set-asides from vendors. It provides persons who are blind with remunerative employment and self-support through the operation of vending facilities on federal and other property. The program recruits qualified individuals who are blind, trains them on the management and operation of small business enterprises, and then licenses qualified blind vendors to operate the facilities.

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

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

The data contained in table 8 were obtained from the Report of Vending Facility Program, Form RSA-15, for FY 2010 (U.S. Department of Education, OSERS, RSA, 2010d). The total gross income for the program was \$792.6 million in FY 2010, compared to \$758.4 million in FY 2009. The total earnings of all vendors were \$122.4 million in FY 2010 and \$120.5 million in FY 2009. The national average annual net earnings of vendors were \$56,168 in FY 2010, and \$51,664 in FY 2009. The number of vendors at the end of FY 2010 was 2,319 compared to 2,358 in FY 2009, a decrease of 39 vendors. The total number of vending facilities at the end of FY 2010 was 2,505 compared to 2,542 in FY 2009.

Table 8. Randolph-Sheppard Vending Facility Program Outcomes: Fiscal Years 2009 and 2010

	FY 2009	FY 2010
Income and Earnings		
Gross Income	\$758,352,474	\$792,613,306
Vendor Earnings	\$120,528,535	\$122,398,938
Average Earnings	\$51,664	\$56,168
Number of Vendors		
Federal Locations	822	818
Nonfederal Locations	1,536	1,501
Total Vendors	2,358	2,319
Number of Vending Facilities		
Federal Locations	885	873
Nonfederal Locations	1,657	1,635
Total Facilities	2,542	2,505

Source: U.S. Department of Education, RSA 2010d

INDEPENDENT LIVING AND COMMUNITY INTEGRATION

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

STATE INDEPENDENT LIVING SERVICES PROGRAM

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

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

**State Independent Living
Services Program
FY 2010 Federal Funding:
\$23,450,000**

1. Supporting the operation of SILCs;
2. Demonstrating ways to expand and improve IL services;
3. Providing IL services;
4. Supporting the operation of CILs;
5. Increasing the capacity of public or nonprofit organizations and other entities to develop comprehensive approaches or systems for providing IL services;
6. 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;
7. Training service providers and individuals with disabilities on the IL philosophy; and
8. Providing outreach to populations that are unserved or underserved by IL programs, including minority groups and urban and rural populations.

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

American Recovery and Reinvestment Act of 2009

The *American Recovery and Reinvestment Act of 2009 (ARRA)* appropriated an additional \$18,200,000 for the SILS program. These funds were available to be expended over a two-year period. During FY 2010, these *ARRA* funds enabled states to create or expand IL programs helping individuals with significant disabilities to transition from institutions to their communities; pursue postsecondary education, employment and independent living opportunities; improve their quality of life through assistive technology and rehabilitation engineering services; and achieve their life goals through increased availability of IL skills, peer counseling and individual and systems advocacy and information and referral services.

CENTERS FOR INDEPENDENT LIVING PROGRAM

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

The Centers for Independent Living (CIL) program provides grants to consumer-controlled, community-based, cross-disability,¹⁴ nonresidential, private nonprofit agencies for the provision of IL services to individuals with significant disabilities. At a minimum, centers funded by the program are required to provide the following IL core services: information and referral, IL skills training, peer counseling and individual and systems advocacy. Centers also may provide psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and to continue in employment.

Centers for Independent Living Program
FY 2010 Federal Funding:
\$80,266,000

The *Rehabilitation Act* establishes a set of standards and assurances that eligible centers are required to meet. In order to continue receiving CIL program funding, centers must

Table 9. Centers for Independent Living Program Accomplishments: Fiscal Year 2010

In FY 2010, CILs nationwide served over 235,216 individuals with disabilities. A few examples of their beneficial impact on individuals follows:

- 4,483 individuals were relocated from nursing homes or other institutions to community-based living arrangements.
- 45,845 individuals received assistive technology or rehabilitation services.
- 65,291 individuals received IL skills training and life skills training.
- 40,484 individuals received IL services related to securing housing or shelter.
- 26,778 individuals received services related to transportation; and
- 43,903 individuals received personal assistance services.

demonstrate minimum compliance with the following evaluation standards: promotion of the IL philosophy, provision of IL services on a cross-disability basis, support for the development and achievement of IL goals chosen by the consumer, efforts to increase the availability of quality community options for IL, provision of IL core services, resource development activities to secure other funding sources, and community capacity-building activities.

A population-based formula determines the total funding available for discretionary grants to centers in each state. Subject to the availability of appropriations, the commissioner is required to fund 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

Source: U.S. Department of Education, OSERS, RSA, n.d.

¹⁴ Cross-disability means (according to the program regulations at 34 CFR 364.4), with respect to a CIL, that a "center provides IL services to individuals representing a range of significant disabilities and does not require the presence of one or more specific significant disabilities before determining that an individual is eligible for IL services."

priority designation of unserved or underserved areas and the availability of funds within the state. In FY 2010, there were 336 CILs operating nationwide that received funds under this program. If a state's funding for the CIL program exceeds the federal allotment to the state, the state may apply for the authority to award grants and administer this program through its DSU. Two states, Massachusetts and Minnesota, have chosen to exercise this authority.

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

American Recovery and Reinvestment Act of 2009

ARRA provided \$87,500,000 to the CIL program. Because the CILs were authorized to use ARRA funds over a five-year period, during FY 2010, these funds enabled existing CILs to create or expand IL programs to help individuals with significant disabilities to transition from institutions to their communities; pursue postsecondary education, employment and independent living opportunities; improve their quality of life through assistive technology and rehabilitation engineering services; and achieve their life goals through increased availability of information and referral, IL skills, peer counseling and individual and systems advocacy services.

In addition, ARRA funds enabled 20 newly competed CILs to begin providing IL services to individuals with significant disabilities in nine states. Finally, a portion of these funds enhanced RSA's training and technical assistance services to CILs and SILCs nationwide in accordance with Section 721 of the *Rehabilitation Act*.

INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND ***Authorized Under Title VII, Chapter 2, of the Rehabilitation Act***

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

**Independent Living Services
for Older Individuals
Who Are Blind
FY 2010 Federal Funding:
\$34,151,000**

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

In FY 2010, the total Chapter 2 funds expended on the OIB program were \$41,692,731. This amount includes some *ARRA* funds that were awarded, but not expended in FY 2009, and which were carried over to be used in FY 2010. In addition to federal funding under Title VII, Chapter 2; the OIB program benefited from nonfederal support in FY 2010. The nonfederal source of funding and in-kind support for the 56 OIB grantees dropped 29.2 percent from FY 2009 to \$3,110,310 in FY 2010, reflecting the financial difficulties many states are facing. This funding promotes the sustainability of the state-operated programs nationwide and builds the capacity of states to address the vastly growing numbers of older individuals with blindness and visual impairment. Approximately one in six older individuals over the age of 65 experience age-related vision loss.

The OIB program continued to see an increase in services delivered to consumers that have other severe or multiple disabilities in addition to a significant visual impairment. In FY 2010, some 69,678 older individuals nationwide benefited from the IL services provided through this program, up 3.1 percent from FY 2009.

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 OIB program.

RECREATIONAL PROGRAMS

Authorized Under Section 305 of the *Rehabilitation Act*

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

**Recreational Programs
FY 2010 Federal Funding:
\$2,474,000**

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

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

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

Table 10. Number of Recreational Programs Continuation and New Grant Awards: Fiscal Years 2006–10

Fiscal Year	Continuation Awards	New Awards	Total Awards
2006	17	8	25
2007	17	9	26
2008	18	6	24
2009	15	10	25
2010	16	9	25

Source: U.S. Department of Education, OSERS, RSA, 2010g

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

The connection between recreational activities and the creation of employment opportunities is evident in the following two projects funded in FY 2010.

The Macomb-Oakland Regional Center, Michigan, implemented its Recreational Empowerment Program to address significant financial, physical and social barriers that prevent individuals with disabilities from gaining access to quality recreational opportunities as well as their physical and mental health needs. The project responds to those obstacles by providing an expanded array of recreational activities to individuals with developmental disabilities residing in Macomb and Oakland counties to aid in the employment, mobility, socialization, independence, and community integration.

Specific objectives over the three-year period are: (a) 300 clients will receive recreational services of their choice based on a person-centered plan, (b) 300 clients will demonstrate increased knowledge of community leisure resources, (c) 250 clients will demonstrate improved physical skills and competencies, (d) 250 clients will demonstrate improved social skills, (e) 45 clients will be placed in a job in their

community, (f) 36 community agencies will receive education and technical assistance from the REC on improving access to recreational services for individuals with disabilities, and (g) establishing referral services with a minimum of 36 community agencies to facilitate the integration of individuals with disabilities in appropriate recreational activities within the community.

Rec2Reality is a project involving the University of Kansas Center for Research on Learning, Central Kansas Cooperative on Education (a special education cooperative serving 12 school districts in central Kansas with administrative offices in Salina and Abilene, Kan.), Kansas Wesleyan University (a private college located in Salina, Kan.), OCKK, Inc. (a nonprofit service provider for persons with mental retardation or developmental disabilities), and the Central Kansas 18–21 Taskforce. The purpose of Rec2Reality is to provide young adults with disabilities, aged 18–21 exposure to a variety of recreation and leisure opportunities in their community. With their workout partners (undergraduate students from Kansas Wesleyan University), these young adults will participate in recreation experiences using Nintendo Wii games (i.e., golf, yoga, aerobics, bowling, fishing, tennis, horseshoes, swimming, table tennis, dancing). They will then experience these recreation opportunities with their workout partners in their community. Each young adult will develop an online portfolio of recreation opportunities he or she enjoyed, transportation options that meet his or her needs, and individuals who could become long-term workout partners. They will also develop individualized Lifelong Recreation Plans, implement the plans and monitor their progress. Rec2Reality will encourage young adults with disabilities to become actively engaged in their community, pursue lifelong fitness and leisure opportunities, develop community mobility skills, and practice employment soft skills (i.e., communicating effectively, networking, enthusiasm, professionalism, teamwork, and problem solving).

This project addresses the needs and interests of millennial youths who integrate technology and socialization throughout their lives. By incorporating the Nintendo Wii games and online portfolio development, these youths will apply technology they are familiar with to skills that are applicable to community involvement and employment. Goals for this project include:

- Increased community-based, inclusive recreation participation of young adults with disabilities.
- Increased independent community mobility of young adults with disabilities.
- Improved employment soft skills of young adults with disabilities.

Rec2Reality will be available for all interested individuals with disabilities aged 18–21, regardless of race, gender or disability classification, who are receiving services from the local education agency, Kansas Vocational Rehabilitation Services, or OCKK, Inc., in the Salina, Kan., area. It is expected that 20–30 young adults with disabilities will participate in the program during each funded year, with 60–90 participants during the three-year project period.

The collaborative entities for this project also plan to continue and expand the project past the project period through cost-sharing and in-kind supports. The project staff and partners, working with the Central Kansas 18–21 Taskforce, will develop a detailed sustainability plan that will outline the cost-share mechanisms and include strategies for expanding the project to neighboring communities within the Central Kansas area.

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*

Program Improvement funds allocated under Section 12 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 information materials; and carry out monitoring and evaluation activities.

**Program Improvement
FY 2010 Federal Funding:
\$852,000**

Under this section of the *Rehabilitation Act*, the RSA commissioner is authorized to provide technical assistance (TA) 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 work force investment activities.

In FY 2010, Section 12 funds were used to support several technical assistance projects and activities. About 75 percent of the funds were used to support ongoing technical assistance projects, including the National Vocational Rehabilitation Technical Assistance Center (NTAC) and Web-based TA seminars. The remaining funds were used to support a Quality Assurance and Program Evaluation Summit. Information on the status of these projects is provided on the following page.

1. National Vocational Rehabilitation Technical Assistance Center (NTAC): RSA in cooperation with NIDRR is developing a network of TA resources to improve the performance of state VR agencies.

In FY 2009, RSA established NTAC through a contract with an entity supported with Section 12 program improvement funds. The purpose of NTAC is to ensure the quality and efficiency of the TA products and activities that are carried out by its network of TA resources. The RSA TA Network is comprised of 10 Technical Assistance and Continuing Education (TACE) centers, 10 NIDRR employment-related research projects, seven RSA Parent Information and Training Program grantees, and others.

The NTAC is responsible for collecting, reviewing, and disseminating TA materials; identifying and disseminating research and other information that may be useful to the TA Network; and identifying potential technical assistance providers as needed to work on issues not specifically addressed by the Regional Technical Assistance and Continuing Education (TACE) centers. NTAC, in collaboration with RSA and the TACE centers, developed a common needs assessment, common work plan, and common evaluation instruments. The NTAC also reviews the TACE centers work plans to obtain information to identify common TA needs. In FY 2010, NTAC conducted the following activities:

- collection and dissemination of TA materials developed by TA Network members and other entities to the entire network;
 - building a directory of TA experts for use by TACE centers;
 - the implementation of an evaluation strategy to be used by TACE centers;
 - hosting a conference for all TA Network members and a professional development Web seminar;
 - analysis of the activities of the TA Network;
 - disseminated information on conferences and training opportunities outside the network of interest to the VR field; and
 - coordinated sharing of information between the TACE centers, NIDRR centers and other members of the TA Network.
2. Web-based Training and Technical Assistance: Section 12 funds were used to support Web-based seminars hosted through the National Clearinghouse of Rehabilitation Training Materials (NCRTM) in order to provide timely TA to RSA grantees and stakeholders. This method provides the most cost-effective delivery of TA to state VR agencies, their partners, and other RSA grantees. The Web seminars have received positive ratings by participants, encouraging continuation of this initiative. RSA conducted 12 webinars in FY 2010 on such topics as conducting a comprehensive statewide needs assessment, interpreting needs in VR settings, and reporting requirements for discretionary grants, including reporting of the use of *American Recovery and Reinvestment Act* funds by centers for independent living.

3. Quality Assurance and Program Evaluation Summit: RSA provided funding to the University of Washington Center for Continuing Education in Rehabilitation to support the third annual Quality Assurance and Program Evaluation Summit held in September 2010. RSA learned through its monitoring activities that many state VR agencies did not have a comprehensive quality assurance (QA) and program evaluation system in place. For example, typical components not included in these systems were evaluation of the quality of services provided by community rehabilitation programs, data collection and analysis of services provided in the older individuals who are blind program and the state independent living services programs, and evaluation of the VR needs of consumers and potential consumers.

One hundred and sixty-seven individuals participated, including 104 state VR agency staff, in this two-day conference enhancing their skills and knowledge about program evaluation and QA in VR. Conference sessions included utilization focused program evaluation, collaboration with a university to enhance program efforts, and using available data to examine the long-term impact of VR services on consumer employment and earnings. Additional funding supported webcasts of two keynote presentations to permit participation by state agency staff and stakeholders that could not travel to attend the summit. As an adjunct to the summit, a portion of the funds were used to develop a distance education series on program evaluation for VR staff and stakeholders. The series of courses are being developed from information gathered from the summit speaker recordings, webcasts, and new curriculum.

CAPACITY-BUILDING FOR TRADITIONALLY UNDERSERVED POPULATIONS

Authorized Under Section 21 of the *Rehabilitation Act*

Section 21 requires RSA to reserve 1 percent of funds appropriated each year for programs under Titles III, VI and VII to make awards to minority entities and Indian tribes to carry out activities under the *Rehabilitation Act* and to state or public or private nonprofit agencies to support capacity-building projects designed to provide outreach and technical

assistance to minority entities and American Indian tribes to promote their participation in activities under the *Rehabilitation Act*. In FY 2010, \$2,593,403 was reserved from programs administered by RSA under Titles III, VI and VII for these purposes.

**Capacity-Building for
Traditionally Underserved
Populations
FY 2010 Federal Funding:
\$2,593,403**

The 1998 amendments to the *Rehabilitation Act* define minority entities as historically black colleges and universities, Hispanic-serving institutions of higher education, American Indian tribal colleges or universities, and other institutions of higher learning whose minority student enrollment is at least 50 percent. Capacity-building projects are designed to expand the service-providing capabilities of these entities and 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 2010, RSA awarded nine new grants under the RSA Rehabilitation Capacity-Building program under two priority areas. The two priority areas were: (Priority 1) Establishing New Rehabilitation Training Programs (CFDA 84.315C) and (Priority 2) Capacity-Building for Minority Entities (CFDA 84.315D). Four grants were awarded under Priority 1 and five under Priority 2. In terms of minority institutions receiving these grants—one grant was awarded to a Hispanic-serving institution of higher education and five grants were awarded to historically black colleges and universities (HBCUs).

In addition, in FY 2010 RSA awarded grants to three other HBCUs under the Rehabilitation Long-Term Training Program with Section 21 funds. Two were totally funded under Section 21 and one was partially funded under this authority.

National Institute on Disability and Rehabilitation Research (NIDRR) Section 21 activities are discussed in NIDRR's section of this report.

REHABILITATION TRAINING PROGRAM

Authorized Under Section 302 of the *Rehabilitation Act*

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

**Rehabilitation Training
Program
FY 2010 Federal Funding:
\$37,766,000**

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

In FY 2010, RSA funded 275 training grants. These grants cover a broad array of areas, including 161 long-term training grants, 94 in-service training grants to state VR agencies, six grants to provide quality educational opportunities for interpreters at all skill levels, 10 grants providing technical assistance and continuing education to state VR agencies and their partners, and four short-term or general rehabilitation training grants. Together, these grants support the public rehabilitation system through

recruiting and training well-qualified staff and maintaining and upgrading their skills once they begin working within the system.

The long-term training program supports academic training grants that are awarded to colleges and universities with undergraduate and graduate programs in the field of rehabilitation. Grantees must direct 75 percent of the funds they receive to trainee scholarships. The statute requires trainees who receive assistance either to work two years for every year of assistance in public or private nonprofit rehabilitation or related agencies, including professional corporations or professional practice groups that have service arrangements with a state agency, or to pay back the assistance they received. Grant recipients under the long-term training program are required to build closer relationships between training institutions and state VR agencies, promote careers in VR, identify potential employers who would meet the trainee's payback requirements, and ensure that data on the employment of students are accurate. In FY 2010, RSA funded 161 such grants (57 new grants and 104 continuation grants) in 11 specialty areas.

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

Of the funds appropriated for the Rehabilitation Training Program, 15 percent must be used to support in-service training. During FY 2010, the Rehabilitation Training Program made 75 basic in-service training awards and 19 quality in-service training awards to state VR agencies totaling \$5,664,900 to support projects for training state VR agency personnel in program areas essential to the effective management of the VR programs under the *Rehabilitation Act* and in skill areas that enable VR personnel to improve their ability to provide VR services leading to employment outcomes for individuals with disabilities. The In-Service Training Program continued to play a critical role in helping state VR agencies to develop and implement their CSPD standards for hiring, training and retaining qualified rehabilitation professionals; provide for succession planning; provide leadership development and capacity-building; and provide training on the *Rehabilitation Act* in their respective states.

In addition to the assistance provided through the In-Service Training Program, state VR agencies had two other sources of assistance to help them meet their CSPD requirements. In FY 2010, RSA awarded \$2,071,341 for three new and eight continuation CSPD grants under the Long-Term Training Program to help retrain VR

counselors to meet the state degree standard. These 11 CSPD grants are among the 161 long-term training grants that RSA awarded in FY 2010. Funds under the Title I VR program may also be used to comply with the CSPD requirements.

In FY 2010, RSA continued to fund 10 regional Technical Assistance and Continuing Education (TACE) Centers. Grants for the 10 TACE Centers totaled \$7,898,222. Eight of the 10 TACE Centers were awarded at the end of FY 2008 with the remaining two awarded at the beginning of FY 2009. Under five-year cooperative agreements, the TACE Centers provide technical assistance and continuing education to state VR agencies and their partners to improve their performance under and compliance with the *Rehabilitation Act*. TACE Centers are required to conduct annual needs assessments of their regions to identify the performance and compliance needs of the state VR agencies they serve. Using these needs assessments, the centers then create work plans that identify the nature and scope of technical assistance and continuing education they will provide. The 10 TACE Centers during FY 2010 worked closely with state VR agencies to address a variety of concerns. Most importantly, the TACE Centers have worked with these state agencies and their community partners to address budget shortfalls, agency restructuring and downsizing, and service priorities. In addition, the TACE Centers also provided technical support in improving employment outcomes for people with disabilities who continue to experience higher unemployment rates than their nondisabled counterparts.

The Rehabilitation Training Program also sponsors an annual conference of rehabilitation educators and state agencies to discuss human resource issues and solutions. The Rehabilitation Educator's Conference took place in Arlington, Va., on Oct. 27–29, 2009. Theme of the conference was “Research to Practice: Enhancing Rehabilitation Service Delivery to Improve Outcomes.” The Rehabilitation Training Program also sponsored a three-day forum for new state VR administrators, directors of state VR agencies for the blind, tribal VR agency directors, chief deputies, and chairs of the State Rehabilitation Councils (SRCs). The annual forum is designed to ensure that rehabilitation executives have the content and leadership skills to meet the challenges of the state VR system.

Program Performance Data:

For FY 2010, the following data are available to measure the performance of the Rehabilitation Training Program:

- In FY 2010, the percentage of master's-level counseling graduates who received assistance under the Rehabilitation Long-Term Training program and who reported fulfilling their payback requirements through qualifying employment was 81.5 percent. This figure represents a substantial increase over the 76 percent who reported achieving qualifying employment in FY 2009.
- In FY 2010, the percentage of master's-level counseling graduates who received assistance under the Rehabilitation Long-Term Training program and who

reported fulfilling their payback requirement through employment in state VR agencies was 39.9 percent. This figure represents an increase over the 37 percent who reported being employed in state VR agencies in FY 2009.

- The number of current scholars supported by RSA scholarships increased to 2, 713, an increase from 2,039 in FY 2009.

Allocations

The allocation of rehabilitation training grant funds for FY 2010 is shown in table 11 on the following page. Funds have been shifted to programs designed to meet the critical need to train current and new counselors to meet state agency personnel needs as retirement levels increase.

Table 11. Rehabilitation Training Program, by Number of Grants, Type, and Funding Amount: Fiscal Year 2010

Type	Number of Grants	Amount
Long-Term Training		
Rehabilitation Counseling	71	\$11,300,681
Rehabilitation Administration	3	\$300,000
Rehabilitation Technology	4	\$397,447
Vocational Evaluation/Adjustment	7	\$641,916
Rehabilitation of Mentally Ill	10	\$994,587
Rehabilitation Psychology	2	\$198,446
Undergraduate Education	18	\$1,274,831
Rehabilitation of the Blind	16	\$1,599,551
Rehabilitation of the Deaf	10	\$994,971
Job Development/Placement	9	\$895,624
CSPD Priority	11	\$2,071,341
Total	161	\$20,669,395
Other Training		
Short-Term Training	2	\$449,993
Institute for Rehabilitation Issues	1	\$189,998
In-Service Training (Basic)	75	\$4,450,241
In-Service Training (Quality)	19	\$1,214,659
Interpreter Training	6	\$2,099,978
Clearinghouse	1	\$300,000
TACE Centers	10	\$7,898,222
Gap funding RCEPS, Supplements, peer review, sec. 21, etc. 44944		\$493,514
Total	114	\$17,096,605
Grand Total	275	\$37,766,000

Source: U.S. Department of Education, OSERS, RSA, 2010h

INSTITUTE ON REHABILITATION ISSUES

The Rehabilitation Training Program supports the Institute on Rehabilitation Issues (IRI), an annual activity that funds George Washington University and the University of Arkansas to coordinate two separate study groups composed of experts from all facets of the VR program who come together to discuss and debate contemporary VR service delivery challenges and then to develop and disseminate publications.

These publications are used in training VR professionals and as technical assistance resources for other stakeholders in the VR program. Since its inception, the IRI has served to exemplify the unique partnerships among the federal and state governments, the university training programs, and persons served by the VR agencies. The IRI publications are posted on the two university websites, where they are readily accessible by persons interested in the topics. VR counselors obtain continuing education credits applicable to maintaining their certification as certified rehabilitation counselors by completing a questionnaire based on the content of an IRI publication. In FY 2010, two publications were developed—*Performance Management: Quality Assurance and Program Evaluation in Vocational Rehabilitation* and the *State Rehabilitation Council-Vocational Rehabilitation Partnership: Working Together Works*.

EVALUATION, RESEARCH AND INFORMATION DISSEMINATION

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

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 effectiveness of programs in relation to their cost and their 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 are 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.

**Program Evaluation
FY 2010 Federal Funding:
\$1,217,000**

In FY 2010, program evaluation funds were used to continue support for two ongoing studies (Helen Keller National Center and Supported Employment) and to initiate one new study. In addition, some of the funds were used to support limited scope quick turnaround evaluation-related activities to improve program performance. Information on the studies supported with FY 2010 funds is provided below:

Ongoing Studies

- **Evaluation of Helen Keller National Center**

The evaluation of the Helen Keller National Center (HKNC) will collect quantitative and qualitative data to assess the program's operations for individual consumers and organizational consumers, and descriptive data that provides context to help explain performance measurement findings.

The purpose of the HKNC evaluation is to provide RSA with independent and objective information by which to draw conclusions about the effectiveness, including cost effectiveness, of the HKNC. The evaluation identifies characteristics of the populations served by HKNC and the extent to which HKNC

effectively serves clients with different needs. The evaluation examines the relationship between HKNC and VR agencies and how well HKNC meets the needs of agencies. Finally, the evaluation includes recommendations to improve HKNC programs and service delivery, including measures that could be used to assess ongoing performance of the HKNC, its regional staff and functions, and its national training program.

The evaluation scope of work identifies the following objectives:

- Provides RSA with reliable and valid information on program effectiveness, including cost effectiveness;
- Identifies both the characteristics of the populations served by HKNC and the strengths and weaknesses of the program that have an impact on its effectiveness in serving these populations;
- Examines the relationship between HKNC and VR agencies and the effectiveness of direct services, technical assistance, and training activities provided by HKNC HQ and regional programs in meeting the needs of VR agencies; and
- Makes recommendations for program adjustments or improvements based on study findings, including measures that could be implemented to assess ongoing performance.

The evaluation identifies program strengths and weaknesses, identifies barriers to effectively implementing services, determines the extent to which program activities match consumer and stakeholder needs, and addresses consumers' and other stakeholders' experiences with the program and their satisfaction with and use of program services.

- **Supported Employment**

In FY 2009, RSA initiated a study of supported employment services provided under Title I (VR State Grants) and Title VI (Supported Employment State Grants) of the *Rehabilitation Act*, including the role of the Supported Employment State Grants program in assisting state VR agencies to obtain supported employment outcomes for individuals with the most significant disabilities. The study will provide an in-depth understanding of how the Supported Employment State Grants program is implemented across state VR agencies from both a fiscal and programmatic perspective, including how the supplemental Supported Employment Title VI B funds are used in conjunction with Title I funds to assist these individuals to achieve supported employment outcomes. Information from this evaluation will be used to improve monitoring, data collection and accountability, and to guide broader policy decisions.

In FY 2010, evaluation funds were also provided to the Rehabilitation Research and Training Center on Vocational Rehabilitation, funded by the National Institute on Disability and Rehabilitation Research, to obtain additional information on supported employment (SE). This purpose of this substudy is to identify the role and impact of the VR program within the larger SE delivery system. Examples of topics to be investigated include providers and sources of funding for SE, the availability of SE services, SE placements, and extended services, and methods or models of collaboration and coordination in providing SE services that can be identified within or across states.

New Studies

- **Study of the Delivery of Services Under the Vocational Rehabilitation State Grants Program**

The purpose of this study is to examine the delivery of services under the Vocational Rehabilitation State Grants Program, including the patterns of practice, agency partnerships, costs and other factors associated with the successful delivery of such services and the achievement of program outcomes. The study addresses two main questions:

- 1. Delivery of VR Services:**

What models, methods and practices are used by state VR agencies in delivering services to their consumers, including optimal patterns of delivery in serving specific populations?

- 2. Effectiveness in Working with Related Programs:**

How, and to what extent, do state agencies collaborate and coordinate with related employment-oriented programs and agencies?

Based upon the data collected in the study, the contractor will identify ways in which the VR program, at both the state and federal level, may be more effective in the dimensions addressed by this study.

THE NATIONAL CLEARINGHOUSE OF REHABILITATION TRAINING MATERIALS

Authorized Under Section 15 of the Rehabilitation Act

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

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

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

In FY 2010, NCRTM provided 1,923 items to customers. These were primarily VR career marketing materials that were produced in hard copy. The digital versions are available to constituents online, free of charge, through the NCRTM website. The NCRTM newsletter is sent by e-mail to approximately 1,200 individuals each quarter.

Website usage data is collected through Google Analytics. During FY 2010, there were 66,607 visits to the website, with 6,558 library documents downloaded.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

Authorized Under Sections 200–204 of the *Rehabilitation Act*
Managed by the Office of Special Education and Rehabilitative Services

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

**National Institute on
Disability and
Rehabilitation Research
FY 2010 Federal Funding:
\$109,241,000**

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

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

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

NIDRR's Research Program Mechanisms and Selected Accomplishments for FY 2010

NIDRR is unique among the offices that administer programs for individuals with disabilities within the Department. In contrast to RSA and the Office of Special Education Programs (OSEP), which implements and monitors nationwide service programs, NIDRR fulfills its mission through targeted investments in research, dissemination, and capacity-building activities across 11 discretionary grant funding mechanisms. Each of these mechanisms is described below along with selected accomplishments that highlight how the results of NIDRR funding are contributing to the goals of Title II of the *Rehabilitation Act*. Three other categories of NIDRR accomplishments also are reported under this section—Interagency Committee on Disability Research (ICDR), Peer-Reviewed Publications, and 2010 NIDRR Allocations. Consistent with guidance provided by OMB for NIDRR performance measurement, all accomplishments reported by NIDRR consist of either *outputs* or *outcomes*. *Outputs* constitute the direct results of NIDRR-funded research and related activities and include

products resulting from a program's activities (i.e., study findings or publications) that are provided to external audiences outside of the boundaries of the project conducting the activities. *Outcomes*, on the other hand, describe the intended results or consequences of NIDRR-funded activities for beneficiaries and consist of advances in knowledge and understanding (i.e., short-term outcomes) and changes or improvements in policy, practice, and system capacity (i.e., intermediate outcomes).

The 14 categories of NIDRR accomplishments described in this report were taken from the FY 2010 annual performance reports (APRs) of NIDRR grantees. The outputs and outcomes reported cover the period between June 1, 2009, and May 31, 2010. In a few instances, the accomplishments reported also cover the last four months of FY 2010, June through September. The accomplishments reported were selected based on an internal review by NIDRR project officers of the APRs completed by grantees for 2010. All accomplishments reported were in 2010, although the research activities on which they are based may have occurred in previous years.

1. Rehabilitation Research and Training Centers

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

The following are examples of RRTC accomplishments reported to NIDRR in FY 2010:

- Improved Instrument to Assess the Self-Efficacy of Young People With Mental Health Disabilities. Researchers in the Rehabilitation Research and Training Center (RRTC) Community Integration for Individuals with Disabilities, Strengthening Family and Youth Participation in Child and Adolescent Mental Health Services grant (Grant # H133B040038), at Portland State University in Portland, Oreg., have developed and validated a brief instrument for assessing young people's feelings of confidence and efficacy with respect to managing their own mental health conditions, managing their own services and supports, and using their experience and knowledge to help peers and improve service systems. Such feelings of confidence and efficacy are important developmental assets and are desired outcomes for interventions that are designed to promote positive youth

development. This instrument has been included as part of the National Evaluation for the Comprehensive Community Mental Health Services Program for Children and Their Families, through which mental health services are provided to thousands of children (and their families) in the more than 70 currently funded grantee sites around the country. Information about this instrument is available in Walker, J. S., Thorne, E.K., Powers, L.E., and Gaonkar, R. (2010). Development of a Scale to Measure the Empowerment of Youth Consumers of Mental Health Services. *Journal of Emotional and Behavioral Disorders*, 18(1), 51–59.

- New Knowledge That There Are Large Differences in the Outcomes of Vocational Rehabilitation Across States, Sex, Age, Racial, Ethnic, and Educational groups. Researchers at Cornell University in Ithaca, New York (Grant # H133B031111), using RSA administrative data from FY 2007 and public use files from the American Community Survey, found that 1.3 out of every 100 working-age adults with a disability living in the community received services from a state VR agency. This ratio varied considerably across states, from 0.6 percent to 4.0 percent. There are also large differences in these numbers across sex, age, racial, ethnic and educational groups—differences that are much larger in some states than in others. These observed disparities raise questions about why some groups are more likely to complete VR services than others. Prior to this, little information had been available about how many people with disabilities exit after VR service receipt and how exits vary with individual characteristics and across states compared to the general population with disabilities. This research helps policymakers and others to understand how VR services are serving people with disabilities and where gaps exist. This research is reported in Stapleton, D., Honeycutt, T., and Schechter, B. (2010). Closures are the tip of the iceberg: Exploring the variation in state vocational rehabilitation program exists after service receipt. *Journal of Vocational Rehabilitation*, 32, 1–16.
- New Comprehensive Care Guidelines for Duchenne Muscular Dystrophy. Researchers at the Rehabilitation Research and Training Center in Neuromuscular Diseases (Grant # H133B090001) at the University of California–Davis have developed comprehensive clinical care recommendations for individuals with Duchenne muscular dystrophy (DMD). Prior to this, comprehensive guidelines for this complex disease had not existed. Using 84 carefully selected clinicians, the researchers applied the RAND Corporation–University of California Los Angeles Appropriateness Method to evaluate assessments and interventions used in the management of diagnostics, gastroenterology and nutrition, rehabilitation, and neuromuscular, psychosocial, cardiovascular, respiratory, orthopedic, and surgical aspects of DMD. The result is a framework for recognizing the multisystem primary manifestations and secondary complications of DMD and for providing coordinated multidisciplinary care regarding the management of rehabilitation, orthopedic, respiratory, cardiovascular, gastroenterology or nutrition, and pain issues, as well as general surgical and emergency-room precautions. These recommendations are intended for use by the wide range of practitioners who care for individuals with

DMD. These recommendations can be used as the current and future benchmark for anticipatory planning, appropriate surveillance and interventions in all areas of this complex disease and should provide a catalyst to improve care for patients with DMD worldwide. This is reported in a set of two publications: Bushby, K., Finkel, R., Birnkrant, D., Case, L., Clemens, P., Cripe, L., Kaul, A., Kinnett, K., McDonald, C., Pandya, S., Poysky, J., Shapiro, F., Tomezsko, J., Constantin, C. (2010). Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and pharmacological and psychosocial management. *Lancet Neurology*, 9,77–93; and Bushby, K., Finkel, R., Birnkrant, D., Case, L.E., Clemens, .P, Cripe, L., Kaul, A., Kinnett, K., McDonald, C., Pandya, S., Poysky, J., Shapiro, F., Tomezsko, J., and Constantin, C. (2010). Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care. *Lancet Neurology*, 9, 177–189.

- National Study Finds Great Variation in States' Implementation of Federal Program for Accessible Public Transportation. Researchers at the RRTC on Disability in Rural Communities (Grant # H133B080023) at the University of Montana in Missoula have conducted the first national study of states' implementation of the Federal Transit Administration's Elderly and Persons with Disabilities Program (Section 5310). This legislation was enacted in 1975 as a discretionary capital assistance program and has been particularly important in filling gaps in accessible transportation services for elderly people and people with disabilities. This review of state program management plans identifies significant ambiguities about the expected program outcomes as well as about which services and systems are expected to be coordinated. States have followed one of three pathways, although this may not be apparent because states may use similar terms (e.g., "coordination") to refer to different activities, base implementation on differing assumptions, and measure success with different outcome measures. States have used program funds (a) to build inclusive, accessible transportation systems for the general public, (b) to improve transportation options for the elderly and for persons with disabilities; or (c) to supplement rural or regional transportation systems. States with more developed public transportation systems have used program funds to fill general transportation gaps and to support human service agencies that are important resources in filling those gaps. Even given these differences, more variation than expected was found among the states in terms of the structure and content of their plans. Appendixes include each state's pathway, noteworthy practices identified in the state plans, FTA charts of state funding levels, and statutes and federal guidance documents. Forty-five policy recommendations address identification of needs, fair and equitable distribution of services, data collection and reporting, resource distribution patterns, outcome measurement, and management. Also included are recommendations for further research and key indicators for progress or change. This study is reported in Enders, A., and Seekins, T. (2009): A Review of FTA Section 5310 Programs' State Management Plans: A Legacy Program in Transition. Missoula, MT: The University of Montana Rural Institute. A review of the study is forthcoming in the *Journal of Public Transportation*.

2. Rehabilitation Engineering Research Centers

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

Examples of RERC accomplishments reported to NIDRR in FY 2010 follow:

- In 2010, Researchers from the RERC on Technologies for Successful Aging With Disability (Grant # H133E080024) published a peer review article documenting the potential of immersive virtual reality (VR) game applications for rehabilitating, maintaining, and enhancing the motor processes that are affected by aging with and into disability. Specifically, this research examined the balance between the interplay of sensorimotor function, cognitive demands and the benefits of task-specific training, and regular physical activity and exercise. Examples of the types of VR games that can be adapted to serve as aids to rehabilitation include: the Nintendo's WiiFit, which has provided significant evidence for the notion that exercise can be fun, provided it is presented in a manner that is motivating and distracting; the Sony Playstation EyeToy, which has demonstrated promising results as a low-cost tool for balance rehabilitation; and the EyeToy, which uses a video capture system and motion-sensitive USB camera to display a mirror image of the player into the game, thus allowing the player to interact with the virtual environment using his or her entire body. These games are beneficial from a rehabilitative perspective because they require skills related to timing, rhythm, balance, endurance and strength. These games also have the potential to be used as part of a balance training prevention program for older adults (with and without disability) in clinics or within the home. A vital component to long-term adherence to an exercise program is maintaining the person's interest in the repetitive tasks and ensuring that they complete the training program. A lack of interest or short attention span can also impair the potential effectiveness of the exercise program. This paper advances knowledge regarding the design and use of serious VR games by providing examples of the uses of VR-based games and their potential to provide the ability to assess and augment cognitive and motor rehabilitation under a range of stimulus conditions that are not easily controllable and quantifiable in the real world. The citation for these findings is: Lange, B. S., Requejo, P., Flynn, SM, Rizzo, A.A., Valero-Cuevas, F.J., Baker, L., and Winstein, C. The potential of virtual reality and gaming to assist successful aging with disability. *Physical Medicine and Rehabilitation Clinics of North America*, 2010, May; 21(2): 339–56.

- In 2010, Researchers from the RERC on Telerehabilitation (Grant # H133E090002) published a peer-reviewed article summarizing the potential benefits of telerehabilitation as an alternative to face-to-face delivery of rehabilitation services. In addition to emerging evidence that telerehabilitation can reduce costs, increase geographic accessibility, and serve as a mechanism to extend limited resources, the authors argue that another rationale for telerehabilitation is the potential to enhance outcomes beyond what may result from face-to-face interventions by enabling the delivery of naturalistic, *in vivo*, interventions. There is considerable support for the value of rehabilitation and health interventions delivered in the natural environment of the home, ranging from addressing efficacy concerns by potentially improving the generalization of findings, to increasing patient participation and satisfaction with the intervention; outcomes are consistent with promoting quality of life for individuals with disabilities. This publication encourages changing the focus of telerehabilitation research beyond gains in costs and geographic accessibility to include quality of life issues and expanded applications to determine the level of evidence for naturalistic interventions using TR technologies. Evidence of these findings are described in: McCue M., Fairman A., and Pramuka M. Enhancing Quality of Life through Telerehabilitation, *Physical Medicine and Rehabilitation Clinics of North America*, 2010, Volume: 21(1): 195–205.
- In 2010, the University of Pittsburgh Filed a Patent for the Versatile and Integrated System for Telerehabilitation (VISYTER), developed by researchers from the RERC on Telerehabilitation (Grant # H133E090002). VISYTER is an innovative software platform for developing various telerehabilitation applications, designed to take into account the various environments and requirements of rehabilitation services. The requirements considered in the platform design include minimal equipment beyond what is available in many rehabilitation settings, minimal maintenance, and ease of setup and operation. VISYTER is a secure integrated system that combines high-quality videoconferencing with access to electronic health records and other key tools in telerehabilitation, such as stimuli presentation, remote multiple camera control, remote control of the display screen, and eye contact teleprompter. The software platform is suitable for supporting low-volume services to homes, yet scalable to support high-volume enterprisewide telehealth services. This software technology has been and will be used to support various RERC projects, including remote wheeled mobility teleconsultation and teleneuropsychological assessment. Moreover, given the versatility and cost-effectiveness of the platform, VISYTER also has the potential to accommodate a wide range of additional telerehabilitation applications, and potentially to lower the technical and economic barriers of telemedicine adoption. A manuscript has been accepted, and is currently under revision. A YouTube video describing the VISYTER is also available at the following website: <http://www.youtube.com/watch?v=2cKg7iwD-Ns>. Go to: <http://www.bizjournals.com/pittsburgh/stories/2010/10/04/daily36.html> for the full story.

- **Batteryless, Wireless Sensors for Use in Therapy and Promoting the Safety of Individuals With Disabilities.** Researchers at the RERC on Advancement of Cognitive Technologies (Grant # H133E040019) at the University of Colorado Health Sciences Center have developed a batteryless and wireless system that can track bodily movements and the physical location of individuals with disabilities within a limited environment such as a home or long-term care facility. This system can monitor the individual's actions in real time and, in doing so, detect dangerous conditions such as falls and stumbles or, if connected to a server, can record this information for use in assessing the individual's progress in therapies, etc. Whereas such systems have in the past drawn the power needed to run their person-mounted sensors from batteries that have a limited lifespan and often need replacement, this new system harvests the needed power literally out of the air—as broadcast by a local radio frequency transmitter—thereby avoiding reliance on bulky, short-lived power sources and intrusive wiring. The transmitter broadcasts information about the individual's motion to a central receiver and information processing unit that makes the information intelligible to the therapist or caretaker. The levels of radio frequency (RF) power required by this system are below the Federal Communications Commission's safety standards and below the levels received from cell phone towers. License agreements for commercialization of this system are in place and technology transfer to two manufacturers is underway. Description of the development and testing of this technology is reported in Paing, T., Shin, J., Zane, R., and Popovic, Z. (2008) Resistor Emulation Approach to Low-Power RF Energy Harvesting. *IEEE Transactions on Power Electronics*, vol. 23, no. 3, 1494–1501.
- **New Resource for Universal Design in Housing.** Researchers in the RERC for Universal Design and the Built Environment (Grant # H133E050004) at the State University of New York at Buffalo have published a new resource for developers, architects and builders to use in applying principles of universal design to create housing that will be accessible to individuals across their lifespan. This is the first comprehensive guide to achieving the aims of “New Urbanism,” i.e., improving the quality of urban life through the creation of walkable neighborhoods with a range of housing and job types while ensuring that nearly every new dwelling is accessible to individuals with impaired mobility. This guide provides tools and patterns for achieving good urbanism and good design while providing access for all; it incorporates accessibility for people with disabilities into important design goals for neighborhoods and housing. Steinfeld, E., and White, J. (2010) *Inclusive Housing: A Pattern Book*. NY: Norton.

3. Disability and Rehabilitation Research and Related Projects

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

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

General DRRPs differ from RRTC's and RERC's in that they support short-term research relating to the development of methods, procedures and devices to assist in the provision of rehabilitation services, particularly to persons with significant disabilities. Awards can range from three to five years. The following are examples of general DRRP accomplishments reported to NIDRR in FY 2010:

- ThinkCollege.Net Website University of Massachusetts Boston (Grant # H133A080042). The website is a "one-stop" location for students with intellectual disabilities, parents and professionals interested in postsecondary education for students with intellectual disabilities. The website has searchable databases of programs and a literature database, along with many printable resources and weblinks. The website is constantly updated to reflect the most up-to-date information in this field. URL: <http://www.thinkcollege.net>.
- Health and Lifestyle of Youth With Disabilities National Survey. Researchers from the DRRP on Reducing Obesity and Obesity-Related Secondary Conditions in Adolescents with Disabilities (Grant # H133A060066) developed and pilot-tested the Health and Lifestyles for Youth with Disabilities National Survey, which is the first online survey to assess health issues in youths with disabilities from both the parent and child perspectives. The survey includes four health-related domains: environment factors; participation in physical and leisure activities; health consequences of obesity; and personal factors. Development of this survey tool equips disability and public health researchers with a much-needed tool to examine the health and health behaviors of youths with disabilities before and after the introduction of a health promotion intervention or to capture data on potential areas of need for health-related services. Development of the survey and results from the pilot test are described in Rimmer, J. A., Wang, E., Yamaki,

K., and Davis, B., Documenting disparities in obesity and disability, FOCUS Technical Brief No. 24, 2010, available at the following website: <http://www.ncddr.org/kt/products/focus/focus24>.

- Prevalence of Obesity and Related Secondary Conditions Associated With Obesity in Adolescents With Intellectual and Developmental Disabilities (Grant # H133A060066). In 2010, researchers from the DRRP on Reducing Obesity and Obesity-Related Secondary Conditions in Adolescents with Disabilities published a peer review article exploring the prevalence of obesity and related secondary conditions associated with obesity in adolescents with intellectual/ developmental disabilities (IDD). Results from this survey were compared with published data for youths without disabilities. The analyses revealed that adolescents with autism and Down syndrome were two to three times more likely to be obese than adolescents in the general population. Secondary health conditions were higher in obese adolescents with IDD compared with healthy weight adolescents with IDD. Findings from this study are important because they demonstrate empirically that obese youths with IDD have a higher number of obesity-related secondary conditions than nondisabled children, thus predisposing them to greater health problems as they transition into adulthood. The citation for these findings is: Rimmer, J. H.; Yamaki, K.; Lowry, B. M. Davis; Wang, E.; and Vogel, L. C. (2010). Obesity and obesity-related secondary conditions in adolescents with intellectual and developmental disabilities. *Journal of Intellectual Disability Research (JIDR)*, Volume 54(9), Pgs. 787–794.

4. Knowledge Translation

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

The following are examples of KT accomplishments reported to NIDRR in FY 2010:

- Development of a State-of-the-Science Model on Knowledge Translation for Technology Transfer. The Center on Knowledge Translation for Technology Transfer, located at the State University of New York at Buffalo (Grant # H133A080050), has developed a *Need to Knowledge (NTK) Model* delineating the detailed process and factors that would maximize the uptake of assistive devices, starting from identifying society needs for new knowledge through the

end results of commercialization of assistive devices for people with disabilities. The model represents the most comprehensive and most advanced work in this area so far and is supported by comprehensive research evidence in all steps outlined within the model. Due to its relevance and a design that lends itself to practical applications by various stakeholder groups, the Product Development Managers Association (PDMA) has embraced the *Need to Knowledge Model* as an extension of its own new product development “best practices.” The PDMA is an influential organization whose standards are widely accepted and used for the process of product development and technology transfer. In addition, the Canadian Institutes of Health Research (CIHR), which is the originator of the knowledge translation concept and the leading authority on knowledge translation internationally, invited the principal investigator to serve on the CIHR’s Commercialization Advisory Committee. The model also received significant interest from the field, evidenced by over 3,100 downloads received since it was published in February 2010 in the leading journal in knowledge translation—*Implementation Sciences* (<http://www.implementationscience.com/content/5/1/9>).

- Internationally Recognized Leading Resource in Knowledge Translation. The National Center for the Dissemination of Disability Research (NCDDR) (Grant # H133A060028), located at Southwest Educational Development Laboratory, continues to be a leading resource on the subject of knowledge translation both in the U.S. and internationally. NCDDR earned this status through its extensive publications, webcasts and other materials that are free to the public. This year, two of NCDDR publications remained ranked Number 1 (Knowledge Translation: Introduction to Models, Strategies, and Measures) and Number 2 (Focus–Technical Brief #10: What is Knowledge Translation?) on a Google search that produced approximately 5.7 million results. This indicated that a high number of websites, among other factors, provide an outbound link to these publications. In addition, the publications from NCDDR continue to be well-accessed and downloaded from its website. In 2010, its top seven publications were downloaded more than 53,000 times combined, an increase of almost 20,000 more downloads over 2009. NCDDR also held a series of webcasts on various topics in rehabilitation such as “Policy Implications for Disability and Rehabilitation Research Quality,” “Documenting Disparities in Obesity and Disability,” “Rating the Strength of Evidence and Recommendations for Disability and Rehabilitation Research,” and “Employment Outcomes After Traumatic Brain Injury: Does Race/Ethnicity Matter?” among others. Almost 1,000 stakeholders (researchers, policymakers, practitioners, etc.) attended those webcasts live, and additional audiences accessed archives of those webcasts more than 19,000 times. (For details on NCDDR webcasts see the following website: <http://www.ncddr.org/webcasts/#archive>).
- Improving Consumer Education Through Development and Dissemination of Evidence-Based Consumer Sheets for Persons With Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI) and Burn Injury. The Model System Knowledge Translation Center, located at University of Washington (Grant # H133A060070),

in collaboration with the TBI, SCI and Burn Model Systems, continues to produce consumer publications (fact sheets) that bring together the expertise of many of the nation's leading researchers and available research evidence to educate consumers on important issues in the lives of persons with TBI, SCI and burn injury. New publications added in 2010 include *Driving after TBI*; *Cognitive Problems after TBI*; *Fatigue and TBI*; *Emotional Problems After TBI*; *Seizures After TBI*; *Returning to School After TBI*; *Facts About the Vegetative and Minimally Conscious States After Severe Brain Injury*; *Headache and TBI*; *TBI and Inpatient Rehabilitation*; seven-part *Skin Care in SCI Series*; two-part *SCI and Pain Series*; and *Sleep Disturbance After Burn Injury*. These fact sheets are also available in Spanish to increase their accessibility to the consumers. These fact sheets are well-received in the fields and are listed as valuable resources by reputable national organizations, including the National Veterans Administration, Brainline.org and the National Spinal Cord Injury Association. These fact sheets are available at <http://msktc.washington.edu> under "consumer info" links.

5. Model Systems

NIDRR's Model Systems programs in spinal cord injury (SCIMS), traumatic brain injury (TBIMS), and burns (BMS) provide coordinated systems of rehabilitation care for individuals with these conditions and conduct research on recovery and long-term outcomes. In addition, these centers serve as platforms for collaborative, multisite research, including research on interventions using randomized controlled approaches. These programs also track cohorts of patients over time. The SCIMS has over 27,000 individuals in its database; the TBIMS has over 10,000 individuals; and the BMS has over 4,700. These databases provide information on the life course of individuals who have experienced these injuries.

The following are examples of Model Systems accomplishments reported to NIDRR in FY 2010:

TBI Model Systems

- National Recommendations for Common Data Elements in TBI and Psychological Health Research. Twenty TBIMS researchers together with over 100 additional experts in TBI and psychological health authored common data element (CDE) recommendations for inclusion in clinical trials, registries and other research initiatives. The CDE recommendations will be used to facilitate comparisons of research results across studies, increase data sharing throughout the country, and ultimately lead to a stronger evidence base for treatment advances. In addition to NIDRR, co-sponsors included the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), the National Institute of Neurological Disorders and Stroke (NINDS), the Department of Veterans Affairs, and the Defense and Veterans Brain Injury Center. The nine publications from this initiative were included in the November 2010 issue (Vol. 91, No. 11) of the *Archives of Physical Medicine and Rehabilitation* (<http://www.archives-pmr.org/issues>). The introductory manuscript,

co-authored by the agency leads, highlights NIDRR's involvement with this effort as well as that of the other agencies. The recommended TBI common data elements, protocols for data collection and a data dictionary are posted online at: <http://www.commondataelements.ninds.nih.gov/CDE.aspx>.

- Assessing Lifetime Exposure to TBI: A measure developed by researchers at the TBIMS Center at Ohio State University (Grant # H133A070029) has been adopted by federal- and state-supported research and clinical initiatives as a gold standard for assessing lifetime exposure to TBI. The Ohio State TBI Identification Method (OSU TBI-ID) is a standardized procedure for eliciting lifetime history of TBI via a structured interview. Summary indices from the OSU TBI-ID can be used in both research and clinical care. Examples of its adoption are: inclusion in the recommendations of the Interagency TBI Common Data Elements initiative⁹ and the PhanX Toolkit, an NIH-funded project to recommend measures for use in genome association studies,¹⁰ adoption for use in multiple research initiatives funded by the Centers for Disease Control and Prevention,¹¹ the Department of Veterans Affairs¹² and NIDRR.¹³ The measure is also being used clinically by state programs serving adolescents and persons with substance use disorders such as those in North Dakota, Maryland and Kentucky. The reliability and validity of the measure are well-established (i.e., Bogner, J.A., and Corrigan, J.D. (2009). Reliability and validity of the OSU TBI Identification Method with Prisoners. *Journal of Head Trauma Rehabilitation*, 24(6), 279-291; and Corrigan, J.D., and Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. *Journal of Head Trauma Rehabilitation*, 22(6), 318–329).
- Promoting Recovery Through Education Following TBI: Researchers at the TBIMS at the University of Washington (Grant # H133A070032) take research to practice through a TBI educational forum series. The TBI Forum is a free, educational program held quarterly to provide information on a variety of topics relevant to persons with TBI and their community, such as maintaining good nutrition, return to work, assistive technology, recreational activities and recovery research. The July 2009 forum, entitled "Recreating Me: Exploring and Healing Through Creative Expression," can be found at: <http://depts.washington.edu/uwtbi/Education/artshow.htm>. This forum involved multimedia displays of art, including visual, musical, and written and spoken works, created by people with a TBI. A video of the event with artist interviews is titled "What Art Can Mean for Patients with Traumatic Brain Injury" and can be found at: http://www.youtube.com/watch?v=HD-SSJ0F_Fw.

⁹ <http://www.commondataelements.ninds.nih.gov>

¹⁰ <https://www.phenx.org>

¹¹ <http://www.cdc.gov/injury/erpo/awards/grants/2007/1-U49-CE001318-01.html>

¹² http://www.mirecc.va.gov/vsn19/VISN_19_Current_Research.asp ("Use of a traumatic brain injury screen in a veteran mental health population: prevalence, validation, and psychiatric outcomes" and "A Longitudinal Study of Deployment-Related Mild Traumatic Brain Injury (mTBI): Incidence, Natural History, and Predictors of Recovery in Soldiers Returning from OIF/OEF")

¹³ http://naric.com/research/pd/record.cfm?search=1&type=advanced&display=detailed&all=&exact=&any=&omit=&fld1=PN&txt1=H133A080063&op1=AND&fld2=PN&txt2=&op2=AND&fld3=PN&txt3=&op3=AND&fld4=PN&txt4=&funding_status=yes&criteria=&state=&start_month=&start_year=&project_type=&funding_priority=&rec=1931 and www.tbindsc.org/Syllabus.aspx

- Advancing Knowledge Needed to Prevent a Life-Threatening Condition Following TBI: Results from a multisite TBIMS centers study provided much needed observational data on the safety and efficacy of preventing and treating venous thromboembolism (DVT) in the rehabilitation setting using anticoagulant medications. These medications carry risk of bleeding that may be fatal or cause significant morbidity and disability. Yet, the question of safety and efficacy has been elusive due to the difficulty in studying this problem in a randomized, controlled fashion and due to set beliefs and concerns among treating physicians. The sample size accrued for this study (1,897 patients) is impossible to achieve at any single site, and the infrastructure of the TBIMS Centers Program provided both the expertise and the patient availability for such a study. The conclusion was that prophylactic anticoagulation during rehabilitation appears to be safe for TBI patients whose physicians deemed it appropriate but did not conclusively reduce DVT. Given the number of DVTs present before rehabilitation, screening and prophylaxis during acute care may be more important. (Carlile, M., Nicewander, D., Yablon, S., Brown, A., Brunner, R., Burke, D., Chae, H., Englander, J., Flanagan, S., Hammond, F., Khademi, A., Lombard, L., Meythaler, J., Mysiw, J., Zafonte, R., and Diaz-Arrastia, R. (2010). Prophylaxis for venous thromboembolism during rehabilitation for traumatic brain injury: A multicenter observational study. *Journal of Trauma-Injury Infection and Critical Care*, 68(4), 916–923.)

Burn Model Systems

- Predicting Outcomes Following Burn Injury. The researchers at the Johns Hopkins University Burn Model Systems Center (Grant # H133A070045) published an award-winning (2009 Clinical Research Award by the American Burn Association) evidence-based article on predictors of outcomes following burn injury. This article was published in one of the key journals utilized by burn care providers, researchers and policymakers. Findings for the first time identified prevalent and modifiable in-hospital predictors of long-term impairment and disability outcomes. This is the first study to do so and it utilized data on a large and representative longitudinal study among survivors of major burn injuries. This study provided a higher level of evidence and increased knowledge of poor outcomes. It also underscores the importance of early identification and possible treatment for patients with high levels of pain or post traumatic stress disorder (PTSD). Key findings include: Improvement in pain and PTSD during rehabilitation, predicted recovery of function during reentry even controlling for sex, age and total body surface area; PTSD predicted changes in physical and social functioning, whereas pain only predicted psychological function; the lasting impact of rehabilitation phase pain and PTSD on reentry phase function indicates the need to closely monitor and aggressively treat both conditions. The report is available in a 2010 peer-reviewed publication (Corry, N., Klick, B., and Fauerbach, J. (2010). Posttraumatic stress disorder and pain impact functioning and disability following major burn injury. *Journal of Burn Care and Research*, 31(1): 13–25). The abstract is also available at the following URL: http://journals.lww.com/burncareresearch/Abstract/2010/01000/Posttraumatic_Stress_Disorder_and_Pain_Impact.2.aspx.

Spinal Cord Injury Model Systems

- Frequency in Wheelchair Breakdown Among SCI Users. Researchers at the University of Pittsburgh Spinal Cord Injury Model System (Grant # H133N060019) in Pittsburgh, Pa., reported that frequent repairs and breakdown can negatively impact a person's life by decreasing community participation and threatening health and safety. Mandatory compliance with the American National Standards Institute and the Rehabilitation Engineering and Assistive Technology Society of North America standards, changes in insurance reimbursement policy, and patient and clinician education are necessary to reduce the number of repairs and adverse consequences that occur. This project investigated the frequency of repairs that occurred in a six-month period on 2,167 participants and the consequences of breakdowns on wheelchair users living with spinal cord injuries (SCIs) and determined whether certain wheelchair and subject characteristics are associated with an increased number of repairs and adverse consequences. The report is available in a 2009 peer-reviewed publication (McClure, L.A., Boninger, M.L., Oyster, M.L., Williams, S., Houlihan, B., Lieberman, J.A., and Cooper, R.A., (2009). Wheelchair repairs, breakdown, and adverse consequences for people with traumatic spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 90(12): 2034–2038). The abstract is also available at the following URL: <http://www.ncbi.nlm.nih.gov/pubmed/19969165>.
- A Medical Textbook for Physicians. Researchers at the Mount Sinai Medical Center Spinal Cord Model System (Grant # H133N060027) in New York, N.Y., produced a medical textbook for physicians. This 240-page book is a manual for SCI clinicians, especially physicians. It contains short chapters, each presenting key information on a specific area of SCI rehabilitation or the treatment of secondary conditions. As such, it does not contain new knowledge but presents state-of-the-art knowledge in a condensed format that clinicians, especially ones new to SCI, can refer to as clinical problems present themselves. The book contributes to the availability of SCI knowledge by distilling the existing knowledge base in SCI, thus making translation to clinicians possible. The book is available in a 2009 peer-reviewed publication (Bryce, T., and Buschbacher, R. (2009). *Spinal Cord Injury*. New York: Demos Medical Publishing). The book description is also available at the following URL: http://www.demosmedpub.com/prod.aspx?prod_id=9781933864471.

6. ADA National Network

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

with CORC, conducts research that enhances understanding of *ADA* compliance barriers and identifies evidence-based strategies for eliminating these barriers. The following is an example of an *ADA* Network accomplishment reported to NIDRR for FY 2010:

- *ADA* Coordinator Training Certification Program. The Great Plains *ADA* Center (Grant # H133A060089) has developed an *ADA* Coordinator Training (ACT) Certification Program. An *ADA* coordinator is an individual designated with responsibility for coordinating *ADA* compliance. Title II provisions of the *ADA* require state and local governments with 50 or more employees to appoint an *ADA* coordinator. The ACT Certification Program was developed in response to a need for a) quality *ADA* training, b) a mechanism to verify completed training, and c) a process to ensure a standard *ADA* knowledge base among *ADA* coordinators. Prior to development of the ACT Certification Program, no other program existed to provide *ADA* coordinators with a standard base of knowledge. Upon completion of the certification program trainees will have the necessary knowledge and tools to be effective in the role as an *ADA* coordinator. In order to satisfy requirements for certification as an *ADA* coordinator, trainees complete a total of 40 credits and then demonstrate mastery of content through an online examination.

Certification requirements were based on surveys of *ADA* coordinators, focus-group sessions, and advisory board feedback activities funded through the Great Plains *ADA* Center. The series of training courses that lead to certification are offered through the University of Missouri School of Health Professions Disability Studies and Policy Center and the Great Plains *ADA* Center. For further information refer to: <http://www.adacoordinator.org>.

Information on services provided by the DBTAC program for FY 2010 is listed in the following tables 12 and 13 on the following pages:

Table 12. DBTAC Training Activities—Overview, Type of Activity and Target Audience, by Number and Percentage: Fiscal Year 2010

Overview	Number	Percent
Total training activities	248	100
Average per award	24.80	
Minimum per award	4	
Maximum per award	115	
Number of DBTAC grantees reporting training activities	10	100
Total number of grantees submitting APRs	10	100
Type of Training Activity	Number	Percent
Presentation	80	32.26
Workshop	56	22.58
Training course	45	18.15
Other	23	9.27
Webcast	29	11.69
Distance learning curricula	7	2.82
Curricula development	4	1.61
Planning, conducting, or sponsoring a conference	4	1.61
Total	248	100
Target Audience	Number	Percent
Service providers	62	14.59
Employers	66	15.53
State/local government agencies	51	12.00
Individuals with disabilities and/or family members	56	13.18
Other*	28	6.59
Consumer advocates	37	8.71
Educators	26	6.12
Business groups	27	6.35
Architects and design professionals	22	5.18
Policy experts	9	2.12
Practitioners/clinicians	15	3.53
Researchers	8	1.88
Code officials responsible for physical accessibility requirements	8	1.88
Industry representatives and/or product developers	4	0.94
Attorneys or other legal professionals	3	0.71
Federal & nonfederal partners	2	0.47
Media	1	0.24

(Continued on next page)

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

Notes: Grantees may select more than one audience for each training activity.

Percentages are based on total number of training activities.

Percentages may not sum to 100 percent due to rounding.

Source: U.S. Department of Education, NIDRR, 2010 APRs

Table 12. DBTAC Training Activities—Overview, Type of Activity and Target Audience. By Number and Percentage: Fiscal Year 2010

(Continued from Page 80)

Activities per Award	Number of Activities	Percent
Average per award	24.80	N/A
Minimum per award	4	N/A
Maximum per award	115	N/A
Type of Training Activity^a	Number of Activities	Percent of Activities^b
Presentation	80	32.26
Workshop	56	22.58
Training course	45	18.15
Webcast	29	11.69
Distance learning curricula	7	2.82
Curricula development	4	1.61
Planning, conducting, or sponsoring a conference	4	1.61
Other	23	9.27
Total	248	100.0
Target Audience^a	Number of Entities in Target Audience	Percent
Individuals with disabilities and/or family members	56	N/A
State/local government agencies	51	N/A
Employers	66	N/A
Consumer advocates	37	N/A
Service providers	62	N/A
Business groups	27	N/A
Architects and design professionals	22	N/A
Educators	26	N/A
Practitioners/clinicians	15	N/A
Code officials responsible for physical accessibility requirements	8	N/A
Policy experts	9	N/A
Media	1	N/A
Industry representatives and/or product developers	4	N/A
Researchers	8	N/A
Federal & nonfederal partners	2	N/A
Attorneys or other legal professionals	3	N/A
Other	28	N/A
Total	425	N/A

a. All of the 10 Disability and Technical Assistance Center (DBTAC) grantees that submitted FY 2010 APRs reported on training activities.

In reporting on training activities, they could select more than one target audience for each type of training activity.

b. Percentages were calculated by dividing the number of each type of activity reported by the total number of activities.

Percentages may not sum to 100 percent due to rounding.

Source: U.S. Department of Education, NIDRR, 2010a

Table 13. DBTAC Technical Assistance (TA) Activities—Type, Frequency, Target Audience, and Dissemination

Type of TA Activity ^a	Number	Percent ^b
Phone calls	43,475	48.40
Email	14,414	16.05
In-person	25,226	28.08
Other	6,716	7.48
Total	89,831	100.00
Target Audience ^a	No. of Grantees Who Selected the Target Audience as Among Top Two for their TA Activities	Percent
Service providers	9	90
Employers	10	100
Consumer advocates	7	70
Individuals with disabilities and/or family members	9	90
Business groups	7	70
State/local government agencies	10	100
Code officials responsible for physical accessibility requirements	8	80
Architects and design professionals	7	70
Educators	6	60
Researchers	3	30
Practitioners/clinicians	3	30
Policy experts	2	20
Industry representatives and/or product developers	2	20
Federal and nonfederal partners	2	20
Attorneys and other legal professionals	2	20
Media	1	10
Other	7	70
Total no. of grantees submitting APRs	10	10

(Continued on next page)

Table 13. DBTAC Technical Assistance (TA) Activities—Type, Frequency, Target Audience, and Dissemination *(Continued from Page 82)*

Type of Materials Disseminated	Number of Items Disseminated Electronically or in Another Format			
	DBTAC-Generated: Electronic	DBTAC-Generated: Other	Non-DBTAC-Generated: Electronic	Non-DBTAC-Generated: Other
Journal articles	240	12,011	1	72
Project publications	2,924,598	39,247	N/A	N/A
Video/audio tapes	10	17	5	246
CDs/DVDs	855	846	290	1,114
Books/book chapters	0	428	132	2,609
Bulletins/newsletters/ fact sheets	453,022	142,819	156,806	196,133
Research reports/ conference proceedings	38,449	1,217	3,004	56
Other	277,381	19,579	27,787	185,542
Total	3,694,555	216,164	188,025	385,772

- a. All of the 10 Disability and Technical Assistance Center (DBTAC) grantees that submitted FY 2010 APRs reported on TA activities. In reporting on TA activities, they could select more than one target audience for each type of TA activity.
- b. Percentages were calculated by dividing the number of each type of activity reported by the total number of activities. Percentages may not sum to 100 percent due to rounding.
- c. Non-DBTAC-generated items are those that were developed by other federal agencies, such as the departments of Transportation and Justice and the EEOC, but disseminated by the DBTACs.

Source: U.S. Department of Education, OSERS, NIDRR, 2010a

7. Field-Initiated Projects

The Field-Initiated Projects (FIPs) program supports projects that carry out research or development activities. The purpose of the FIP program is to develop methods, procedures and rehabilitation technology that maximize the full inclusion and integration of individuals with disabilities into society. Topics and issues for FIP awards are identified by researchers, practitioners, service providers and others outside of NIDRR. Most FIP awards are made for three years. The following are examples of FIP accomplishments reported to NIDRR in FY 2010:

- Universal Design of Tactile Exhibits with Touch-Activated Descriptive Audio for Aquariums Invention. RAF Models, Inc., (Grant # H133G060284) developed a new tactile exhibit system that makes aquarium exhibits accessible to those who are blind or have low vision. The exhibits, touch-activated, tactile models of aquatic animals with an audio component, have become part of a permanent exhibit at North Carolina Aquarium at Pine Knoll Shores in Atlantic Beach, N.C. The goal was to design a user-initiated touching or exploring system that

eliminates the need for buttons, switches or complex computer programs and would greatly enhance the aquarium experience for individuals with low vision and blindness. RAF Models gathered data that will support the development of national guidelines for the design of tactile exhibits that engage all people and give the blind and low-vision audience access to the exhibit information. Information is available at: <http://www.rafmodels.com>.

- **Accessible Digital Radio Broadcast Services Product in Market Place.**
All telecommunications are migrating to digital transmissions and the expanded service offerings that the digital technology allows. Radio broadcasting, the original wireless medium, is the last electronic mass medium to be making the conversion to digital transmission, known as HD Radio. There is great potential in digital radio to provide new and improved access to news, entertainment and emergency information. Researchers at NPR Labs (Grant # H133G060187) have prototyped, field tested and assessed the most appropriate technologies, service models and operational techniques in the accessible design of mass-market digital radio services to better serve consumers with sensory disabilities. This work has produced best practice demonstrations and service options for mass-market adoption within digital radio services and receivers, options that model how digital radio can provide: Mainstreamed digital radio reading services, live video description synchronized to broadcast, and accessible controls, displays and menu options on digital radio receivers. The research and technology were transferred to the market place and the world's first accessible talking radio, the DICE ITR-100A, designed in conformance with NPR recommendations on products for blind and low-vision users, was developed and put on the market. Information is available at: <http://www.diceelectronics.com/visionfree>.
- **The Uniform Data System for Medical Rehabilitation: Report of Patients With Traumatic Brain Injury Discharged From Rehabilitation Programs In 2000–07.**
This publication by researchers at the University of Texas Medical Branch (Grant # H133G080163) provides benchmarking information for the field of rehabilitation for outcomes related to traumatic brain injury during the period 2000 to 2007. The information (e.g., length of stay, discharge setting, function status gains, etc.) will be used by rehabilitation facilities across the country to benchmark or compare the outcomes for their individual facilities to the nationally aggregated outcomes reported in this article. These comparisons are useful for accreditation, quality improvement and development of clinical practice and outcome guidelines. Key findings include: length of stay decrease from a mean of 22.7 days in 2000 to a mean of 16.6 days in 2007; despite the reduced length of stay, the change in functional status (FIM ratings) from admission to discharge remained stable (mean 33.8 in 2000 to mean 30.2 in 2007); and the efficiency of rehabilitation appears to have improved during this period. There was an overall shorter length of stay with no decrease in functional status gains. This report is published in Granger, C.V., Markello, S.J., Graham, J.E., Deutsch, A., Reistetter, T.A., and Ottenbacher, K.J. (2010). *The Uniform Data System for Medical Rehabilitation: Report of Patients with Traumatic Brain Injury Discharged from Rehabilitation*

Programs in 2000–07. *American Journal of Physical Medicine and Rehabilitation*, 89, 265-278.

- The Uniform Data System for Medical Rehabilitation Report of Patients With Stroke Discharged From Comprehensive Medical Programs In 2000–2007. This publication by researchers at the University of Texas Medical Branch (Grant # H133G080163) provides benchmarking information for the field of rehabilitation for outcomes related to stroke during the period 2000 to 2007. The information (e.g., length of stay, discharge setting, function status gains, etc.) will be used by rehabilitation facilities across the country to benchmark or compare the outcomes for their individual facilities to the nationally aggregated outcomes reported in this article. These comparisons are useful for accreditation, quality improvement and development of clinical practice and outcome guidelines. Key findings include: Length of stay decreased from a mean of 19.6 days in 2000 to a mean of 16.5 days in 2007; despite the reduced length of stay, the change in functional status (FIM ratings) from admission to discharge remained stable or increased slightly (mean 23.9 in 2000 to mean 24.7 in 2007); and the efficiency of rehabilitation appears to have improved during this period. There was an overall shorter length of stay with no decrease in functional status gains. This report is published in Granger, C.V., Markello, S., Graham, J.E., Deutsch, A., and Ottenbacher, K.J. (2009) The Uniform Data System for Medical Rehabilitation report of patients with stroke discharged from comprehensive medical programs in 2000 through 2007. *American Journal of Physical Medicine and Rehabilitation*, 88, 961–972.

8. Small Business Innovation Research

The intent of NIDRR’s Small Business Innovation Research (SBIR) program is to help support the development of new ideas and projects that are useful to persons with disabilities by inviting the participation of small business firms with strong research capabilities in science, engineering or educational technology. Small businesses must meet certain eligibility criteria to participate: The company must be American-owned and independently operated, it must be for profit and employ no more than 500 employees, and the principal researcher must be employed by the business. Governmentwide, this program funds small businesses in three phases, although NIDRR and the Department of Education only participate in 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. 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.

The following is an example of an SBIR accomplishment reported to NIDRR during FY 2010:

- Development and Marketing of the Talking Tactile Pen, and Related Accessories. Touch Graphics, Inc., in collaboration with the Smith Kettlewell Eye Research

Institute, has developed and evaluated the Talking Tactile Pen (TTP) and a series of related educational applications for students and other individuals who are blind or visually impaired (Grant # H133S090137). Users of the TTP can explore tactile images with their hands, and then use the pen as a "description probe" to generate relevant audio information about any part of the image that they touch with the pen's tip. The pen can be programmed to perform many functions, including use as part of an audio-tactile scientific calculator and use with the audio-tactile periodic table of elements. Touch Graphics developed the TTP and these applications to promote the active participation of blind students in the Science, Technology, Engineering and Mathematics (STEM) areas. The technology allows students who are blind or visually impaired to have efficient access to complex scientific information, which is generally difficult to convey in Braille. The TTP and its related applications are now available to the public at the Touch Graphics web page:

<http://touchgraphics.com/OnlineStore/index.php/ttp-accessories.html>.

A demonstration of this technology is also available on YouTube:

http://www.youtube.com/watch?v=eOtHT_flaoY&feature=player_embedded.

9. Advanced Rehabilitation Research Training Projects

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

Selected ARRT project statistics for the reporting period June 1, 2009, to May 31, 2010, are reflected in table 14.

**Table 14. Advanced Rehabilitation Research Training (ARRT) Projects:
Selected Indicators: June 1, 2009, to May 31, 2010**

Fellows	Total
Fellows enrolled this reporting period	65
Fellows completing program in reporting period	19
Fellows with disabilities	4
Fellows from racial and ethnic minority populations ^a	26
Fellows contributing to 2010 publications	36
Total number of active awards	21
Total number of publications authored by fellows in 2010	57

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

Source: U.S. Department of Education, OSERS, NIDRR, 2010b.

10. Mary E. Switzer Fellowship Program

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

Table 15 on the following page summarizes key statistics and accomplishments for Switzer Fellows funded in FY 2009 and FY 2010 and submitting annual or final performance reports in 2010. Accomplishments are defined as peer-reviewed publications, assessment tools, and informational products.

**Table 15. Switzer Research Fellowship Program Accomplishments:
Calendar Year 2010**

Total Number of FY 2009 and FY 2010 Fellowships	15
Number of Merit Fellowships	10
Number of Distinguished Fellowships	5
Number of 2009–10 Fellowships for which a report of accomplishments is available	10
Number of disabled Fellows	0
Number of Fellows from racial and ethnic minority populations	4
Number of peer-reviewed publications	2
Number of assessment tools	2
Number of informational products	4

Source: U.S. Department of Education, OSERS, NIDRR, 2010c.

11. Outreach to Minority-Serving Colleges and Universities

Section 21 of the *Rehabilitation Act* requires NIDRR and RSA to reserve 1 percent of the annually appropriated budget for programs authorized under Titles II, III, VI and VII to serve traditionally underserved populations. These funds are 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: (a) research training, (b) professional development, special projects and demonstrations and (c) employment opportunities. The following Section 21 accomplishment from a DRRP was identified and reviewed by NIDRR for FY 2010:

- Race-Ethnicity, Education, and Employment After Spinal Cord Injury. NIDRR Section 21 funding supported this research to investigate the relationship between race-ethnicity and employment following spinal cord injury. This research also evaluated interrelationships with gender, injury severity and education. Key findings from this research indicate that employment rates are less than 10 percent for those with less than 12 years of education, while employment rates for those with a master’s degree or higher are at 66 percent. Employment rates for African-Americans and Hispanics lag behind those of whites. A critical finding was that the employment rates of African-American participants lagged behind those of whites for all education levels. This finding has implications for additional research to identify other factors limiting employment opportunities for African-Americans with spinal cord injury. For more information see the article produced by the NIDRR Section 21 grantee located at Medical University of South Carolina (Grant # H133A080064): Krause, James S., Saunders, Lee, and Staten, David (2010). Race-ethnicity, education and employment after spinal cord injury. *Rehabilitation Counseling Bulletin (ARCA)*, 53(2), Pgs. 78–86. This article is available through the NARIC website at: <http://naric.com/research/record.cfm?search=2&type=all&criteria=james%20krause&phrase=no&rec=111295>.

Other Program Areas

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.

12. Interagency Committee on Disability Research

The Interagency Committee on Disability Research (ICDR) is authorized by Section 203 of the *Rehabilitation Act*, to “identify, assess and seek to coordinate all federal programs, activities and projects and plans for such programs, activities, and projects with respect to the conduct of research (including assistive technology research and research that incorporates the principles of universal design) related to rehabilitation of individuals with disabilities.”

The committee is chaired by the director of NIDRR and comprised of the assistant secretary for special education and rehabilitative services, the commissioner of RSA, the secretary of education, the secretary of veterans affairs, the director of the National Institutes of Health, the director of the National Institute of Mental Health, the administrator of the National Aeronautics and Space Administration, the secretary of transportation, the assistant secretary of the interior for Indian affairs, the director of the Indian Health Service, and the director of the National Science Foundation. These members serve on the Senior Oversight Committee and advise five subcommittees: disability statistics, medical rehabilitation, technology, employment, and education.

The 2010 Health, Disability and Technology State of the Science Conference was conducted to address the following themes: health information technology and its impact on people with disabilities, health and disability, health disparities, and the Healthy People 2020 federal initiative. The conference aimed to provide a forum for federal and nonfederal stakeholders to address the following objectives:

- examine the state of the science in disability and rehabilitation research;
- increase awareness about key disability concerns and research gaps;
- identify strategies to address research and knowledge gaps; and
- identify opportunities for research partnerships, coordination and collaboration.

Selected statistics from the ICDR for FY 2010 are shown in table 16 on the following page:

Table 16. Number of Various Interagency Committee on Disability Research Activities: Fiscal Year 2010

Internal ICDR Activities	Number
ICDR meetings	43
Number of reports and products to support interagency coordination, technical assistance, information-sharing, joint planning:	13
Number of website downloads (ICDR reports, technical/scientific papers, conference proceedings)	267,962
Total number of outreach activities:	109

Source: U.S. Department of Education, CESSI, 2010.

13. Peer-Reviewed Publications by Select Research Mechanisms

Consistent with standard bibliometrics procedures for tracking publications,¹⁶ table 17 contains data on the average number of Thompson ISI-verified peer reviewed publications per award based on the 2010 Annual Performance Reporting Period rather than on FY 2009.¹⁷

Table 17 is subdivided into Panels A and B to capture the scientific productivity of two different sets of NIDRR program mechanisms. Panel A contains data on NIDRR's three largest program mechanisms (RERCs, RRTC's and Model Systems).

¹⁶ For a definition of bibliometrics see: Geisler, Eliezer (2000). *The metrics of science and technology*. Santa Barbara, CA: Praeger Publishers.

¹⁷ 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. Data on publications for calendar year 2010 are based on completed APRs submitted in June 2009. The next installment of data for calendar year 2009 will be available October 2010, based on completed APRs submitted in June 2009 and 2010.

Table 17. NIDRR Peer-Reviewed Publications: Calendar Year 2010**Panel A: Original Program Mechanisms, Data Available Since FY 2005^b**

Program Funding Mechanism	Total No. Refereed Publications^a	Total No. Awards Submitted APRs	Average No. Refereed Publications and Award
RRTCs ^c	78	33	2.36
RERCs ^d	65	23	2.83
Model Systems ^e	153	37	4.14
Combined Original Three Program Funding Mechanisms	296	93	3.18

Panel B: Additional Program Mechanisms, Data Collection Beginning FY 2006^f

Program Funding Mechanism	Total No. Refereed Publications	Total No. Awards Submitted APRs	Average No. Refereed Publications/Award
DRRPs ^g	33	31	1.06
FIPs ^h	37	87	0.43
KT ⁱ	4	5	0.8
Panel B Combined Subtotal	74	123	0.6

Overall Totals Across All Six Program Mechanisms

370	216	1.71
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- a. Data presented in this table correspond to peer-reviewed publications published in calendar year 2008 rather than to fiscal year 2007. To calculate the total and average number of peer-reviewed publications for calendar year of 2008 requires data from two years of annual performance reports (APRs), submitted in June 2008 and June 2009. Because of this, reported publications always lag one calendar year behind the fiscal year of the RSA annual report.
- b. Panel A presents data for the three original program funding mechanisms for which information on peer-reviewed publications was collected starting with the APR submitted June 2004. 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 and are used to satisfy PART requirements.
- c. Rehabilitation Research and Training Centers.
- d. Rehabilitation Engineering Research Centers.
- e. Model Systems projects for Spinal Cord Injury, Brain Injury, and Burn.
- f. Panel B presents data on three additional program mechanisms for which information on peer-reviewed publications was first collected in the revised APR submitted June 2006. Data for these additional program mechanisms are not included in NIDRR's official GPRA measure.
- g. Disability Rehabilitation Research Projects.
- h. Field Initiated Projects (Research and Development).
- i. Knowledge Dissemination and Utilization (also referred to as Knowledge Translation).

Source: U.S. Department of Education, OSERS, NIDRR, 2010d.

Results for Panel A show that 93 NIDRR grantees submitting APRs produced a total of 296 peer-reviewed publications in the 2010 APR reporting period for a combined average of 3.18 publications per award. However, within Panel A the average number of peer-reviewed publications per award varies significantly by program mechanism from a high of 4.14 for the Model Systems and a low of 2.36 for the Rehabilitation Research and Training Centers. In contrast to Panel A, the considerably larger number of grantees submitting APRs in Panel B (123 vs.93) produced a total of 74 peer-reviewed publications, with the averages per award at one or less than one for all three additional program mechanisms represented.

It is important to point out that caution must be exercised in interpreting these variations in the average number of peer-reviewed publications between panels A and B and among program mechanisms as differences in scientific productivity per se. This is because differences in the nature of the research and development activities conducted and in the duration and level of funding can contribute to significant differences in the type and number of outputs produced. For example, all of the awards associated with Panel A are 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 three to five years. Given the time it takes to get research manuscripts published, the shorter funding cycle can limit opportunities to get research results published in time to be listed in APRs. In addition, the RRTC's and Model Systems conduct primarily medical rehabilitation and psychosocial-behavioral research, including intervention studies, which result in empirical findings that readily lend themselves to publication in peer-reviewed journals. RERCs primarily conduct rehabilitation engineering research and development activities, in which the outputs are more technology-oriented, such as applications of existing technologies, prototypes of new devices and industry standards for products, and less well-suited to publication in peer-reviewed journal articles. Another factor that can affect measures of scientific productivity is the stage in the funding cycle when grantees are reporting on productivity. For example, grantees completing APRs early in a five-year cycle will typically have fewer publications to report than their counterparts who are in the last year of a five-year cycle.

Because of these differences in the type of research conducted and outputs produced, as well as time of measurement, caution must be exercised in making comparisons about scientific productivity across program mechanisms as well as over time.

14. 2010 NIDRR Allocations

The allocation of NIDRR grant funds for FY 2009 and FY 2010 for the 11 funding mechanisms discussed in this section on NIDRR is shown in table 18 on the following pages. For each funding mechanism, the table includes the number of new and continuation awards along with the corresponding grant amount and the combined totals for FYs 2009 and 2010. NIDRR's overall grant allocations across all 11 funding mechanisms totaled \$99,904,000 for FY 2009 and \$101,826,659 for FY 2010. NIDRR awarded \$7,413,342 in contracts and other support activities for FY 2010.

**Table 18. NIDRR-Funded Centers and Projects: Funding and Awards:
Fiscal Years 2009 and 2010**

NIDRR-Funded Centers and Projects^a	Number of Awards FY 2009	Grant Amount (in thousands of dollars)	Number of Awards FY 2010	Grant Amount (in thousands of dollars)
RRTCs				
Continuations	13	\$11,200	21	\$14,597
New Awards	9	\$6,594	7	\$5,742
Total	22	\$17,794	28	\$20,339
RERCs				
Continuations	16	\$13,196	17	\$15,404
New Awards	3	\$5,650	2	\$1,823
Total	19	\$18,846	19	\$17,227
ARRTs				
Continuations	12	\$1,799	12	\$1,799
New Awards	4	\$599	4	\$592
Total	16	\$2,398	16	\$2,391
DRRPs				
Continuations	8	\$2,404	9	\$3,728
New Awards	1	950	2	\$1,050
Total	9	\$3,354	11	\$4,778
DBTACs				
Continuations	11	\$11,859	11	\$12,907
New Awards	0	0	0	\$0
Total	11	\$11,859	11	\$12,907
SBIRs				
	25	\$3,612	25	\$3,643
KTs				
Continuations	6	\$3,403	4	\$2,100
New	2	\$2,000	2	\$1,050
Total	8	\$5,403	6	\$3,150
FIPs				
Continuations	46	\$8,568	43	\$7,831
New Awards	22	\$4,176	23	\$5,733
Total	68	\$12,744	66	\$13,564
Mary Switzer Fellowships				
New Awards	7	\$530	6	\$493

(Continued on next page)

Table 18. NIDRR-Funded Centers and Projects: Funding and Awards:
Fiscal Years 2009 and 2010 *(Continued from Page 93)*

NIDRR-Funded Centers and Projects ^a	Number of Awards FY 2009	Grant Amount (in thousands of dollars)	Number of Awards FY 2010	Grant Amount (in thousands of dollars)
Model Systems				
Spinal Cord Injury (includes model systems projects, collaborative projects and data center)				
Continuations	20	\$11,343	20	\$11,320
New Awards	0	0	0	\$0
Total	20	\$11,343	20	\$11,320
Traumatic Brain Injury (includes model systems projects, collaborative projects and data center)				
Continuations	19	\$9,191	19	\$9,171
New Awards	0	0	0	\$0
Total	19	\$9,191	19	\$9,171
Burn Injury				
Continuations	5	\$1,450	5	\$1,750
New Awards	0	0	0	\$0
Total	5	\$1,450	5	\$1,750
Outreach to Minority Institutions				
	3	\$1,080	3	\$1,093
TOTAL	230	\$99,904	236	\$101,826

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

RRTCs -----Rehabilitation Research and Training Centers
 RERCs -----Rehabilitation Engineering Research Centers
 ARRTs -----Advanced Rehabilitation Research Training Grants
 DRRPs -----Disability and Rehabilitation Research Projects
 DBTACs ----Disability and Business Technical Assistance Centers
 SBIRs -----Small Business Innovation Research Projects
 KTs-----Knowledge Translation
 FIPs-----Field Initiated Projects

Source: U. S. Department of Education, OSERS, NIDRR. 2010e.

ADVOCACY AND ENFORCEMENT

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

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

Some of the advocacy programs also develop advisory information and provide appropriate training and technical assistance, as well as make recommendations to the president, the Congress, and the secretary of education.

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

CLIENT ASSISTANCE PROGRAM

Authorized Under Section 112 of the *Rehabilitation Act*
Managed by the State Monitoring and Program Improvement Division of RSA

The Client Assistance Program (CAP), through grants to the 50 states, District of Columbia, Puerto Rico, and U.S. territories, 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 under Title I of the *Americans with Disabilities Act (ADA)*. State VR agencies and the other programs and projects funded under the *Rehabilitation Act* must inform consumers about the services available from the CAP and how to contact CAP offices. States must operate a CAP in order to receive other allotments under the *Rehabilitation Act*, including VR grant funds.

**Client Assistance Program
FY 2010 Federal Funding:
\$12,288,000**

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 act “grandfathered” CAPs already housed within state agencies providing services. In the event that one of these state agencies providing services under the act restructures, the act requires the governor to redesignate the CAP in an agency that does not provide services under the act. Currently, only a few “internal” CAPs (e.g., those housed within a state VR agency or other agency providing services under the act) remain.

Overall, in FY 2010, CAPs nationwide responded to 50,203 requests for information and provided extensive services to 7,128 individuals. Slightly less than 95 percent of those cases in which extensive services were provided involved applicants for or recipients of services from the VR program. In 95 percent of all cases, issues related to the delivery of VR services. This data also demonstrates that in 34 percent of the cases closed, CAPs enabled the individuals to advocate for themselves through the explanation of policies; 19 percent resulted in the development or implementation of an Individualized Plan for Employment (IPE); and 18 percent of these cases resulted in the reestablishment of communication between the individuals and other parties. In addition, 68 percent of the cases requiring action by the CAP on behalf of the individual were resolved in the individual’s favor.

Examples of CAP activities during FY 2010 include:

- In Maryland, a 57-year-old African-American woman with mental illness contacted her CAP for assistance following VR’s denial of her business plan to establish a salon where she could work as an aesthetician, pedicurist, and manicurist. The VR agency stated that the business plan submitted by the consumer did not contain enough details about the cost of inventory or the gross

income by the business to be approved. The VR agency also informed the individual that she should give up on her business plan and find employment working for someone else.

CAP assisted the consumer to obtain approval of an IPE that specified a vocational goal of “self-employed aesthetician.” CAP also worked extensively with this individual to complete her business plan until it was finally approved by the VR agency. CAP also provided support to the woman while she worked with her vocational counselor in ordering her business supplies and equipment.

- In New York, CAP was contacted by a consumer with multiple psychiatric and physical disabilities. He left a position providing maintenance for a shop after developing respiratory problems due to the chemicals in the cleaning agents. Thereafter, he applied to VR and was accepted for vocational and educational services for individuals with disabilities (VESID) services. After being found eligible for VR services, the consumer was given a diagnostic vocational evaluation (DVE) to determine his capacity to work in competitive employment. The DVE came back with the recommendation the consumer was unable to work at this time. The consumer felt the evaluation was incorrect and subsequently contacted the CAP.

The consumer provided CAP with documentation from his doctors stating he could in fact work with some restrictions. The CAP advocate contacted the local CAP legal services attorney who reviewed VESID policy and found VESID did not follow its own procedures. After reviewing VESID policy, the local CAP legal service found that before VESID can determine an individual unable to work, they must provide the individual with a trial work experience. This experience should put the individual in various and differing work settings to determine if in fact the person is capable of working. VESID had not provided the individual with opportunities for trial work experiences. CAP agreed to represent the consumer at a hearing. CAP legal services also contacted VESID and reminded them of their own requirement that determinations of ineligibility due to severity of disability must be made following a trial work experience or, if not feasible, an extended evaluation. In lieu of a hearing, the case was settled through negotiations between CAP and VR. As a result, VESID agreed to open a new case for the consumer.

- In Alaska, a special education teacher with a rare disease that was causing her to lose her ability to ambulate independently requested assistance from her state VR agency. Her doctor ordered a power wheelchair for her in January and she was anticipating that it would be arriving in May. She had concerns regarding how she would be able to transport herself with her new chair to and from work or to her doctor appointments. She was also concerned about the accessibility of her current minivan and her home. She knew that her minivan was too old and too small to be modified for her new chair, and her home required the use of steps to access any of the doors.

The Division of Vocational Rehabilitation (DVR) counselor was refusing to discuss home and van modifications and insisted an initial IPE had to be written first. During this same period, the individual had approached the Independent Living Center (ILC) to apply for services and was told that they had no services they could offer her. The CAP encouraged her to return to the ILC and request an application. Her application was accepted, but again, she was told they could not serve her.

The initial IPE was signed with DVR at the end of June, but the counselor resisted further amending her IPE to include additional services needed by the consumer and delayed the provision of services already included in the original IPE. CAP contacted the regional manager and advocated that she get the necessary services that would allow her to maintain employment as a special education teacher. As a result, the regional manager immediately authorized the services on the IPE and transferred the case to a more experienced counselor. Through additional negotiations with the ILC, the supervisor agreed that they would be able to assist with some home modifications including widening the front door so she could get her power chair into her home. The consumer is currently scheduled to have a driving assessment to use with her chair, and home modifications are also being assessed. School has started but DVR is temporarily renting a van that will transport her and her chair while she continues to work.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM

Authorized Under Section 509 of the Rehabilitation Act

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

**Protection and Advocacy of
Individual Rights Program
FY 2010 Federal Funding:
\$ 18,101,000**

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

Each year, PAIR programs, with public comment, must develop a statement of objectives and priorities, including a rationale for the selection of the objectives and priorities and a plan for achieving them. These objectives and priorities define the issues that PAIR will address during the year, whether through individual or systemic advocacy. PAIR programs reported representing 15,453 individuals and responded to 43,406 requests for information or referral during FY 2010. Of the cases handled by PAIR programs in that year, the greatest number of specified issues involved government benefits or services (19 percent), education (16 percent), and employment (11 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 2010, 53 out of the 57 PAIR programs (93 percent) reported that these activities resulted in changes in policies and practices benefiting individuals with disabilities.

Examples of PAIR activities during FY 2010 include:

- Disability Rights New Mexico (DRNM) assisted a 13-year-old boy with a specific learning disability whose special education services were not provided as documented in his Individualized Education Program (IEP). The student was entitled to ancillary services for a speech and language impairment. The boy's parents also reported an incident in which his privacy was violated. A DRNM advocate attended two IEP meetings and a negotiation with the district director of special education. Compensatory services were offered to the student and accepted by his parents. The parents learned about their son's rights under the *Individuals with Disabilities Education Act*. The district also investigated and resolved the privacy issue. The family was offered an apology, as well as the district's assurance that the privacy issue was resolved.
- An individual enlisted the help of the Missouri Protection and Advocacy Services (MPAS) to get disability-related modifications made to her apartment. The client had requested but not received accommodations, such as a railing for the front porch. An MPAS advocate helped the client to negotiate with the local property managers and the upper-level out-of-town representatives of the property

management company. After lengthy delays, the modifications began, but the client and advocate had to continue following up with the property manager regarding issues such as removal of debris from the building site. The case was finally closed when the modifications were complete. The client had a newfound ability to self-advocate and ensure that her residence met ADA standards.

- The Disability Law and Advocacy Center of Tennessee (DLAC) was contacted by the parent of an 11-year-old female because her school refused to consistently provide Diastat, an emergency anti-seizure medication. The school did not have a backup plan or trained volunteers when the nurse was unavailable to give the medication. DLAC explained state law requirements about administration of anti-seizure medication and educated the parent about advocating for her child. As a result, this parent was able to effectively advocate for the school to consistently administer Diastat during the school day. Now the student can attend school with confidence that she will receive appropriate medical intervention if she has a seizure.
- The Virginia Office for Protection and Advocacy (VOPA) represented a child who has a traumatic brain injury and was not receiving appropriate therapy and supports to make adequate progress in school. VOPA opened a case on two issues: (1) advocating for the school to provide an assistive technology (AT) evaluation relating to a reading device, and (2) amend the student's IEP to include goals, objectives, services and accommodations that will assist her to read independently. The school agreed to provide an AT evaluation. In the AT evaluation, the evaluator recommended: (1) a mini laptop with a voice output system, (2) a co-writing software program, and (3) a digital recorder. At the follow-up IEP meeting, the IEP team agreed to incorporate the recommendations made in the AT evaluation. Specifically, the IEP team agreed to provide all the above referenced AT accommodations to assist the student to read more independently. The student was very satisfied with the outcome and felt that these AT devices will help her read more independently and progress in her reading abilities.
- Also in Virginia, VOPA conducted a survey at a state university campus and identified numerous issues related to terrain and path of travel throughout the campus; a lack of accessible route maps; inaccessible building entrances; a lack of access to upper floors at the bookstore, cafeteria, and a large auditorium in one classroom building; and improper location of accessible parking spaces. The university has incorporated VOPA's recommendations into its campus plan and staff will be trained on accessible route maps, with electronic versions more visible on their website. The university will work to minimize blockage of accessible routes during construction projects and to ensure accessible parking spaces are near an accessible entrance. The university will develop a Campus Way-Finding Master Plan to address lack of clear marking of accessible routes and entrances to buildings, and a new ADA Executive Committee was formed to address long-term accessibility goals and concerns.

EMPLOYMENT OF PEOPLE WITH DISABILITIES

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

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

ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

(Access Board)
Authorized Under Section 502 and Section 508 of the *Rehabilitation Act*

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

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

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

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

ELECTRONIC AND INFORMATION TECHNOLOGY

Authorized under Section 508 of the *Rehabilitation Act*

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

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

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

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

EMPLOYMENT UNDER FEDERAL CONTRACTS

**Authorized Under Section 503 of the *Rehabilitation Act*
Managed by the Employment Standards Administration,
U.S. Department of Labor**

The Department of Labor's Office of Federal Contract Compliance Program (OFCCP) is responsible for ensuring that employers with federal contracts or subcontracts in excess of \$10,000 take affirmative action to employ and advance in employment qualified individuals with disabilities. OFCCP investigators conduct several thousand compliance reviews and investigate hundreds of complaints each year. OFCCP also issues policy guidance to private companies and develops innovative ways to gain compliance with the law. For more information, visit <http://www.dol.gov/ofccp>.

NONDISCRIMINATION IN PROGRAMS THAT RECEIVE FEDERAL FINANCIAL ASSISTANCE

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

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

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

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

Examples of the types of discrimination prohibited by Section 504 and its implementing regulations include access to educational programs and facilities, improper denials of a

free appropriate public education for elementary and secondary students, and improper denials of academic adjustments and auxiliary aids and services to postsecondary students. Section 504, *ADA* and their implementing regulations also prohibit employment discrimination and retaliation for filing, or participating in any manner in, an OCR complaint or proceeding or for advocating for a right protected by these laws.

For information on OCR, visit its website at: <http://www.ed.gov/about/offices/list/ocr>.

NATIONAL COUNCIL ON DISABILITY
Authorized under Section 400 of the *Rehabilitation Act*
An Independent Federal Agency

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

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REFERENCES

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APPENDIX A

APPENDIX A

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR Agencies Serving Individuals Who Are Blind and Visually Impaired, by Indicator and Jurisdiction: FY 2010

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

State VR Agency ^b	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 (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^e (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^f (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self-Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Arkansas	-69	73.02	68.79	99.77	0.669	19.91	4	3
Connecticut	-31	76.81	82.18	100.00	0.678	15.66	4	3
Delaware	23	75.56	89.71	98.36	0.553	40.98	5	2
Florida	-40	51.06	97.31	100.00	0.643	36.20	4	3
Idaho	-18	60.31	93.16	100.00	0.787	34.86	4	3
Iowa	-41	76.58	91.18	100.00	0.821	15.48	4	3
Kentucky	-43	79.61	89.27	100.00	0.671	23.24	4	3
Maine	67	67.20	38.58	98.98	0.990	34.69	5	3
Massachusetts	62	48.00	50.83	100.00	0.764	17.21	4	3
Michigan	-61	48.61	79.28	100.00	0.659	28.79	3	3
Minnesota	-13	50.97	89.87	99.30	0.749	37.32	4	3
Missouri	2	81.87	91.56	99.59	0.759	23.36	5	3
Nebraska	-21	37.93	96.10	100.00	0.746	51.35	4	3

(Continued on next page)

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

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

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

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

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

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

Source: U.S Department of Education, RSA, 2010f.

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR Agencies Serving Individuals Who Are Blind and Visually Impaired, by Indicator and Jurisdiction: FY 2010

(Continued from Page 111)

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

State VR Agency ^b	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 (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^e (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^f (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self-Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
New Jersey	-4	68.98	93.30	100.00	0.543	37.62	4	2
New Mexico	-5	42.71	98.82	100.00	0.799	61.90	4	3
New York	-215	71.07	88.80	98.85	0.639	38.68	5	3
North Carolina	-78	67.47	98.57	90.65	0.570	31.49	3	2
Oregon	-30	74.90	63.74	99.14	0.793	36.21	5	3
South Carolina	-50	64.29	72.82	97.42	0.679	17.14	3	3
South Dakota	14	76.51	93.86	100.00	0.698	35.05	6	3
Texas	-20	69.05	88.85	99.79	0.610	31.79	5	3
Vermont	8	71.23	64.74	97.03	0.806	16.83	5	3
Virginia	-40	54.82	91.69	98.26	0.636	55.75	4	3
Washington	-3	64.43	100.00	96.06	0.752	41.22	4	3

**Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR Agencies—
General and Combined, by Indicator and Jurisdiction: FY 2010**

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

State VR Agency ^{a,b}	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Alabama	-902	25.78	97.93	87.30	0.508	79.40	3	2
Alaska	6	60.99	99.06	93.52	0.636	56.00	6	3
American Samoa	-14	100.00	36.00	88.89	N/A	88.89	4	2
Arizona	-241	38.50	99.38	95.37	0.552	67.70	4	3
Arkansas	309	56.68	99.48	87.24	0.630	50.53	5	3
California	-886	42.15	86.09	99.84	0.481	67.33	3	2
Colorado	-981	57.85	83.48	97.77	0.523	54.70	5	3
Connecticut	-498	51.59	99.67	100.00	0.598	36.78	3	3
Delaware	-197	69.39	99.72	92.32	0.422	75.39	4	2
District of Columbia	65	49.89	88.84	97.16	0.341	67.77	4	2
Florida	-2,492	37.68	99.59	93.06	0.530	51.52	3	3
Georgia	161	62.45	95.32	78.23	0.452	73.27	5	2
Guam	-20	39.39	92.31	100.00	N/A	91.67	4	3

(Continued on next page)

^a VR—Vocational Rehabilitation

^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 and visually impaired.

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

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

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

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

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

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

Source: U.S Department of Education, OSERS, RSA, 2010f.

**Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR Agencies—
General and Combined, by Indicator and Jurisdiction: FY 2010**

(Continued from Page 113)

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

State VR Agency ^{a,b}	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Hawaii	-176	44.89	98.35	89.26	0.662	65.77	4	3
Idaho	39	63.05	99.68	98.94	0.635	72.33	6	3
Illinois	-257	56.25	91.87	100.00	0.431	56.90	4	2
Indiana	81	59.25	96.78	74.53	0.628	43.92	5	3
Iowa	-47	51.96	98.11	95.08	0.616	63.36	4	3
Kansas	26	35.62	96.90	94.46	0.538	52.59	4	3
Kentucky	-1,069	62.42	98.31	100.00	0.617	65.77	5	3
Louisiana	9	49.19	99.49	94.60	0.645	62.51	5	3
Maine	-76	44.56	99.48	100.00	0.660	54.04	4	3
Maryland	99	63.52	89.33	100.00	0.440	70.06	5	2
Massachusetts	138	51.82	97.16	100.00	0.450	52.71	3	2
Michigan	441	50.30	98.64	94.45	0.621	57.63	5	3
Minnesota	-246	47.79	97.71	100.00	0.494	65.43	3	2
Mississippi	2	72.64	99.69	72.75	0.690	58.79	6	3
Missouri	460	62.04	94.55	99.13	0.512	60.75	5	2
Montana	-83	41.90	94.55	84.79	0.658	55.83	4	3
Nebraska	109	60.87	99.58	100.00	0.579	65.63	6	3
Nevada	46	54.33	99.68	95.87	0.548	65.89	5	3
New Hampshire	-58	62.23	95.49	92.27	0.545	53.11	5	3
New Jersey	-95	56.47	99.67	99.97	0.444	71.28	4	2
New Mexico	-4	52.34	98.18	96.89	0.650	51.55	3	3
New York	-59	45.86	95.29	98.13	0.371	59.88	3	2

(Continued on next page)

**Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR Agencies—
General and Combined, by Indicator and Jurisdiction: FY 2010**

(Continued from Page 114)

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

State VR Agency ^{a,b}	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
North Carolina	-329	56.55	99.71	77.20	0.482	62.23	4	2
North Dakota	68	67.00	99.07	86.75	0.640	56.27	6	3
Northern Mariana Islands	0	76.09	68.57	50.00	N/A	0.00	3	1
Ohio	-1,813	51.32	96.99	99.96	0.640	46.68	3	3
Oklahoma	603	67.57	91.23	82.74	0.594	68.24	6	3
Oregon	-748	47.38	95.24	98.13	0.581	75.98	4	3
Pennsylvania	155	54.59	91.60	100.00	0.553	53.09	5	3
Puerto Rico	164	73.44	95.23	82.59	0.704	88.65	6	3
Rhode Island	-188	40.72	97.89	100.00	0.552	63.13	4	3
South Carolina	-706	54.39	99.72	96.22	0.581	65.51	4	3
South Dakota	92	65.09	97.68	100.00	0.562	61.42	6	3
Tennessee	-255	47.83	92.55	93.78	0.511	69.57	3	2
Texas	-481	57.92	99.15	78.19	0.510	53.44	4	2
Utah	370	67.09	92.80	98.27	0.607	63.55	6	3
Vermont	48	59.62	96.73	99.59	0.595	43.98	5	3
Virginia	-10	50.00	88.24	83.33	0.615	60.00	4	3
Virgin Islands	176	49.61	92.89	99.05	0.411	56.18	4	2
Washington	272	51.41	98.54	97.12	0.537	54.34	5	3
West Virginia	302	70.51	96.17	91.18	0.630	58.05	6	3
Wisconsin	101	52.01	99.57	98.63	0.608	36.94	4	3
Wyoming	-66	56.10	97.65	88.30	0.622	57.53	5	3

Table A-3. Equal Access to Service (Evaluation Standard 2) of State VR Agencies Serving Individuals Who Are Blind and Visually Impaired, by Indicator and Jurisdiction: FY 2010

State VR Agency ^{a,b}	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
Arkansas	0.877	161
Connecticut	0.978	41*
Delaware	0.821	36*
Florida	0.933	867
Idaho	1.050	20*
Iowa	1.145	19*
Kentucky	0.880	72*
Maine	0.865	10*
Massachusetts	0.932	173
Michigan	0.789	148
Minnesota	0.529	76*
Missouri	0.914	98*
Nebraska	0.762	34*
New Jersey	0.821	352
New Mexico	1.069	64*
New York	0.790	415
North Carolina	0.878	507
Oregon	0.840	37*
South Carolina	0.944	275
South Dakota	0.614	42*
Texas	0.884	2022
Vermont	1.085	5*
Virginia	0.917	216
Washington	0.743	97*

^a VR—Vocational Rehabilitation

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

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

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

Source: U.S. Department of Education, OSERS, RSA, 2010f.

Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR Agencies—General and Combined, by Indicator and Jurisdiction: Fiscal Year 2010

State VR Agency ^{a, b}	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
Alabama	1.018	10,811
Alaska	1.010	681
American Samoa	0.000	35*
Arizona	0.894	1,764
Arkansas	0.881	2,431
California	1.006	21,218
Colorado	0.873	1,848
Connecticut	0.806	1,072
Delaware	0.909	1,026
District of Columbia	0.959	1,830
Florida	0.945	13,484
Georgia	0.941	6,387
Guam	0.000	127
Hawaii	1.112	696
Idaho	0.927	802
Illinois	0.867	6,025
Indiana	0.739	2,883
Iowa	0.799	1,019
Kansas	0.881	2,537
Kentucky	0.882	1,994
Louisiana	0.904	3,813
Maine	0.695	199
Maryland	0.891	4,416
Massachusetts	0.956	2,823
Michigan	0.831	7,774
Minnesota	0.842	2,347
Mississippi	0.833	4,691
Missouri	0.872	4,692
Montana	0.859	735
Nebraska	0.866	968
Nevada	0.980	1,517
New Hampshire	0.828	121
<i>(Continued on next page)</i>		
New Jersey	0.987	5,925

^a VR—Vocational Rehabilitation

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

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

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

Source: U.S Department of Education, OSERS, RSA, 2010f.

Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR Agencies—General and Combined, by Indicator and Jurisdiction: Fiscal Year 2010

(Continued from Page 117)

State VR Agency ^{a, b}	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
New Mexico	0.850	3,629
New York	0.866	22,885
North Carolina	0.990	11,147
North Dakota	0.666	492
Northern Mariana Islands	0.436	101
Ohio	0.758	6,110
Oklahoma	0.935	2,099
Oregon	0.992	1,152
Pennsylvania	0.834	6,400
Puerto Rico	0.570	9,308
Rhode Island	0.880	820
South Carolina	0.965	10,966
South Dakota	0.811	556
Tennessee	0.885	3,659
Texas	0.947	19,390
Utah	0.934	1,946
Vermont	0.924	184
Virginia	0.590	133
Virgin Islands	0.927	5,217
Washington	0.905	3,128
West Virginia	0.813	440
Wisconsin	0.587	4,169
Wyoming	0.924	361

Source: U.S Department of Education, OSERS, RSA 2010f

APPENDIX B

APPENDIX B

Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction: FYs 2009 and 2010

State VR Agency ^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
U.S. Total	2010	3,040,323,049	171,966	156,679	91.11
	2009	2,938,522,000	180,539	168,794	93.49
	Percentage Change	3.46	-4.75	-7.18	
Total—General and Combined Agencies^e	2010	2,797,914,809	165,901	150,719	90.85
	2009	2,704,630,639	174,521	162,838	93.31
	Percentage Change	3.45	-4.94	-7.44	
Total—Agencies for the Blind^f	2010	242,408,240	6,065	5,960	98.27
	2009	233,891,361	6,018	5,956	98.97
	Percentage Change	3.64	0.78	0.07	
General and Combined Agencies					
Alabama	2010	59,746,023	5,067	4,424	87.31
	2009	61,049,994	5,969	5,342	89.50
	Percentage Change	-2.14	-15.11	-17.18	
Alaska	2010	11,157,490	530	495	93.40
	2009	10,195,073	524	483	92.18
	Percentage Change	9.44	1.15	2.48	
American Samoa	2010	1,081,888	25	15	60.00
	2009	738,967	39	28	71.79
	Percentage Change	46.41	-35.90	-46.43	
Arizona	2010	64,465,810	1,131	1,078	95.31
	2009	61,333,265	1,372	1,272	92.71
	Percentage Change	5.11	-17.57	-15.25	
Arkansas	2010	37,649,209	2,670	2,330	87.27
	2009	34,588,350	2,361	1,993	84.41
	Percentage Change	8.85	13.09	16.91	
California	2010	290,143,755	10,719	10,702	99.84
	2009	284,801,269	11,605	11,604	99.99
	Percentage Change	1.88	-7.63	-7.77	

(Continued on next page)

^a VR—Vocational Rehabilitation.

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

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

^d Percentage = Number of employment outcomes of individuals with significant disabilities divided by number of total employment outcomes.

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

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

Source: U.S. Department of Education, OSERS, RSA, 2010f.

Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction: FYs 2009 and 2010
(Continued from Page 121)

State VR Agency ^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Colorado	2010	39,952,101	1,235	1,208	97.81
	2009	37,762,655	2,216	2,060	92.96
	Percentage Change	5.80	-44.27	-41.36	
Connecticut	2010	27,847,199	922	922	100.00
	2009	20,062,903	1,420	1,420	100.00
	Percentage Change	38.80	-35.07	-35.07	
Delaware	2010	8,933,866	705	651	92.34
	2009	9,559,490	902	775	85.92
	Percentage Change	-6.54	-21.84	-16.00	
District of Columbia	2010	13,345,845	475	194	40.84
	2009	12,989,280	410	395	96.34
	Percentage Change	2.75	15.85	-50.89	
Florida	2010	129,842,803	3,919	3,629	92.60
	2009	131,857,463	6,411	4,883	76.17
	Percentage Change	-1.53	-38.87	-25.68	
Georgia	2010	76,510,963	4,463	2,785	62.40
	2009	76,490,231	4,302	3,281	76.27
	Percentage Change	0.03	3.74	-15.12	
Guam	2010	2,052,208	13	9	69.23
	2009	2,992,531	33	33	100.00
	Percentage Change	-31.42	-60.61	-72.73	
Hawaii	2010	13,232,080	303	267	88.12
	2009	12,882,243	479	431	89.98
	Percentage Change	2.72	-36.74	-38.05	
Idaho	2010	13,364,075	1,896	1,875	98.89
	2009	14,038,955	1,857	1,844	99.30
	Percentage Change	-4.81	2.10	1.68	
Illinois	2010	117,943,665	5,028	5,028	100.00
	2009	113,449,013	5,285	5,284	99.98
	Percentage Change	3.96	-4.86	-4.84	
Indiana	2010	62,548,597	4,101	3,081	75.13
	2009	68,785,415	4,020	3,038	75.57
	Percentage Change	-9.07	2.01	1.42	
Iowa	2010	20,892,963	2,217	2,109	95.13
	2009	25,100,540	2,264	2,170	95.85
	Percentage Change	-16.76	-2.08	-2.81	
Kansas	2010	29,188,253	1,452	1,371	94.42
	2009	27,795,281	1,426	1,353	94.88
	Percentage Change	5.01	1.82	1.33	
Kentucky	2010	40,246,652	3,495	3,495	100.00
	2009	45,983,564	4,564	4,564	100.00
	Percentage Change	-12.48	-23.42	-23.42	

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Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction: FYs 2009 and 2010 (Continued from Page 122)

State VR Agency ^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Louisiana	2010	31,482,174	2,362	2,227	94.28
	2009	33,085,896	2,353	1,980	84.15
	Percentage Change	-4.85	0.38	12.47	
Maine	2010	13,145,639	573	573	100.00
	2009	12,674,780	649	649	100.00
	Percentage Change	3.71	-11.71	-11.71	
Maryland	2010	47,029,781	2,408	2,387	99.13
	2009	45,611,435	2,309	2,309	100.00
	Percentage Change	3.11	4.29	3.38	
Massachusetts	2010	55,864,022	3,173	3,173	100.00
	2009	44,792,657	3,035	3,034	99.97
	Percentage Change	24.72	4.55	4.58	
Michigan	2010	86,106,832	7,374	6,967	99.48
	2009	84,958,843	6,933	6,606	95.28
	Percentage Change	1.35	6.36	5.46	
Minnesota	2010	38,719,844	2,143	2,143	100.00
	2009	36,476,785	2,389	2,389	100.00
	Percentage Change	6.15	-10.30	-10.30	
Mississippi	2010	44,514,376	4,557	3,320	72.85
	2009	43,469,871	4,555	4,522	99.28
	Percentage Change	2.40	0.04	-26.58	
Missouri	2010	53,683,608	4,363	4,326	99.15
	2009	56,457,769	3,903	3,884	99.51
	Percentage Change	-4.91	11.79	11.38	
Montana	2010	12,087,792	716	613	85.61
	2009	11,750,000	799	670	83.85
	Percentage Change	2.87	-10.39	-8.51	
Nebraska	2010	16,612,034	1,677	1,677	100.00
	2009	15,614,705	1,568	1,568	100.00
	Percentage Change	6.39	6.95	6.95	
Nevada	2010	17,364,524	947	425	44.88
	2009	10,236,604	901	859	95.34
	Percentage Change	69.63	5.11	-50.52	
New Hampshire	2010	11,650,039	1,043	966	92.62
	2009	12,157,592	1,101	1,022	92.82
	Percentage Change	-4.17	-5.27	-5.48	
New Jersey	2010	47,313,110	3,927	3,751	95.52
	2009	47,174,340	4,022	4,021	99.98
	Percentage Change	0.29	-2.36	-6.71	

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Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction: FYs 2009 and 2010
(Continued from Page 123)

State VR Agency ^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
New Mexico	2010	19,461,082	1,541	1,494	96.95
	2009	19,148,360	1,545	1,463	94.69
	Percentage Change	1.63	-0.26	2.12	
New York	2010	152,323,333	12,092	11,866	98.13
	2009	131,640,440	12,151	11,942	98.28
	Percentage Change	15.71	-0.49	-0.64	
North Carolina	2010	93,935,168	5,961	4,599	77.15
	2009	81,120,197	6,290	4,845	77.03
	Percentage Change	15.80	-5.23	-5.08	
North Dakota	2010	10,157,490	861	748	86.88
	2009	9,795,073	793	682	86.00
	Percentage Change	3.70	8.58	9.68	
Northern Marianas	2010	877,825	35	19	54.29
	2009	1,226,979	35	24	68.57
	Percentage Change	-28.46	0.00	-20.83	
Ohio	2010	98,527,009	5,707	5,703	99.93
	2009	121,443,769	7,520	7,520	100.00
	Percentage Change	-18.87	-24.11	-24.16	
Oklahoma	2010	41,092,230	2,294	1,885	82.17
	2009	42,098,298	1,689	1,537	91.00
	Percentage Change	-2.39	35.82	22.64	
Oregon	2010	34,187,817	1,176	391	33.25
	2009	39,388,669	1,924	1,784	92.72
	Percentage Change	-13.20	-38.88	-78.08	
Pennsylvania	2010	128,694,693	9,460	9,459	99.99
	2009	124,249,697	9,305	9,303	99.98
	Percentage Change	3.58	1.67	1.68	
Puerto Rico	2010	75,355,380	2,599	2,151	82.76
	2009	73,125,960	2,435	2,022	83.04
	Percentage Change	3.05	6.74	6.38	
Rhode Island	2010	13,007,431	568	568	100.00
	2009	10,704,195	756	756	100.00
	Percentage Change	21.52	-24.87	-24.87	
South Carolina	2010	48,379,175	7,551	7,264	96.20
	2009	47,069,376	8,257	7,994	96.81
	Percentage Change	2.78	-8.55	-9.13	
South Dakota	2010	8,125,992	690	685	99.28
	2009	8,036,058	598	594	99.33
	Percentage Change	1.12	15.38	15.32	
Tennessee	2010	72,509,053	1,651	1,553	94.06
	2009	68,343,348	1,906	1,817	95.33
	Percentage Change	6.10	-13.38	-14.53	

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Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction: FYs 2009 and 2010
(Continued from Page 124)

State VR Agency ^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Texas	2010	188,635,876	11,380	8,901	78.22
	2009	181,990,127	11,861	9,750	82.20
	Percentage Change	3.65	-4.06	-8.71	
Utah	2010	37,672,947	3,486	3,421	98.14
	2009	31,788,834	3,116	3,058	98.14
	Percentage Change	18.51	11.87	11.87	
Vermont	2010	11,938,591	1,528	1,522	99.61
	2009	9,119,664	1,480	1,476	99.73
	Percentage Change	30.91	3.24	3.12	
Virgin Islands	2010	2,101,025	34	26	76.47
	2009	1,982,000	44	29	65.91
	Percentage Change	6.01	-22.73	-10.34	
Virginia	2010	62,379,977	3,390	3,359	99.09
	2009	58,408,579	3,214	3,195	99.41
	Percentage Change	6.80	5.48	5.13	
Washington	2010	43,694,074	2,676	1,600	59.79
	2009	45,200,145	2,404	2,369	98.54
	Percentage Change	-3.33	11.31	-32.46	
West Virginia	2010	54,579,169	2,169	1,978	91.19
	2009	25,912,097	1,867	1,733	92.82
	Percentage Change	110.63	16.18	14.14	
Wisconsin	2010	55,648,243	2,784	2,745	98.60
	2009	57,088,852	2,683	2,593	96.65
	Percentage Change	-2.52	3.76	5.86	
Wyoming	2010	8,912,009	639	566	88.58
	2009	8,832,163	705	619	87.80
	Percentage Change	0.90	-9.36	-8.56	
Blind Agencies					
Arkansas	2010	6,388,529	278	278	100.00
	2009	4,943,866	350	349	99.71
	Percentage Change	29.22	-20.57	-20.34	
Connecticut	2010	3,274,506	99	99	100.00
	2009	3,274,730	103	103	100.00
	Percentage Change	-0.01	-3.88	-3.88	
Delaware	2010	1,873,624	43	43	100.00
	2009	1,523,723	25	24	96.00
	Percentage Change	22.96	72.00	79.17	
Florida	2010	29,311,176	689	689	100.00
	2009	27,006,950	685	685	100.00
	Percentage Change	8.53	0.58	0.58	

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Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction: FYs 2009 and 2010 (Continued from Page 125)

State VR Agency ^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Idaho	2010	2,452,148	61	61	100.00
	2009	1,998,420	56	56	100.00
	Percentage Change	22.70	8.93	8.93	
Iowa	2010	6,435,887	83	83	100.00
	2009	6,973,036	87	87	100.00
	Percentage Change	-7.70	-4.60	-4.60	
Kentucky	2010	6,908,120	351	351	100.00
	2009	7,485,697	348	348	100.00
	Percentage Change	-7.72	0.86	0.86	
Maine	2010	3,543,979	149	147	98.66
	2009	3,127,588	105	104	99.05
	Percentage Change	13.31	41.90	41.35	
Massachusetts	2010	11,211,298	262	262	100.00
	2009	8,389,632	218	218	100.00
	Percentage Change	33.63	20.18	20.18	
Michigan	2010	16,379,280	167	167	100.00
	2009	14,992,737	166	166	100.00
	Percentage Change	9.25	0.60	0.60	
Minnesota	2010	8,499,478	80	78	97.50
	2009	8,267,505	78	78	100.00
	Percentage Change	2.81	2.56	0.00	
Missouri	2010	8,832,078	267	267	100.00
	2009	8,325,798	266	266	100.00
	Percentage Change	6.08	0.38	0.38	
Nebraska	2010	3,260,462	31	31	100.00
	2009	3,397,520	46	46	100.00
	Percentage Change	-4.03	-32.61	-32.61	
New Jersey	2010	12,078,278	288	288	100.00
	2009	11,893,585	279	279	100.00
	Percentage Change	1.55	3.23	3.23	
New Mexico	2010	4,526,020	40	40	100.00
	2009	4,846,560	45	45	100.00
	Percentage Change	-6.61	-11.11	-11.11	
New York	2010	24,521,111	428	428	100.00
	2009	24,398,054	358	349	97.49
	Percentage Change	0.50	19.55	22.64	
North Carolina	2010	12,981,201	590	513	86.95
	2009	16,029,740	528	497	94.13
	Percentage Change	-19.02	11.74	3.22	
Oregon	2010	4,883,974	85	85	100.00
	2009	4,594,682	97	95	97.94
	Percentage Change	6.30	-12.37	-10.53	

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Table B. Amount of Grant Awards to State VR Agencies, Number, and Percentage of Individuals With Disabilities Employed, and Percentage Change in Each Category by Type of Disability and Jurisdiction:
FYs 2009 and 2010 *(Continued from Page 126)*

State VR Agency^a	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities^d
South Carolina	2010	7,011,424	266	260	97.74
	2009	6,883,930	319	314	98.43
	Percentage Change	1.85	-16.61	-17.20	
South Dakota	2010	2,031,498	116	111	95.69
	2009	1,984,015	112	112	100.00
	Percentage Change	2.39	3.57	-0.89	
Texas	2010	47,158,939	1,339	1,337	99.85
	2009	45,497,532	1,352	1,350	99.85
	Percentage Change	3.65	-0.96	-0.96	
Vermont	2010	1,308,899	81	77	95.06
	2009	1,225,409	75	74	98.67
	Percentage Change	6.81	8.00	4.05	
Virginia	2010	9,099,117	143	143	100.00
	2009	8,854,156	170	165	97.06
	Percentage Change	2.77	-15.88	-13.33	
Washington	2010	8,437,214	129	122	94.57
	2009	7,976,496	150	146	97.33
	Percentage Change	5.78	-14.00	-16.44	

APPENDIX C

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

(A) In general

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

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

(B) Certain programs; limitations on major life activities

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

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

(C) Rights and advocacy provisions

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

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

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

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

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

(iii) Exclusion for certain services

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

(iv) Disciplinary action

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

(v) Employment; exclusion of alcoholics

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

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

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

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

For purposes of Sections 501, 503, and 504—

(i) for purposes of the application of subparagraph (B) to such sections, the term “impairment” does not include homosexuality or bisexuality; and

(ii) therefore the term “individual with a disability” does not include an individual on the basis of homosexuality or bisexuality.

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

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

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

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