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UNDER THE *REHABILITATION ACT OF 1973*, AS AMENDED

REHABILITATION SERVICES ADMINISTRATION

Annual Report

Fiscal Year 2012

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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ACRONYMS

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

Acronym	Full Term
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
<i>NtK</i>	<i>Need to Knowledge Model</i>
OCIO	Office of the Chief Information Officer
OCR	Office for Civil Rights
OFCCP	Office of Federal Contracts Compliance Programs
OIB	Older Individuals Who Are Blind
OSERS	Office of Special Education and Rehabilitative Services
OSU TBI-ID	Ohio State TBI Identification Method
P&A	Protection and Advocacy
PAAT	Protection and Advocacy for Assistive Technology
PAIR	Protection and Advocacy of Individual Rights
PDMA	Product Development Managers Association
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
RERC	Rehabilitation Engineering Research Center
RF	Radio Frequency
RRTC	Rehabilitation Research and Training Center
RSA	Rehabilitation Services Administration
RSA-911	Annual Vocational Rehabilitation Case Services Report
SBIR	Small Business Innovation Research
SCI	Spinal Cord Injury
SCIMS	Model Systems Programs in Spinal Cord Injury
SILC	Statewide Independent Living Council
SILS	State Independent Living Services
SMPID	RSA's State Monitoring and Program Improvement Division
SRC	State Rehabilitation Council
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TA	Technical Assistance
TACE	Technical Assistance and Continuing Education

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

PREFACE

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

This report provides a description of accomplishments and progress made under the *Rehabilitation Act* during fiscal year (FY) 2012 (October 2011 through September 2012). 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 those activities is provided in this report.

THE REHABILITATION ACT: AN OVERVIEW

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

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

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

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

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

¹ An individual with a disability is defined, for purposes of programs 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.

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

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

For over 90 years, the VR program has helped individuals with physical disabilities² to prepare for and enter into the workforce. The program has since expanded to serve individuals with mental disabilities. Nationwide, the VR program serves more than 1 million individuals with disabilities each year. More than 91 percent of the people who use state VR services have significant 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 361.42). These individuals often require multiple services over an extended period of time. For them, VR services are indispensable to attaining employment and reducing their reliance on public support.

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

Towards that goal, NIDRR supports rehabilitation research and development, demonstration projects, and related activities, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. In addition, NIDRR supports projects to disseminate and promote the use of information concerning developments in rehabilitation procedures, methods and devices. Information is provided to rehabilitation professionals, persons with disabilities, and their representatives. NIDRR also supports data analyses on the demographics of disability and provides that

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.

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 2012, 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 2012 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
- Randolph-Sheppard Vending Facility Program (also known as the Business Enterprise Program)

Independent Living and Community Integration

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

Technical Assistance, Training, and Support

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

Evaluation, Research and Information Dissemination

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

Advocacy and Enforcement

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

EMPLOYMENT PROGRAMS

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

VOCATIONAL REHABILITATION SERVICES PROGRAM

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

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

The federal government allocates 78.7 percent of the program's costs through financial assistance to the states⁴ for program services and administration. Federal funds are allocated to the states based on a statutory formula in Section 8 of the *Rehabilitation Act*. The formula takes into consideration a state's population and per capita income. In an effort to match the federal FY 2012 allotment for the VR program, state agencies expended and obligated \$842,366,314 in non-federal funds by September 30, 2012.

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

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

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

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

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

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

The VR program is committed to providing services to individuals with significant disabilities⁵ and assisting consumers to achieve high-quality employment outcomes. RSA, in its relationships with the states, has continued to emphasize the priorities of high-quality employment outcomes and increased services to individuals with significant disabilities. Helping state agencies achieve positive employment outcomes 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. SMPID 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.

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

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

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

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

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

FY 2016 will be the last year of the monitoring cycle. In addition, review teams will collaborate with the VR agencies, State Rehabilitation Councils, and key stakeholders to identify emerging practices such as the improvement of VR and SE employment outcomes, program evaluation and quality assurance practices, transition, program and financial management, and outreach to unserved and underservice populations.

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

To provide VR agencies, disability advocates, VR consumers, service providers, and other VR stakeholders with information on the performance of the State VR Service program, RSA 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 2012 annual review reports were issued in December of FY 2012. The annual review report includes the following information about each state VR agency:

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

Ticket-to-Work or Social Security Reimbursement

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

During FY 2012, state VR agencies received a total of \$78,768,058.10 in reimbursements from SSA for the rehabilitation of 5,343 individuals with disabilities. For a VR agency to receive these reimbursements the SSDI beneficiary or SSI recipient must perform paid employment at a level of earnings high enough to be terminated from receipt of his or her SSDI or SSI benefits.

VR Program Performance

RSA has a long history of ensuring accountability in the administration of the various programs under its jurisdiction, especially the VR program. Since its inception in 1920, the VR program has been one of the few federal grant programs that 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, 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 competitive⁶ employment. The standard has six performance indicators, each with a required minimum performance level to meet the indicator. For any given year, calculations for each performance indicator for agencies that exclusively serve individuals with visual impairments or blindness are based on aggregated data for the current and previous year, i.e., two years of data. For VR agencies serving all disability populations other than those with visual impairments or blindness, or VR agencies serving all disability populations, the calculations are based

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

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

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

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

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

Listed below are each of the six performance indicators identified in Standard 1 as found in the program regulations at 34 CFR 361.84, the minimum performance level established for each indicator, and the number of state VR agencies that met the minimum level for FY 2012. **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 2012 Performance:

Of the 80 state VR agencies 55, including 37 General and Combined agencies and 15 agencies for the Blind; 65 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.2

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

**Minimum Required
Performance Level:**

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

Fiscal Year 2012 Performance:

Of the 24 agencies serving only individuals who are blind or visually impaired 16, or 67 percent,

met or exceeded the minimum required performance level. Of the 56 other agencies 32, or 57 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 2012 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 exited the VR program and entered into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage, the percentage who are individuals with significant disabilities.

Minimum Required Performance Level:

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

Fiscal Year 2012 Performance:

Of the 24 agencies serving only individuals who are blind or visually impaired 23, or 96 percent, met or exceeded the minimum required performance level. All of the 56 other agencies 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 2012).

**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 2012 Performance:

Of the 24 agencies only serving individuals who are blind or visually impaired, 20, or 83 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, 31 G&C agencies, or 58 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.6

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

**Minimum Required
Performance Level:**

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

Fiscal Year 2012 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, 46, or 82 percent, met or exceeded the minimum required performance level.

Table 1 on page 17 summarizes the FY 2012 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 2012, 11 of the 80 state VR agencies, or 13.8 percent, passed all six performance indicators, 40, or 50 percent, passed five of the performance indicators, and 19, or 23.8 percent, passed four of the performance indicators. In total, 70 agencies, or 87.5 percent, passed Evaluation Standard 1. The ten agencies, or 12.5 percent, that failed Evaluation Standard 1 include one agency that serve only individuals with visual impairments or blindness (North Carolina), four agencies that serve all disability populations excluding those with visual impairments or blindness (Florida, Massachusetts, New Jersey, and New York) and five agencies that serve all disability populations (District of Columbia, Kansas, Northern Marianas, Rhode Island, and the U.S. Virgin Islands).

**Table 1. Evaluation Standard 1 and Performance Indicators
State VR Agency Performance: Fiscal Year 2012**

Performance Indicators	General and Combined VR Agencies ^a	General and Combined VR Agencies ^a	VR Agencies Serving the Blind ^b	VR Agencies Serving the Blind ^b
	Pass ^c	Fail	Pass	Fail
1.1 Number of Employment Outcomes ^d	37	19	15	9
1.2 Percentage of Employment Outcomes After Provision of VR Services	32	24	16	8
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*}	56	0	23	1
1.5 Ratio of Competitive Employment Earnings to State Average Weekly Wage [*]	31 ^{**}	32 ^{**}	20	4
1.6 Percentage Difference Earnings as Primary Source of Support at Competitive Employment Outcome Versus at Time of Application ^g	46	10	15	9

(*) Primary indicator

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

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

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

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

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

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

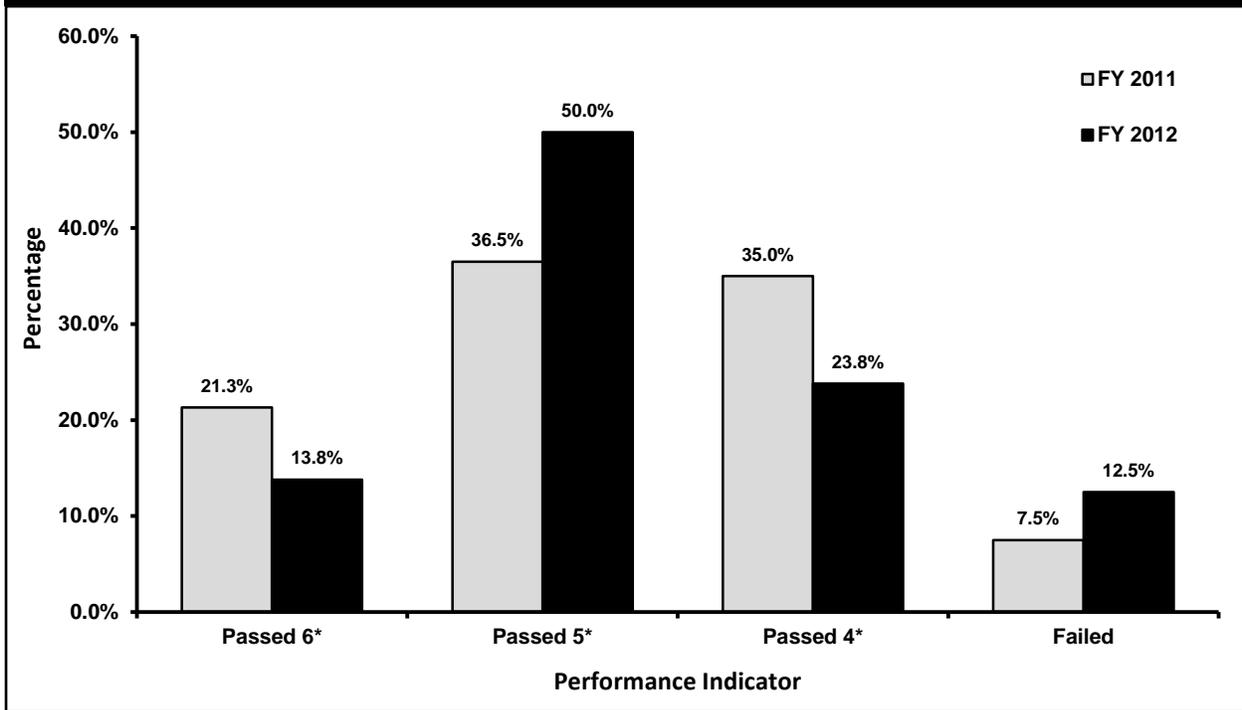
^f Employment outcome means, for purposes of the VR program, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment; or any other type of employment in an integrated setting, including self-employment, telecommuting or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

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

Source: U.S Department of Education, OSERS, RSA, 2012

Figure 2 on the following page compares overall agency performance for fiscal years 2011 and 2012 for Evaluation Standard 1.

Figure 2. Overall State VR Agency Performance for Evaluation Standard 1: Fiscal Years 2011 and 2012



Source: U.S Department of Education, OSERS, RSA, 2012b

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

Performance Indicator 2.1

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

Minimum Required Performance Level:

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

If an agency does not meet the minimum required performance level of .80 or if an agency had fewer than 100 individuals from a minority background exit the VR program during the reporting period, the agency must describe the policies it has adopted or

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

will adopt and the steps it has taken or will take to ensure that individuals with disabilities from minority backgrounds have equal access to VR services.

Fiscal Year 2012 Performance: Of the 59 state VR agencies that served at least 100 individuals from a minority population, 54, or 91.5 percent attained the performance level. Of the five agencies that did not achieve the performance level of .80 for indicator 2.1 and served at least 100 individuals from a minority population, three were agencies that served all disability populations (Wisconsin, Rhode Island and North Dakota). Two agencies who did not achieve the performance level of .80 served all disability populations except for individuals with visual impairments or blindness (Arkansas and Connecticut). All but five of the 21 who did not serve 100 or more individuals from a minority population were from agencies that serve exclusively individuals with visual impairments or blindness (Connecticut, Delaware, Idaho, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Mexico, Oregon, South Dakota, Vermont, and Washington). One agency, Maine, that serves all disability population excluding those with visual impairments or blindness, did not serve 100 or more individuals from a minority population. Four agencies (American Samoa, Guam, Northern Marianas, and the U.S. Virgin Islands) that serves all disability populations, served fewer than 100 individuals from a minority population and no non-minorities.

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

Table 2 on the following page summarizes the FY 2012 performance of the 80 state VR agencies on the performance indicator for Evaluation Standard 2.

Table 2. Performance of the 80 State VR Agencies on Evaluation Standard 2, by Performance Factors and Type of Agency: Fiscal Year 2012

Performance Factors	General and Combined VR Agencies	VR Agencies Serving the Blind
Ratio of .80 or Higher	46	8
Ratio of Less than .80	5	0
Fewer than 100 Individuals from Minority Backgrounds Exiting the State VR Program	5	16

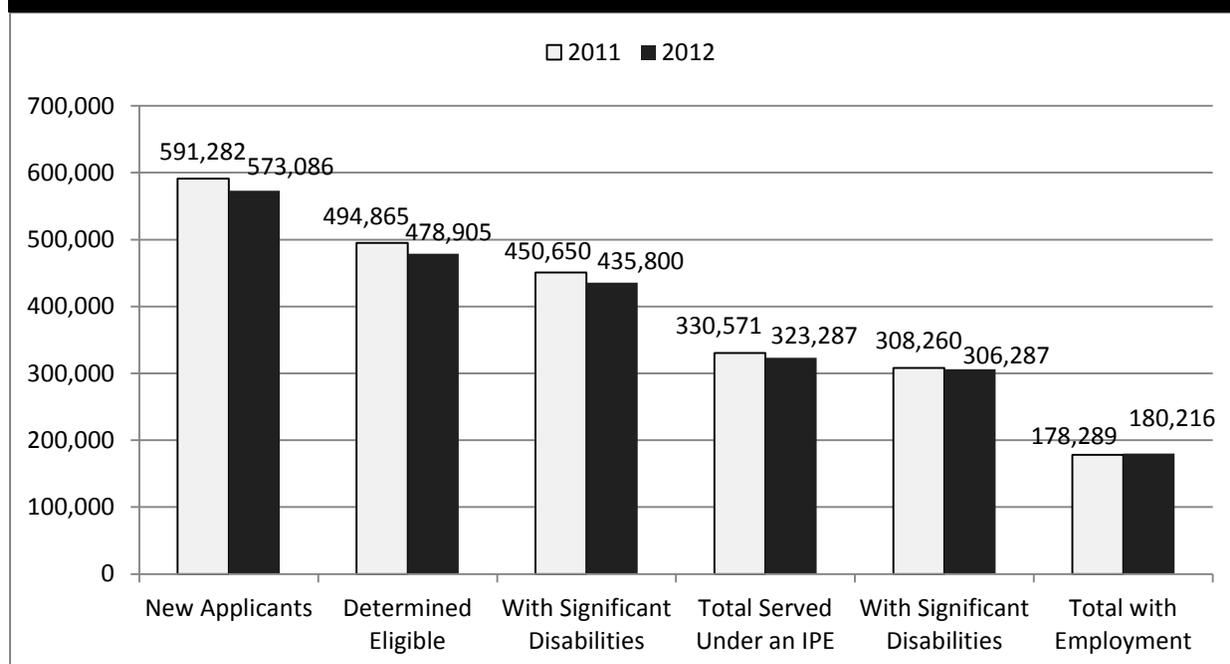
Source: U.S. Department of Education, OSERS, RSA, 2012a

A state-by-state breakdown of VR agency FY 2012 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 2011 and 2012 on a variety of key indices for the VR program. In FY 2012, 573,086 individuals with disabilities applied for services to the VR program. Of this number, 478,905 (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 2012, 435,800 (91 percent) were individuals with significant disabilities.

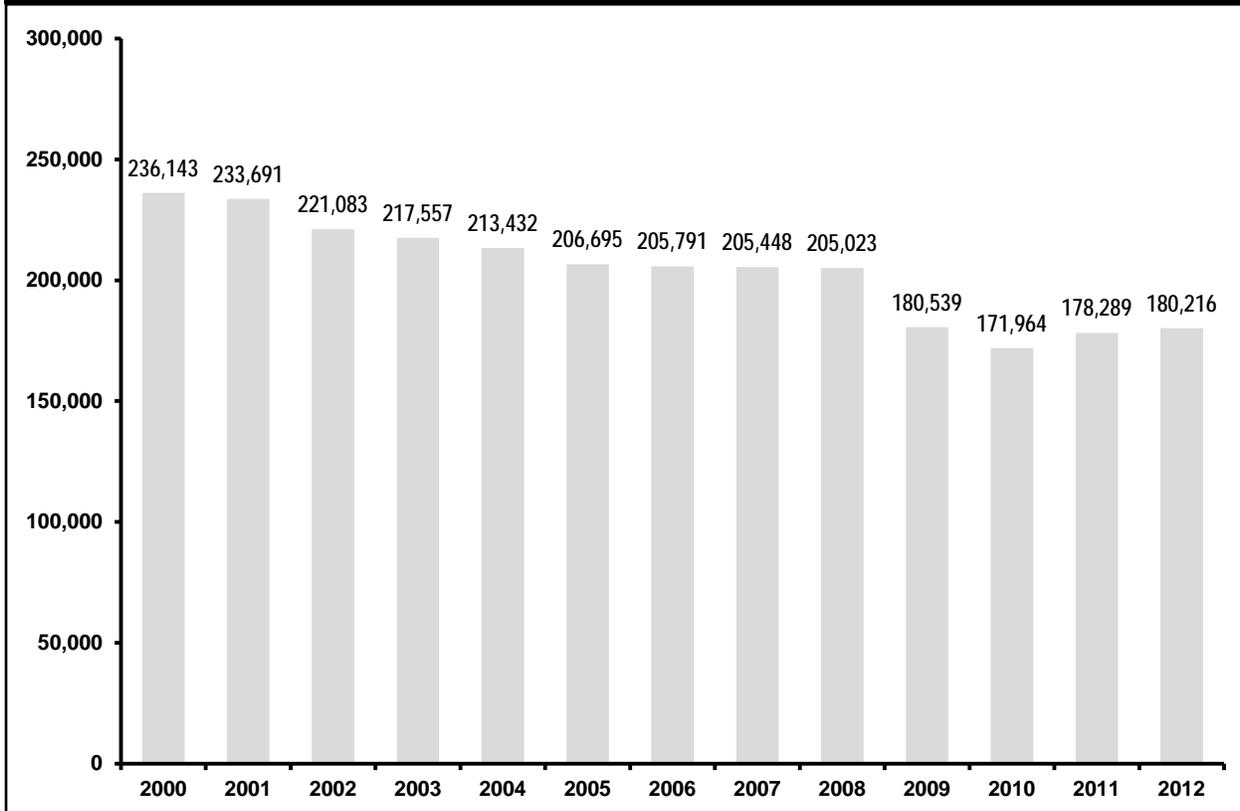
Figure 3. Key VR Program Indices, by Numbers Served: Fiscal Years 2011 and 2012



Source: U.S. Department of Education, OSERS, RSA, 2012b

During FY 2012, about 1.40 million individuals were involved in the public VR process, pursuing the achievement of their employment outcomes, including 926,486 individuals who were actively receiving services under an Individualized Plan for Employment (IPE). Approximately 95 percent of the total numbers of individuals receiving services under an IPE in FY 2012 were individuals with significant disabilities.

Figure 4. Number of VR Program Participants Achieving Employment Outcomes: Fiscal Years 2000-2012



Source: U.S Department of Education, OSERS, RSA, 2012a

In FY 2012, 180,216 individuals achieved an employment outcome. Figure 4 above shows the number of individuals who achieved employment outcomes after receiving VR services for each fiscal year from 2000 through 2012. The decline in the number of employment outcomes in 2002 was largely due to the elimination of extended employment as an allowable employment outcome under the VR program in FY 2001. In the year prior to implementation of this policy, state VR agencies reported that 7,359 persons had achieved an employment outcome in extended employment. The large decline in employment outcomes from 2004 to 2006 was primarily due to significant decreases in four states—Illinois, Minnesota, Missouri, and Texas. In FY 2009, there was a large drop (12 percent) in the overall number of employment outcomes. This decline was widespread with 58 of 80 state VR agencies, or 72.5 percent, reporting a decrease in employment outcomes. This decrease in employment outcomes can, at least in part, be attributed to the general decline in available employment opportunities. For example, many VR agencies in states experiencing high rates of unemployment for the general population have had a difficult time assisting the individuals with disabilities they serve to obtain employment. Although employment outcomes continued to decline in FY 2010, the decline was limited to 6 percent. However, the overall availability of employment outcomes increased, as did the employment outcomes for the VR program, that was increased by nearly 4 percent compared to employment outcomes in FY 2010. Employment outcomes continued to increase in 2012.

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

- RSA policies that encouraged VR agencies to serve individuals with significant disabilities, especially those with the most significant disabilities and that focus efforts on assisting these individuals to achieve high-quality employment outcomes that are consistent with their aspirations and informed choices.
- Reduction in state matching funds for VR federal funds and the difficulties experienced by several states in satisfying their maintenance of effort requirements.
- VR agencies' implementation of an order of selection. Agencies operating under an order of selection must give priority to serving individuals with the most significant disabilities. In FY 2010, of the 80 state VR agencies, 35 reported that they could not serve all eligible individuals and implemented an order of selection. In FY 2011, of the 80 state VR agencies, 36 reported that they could not serve all eligible individuals and implemented an order of selection, as well as 37 agencies in FY 2012.
- 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. The rate for FY 2011 was 93.3 percent and 92.9 percent for FY 2012.

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

Table 3. Number and Percentage of Individuals With and Without Significant Disabilities Obtaining Employment After Exiting Vocational Rehabilitation: Fiscal Years 1995–2012

Fiscal Year	Individuals With Significant Disabilities*	Individuals Without Significant Disabilities	Percentage With Significant Disabilities
1995	159,138	50,371	76.0
1996	165,686	47,834	77.6
1997	168,422	43,093	79.6
1998	184,651	38,957	82.6
1999	196,827	34,908	84.9
2000	205,444	30,699	87.0
2001	205,706	27,985	88.0
2002	196,286	24,799	88.8
2003	195,787	21,770	90.0
2004	193,695	19,737	90.8
2005	189,207	17,488	91.5
2006	189,709	16,082	92.2
2007	188,399	17,049	91.7
2008	187,766	17,257	91.6
2009	168,794	11,745	93.5
2010	160,238	11,726	93.2
2011	166,376	11,914	93.3
2012	167,421	12,795	92.9

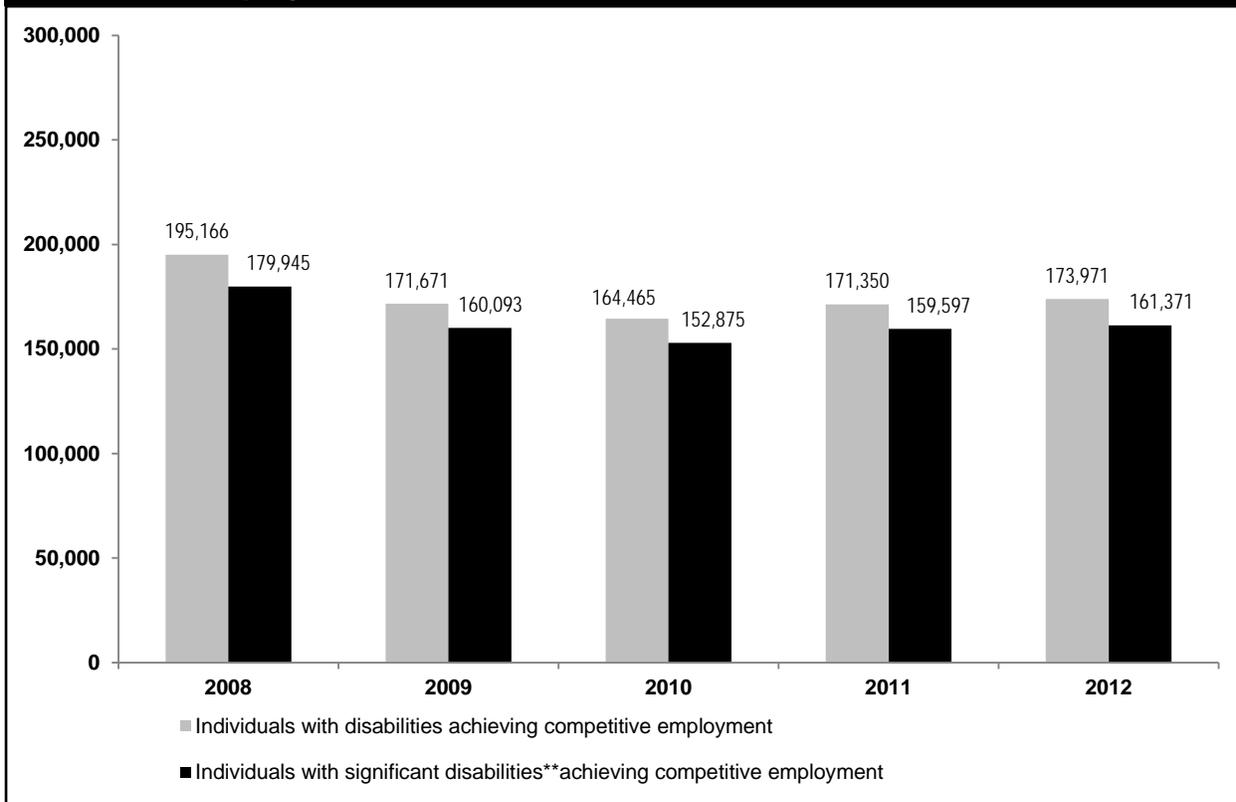
The program regulations at 34 CFR 361.5(b)(31) define an individual with a significant disability as "an individual with a disability:

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

Source: U.S Department of Education, OSERS, RSA, 2012b

As shown in figure 5 on the following page, the overall trend in individuals achieving competitive employment outcomes decreased from FY 2008 to FY 2010. The same trend was evident for competitive employment outcomes for individuals with significant disabilities. Between FY 2010 and FY 2012, there was a slight increase in the number of individuals with significant disabilities achieving competitive employment. Individuals with significant disabilities as a percentage of all individuals achieving competitive employment outcomes were also 93 percent for FYs 2009 through FY 2012.

Figure 5. Number of VR Program Participants Achieving Competitive Employment*: Fiscal Years 2008–2012



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

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

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

Source: U.S Department of Education, OSERS, RSA, 2012b

An important aspect of employment for anyone, particularly individuals with disabilities, is employment with some type of medical benefits. In FY 2012, approximately 108,449 individuals obtained competitive jobs with medical benefits, of which a little over 102,203 were individuals with significant disabilities.

A detailed, state-by-state breakdown of statistical information regarding the VR program for FY 2012 is provided in Appendixes A and B of this report. Additional information is also available by calling the RSA State Monitoring and Program Improvement Division's Data Collection and Analysis Unit at 202-245-7598 or by going to 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 concept of supported employment was developed to assist in the transition of individuals with mental retardation and/or other developmental disabilities to a work setting through the use of on-site job coaches and other supports. By federal regulation, state VR agencies provide ongoing employment support services needed by eligible individuals with the most significant disabilities to maintain supported employment. Such supports may include monthly monitoring visits at the worksite, from the time of job placement until transition to extended services⁸.

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

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

Data from the FY 2012 RSA 911 Case Service Report (RSA 911) (U.S. Department of Education, OSERS, RSA 2012a) show that a total of 34,882 individuals whose cases were closed that year after receiving services had a goal of supported employment on their IPE at some time during their participation in the VR program. Forty-three percent of those individuals received at least some support for their supported employment

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

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 18,613 individuals, or about 53 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, 9,603 individuals received funding for supported employment services solely under the Title I VR program and 9,010 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 2012 data also show that 92.2 percent, or 8,306 of 9,010 individuals receiving some funding for supported employment services through the Title VI-B program and achieving an employment outcome obtained a supported employment outcome. Of those who obtained a supported employment outcome, 8,141, or 97 percent, were in competitive employment. In FY 2012, the mean hourly wage for individuals with supported employment outcomes who had achieved competitive employment was \$9.05.

Some individuals who have an initial goal of supported employment achieve an employment outcome other than a supported employment outcome. Of the 704 or 7.8 percent of individuals receiving some funding for supported employment services through the Title VI-B program who obtained other types of employment outcomes 7.0 percent were employed in an integrated setting without supports and 0.8 percent were self-employed or were a homemaker.

As state VR agencies serve an increasing number of individuals with the most significant disabilities, the number of individuals receiving supported employment services will likely continue to increase. The prevalence of supported employment outcomes in the VR program illustrates its acceptance as a viable rehabilitation alternative. Consistent with this finding, the administration's budget requests to Congress for FYs 2002 through 2012 have included the consolidation of Title VI-B funding into the broader Title I program.

The Government Performance and Results Act (GPRA) indicator for the Supported Employment Services program 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.

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

outcome that obtains competitive employment. In FY 2008, the performance target at 94 percent was not met, with about 92 percent of individuals with a supported employment goal achieving an employment outcome achieving a competitive employment outcome. In FY 2009, the performance target of 94 percent was missed again, when only 91 percent of individuals with a supported employment goal achieved a competitive employment outcome. Although the 94 percent performance target was not met again in 2011, performance returned to above the FY 2008 level at 93 percent in FY 2011. In FY 2012, the performance target at 94 percent was met, indicating 94 percent of individuals with a supported employment goal achieving an employment outcome achieving a competitive employment outcome.

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. In FY 2011, the average weekly earnings decreased to about \$188, which was \$11 lower than the baseline year. In FY 2012, the average weekly earnings increased to about \$211, which was \$12 higher than the baseline year.

AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROGRAM

Authorized Under Section 121 of the *Rehabilitation Act*

Table 4. American Indian VR Services Program: Number of Grants and Funding Amounts: Fiscal Years 2000–2012

Fiscal Year	Total Grants	Funding Amount
2000	64	\$23,343,067
2001	66	\$23,986,113
2002	69	\$25,552,272
2003	69	\$28,398,635
2004	70	\$30,762,517
2005	72	\$31,964,316
2006	73	\$32,999,370
2007	74	\$34,409,233
2008	77	\$34,839,212
2009	79	\$36,045,354
2010	79	\$37,372,302
2011	82	\$43,522,764
2012	85	\$37,898,000

Source: U.S. Department of Education, RSA, 2012e

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

Awards are made through the competitive process and awards are made for a period

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

The AIVRS program is supported through funds reserved by the RSA commissioner from funds allocated under Section 110, Title I, Part B, of the Rehabilitation Act. As table 4 shows, in FY 2012, the amount of the set-aside decreased as the funds allocated to Section 110, Title I, Part B of the Rehabilitation Act decreased.

The total number of grants funded under the AIVRS program increased from 64 in FY 2000 to 85 in FY 2012. The amount of the average award (both new and continuation) has also increased as compared to FY 2000. The average award size in FY 2000 was about \$365,000, as compared to approximately \$445,900 in FY 2012, about a 37.2 percent increase. Tribes participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

Table 5. Number of Individuals Achieving Employment Through the American Indian VR Services Program*: Fiscal Years 1998–2012

Fiscal Year	Number Served	Total Number Exiting after Receiving Services	Number Achieving Employment
1998	3,243	1,047	598
1999	3,186	1,109	678
2000	4,148	1,530	951
2001	4,473	1,683	1,088
2002	5,003	2,047	1,311
2003	5,105	2,200	1,452
2004	5,681	2,005	1,238
2005	6,245	2,375	1,573
2006	5,829	2,339	1,576
2007	6,592	2,494	1,663
2008	7,676	2,447	1,609
2009	7,621	2,769	1,690
2010	8,395	1,090	1,778
2011	8,081	1,002	1,724
2012	8,044	1,121	1,856

*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, 2012c.

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

The evaluation of the program has shown that experienced grantees are efficient and effective and continue to show significant improvements in their performance. The *GPR*A program goal is

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

As table 5 shows, the number of American Indians with disabilities who achieved an employment outcome represents a 7.7 increase, from 1,724 in FY 2011 to 1,856 in FY 2012. In FY 2012, 62.2 percent of American Indians with disabilities who received services and exited the program achieved an employment outcome. The number served calculation in table 5 includes the number of individuals who received services under an IPE during the fiscal year, a prior fiscal year, or were carried forward under a previous grant cycle.

Technical assistance to the tribal VR projects is provided by a variety of sources, including: RSA, state VR agencies, Technical Assistance and Continuing Education (TACE) centers, 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 TACE center organized a Project Directors conference for the AIVRS projects and other discretionary programs that focuses 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, including periodic on-site reviews. In addition, the Tribal Vocational Rehabilitation Continuous Improvement of Rehabilitation Counselors, Leaders, and Educators (TVR Circle) program was funded to provide culturally appropriate training and technical assistance for AIVRS programs. The TVR Circle uses a peer-to-peer model to assist the grantees in areas such as case management, fiscal management, organizational change, human resource development and leadership development.

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 2012 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 the minutes from these meetings, RSA staff provide guidance on data entry into this information collection instrument.

The Department has established two efficiency measures for the AIVRS program to examine the cost per employment outcome and cost per participant. The cost per employment outcome measure examines the percentage of projects whose average annual cost per employment outcome is no more than \$35,000. Under this measure the cost per employment outcome is calculated by dividing a project's total federal grant by the number of employment outcomes reported. The baseline performance level for this efficiency measure, 64 percent, was established using FY 2006 data. In FY 2012, 76.47 percent of projects met the \$35,000 criterion for this measure.

The cost per participant measure examines the percentage of projects whose average annual cost per participant is no more than \$10,000. Under this measure the average cost per participant is calculated by dividing the project's total federal grant by the number of participants served under an IPE. The baseline performance level for this measure, 78 percent, was established using FY 2007 data. In FY 2012, 88.24 percent of projects met the \$10,000 criterion for this measure.

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

DEMONSTRATION AND TRAINING PROGRAMS

Authorized Under Section 303 of the *Rehabilitation Act*

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

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

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

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

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

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

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

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

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

Special Demonstrations for FY 2012 include the following:

- **Social Security Disability Insurance (SSDI) Demonstration.** In FY 2012, RSA continued funding for one grant under this program to the Institute on Community Inclusion (ICI) at the University of Massachusetts—Boston in the amount of \$4,883,449.18. The purpose of this project is to identify, develop, and implement a model demonstration project to improve outcomes for individuals receiving Social Security Disability Insurance (SSDI) who are served by state VR agencies. The project consists of a number of distinct phases including: 1) the identification of high-performing state VR agencies and “candidate factors and practices” by state VR agencies leading to in-depth case studies of the high-performing state VR agencies and their agencies’ factors and practices; 2) the creation of a demonstration laboratory for the evaluation of the intervention model; the lab will be developed with state VR agencies with a core component being the provision of substantive training and technical assistance; and selected state VR agencies will essentially serve as “incubators” for the intervention model; and 3) dissemination and replication including the development of training materials, curricula, procedures, and on-demand technical assistance initiatives. The ICI continued to work with Mathematica Policy Research on the development of the research methodology for studying the proposed model developed by the project.

FY 2012 was the second year of operation of the grant, and the project has made significant progress by completing the case studies of eight high-performing state VR agencies. These eight state VR agencies either were in the high performing cluster identified in the RSA-SSA analyses conducted in FY 2011 or had been identified as having an initiative specifically targeting customers receiving SSDI. The eight state VR agencies were visited between January and April 2012 and included Oklahoma, Nebraska, Alabama, Pennsylvania, Virginia, Minnesota, Nevada, and Missouri. The project found that multiple themes emerged, including the pace of services, access to and concern about financial planning and work incentives planning, access to job placement and business relations efforts, and in some locations, emphasis on specific populations (particularly people with mental illnesses). The project also found that for nearly all case study sites there was no specific focus on

persons receiving SSDI in that the services thought to be highly beneficial for that population were being offered to a much wider range of VR consumers. Several states had initiatives for specific populations (e.g., people with mental illness) that tended to have a high percentage of SSDI beneficiaries. One state VR agency had specific goals in counselor performance evaluations on the number of SSDI beneficiaries closed above SGA earnings (Alabama). One state was exploring innovative ways of working with employers and with Employment Networks (Oklahoma). One state had an innovative contracting relationship with a vendor that provided work incentive planning services (Nebraska). No state VR agency was fully implementing all of the components and steps of the proposed model. However, several states of those in the case study sample, namely Nebraska and Alabama, were implementing the most components statewide. The proposed components of the model include:

- Strong team approaches across the three main elements of the model: rehabilitation counseling, financial counselors, and business relations functions including job development. Nebraska has the strongest team approach and Alabama has the strongest business relations and job development strategies.
- A tiered approach to financial education and counseling that included significant investment in knowledge acquisition of rehabilitation counselors. Rehabilitation counselors referred consumers to either internal or external financial counselors, but had basic competencies in work incentives.
- Investment in VR personnel who did job development and business relations activities. Case study sites struggled with how to integrate these staff in offices, what role they should have with clients versus employers, and to what extent should there be a “hand-off” of a client from counselor to job developer.
- **Transition Grants.** The six transition grants that received their final funding in FY 2011 continued to operate during FY 2012, and at the end of that year, RSA approved a no-cost extension for all of these grants. These grants 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 continued to implement 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. Grantees also continued to collect data which was reviewed and compiled by Westat under a task order that RSA funded previously.

- **Parent Training and Information Centers.** The six parent training and information center grants that received their final funding in FY 2011 continued to operate during FY 2012, along with the grant to the PACER Center that provided technical assistance to these grants. At the end of the year, RSA approved a no-cost extension for two of the six parent training grants as well as the technical assistance grant. 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. Of the three centers that ended at the end of FY 2012, all of them met their project objectives.
- **Braille Training.** In FY 2012, three braille training grants received continuation funding in the amount of \$299,751. These projects provide training in the use of braille for personnel providing vocational rehabilitation services or educational services to youths and adults who are blind, thereby building the capacity of service providers who work with those individuals.
- **National Technical Assistance Project.** In September of 2011, RSA awarded a two-year grant in the amount of \$799,989 for a National Technical Assistance Project to improve employment outcomes achieved through the vocational rehabilitation and Randolph-Sheppard Vending Facility programs. The focus of this grant is to provide training and technical assistance to program grantees through conferences, webinars and a project web site to address needs identified by monitoring reviews and needs assessments conducted by RSA. The grant will support the provision of five conferences and up to 36 webinars during the two-year project period to be jointly planned by RSA and the project grantee. During FY 2012, planning commenced on all five conferences; they will all take place during FY 2013. These five conferences include a national employment conference, a conference for the state coordinators for the deaf, a conference for State Rehabilitation Counsel chairpersons and staff, a conference for State licensing agency staff involved with the Randolph-Sheppard Program, and a fiscal conference for State VR agency financial staff. This grant was awarded to The George Washington University, working in collaboration with the University of Arkansas and the National Clearinghouse of Rehabilitation Training Materials.
- **Assistive Technology (AT) Reuse Projects.** 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 2012, in order to continue to maintain the investment that RSA made in these projects, RSA approved a no-cost extension for the Pass It On Center, a project providing technical assistance to the assistive technology reuse projects.

In FY 2012, the Demonstration and Training Program account was also used to fund projects formerly funded under Sections 12 and 14 of the Rehabilitation Act, Program Improvement and Evaluation, respectively. Funds used for program improvement purposes authorized under Section 12 increase program effectiveness, improve accountability, and enhance RSA's ability to address issues of national significance in achieving the purposes of the Rehabilitation Act. Program funds are awarded through grants and contracts and may be used to procure expertise to provide short-term training and technical instruction; conduct special projects and demonstrations; develop, collect, prepare, publish, and disseminate educational or informational materials; and carry out monitoring and evaluation activities. During FY 2011, RSA continued to support one project from the previous year and two new projects aimed at improving access to relevant and timely information.

- **National Technical Assistance Center.** RSA's contract for the National Technical Assistance Center (NTAC) concluded in March, 2012, after supporting the RSA technical assistance network website. The website was transferred to another grantee and is located at <http://www.gwntap.org/index.html>. The website disseminates timely information on research findings, professional development opportunities and technical resources to the VR field and the public, in coordination with the RSA-funded Technical Assistance and Continuing Education (TACE) Centers, and the Centers on Vocational Rehabilitation Program Management and Rehabilitation Technology funded by the National Institute on Disability and Rehabilitation Research (NIDRR).
- **Supported Employment Evaluation.** In FY 2012, funds were awarded to Westat to cover a contract modification for the Evaluation of Supported Employment. RSA used \$59,904.85 to rework data collection activities and to revise plans for data analysis as well as to extend the project timelines for this project by seven months.
- **Section 21 Funds.** In FY 2012, \$81,811.97 from the Demonstration and Training line item was used to support grants for purposes set forth in Section 21 of the Rehabilitation Act.

MIGRANT AND SEASONAL FARMWORKERS PROGRAM

Authorized Under Section 304 of the *Rehabilitation Act*

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

Migrant and seasonal farmworkers with disabilities and their families are faced with many obstacles in securing employment. They are in need of highly individualized services to meet specific employment needs. 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 2012 trained migrant and seasonal farmworkers with disabilities to develop other skills that can be applied outside the agricultural area to increase their prospects for entering new occupations. In addition, projects under this program worked directly with employers to create opportunities for on-the-job training and job placement. The GPRA performance indicator for this program is based upon the *RSA-911 Case Service Report* that collects data on the number of individuals whose cases are closed from state VR agencies each fiscal year. One element in the system reports on the number of persons who also participated in a MSFW project at some time during their VR program. This is the data element used to calculate the GPRA performance indicator for this program. The GPRA indicator for this program is shown below:

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

Ten projects funded under this program in FY 2012 served a total of 41 individuals who were also served by the VR program and placed a total of 22 individuals into competitive employment, a 53.66 percent placement rate. During this same time period, the VR program in those same 10 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 21 individuals into competitive employment, a 75 percent placement rate. Therefore, the GPRA indicator was not met in FY 2012.

Another indicator was added to the program during FY 2010 as shown below:

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

The states that did not have a MSFW project served 1,166 migrant and seasonal farmworkers and placed a total of 670 individuals into competitive employment, a 57.6 percent placement rate. Therefore, the new GPRA indicator was also not met in FY 2012.

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

- Total number of MSFWs with disabilities who received vocational rehabilitation services from this project this reporting period. Total: 727
- Total number of MSFWs with disabilities who also receive vocational rehabilitation services from the state VR agency this reporting period. .. Total: 418
- Total number of MSFWs with disabilities who achieved employment outcomes this reporting period. Total: 284
- Total number of MSFW with disabilities served who exited the program this year without achieving an employment outcome. Total: 109
- 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: 5
- Percentage of MSFWs with disabilities served who achieved employment outcomes this year. Percentage: 52.18 percent

- Total number of MSFWs with disabilities who are still employed three months after achieving an employment outcome. Total: 131
- Annual cost per participant who achieved an employment outcome..... Average Cost: \$8,700

The number of grants awarded under the MSFW program for fiscal years 2000–2012 is shown in table 6.

Table 6. Migrant and Seasonal Farmworkers Program: Number of Grants: Fiscal Years 2000–2012			
Fiscal Year	Continuation Grants	New Grants	Total Grants
2000	10	4	14
2001	11	4	15
2002	11	4	15
2003	13	1	14
2004	13	0	13
2005	9	4	13
2006	9	3	12
2007	8	3	11
2008	10	3	13
2009	13	0	13
2010	9	4	13
2011	10	0	10
2012	7	0	7

Source: U.S. Department of Education, RSA, Annual Performance Report, 2012

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM

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

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

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

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

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

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

The data contained in table 7 on the following page was obtained from the Vending Facility Program Report, Form RSA-15, for FY 2012. The total gross income for the program was \$735.1 million in FY 2012, compared to \$770.8 million in FY 2011. The total earnings of all vendors were \$122.3 million in FY 2012 and \$135.3 million in FY 2011. The national average annual net earnings of vendors were \$56,313, in FY 2012, and \$62,486 in FY 2011. The number of vendors at the end of FY 2012 was 2,134 compared to 2,261 in FY 2011, a decrease of 127 vendors. The total number of vending facilities at the end of FY 2012 was 2,365 compared to 2,484 in FY 2011.

**Table 7. Randolph-Sheppard Vending Facility Program Outcomes:
Fiscal Years 2011 and 2012**

	FY 2011	FY 2012
Income and Earnings		
Gross Income	\$770,875,568	\$735,104,773
Vendor Earnings	\$135,301,488	\$122,398,938
Average Earnings	\$62,486	\$56,313
Number of Vendors		
Federal Locations	788	762
Nonfederal Locations	1,473	1,372
Total Vendors	2,261	2,134
Number of Vending Facilities		
Federal Locations	864	834
Nonfederal Locations	1,620	1,531
Total Facilities	2,484	2,365

Source: U.S. Department of Education, RSA, 2012f

INDEPENDENT LIVING AND COMMUNITY INTEGRATION

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

STATE INDEPENDENT LIVING SERVICES PROGRAM

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

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

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

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

CENTERS FOR INDEPENDENT LIVING PROGRAM

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

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

Table 8. Centers for Independent Living Program Accomplishments: Fiscal Year 2012

In FY 2012, CILs nationwide served over 213,415 individuals with significant disabilities. A few examples of their beneficial impact on individuals follows:

- 4,061 individuals were relocated from nursing homes or other institutions to community-based living arrangements.
- 36,517 individuals received assistive technology or rehabilitation services.
- 77,171 individuals received IL skills training and life skills training.
- 39,208 individuals received IL services related to securing housing or shelter.
- 41,174 individuals received services related to transportation; and
- 41,876 individuals received personal assistance services.

Source: U.S. Department of Education, 2012a

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

A population-based formula determines the total funding available for discretionary grants to centers in each state. Subject to the availability of appropriations, the RSA Commissioner is required to fund centers that existed as of FY 1997 at the same level of funding they received the prior fiscal year and to provide them with a cost-of-living increase.

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

Funding for new centers in a state is awarded on a competitive basis, based on the state's priority designation of unserved or underserved areas and the availability of funds within the state. In FY 2012, there were 356 CILs operating nationwide that received funds under this program. If a state's funding for the CIL program exceeds the federal allotment to the state, the state may apply for the authority to award grants and administer this program through its DSU. Two states, Massachusetts and Minnesota, have chosen to exercise this authority.

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

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

American Recovery and Reinvestment Act of 2009 (ARRA)

The *American Recovery and Reinvestment Act of 2009 (ARRA)* authorized CILs to expend \$87,500,000 in *ARRA* funds over a five-year period. During FY 2012, these funds continued to enable CILs to create or expand IL programs to help individuals with significant disabilities to transition from institutions to their communities; pursue postsecondary education, employment and independent living opportunities; improve their quality of life through assistive technology and rehabilitation engineering services; and achieve their life goals through increased availability of information and referral, IL skills, peer counseling, and individual and systems advocacy services. In addition, the *ARRA* funds also enabled 20 newly competed CILs to begin providing IL services to individuals with significant disabilities in nine states.

INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

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

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

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

In FY 2012, the total chapter 2 funds expended on the OIB program was \$60,631,329, 16.97 percent more than the total amount expended in FY 2011. In addition to federal funding under Title VII, Chapter 2, the OIB program received nonfederal support. In FY 2012, the nonfederal source of funding and in-kind support for the 56 OIB grantees was \$2,299,334, 21.73 percent more than in FY 2011. 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 saw a decrease in services delivered to consumers that have other severe or multiple disabilities in addition to a significant visual impairment in FY 2012. Some 67,273 older individuals nationwide benefited from the IL services provided through this program, down 6.17 percent from FY 2011.

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

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

TECHNICAL ASSISTANCE, TRAINING, AND SUPPORT

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

CAPACITY-BUILDING FOR TRADITIONALLY UNDERSERVED POPULATIONS

Authorized Under Section 21 of the *Rehabilitation Act*

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

In FY 2012, reserving one percent from Titles III, VI, and VII amounted to \$2,085,003. In addition, \$30,000.97 was reserved from Titles III and VII, bringing the total to \$2,115,003.97.

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

In FY 2012, RSA awarded eight continuation 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). Three grants (Winston-Salem State University, University of the District of Columbia, and North

Carolina Agricultural and Technical University) were awarded under Priority 1, and five grants (Rocky Mountain Technical Assistance and Consulting Center, Southern University-Baton Rouge, Northern Arizona University, San Diego State University, and University of Texas-Pan American) were awarded under Priority 2.

In addition, in FY 2012, RSA used Section 21 funds to award a continuation grant under the Rehabilitation Long-Term Training Program to one other HBCU (Coppin State University).

NIDRR's 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.

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 2012, RSA funded 264 training grants. These grants cover a broad array of areas, including 151 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 three 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 2012, RSA funded 151 Continuation grants in 11 specialty areas with \$19,445,266 in funds from this program. One additional long-term training grant was funded with section 21 funds, already has been discussed in this report.

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

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

In addition to the assistance provided through the In-Service Training Program, state VR agencies had two other sources of assistance to help them meet their CSPD requirements. In FY 2012, RSA awarded \$2,197,235 for 11 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 151 long-term training grants that RSA awarded in FY 2012. Funds under the Title I VR program may also be used to comply with the CSPD requirements.

In FY 2012, RSA continued to fund 10 regional Technical Assistance and Continuing Education (TACE) Centers. Grants for the 10 TACE Centers totaled \$7,647,288. 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 2012 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 participates in the planning of 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. 30-Nov. 1, 2011. The theme of the conference was "New Models for New Times: Right Time, Right Now!"

Program Performance Data:

For FY 2012, the following data are available to measure the performance of the Rehabilitation Training Program:

- In FY 2012, 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 81.4 percent. This figure represents a slight decrease from the 82.8 percent who reported achieving qualifying employment in FY 2011.
- In FY 2012, 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 35.0 percent. This figure represents a decrease from the 37.1 percent who reported being employed in state VR agencies in FY 2011.
- The number of RSA-supported scholars who graduated during FY 2012 was 5,170, representing a slight increase over the 5,008 scholars who graduated in FY 2011.
- The number of current scholars supported by RSA scholarships was 2,226, a substantial decrease from 2,645 in FY 2011.

Allocations

The allocation of rehabilitation training grant funds for FY 2012 is shown in table 9 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 9. Rehabilitation Training Program: Number of Grants and Funding Amounts: Fiscal Year 2012

	Number of Awards FY 2012	Grant Amount
Long-Term Training		
Rehabilitation Counseling	80	\$11,518,224.00
Rehabilitation Administration	1	\$98,253.00
Rehabilitation Technology	4	\$391,468.00
Vocational Evaluation/Adjustment	7	\$678,846.00
Rehabilitation of Mentally Ill	9	\$877,493.00
Rehabilitation Psychology	2	\$194,322.00
Undergraduate Education	5	\$346,378.00
Rehabilitation of the Blind	15	\$1,473,249.00
Rehabilitation of the Deaf	8	\$785,565.00
Job Development/Placement	9	\$884,233.00
CSPD Priority	11	\$2,197,235.00
Other Training Totals	151	\$19,445,266.00
Short-Term Training		
Short-Term Training	1	\$196,506.00
Institute for Rehabilitation Issues	1	\$189,997.00
In-Service Training (Basic)	75	\$4,176,626.00
In-Service Training (Quality)	19	\$1,188,459.00
Interpreter Training	6	\$2,063,287.00
Clearinghouse	1	\$290,032.00
TACE Centers	10	\$7,647,288.00
Sec. 21 set-aside	0	\$355,161.00
Other Training Totals	113	\$16,069,484.00
Grand Totals	275	\$35,514,750.00

Source: U.S. Department of Education, 2012f.

INSTITUTE ON REHABILITATION ISSUES

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

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

These publications are used in training VR professionals and as technical assistance resources for other stakeholders in the VR program. Since its inception, the IRI has served to exemplify the unique partnerships among the federal and state governments, the university training programs, and persons served by the VR agencies. The IRI publications are posted on the two university websites, where they are readily accessible by persons interested in the topics. VR counselors obtain continuing education credits applicable to maintaining their certification as certified rehabilitation counselors by completing a questionnaire based on the content of an IRI publication. In FY 2012, one publication, *Return on Investment and Economic Impact: Determining and Communicating the Value of Vocational Rehabilitation*, was drafted. Another publication, *Serving Underserved Populations and People Who Are Deaf-Blind*, was also drafted, although substantial work remained to be completed on this document at the end of FY 2012.

In FY 2012, work also continued on the publication begun in FY 2011 entitled, *Understanding the Impact of Health Care Reform on the Employment and Independence of Individuals with Disabilities*. This document was then placed into departmental review.

EVALUATION, RESEARCH AND INFORMATION DISSEMINATION

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

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

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

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

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

In FY 2012, visitors to the NCRTM online library viewed the details of 6,983 library resources. 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 1,900 individuals each quarter. Approximately 1,200 individuals are registered on the NCRTM website; registration allows them to access training resources from some of our partners. Additional website usage data is collected through Google

Analytics. During FY 2012, there were 48,010 visits and 314,250 page views of the website.

The NCRTM also hosts training webinars for RSA and other rehabilitation partners. Live training webinars are hosted on an accessible web conferencing platform (Blackboard Collaborate) and then archived on the NCRTM website. During FY 2012, the NCRTM hosted 12 technical assistance (TA) webinars for RSA and 21 training webinars for 7 additional rehabilitation partners. The combined number of attendees at all webinars was 1,633.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

Authorized Under Sections 200–204 of the Rehabilitation Act

Managed by the Office of Special Education and Rehabilitative Services

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

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

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

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

NIDRR's Research Program Mechanisms and Selected Accomplishments for 2012

NIDRR's investments in research, dissemination, and capacity-building activities are carried out through 11 discretionary grant funding mechanisms. Each of these mechanisms is described below along with selected accomplishments that highlight the results of NIDRR funding. In addition, information about 2011 NIDRR allocations is included. Consistent with guidance provided by Office of Management and Budget (OMB) for NIDRR performance measurement, all accomplishments reported by NIDRR consist of either *outputs* or *outcomes*. *Outputs are the direct results of NIDRR-funded research and related activities and include products of a program's activities (e.g., study findings or publications). Outcomes, on the other hand, are the 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, its programs, practices, technologies and system capacity (i.e., intermediate outcomes).*

The 12 categories of NIDRR accomplishments described in this report were taken from the FY 2012 annual performance reports (APRs) of NIDRR grantees. The outputs and outcomes reported cover the period between June 1, 2011, and May 31, 2012. In a few

instances, the accomplishments reported also cover the last four months of FY 2012, June through September. The reported accomplishments were selected based on an internal review by NIDRR project officers of the APRs completed by grantees for 2012.

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 topical areas that are specified by NIDRR. RRTCs conduct research to improve rehabilitation methodology and service delivery systems, improve health and functioning, and promote employment, independent living, family support, and economic and social self-sufficiency for individuals with disabilities. They provide training, including graduate, pre-service and in-service training, to assist rehabilitation personnel to more effectively provide rehabilitation services to individuals with disabilities; and serve as centers of national excellence in rehabilitation research for providers and for individuals with disabilities and their representatives. Awards are normally made for a five-year period.

The following are examples of RRTC accomplishments reported to NIDRR in FY 2012:

- New Report Highlights the Rights of Parents with Disabilities. (Grant # H133B100037). Two NIDRR grantees, the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities (Grant # H133B100037) in Philadelphia, Pennsylvania, and Through the Looking Glass (Grant # H133A080034 and Grant # H133A110009) in Berkeley, California, provided expert input to the National Council on Disability (NCD) regarding the rights of parents with disabilities. Based in part on information from these grantees, the NCD made the parenting rights of individuals with disabilities a priority in 2012, leading to NCD's 2012 publication, "Rocking the Cradle: Ensuring the Rights of Parents with Disabilities." This publication provides a comprehensive examination of barriers and facilitators to parenting with disabilities and addresses legislative and policy changes needed to decrease discrimination and increase disability-appropriate parenting resources. Researchers wrote chapters, prepared policy recommendations, and interviewed key national figures for this publication, and continue to work with NCD to support its dissemination. Findings from the report have been featured in news media such as National Public Radio (NPR), British Broadcasting Company (BBC) News, American Broadcasting Company (ABC), and *Time Magazine*, and have resulted in connections with non-disability groups that work with parents with disabilities, such as the Child Welfare League of America. "Rocking the Cradle: Ensuring the Rights of Parents with Disabilities" is available at <http://www.ncd.gov/publications/2012/Sep272012>. Grantee publications that are used in the NCD report include: Callow, E. (2011). Maintaining families when parents have disabilities, *Online Article Collection Child Law Practice*, American Bar Association and Callow, E., Buckland, K., and Jones, S. (2011). Parents with disabilities in the United States: Prevalence, perspectives, and a proposal

for legislative change to protect the right to family in the disability community, *Texas Journal on Civil Liberties and Civil Rights*, 17, 9–42.

- **Technical Assistance Leads to Community Inclusion of People with Psychiatric Disabilities in Mississippi.** Researchers at the Temple University (TU) Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities (Grant # H133B100037) in Philadelphia, Pennsylvania, provided extensive technical assistance to Mississippi State Hospital Community Service Division (MSH-CSD) regarding community inclusion of people with psychiatric disabilities, resulting in concrete changes in policies and practice at MSH-CSD. Temple’s technical assistance addressed concepts and theories of community inclusion and participation; methods of encouraging community participation with clients; strategies for providing recovery-oriented and person-centered care; administration, scoring, and interpretation of the TU Collaborative Community Participation Measure; and next steps for achieving a recovery- and community inclusion-oriented transformation. MSH-CSD’s director wrote to NIDRR that, “Several changes in our standard operating procedures have occurred as a direct result of our work with Dr. Salzer and Mr. Baron. MSH-CSD has incorporated Temple’s Community Participation Measure as a standard component of its intake and annual assessment process; information from the measure and related discussions with clients are being used in the development of service plans; a specific psycho-educational group related to problem solving skills to increase community inclusion for group participants has been developed and implemented; and staff members are able to more easily identify person-centered conversations and have improved the impact of services provided.”
- **Intensive Gait Training for Stroke Survivors Improves Ambulation.** Researchers at the Stroke RRTC (Grant # H133B080031) at the Rehabilitation Institute of Chicago (RIC) in Chicago, Illinois, developed, constructed, and tested simple, cost-effective, spring-loaded (passive) devices that assist patients with partial paralysis after stroke with walking. Clinicians and researchers are now beginning to realize that stroke survivors can benefit from early and intensive physical rehabilitation. The use of these devices in the clinical setting helps clinicians provide high intensity gait training, thereby increasing the amount of step training, and ultimately, enhancing walking ability for individuals post-stroke. When assistance from these devices is no longer needed, the difficulty of the walking task is increased by stepping over or around obstacles during high intensity walking, negotiation of uneven or narrow surfaces, or going up and down stairs at a high speed. Researchers measured different aspects of walking ability to determine how to maximize the amount of high intensity gait training in individuals with walking problems following a stroke. Senator Mark Kirk (R-IL) participated in the RRTC research project entitled, “Improving Delivery of Intensive Gait Training in the Clinical Setting to Augment Community Ambulation.” Video segments show the Senator on the treadmill with sensors on his legs that demonstrate some of the gait measurements that were taken to quantify walking improvements. The Senator and his staff approved the release

of these video segments taken at RIC as part of the project and his rehabilitation:
(1) Senator Mark Kirk on his Rehabilitation "Walking Program"
<http://www.youtube.com/watch?v=WpBoYmKX-QQ>; (2) Continued Update On
Senator Kirk's Recovery <http://www.youtube.com/watch?v=O-owAa5yLO4>; and
(3) Mark Kirk Returns to Senate After Stroke Recovery
<http://www.youtube.com/watch?v=4SFryAydjbg>.

- Comprehensive Database of Rehabilitation Measures Supports Clinical Care. Researchers at the RRTC on Improving Measurement of Medical Rehabilitation Outcomes at the Rehabilitation Institute of Chicago (Grant # H133B090024) in Chicago, Illinois, have developed the most comprehensive rehabilitation measures database in the world. The Rehabilitation Measures Database (RMD) is a Web-based, searchable database of outcomes instruments that will help rehabilitation providers select reliable and valid measures for screening and monitoring patient progress and outcomes during all phases of rehabilitation. The database provides evidence-based summaries that include concise descriptions of each instrument's psychometric properties, instructions for administering and scoring, as well as a representative bibliography with citations linked to PubMed abstracts. Summaries describing the psychometrics and clinical utility of 103 instruments have been completed and loaded into the RMD as of May 31, 2012. The instruments are appropriate for conditions such as stroke, spinal cord injury, and traumatic brain injury. Since its launch in January 2011, the RMD has grown rapidly. According to Google Analytics, the site currently attracts 5,000 to 6,000 visitors per week. The RMD website has been visited by 114,575 users who viewed 251,027 pages from October 1, 2011 to April 20, 2012 and site utilization is up approximately 44%. The database can be accessed at <http://www.rehabmeasures.org/default.aspx>.
- Advancing the Pace of Traumatic Brain Injury Science Through Common Data Elements for Pediatric Research. As part of the RRTC on Interventions for Children and Youth with Traumatic Brain Injury (TBI), Dr. Shari Wade of Cincinnati Children's Hospital Medical Center (Grant # H133B090010) in Cincinnati, Ohio, played a key role in an interagency effort: Common Data Elements for Pediatric TBI Research. This initiative, funded by the National Institutes of Health (NIH) and NIDRR, resulted in consensus recommendations for measures to be used in pediatric TBI research. One of the limitations to advancement of the science is the difficulty in comparing research results across studies. The adoption of common measures by researchers will facilitate data sharing and analysis across studies and ultimately lead to a stronger evidence base for clinical practice. The recommendations are presented in a series of papers published in the *Journal of Neurotrauma*. One paper describes the initiative and NIDRR's role in it: Miller, A.C., Odenkirchen, J., Duhaime, A.C., and Hicks, R. (2012). Common data elements for research on traumatic brain injury: pediatric considerations, *Journal of Neurotrauma*, 29(4), 634-8. A second paper addresses psychosocial issues: Gerring, J. and Wade, S.L. (2012). The essential role of psychosocial risk and protective factors in pediatric TBI

research, *Journal of Neurotrauma*, 29(4), 621-8. This initiative followed a similar interagency effort for adult TBI research conducted one year earlier and co-funded by NIH, Department of Defense (DoD), Veterans Affairs (VA), and NIDRR. Together, the TBI Common Data Elements (for adult and pediatric research) are found on the National Institute of Neurological Disorders and Stroke (NINDS)/NIH website at http://www.commondataelements.ninds.nih.gov/TBI.aspx#tab=Data_Standards.

- Popular Videos Model Return to Independent Living After Spinal Cord Injury. The RRTC on Secondary Conditions in the Rehabilitation of Individuals with Spinal Cord Injury (SCI) at MedStar National Rehabilitation Hospital (Grant # H133B090002) in Washington, DC, developed a highly accessed collection of “How To” videos for people with new SCI to observe as they work to learn new ways to return to pre-injury activities (e.g., cooking and vacuuming, baby care, traveling on public transportation, driving a car). The videos, 3-5 minutes in length, portray a diversity of individuals with SCI who model functional skills. Topics were determined based on input from persons with SCI through ongoing community engagement activities. As of May 2012, the videos were viewed over 227,000 times. The videos are available at <http://www.youtube.com/user/HealthyTomorrow>.
- New Tool Advances Clinical Assessment of Upper Extremity Range of Motion. Researchers at the University of California at Davis RRTC in Neuromuscular Diseases (Grant # H133B090001) in Sacramento, California, developed a simple, portable, and cost-effective functional workspace assessment of upper extremity range of motion (ROM) that can be used easily in various clinical settings. A full ROM of the upper limb is required to perform every day activities such as drinking from a cup, combing hair, picking up pennies, and reaching overhead. In clinical practice, assessment of ROM is typically performed by physical therapists examining the ability of a patient to move the arm in three different planes. This approach provides limited data. A more in-depth characterization of the joint mobility can be obtained using three-dimensional (3D) motion capture systems, however, costs and space requirements limit their utility in clinical settings. Currently, traditional upper extremity evaluation including shoulder motion in clinical physiotherapy and physician/surgical practice has no 3D tool for an arm function evaluation, which hampers a uniform, objective comparison. The RRTC used an inexpensive stereo-camera and Microsoft KINECT video gaming device to develop a customized algorithm to quantify the reachable workspace generated. The reachable workspace is defined by a set of all the points that an individual can reach by moving their hands, while its envelope is characterized by the encompassing surface area. The reachable workspace is normalized to the unit of the hemisphere that is covered by the hand movement to allow for comparison between individuals with different arm lengths. The RRTC has shown that this analysis system is valid, reliable, and sensitive, making it very useful for clinical assessment and clinical trials. This quantitative measure of reachable workspace – 360 degree

movement analysis with arm full extension “Goniometry,” was developed by the RRTC center co-director, Dr. Jay Han and Berkeley Engineer, Gregorij Kurillo. This measurement instrument is being patented. The work is reported in Kurillo, G., Han, J.J., Abresch, R.T., Nicorici, A., Yan, P., and Bajcsy, R. (2012). Development and application of stereo camera-based upper extremity workspace evaluation in patients with neuromuscular diseases, PLoS One, 7(9). e45341. The abstract is available at <http://www.ncbi.nlm.nih.gov/pubmed/23028947>.

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 2012 follow:

- RERC Research Paper Wins Prestigious Bors Award. Researchers from the RERC on Recreational Technologies and Exercise Physiology Benefiting Persons with Disabilities at University of Illinois at Chicago (Grant # H133E110007) in Chicago, Illinois, were awarded the prestigious Ernest Bors Award for Scientific Development by the Journal of Spinal Cord Medicine (JSCM) for their paper, “Evaluation of Activity Monitors in Manual Wheelchair Users with Paraplegia,” published in January 2011 in the JSCM. The aim of the study presented in the article is to evaluate the performance of SenseWear® and activity monitors in estimating energy expenditure (EE) in manual wheelchair users with paraplegia for a variety of physical activities. The results indicate that neither of the existing activity monitors is an appropriate tool for quantifying physical activity in this population. However, the accuracy of EE estimation could be potentially improved by building new regression models based on wheelchair-related activities. The Bors Award was shared by authors Shivayogi V. Hiremath and Dan Ding (see third story, center column at: <http://maneypublishing.com/index.php/journal-of-the-month-scm>). The award memorializes Ernest Bors (1900-1990), an early pioneer in spinal cord medicine (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647495/?tool=pubmed>), by recognizing the achievements of investigators who early in their training have committed their careers to improving the lives of people with spinal cord injury. The abstract of this awarding-winning paper is available at

[http://www.ingentaconnect.com/search/article?option1=tka&value1=manual+whe
elchair+users&sortDescending=true&sortField=default&pageSize=10&index=2](http://www.ingentaconnect.com/search/article?option1=tka&value1=manual+whe
elchair+users&sortDescending=true&sortField=default&pageSize=10&index=2).

- Web-based Tool Aims to Improve Access to Fitness for People with Disabilities. Research and development activities conducted by the RERC on Recreational Technologies and Exercise Physiology Benefiting Persons with Disabilities at the University of Illinois at Chicago (Grant # H133E110007) in Chicago, Illinois, led to modification of the Accessibility Instruments Measuring Fitness and Recreation Environments (AIMFREE), a Web-based tool to evaluate the accessibility of community-based fitness and exercise facilities. These modifications were based on studying the physical and social environments of 44 fitness and recreational facilities identified as accessible in Ontario, Canada. Results indicated that none of the facilities were completely accessible, with mean accessibility ratings between 31 and 63 out of a possible 100. Recreational facilities had higher accessibility scores than fitness centers, with significant differences found in the areas of professional support and training, entrance areas, and parking lots. The modified version of AIMFREE is currently in use by researchers at Canada's McMaster University, where the tool has been used by more than 300 McMaster students learning to design accessible facilities. Results are reported in Arbour-Nicitopoulos, K.P. and Martin Ginis, K.A. (2011). Universal accessibility of "accessible" fitness and recreational facilities for persons with mobility disabilities, *Adapted Physical Activity Quarterly*, 28(1), 1-15. An abstract is available at http://search.naric.com/research/rehab/redesign_record.cfm?search=2&type=advanced&all=AIMFREE&exact=&any=&omit=&fld1=Title&txt1=&op1=AND&fld2=Title&txt2=&op2=AND&fld3=Title&txt3=&op3=AND&fld4=Title&txt4=&available=0&online=0&rec=116115.

- **New Smartphone Applications Assist Individuals with Visual Impairments.** Researchers at the RERC for Wireless Technologies (Grant # H133E110002) at the Georgia Tech Research Corporation in Atlanta, Georgia, in partnership with Apps4Android, have developed five packs of bundled accessibility applications to meet the access needs of individuals who are unable to read print on their Android-based smartphones. The Accessibility Pack enables users to operate smartphones without having to see what is being displayed on the screen. The Accessible Entertainment Pack enables users to read RSS news feeds and navigate through YouTube entertainment content using text-to-speech voice. The Accessible Navigation Pack includes Global Positioning System (GPS)-based applications that provide a variety of speech-based navigational assistance to users who are driving or walking. The Accessible Daily Living Pack enables users to identify and locate items around the home and workplace with a barcode-reading application that verbally describes the product when its bar code is scanned. It also includes a talking barcode maker that allows users to create talking barcodes to attach to their own possessions. The *Reading Made Easier Pack* allows users to read smartphone and Web-based documents and surf the Web with advanced navigation techniques and text-to-speech technology. These five bundles, which are free to subscribers of Sprint's Everything Data Plan, have proven very popular. The number of monthly downloads has increased steadily since launch with more than 11,000 downloads between January and May 2012. Information about this product is available at <http://www.apps4android.org/?p=3189>.
- **"Tiramisu" Smartphone Application System Assists Transit Riders with Disabilities.** Researchers at the RERC on Accessible Public Transportation (Grant # H133E80019) at Carnegie Mellon University in Pittsburgh, Pennsylvania, developed a smartphone application system called Tiramisu ("pick me up" in Italian) that enables urban bus transit riders to create real-time information about the bus on which they are riding including delays, availability of seating, and accessibility problems, that then informs persons intending to ride. Riders use their free Tiramisu smartphone application to send this information to the Tiramisu system, which combines this information with incoming GPS traces and generates real-time arrival time, load predictions, and accessibility warnings for specific buses, and then makes this information available to potential riders via the Internet. This allows riders to engage in a collaborative relationship with transit providers to identify and resolve accessibility barriers they encounter and to increase transit agency awareness of issues with service quality. While popular with all riders, Tiramisu supports specific information and reporting needs for riders with disabilities, thereby providing them greater independent mobility in the community. Tiramisu also serves the financial needs of transit agencies by leveraging the GPS-enabled smart phones carried in the pockets, purses, and backpacks of many riders as a vehicle-sensing platform, in lieu of traditional approaches priced at millions of dollars in capital and operations costs. Tiramisu was publicly launched in Pittsburgh in 2011 with saturated local news coverage, resulting in over 2,000 downloads of the Tiramisu application on the first day,

which briefly pushed Tiramisu into the top 40 for navigation in the iTunes store. As of May 31, 2012, there were more than 9,000 Tiramisu users who had submitted more than 30,000 trip records. Tiramisu is now also in use in Syracuse, New York and preparations are underway to deploy in Brooklyn, New York. Tiramisu placed second in the Intelligent Transportation Society of America Best New Innovative Products, Services, or Applications category in 2011. A paper focused on the design rationale for Tiramisu received the 2011 Best Paper Award from the Public Transportation Group of the Transportation Research Board of the National Academies. The Tiramisu system is described in Steinfeld, A., Zimmerman, J., Tomasic, A., Yoo, A., and Aziz, R. (2012). Mobile transit rider information via universal design and crowdsourcing, *Transportation Research Record*, 2217, 95-102. A brief description of the application and its recent success is available at <http://www.hcii.cmu.edu/news/stories/tiramisu-app-wins-fcc-chairmans-award>.

- Revolutionary Tool Creates Tactile Road Maps for Individuals with Low Vision and Blindness. Researchers at the RERC for Low Vision and Blindness (Grant # H133E060001) at Smith-Kettlewell Eye Research Institute in San Francisco, California, in collaboration with Touch Graphics, Inc., developed a system for creating road maps for people with low vision or blindness. Smith-Kettlewell's Tactile Map Automated Production (TMAP) project designed a Web-based software tool for rapid production of highly specific, tactile street maps of any location in the U.S. Before TMAP, tactile maps were difficult and expensive to obtain or produce, and tactile street maps for any specific town or city were largely unavailable. TMAP brings together existing geographical information system (GIS) resources with current computer-controlled embossing technologies to yield a revolutionary tool with significant implications for education, orientation, and mobility of blind and visually impaired travelers. This technology makes it possible for blind people to access useful street maps in much the same way a sighted person accesses maps and directions from the Web (e.g., using MapQuest or similar services). Users can specify any address or intersection in the U.S. and obtain a tactile street map of the surrounding area, printed out on their own embosser or printed by a service agency such as the local Lighthouse and mailed to the user. A raised street grid allows blind users to quickly understand the street patterns and orient themselves. Even complex intersections can be easily portrayed and understood. Blind and deaf-blind consumers are now downloading and purchasing local tactile maps using the TMAP system. This product has now been commercialized by Touch Graphics, Inc. A demonstration of a deaf-blind user working with TMAP is available at <http://www.youtube.com/watch?v=wGmWIhxQkqQ>. An independent review of TMAP is available at http://www.maproomblog.com/2010/05/joshua_mieles_tactile_maps.php.

3. Disability and Rehabilitation Research and Related Projects

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

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

General DRRPs differ from RRTC and RERC 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 2012:

- **New Demographic Data on Parents with Disabilities Now Available.** The National Center for Parents with Disabilities and Their Families, funded by a grant to Through the Looking Glass (Grant # H133A080034) in Berkeley, California, completed new research on parents with disabilities. A major impediment to the development of accessible and disability-appropriate services for parents with disabilities and their families is the lack of data on these families. A new publication provides the most recent estimates of the number of parents with disabilities who have children under the age of 18. Estimates are available for the entire U.S., for each state, and for most counties. Estimates include breakdowns by type of parental disability, race/ethnicity, marital status, and income. Also included are estimates of the number of grandparents with disabilities who are caring for grandchildren under age 18. The research is reported in Kaye, H.S. (2012). *Current Demographics of Parents with Disabilities in the U.S.* Berkeley, CA: Through the Looking Glass. Technical report. <http://www.lookingglass.org/services/national-services/220-research/126-current-demographics-of-parents-with-disabilities-in-the-us>.
- **Online Database Offers the Largest Collection of International Rehabilitation Research Citations and Abstracts.** The Center for International Rehabilitation

Research and International Exchange (CIRRIE) at the University at Buffalo, The State University of New York (Grant # H133A100021) in Buffalo, New York, maintains and expands a comprehensive database of international rehabilitation research, defined as rehabilitation research conducted in countries other than the United States. It is presently the single largest collection of its kind. During this report year, the collection contained over 145,000 records of international rehabilitation research studies published from 1990 to present. Its purpose is to give rehabilitation researchers and other interested patrons in the United States easy access to information on rehabilitation research conducted in other countries, as well as to provide information on the top 25 most cited international articles in different fields of rehabilitation. The database can be freely accessed at <http://cirrie.buffalo.edu/database>.

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 2012:

- **New Research Improves Understanding of How Users View and Treat Technology-Related Knowledge.** The Center on KT for Technology Transfer at the University at Buffalo, the State University of New York (Grant # H133A080050), in Amherst, New York, published results from their comparative case studies on knowledge value mapping. For technology-related knowledge, audiences include clinicians, consumers, manufacturers, public policy agencies, and knowledge brokers. One potentially efficient KT approach is to communicate research findings through relevant national organizations and this requires an understanding of how such organizations view and treat research knowledge. Results indicate that each national organization considers the value of the research knowledge in the context of its organization's mission and the interests of members. However, they vary along the following dimensions of knowledge engagement: create, identify, translate, adapt, communicate, use, promote, absorptive capacity, and recommendations for facilitation. The results are reported in Lane, J.P. and Rogers, J.D. (2011). Engaging national organizations for knowledge translation: Comparative case studies in knowledge value

mapping, *Implementation Science*, 6,106. The study can be accessed at <http://www.implementationscience.com/content/6/1/106>.

- Rehabilitation Information Services Expanded to Better Serve Spanish-speaking Patrons. The National Rehabilitation Information Center (NARIC) at HeiTech Services, Inc. (Contract # ED-OSE-10-0074) in Landover, Maryland maintains a disability and rehabilitation research library of more than 70,000 documents and responds to a wide range of information requests, providing facts and referral, database searches, and document delivery to the general public. Services are provided through a Website (with an average of more than 15,000 visitors per month), telephone, email and other online communication channels, social media, and in-person visits to the NARIC facility. NARIC is now expanding its services to Spanish-speaking patrons by providing dual Web interfaces in both English and Spanish. NARIC also provides bilingual information services during all business hours. NARIC can be accessed at <http://www.naric.com> (English) and <http://www.naric.com/?q=es/paginaprincipal> (Spanish).

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 29,096 individuals in its database; the TBIMS has over 11,730 individuals; and the BMS has over 4,900 individuals. 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 2012:

TBI Model Systems

- Groundbreaking Study Shows that Drug Accelerates Recovery from Serious Brain Injury. Results of a placebo-controlled trial funded by a NIDRR TBI Model Systems Collaborative project (Grant # H133A031713) indicated that treatment with amantadine hydrochloride led to quicker recovery in individuals who were in vegetative or minimally conscious states following TBI. These results provided the first evidence of a treatment effective for this population of patients. The study, led by Dr. Joseph Giacino of the JFK Johnson Rehabilitation Institute in Edison, New Jersey and Dr. John Whyte of the Moss Rehabilitation Research Institute in Elkins Park, Pennsylvania, appeared in the March 1, 2012 issue of the *New England Journal of Medicine* (<http://www.nejm.org/doi/full/10.1056/NEJMoa1102609>). It was also featured in the *New York Times* and is available at

http://www.nytimes.com/2012/03/01/health/research/parkinsons-disease-drug-may-help-brain-injuries-report-says.html?_r=1&hp.

- Interagency Collaboration Advances Common Outcomes Measures for TBI Research. NIDRR has a history of supporting the development of tools to measure outcomes in people with disabilities – tools necessary to conduct quality treatment research. Through institutional research collaboration and leveraging of grant funds from both NIDRR and NIH, instruments have been developed to measure outcomes in persons with neurological disorders, including one for persons with TBI. Dr. David Tulsy and colleagues at the Michigan TBI Model System (Grant # H133A080044 and Grant # H133G070138) at the University of Michigan in Detroit, Michigan developed measures that use “item banking” and “computerized adaptive testing” methods to ascertain a person’s level of functioning while minimizing the number of items a person must answer. A common metric can be used to allow for comparison across disability groups. These advancements are poised to significantly improve the measurement of treatment efficacy, and will be adopted for use in NIDRR, NIH, and DoD-funded TBI research throughout the country. The measures are detailed in a series of eight articles, including the introductory paper by Dr. Tulsy and colleagues: Tulsy, D. S., Carlozzi, N. E., and Cella, D. (2011). Advances in outcomes measurement in rehabilitation medicine: Current initiatives from the National Institutes of Health and the National Institute on Disability and Rehabilitation Research. *Archives of Physical Medicine and Rehabilitation*, 92(10), Suppl. 1, S1-S6.
- Multi-Center Studies Focus Attention on a Commonly Experienced But Understudied Post-TBI Symptom: Headaches. Headache is a very common persisting symptom after TBI; however, there are few prospective studies of headache in a sample of persons with a range of TBI severity. Researchers at the University of Washington's Traumatic Brain Injury Model System (Grant # H133A070032) in Seattle, Washington, and six additional TBIMS Centers conducted a study of the natural history of headache in the first year following injury. Results indicated that 71% of participants reported headache during the first year after injury. Prevalence of headache remained high over the first year, with more than 41% of participants reporting headache at 3, 6, and 12 months post injury. The incidence of headache had no relation to injury severity. These TBIMS researchers followed this work with a systematic review of effective interventions for post-traumatic headache. Together these studies lay the foundation for the design of treatment studies to prevent or reduce the chronicity of headache following TBI and its detrimental impact on quality of life. The first study appears in Hoffman, J.M., Lucas, S., Dikmen, S., Braden, C., Brown, A., Brunner, R., Dias-Arriastas, R., Walker, W., Watanabe, T., and Bell, K.R. (2011). Natural history of headache following traumatic brain injury, *Journal of Neurotrauma*, 28, 1719-25 and the second appears in Watanabe, T.K., Bell, K.R., Walker, W.C., and Schomer, K. (2012). Systematic review: Interventions for post traumatic headache, *Physical Medicine and Rehabilitation*, 4, 129-140.

Burn Model Systems

- Moving the Field of Burn Injury into Mainstream Rehabilitation Research and Clinical Services. For 18 years, NIDRR has funded the BMS Centers Program which is the only federally funded program dedicated to burn rehabilitation research. The most fundamental challenge to progress in this area has been to expand the focus of research and clinical services from the acute physical needs of persons with burn injury to include their longer-term multi-dimensional rehabilitation needs. Evidence of significant progress in moving burn rehabilitation into mainstream rehabilitation research and clinical care is found in the May 2011 publication of the *Physical Medicine and Rehabilitation Clinics of North America*. This is the first issue on burn rehabilitation in the long history of this professional series. Dr. Peter Esselman from the BMS Center at the University of Washington in Seattle, Washington, and Dr. Karen Kowalske from the BMS Center at the University of Texas Southwestern Medical Center in Dallas, Texas, served as guest editors. Staff from three of the four BMS Centers (University of Washington, Grant # H133A070047; University of Texas, Southwestern Medical Center, Grant # H133A070024; and Johns Hopkins University, Grant # H133A070045) authored seven of the 11 original articles. These articles report results of their NIDRR funded research related to physical, psychosocial, and community integration outcomes following burn injury and to treatment options to improve outcomes. The articles appear in Esselman, P.C. and Kowalske, K.J., eds. (2011). *Physical Medicine and Rehabilitation Clinics of North America*, 22(2), W. B. Saunders: Philadelphia.

Spinal Cord Injury Model Systems

- The Trunk Scale in Wide Clinical Use. Researchers at The Institute for Rehabilitation and Research (TIRR) Spinal Cord Injury Model System (Grant # H133N060003) in Houston, Texas, contributed a new tool – the Trunk Scale. This tool measures the strength and coordination of trunk muscles in individuals with spinal cord injury and has been accepted in clinical practice around the world. The scale has been adopted by the NeuroRecovery Network for regular clinical care. (See http://www.christopherreeve.org/site/c.ddJFKRNoFiG/b.5399929/k.6F37/NeuroRecovery_Network.htm). The scale was also translated into Portuguese and Thai. The validation of the Brazilian version was published in Pastre, C.B., Lobo, A.M., Oberg, T.D., Pithon, K.R., Yoneyama, S.M. and Lima, N.M.F.V. (2011). Validation of the Brazilian version in Portuguese of the Thoracic-Lumbar Control Scale for spinal cord injury. *Spinal Cord*, 49, 1198-1202. The abstract is available at <http://www.nature.com/sc/journal/v49/n12/abs/sc201186a.html>.
- Study Finds Racial Disparities in Wheelchair Quality and Outcomes for Individuals with SCI. Researchers at the University of Pittsburgh SCIMS Center (Grant # H133N110011) in Pittsburgh, Pennsylvania, reported that wheelchairs are the single most enabling device for individuals with SCI. These devices

create opportunities for participation, employment, and community living. Although this assistive technology is an integral part of the lives of individuals with SCI, this research found that wheelchair quality is poor and is getting worse. Over 50% of individuals with SCI reported a wheelchair failure and 30% reported experiencing a consequence (e.g., being injured, stranded, or missing medical appointment, work or school) as a result of a failure within a six month time period. Research also indicated that the quality of wheelchairs prescribed and subsequent quality of life (QOL) outcomes differed significantly by racial background, with African Americans disproportionately experiencing poorer wheelchair quality and QOL outcomes in comparison to non-Hispanic Whites. This finding suggests that SCI providers may have unconscious racial and disability biases that impact care and outcomes. The results are published in Worobey, L., Oyster, M., Nemunaitis, G., Cooper, R., and Boninger, M. (2012). Increases in wheelchair repairs, breakdown, and adverse consequences for people with traumatic spinal cord injury, *American Journal of Physical Medicine and Rehabilitation*, 91 (6), 463-469. The abstract is available at http://journals.lww.com/ajpmr/Abstract/2012/06000/Increases_in_Wheelchair_Breakdowns,_Repairs,_and.1.aspx.

- Walking Index after Spinal Cord Injury Gains Wide Recognition. Research conducted at Thomas Jefferson Hospital, Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV) (Grant # H133N110021) in Philadelphia, Pennsylvania, has gained world-wide recognition. Physicians and clinical researchers at the RSCICDV developed the Walking Index after Spinal Cord Injury (WISCI), a measure of walking function to be used as an outcome measure of treatment effectiveness in clinical trials of SCI. It rank-orders walking based on the degree of neurological impairment by taking into consideration use of braces, assistive devices and personal assistance. It was developed and published in 2000-2001. Since then, it has been used in clinical trials, case series, and other investigations, with over 163 citations from 2000 to 2011. Of these citations, 95 have occurred in 2008-2011. The WISCI has been recommended by international experts as one of the most valid outcome measures for evaluating walking in SCI clinical trials and it is being used increasingly in research around the world. For example, the WISCI is part of the core dataset of the European Multicenter Study about Spinal Cord Injury. The WISCI is described in Ditunno, P.L., Patrick, M., and Ditunno, J.F. (2008). Who wants to walk? Preferences for recovery after SCI: A longitudinal and cross-sectional study, *Spinal Cord*, 46, 500-506. Detailed information about the WISCI can be found at the website http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=957&Source=http%3A%2F%2Fwww%2Erehabmeasures%2Eorg%2Frehabweb%2Fallmeasures%2Easpx%3FPaged%3DTRUE%26p_Title%3DMini%252dMental%2520State%2520Examination%26p_ID%3D912%26View%3D%257b0C859D90%252d7478%252d4C9B%252d9575%252d784C4A9A2D85%257d%26PageView%3DShared%26PageFirstRow%3D101. Two recent citations are: (1) Pouw, M.H., VanDerVilet, A.M., VanKampen, A., Thurnher, M.M., VanDeMeent, H., and

Hosman, A.J.F. (2012). Diffusion-weighted MR imaging within 24h post-injury after traumatic spinal cord injury: A qualitative meta-analysis between T2 weighted imaging and diffusion-weighted MR imaging in 18 patients, *Spinal Cord*, 50, 426-431. The abstract is available at <http://www.nature.com/sc/journal/v50/n6/abs/sc2011168a.html>. (2) Simpson, L.A., Eng, J.J., Hsieh, J.T.C., and Wolfe, D.L. (2012). The health and life priorities of individuals with spinal cord injury: A systematic review, *Journal of Neurotrauma*, 29 (8), 1548-1555. The abstract is available at <http://www.ncbi.nlm.nih.gov/pubmed/22320160>.

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 the ADA Network Knowledge Translation Center (KTC). This KTC ensures that information and products developed and identified through the ten regional centers are of high quality, based on the best available research evidence, and are deployed effectively to multiple key stakeholders. It develops processes and technology to facilitate collaboration among the regional centers to optimize the impact of the ADA Network activities.

The following is an example of an ADA Network accomplishment reported to NIDRR for FY 2012:

- Model Reasonable Accommodation Policy Adopted by State and Local Government Entities in New Mexico. The Southwest ADA Center, at TIRR Memorial Hermann (Grant # H133A060091) in Houston, Texas, has developed a model reasonable accommodation policy for state and local governments. Development of the model policy is the result of a partnership between the Southwest ADA Center and the New Mexico Division of Vocational Rehabilitation. Development of the policy included a vetting process that involved the participation of various New Mexico state agencies. The model policy has been adopted for use by several state and local government entities in New Mexico, including the New Mexico Taxation and Revenue Department. The New Mexico Division of Vocational Rehabilitation and the New Mexico Taxation and Revenue Department have benefitted from extensive trainings and technical assistance from the Southwest ADA Center, and as a result these agencies now have written procedures to handle accommodation requests. The document is available at <http://www.ilru.org/html/training/webcasts/archive/2011/01-19-DBTAC.html>
- New Technical Assistance Guides Support Compliance for Accessible Design. In 2010, the U.S. Department of Justice revised its title II and III

regulations implementing the ADA. These revisions added requirements for elements that were not in the 1991 regulations (e.g., recreation facilities such as swimming pools, team or player seating, accessible routes in court sports facilities, saunas and steam rooms, fishing piers, play areas, exercise machines, golf facilities, miniature golf facilities, amusement rides, shooting facilities with firing positions, and recreational boating facilities) and also made changes to technical and scoping requirements. The New England ADA Center (Grant # H133A110028), located at the Institute for Human-Centered Design in Boston, Massachusetts, responded to these changes by creating two important technical assistance products that facilitate voluntary compliance by covered entities. The “2010 ADA Checklist for Readily Achievable Barrier Removal and Recreation Checklist” (<http://adachecklist.org>) helps title III entities (privately operated places of public accommodation) ensure they are providing readily achievable barrier removal to existing recreational facilities. The “Comparison Guide for 2010 and 1991 ADA Standards for Accessible Design: Technical and Scoping Requirements” ([comparison-guide-2010-and-1991-ada-standards-accessible-design-technical-and-scoping-requiremen](#)) helps clarify the differences between the U.S. Department of Justice 1991 and 2010 ADA Standards for Accessible Design. These information products make it more likely that architects, builders, facilities managers, and maintenance directors will understand and use the new standards to maintain compliance with the ADA.

Information on services provided by the ADA National Network program for FY 2012 is listed in tables 10,11, and 12 on the following pages:

Table 10. ADA National Network Training Activities—Type of Training, by Number and Percentage: Fiscal Year 2012

Type of Training Activity	Number	Percent
Presentation	14	13.59
Workshop	24	23.30
Training course	24	23.30
Other	9	8.74
Webcast	6	5.83
Distance learning curricula	8	7.77
Curricula development	7	6.80
Planning, conducting, or sponsoring a conference	8	7.77
Training Manual Development	3	2.91
Total	103	100

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

Source: U.S. Department of Education, NIDRR, 2012 APRs

There were 103 identified training activities. Grantees could select multiple terms to describe each activity and the three most prevalent terms selected were training course (23.3%), workshop (23.3%), and presentation (13%).

Table 11. ADA National Network Technical Assistance Activities by Type, Number, and Percentage: Fiscal Year 2012

Type of TA Activity	Number	Percent
Phone calls	25,271	44.58
Email	19,460	34.33
In-person	11,631	20.52
Other ^b	326	0.58
Total	56,688	100

Note: Percentages are calculated by using the following formula: Number of technical assistance activities in each type ÷ the total number of technical assistance activities x 100. Percentages may not sum to 100 percent due to rounding.

Source: U.S. Department of Education, NIDRR, 2012 APRs

ADA National Network grantees engaged in 56,688 technical assistance activities. Approximately 45% of the technical assistance activities were provided via phone calls, and another 34% was provided via email communications.

Table 12. ADA National Network Dissemination Activities by Type of Materials Disseminated: Fiscal Year 2012

Type of Materials Disseminated	Network-Generated: Electronic	Network-Generated: Other	Non-Network-Generated Electronic	Non-Network-Generated: Other
Journal articles	140	133	100,003,283	85,021
Project publications	83,016	25,513	N/A	N/A
Video/audio tapes	15,764	120	9,080	42
CDs/DVDs	349	736	927	65
Books/book chapters	325	418	1,160	438
Bulletins/newsletters/ fact sheets	161,861	95,168	47,252	11,351
Research reports/ conference proceedings	1,299	70	1,317	0
Other	85,235	35,209	35,370	15,987
Total	347,989	157,367	100,098,389	112,904

Note: Percentages are calculated by using the following formula: Number of technical assistance activities in each type ÷ the total number of technical assistance activities x 100. Percentages may not sum to 100 percent due to rounding.
Source: U.S. Department of Education, NIDRR, 2012 APRs

ADA National Network grantees disseminated almost 348,000 electronic products that they developed themselves and over 157,000 other types of products they developed. They also disseminated materials developed by others, including almost more than 100 million electronic products and almost 113,000 other products. Bulletins, newsletters, and fact sheets were the most commonly disseminated types of products generated by the Network. Of non-Network-generated products, journal articles were the most commonly disseminated.

7. Field-Initiated Projects

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

The following are examples of FIP accomplishments reported to NIDRR in FY 2012:

- **Veterans with TBI Benefit from Web-based Treatment.** The VA sponsored the adaptation of an online treatment for persons with TBI, a treatment that was developed and tested with NIDRR funds. In 2007, Dr. Shari Wade and her colleagues at the Cincinnati Children's Hospital Medical Center (Grant # H133G050239) in Cincinnati, Ohio, developed and piloted an innovative online

intervention for adolescents with TBI: Teen Online Problem Solving (TOPS). TOPS makes use of emerging technology to address the multifaceted needs of teens following TBI to improve teens' social and emotional functioning, thereby enabling them to better negotiate the complex transition to adulthood and independent functioning. The program has now been adapted for use with Veterans with mild TBI. The treatment is described in Riegler L.R.J., Wade, S.L., and Neils-Strunjas J. (2012). A web-based cognitive therapy intervention for Veterans with mild traumatic brain injury, *eHearsay*, 2, 5-17.

- Study Finds that AAC Intervention Improves Conversation in Individuals with Degenerative Language Disorders. Researchers at Oregon Health and Science University (Grant # H133G080162) in Portland, Oregon, provided empirical data that augmentative and alternative communication (AAC) treatment can improve conversation for individuals with Primary Progressive Aphasia (PPA) when use of targeted words and phrases are measured. This information will be critical for evidence-based practice (EBP) in speech-language pathology clinics worldwide. As an outcome, there are many intended audiences who benefit from this research. These data affect the policy of insurance payers who are looking for EBPs to reimburse providers for evaluation and treatment of communication disorders. For the clinicians who provide evaluation and treatment, these data provide pathways for intervention and can show clinicians who are not familiar with AAC how to apply low-tech communication boards toward language expression in a relatively new clinical population. Until this research was published, there were no controlled experiments on the effect of AAC for people with PPA. This starts a line of research on EBP that will affect the health and community participation of individuals with communication impairments. For individuals with PPA and their families, this is the first time that there is information on AAC treatment outcomes in a controlled experimental paradigm. Additionally, during the research, a number of treatment handouts were developed for families and people with PPA with easy-to-follow strategies that help them integrate AAC into their daily lives. Results appear in Fried-Oken, M., Beukelman, D., and Hux, K. (2012). Current and future AAC research considerations for adults with acquired cognitive and communication impairments, *Assistive Technology*, 24, 56-66.

8. Small Business Innovation Research

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

merit of an idea. During Phase II, NIDRR funds firms to expand on the results of Phase I and to pursue further development.

The following are examples of SBIR accomplishments reported to NIDRR during FY 2012:

- **Assistive Application Improves Web Browsing Experience for All.** Ubiquitous Web access implies the ability to access the Web on a variety of platforms and devices and the ability to switch between devices easily while preserving the browsing context. Charmtech Labs LLC, in Cupertino, California, under two NIDRR SBIR Phase I grants (Grant # H133S090065 and Grant # H133S110028), developed Capti Web Player, an assistive Web browsing application for people with and without vision impairments. Capti Web Player enables users to collect news, books, blogs, and other Web documents in a playlist and then listen to the collection with the convenience of an audio music player. Capti removes the clutter and makes information consumption much more usable for people with vision impairments. A playlist track stores only the relevant content extracted from the corresponding Web page, such as the main content of an article, news headlines, an online book, a recipe, a blog post, or a product description. The user can then interact directly with the playlist through a simple audio-player-like interface by sorting the playlist, listening to and/or viewing main content, and avoid having to listen to ads, links, and other content that typically slow down Web browsing for people who are blind and or have low vision. One of the unique aspects of Capti is that, while it aims to improve Web accessibility for people with vision impairments, it is positioned as a mainstream application that can benefit people with other disabilities such as dyslexia and mobility impairments, as well as sighted people who want to have a better web browsing experience. This approach enables the developer to keep prices low. Capti for iPhone is offered at only \$2.99 while regular assistive technology software products cost 10 to 300 times more. As a result of Phase I of the project, Charmtech Labs filed a U.S. patent (Patent # 13458961) titled: "Combining Web Browser and Audio Player Functionality to Facilitate Organization and Consumption of Web Documents." This project is now funded as a Phase II grant. More information is available at <http://charmtechlabs.com/index.html>

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.

An example of ARRT accomplishments reported to NIDRR during FY 2012 follows:

- National Report Offers Recommendations to Improve Services for Adults with Intellectual Disabilities Affected by Dementia. In 2012, researchers from the ARRT project, Advanced Training in Translational and Transformational Research to Improve Outcomes for People with Disabilities (Grant # H133P110004) and the RRTC on Aging with Developmental Disabilities (Grant # H133B080009), both at the University of Illinois at Chicago, published a national report titled “My Thinker's Not Working': A National Strategy for Enabling Adults with Intellectual Disabilities Affected by Dementia to Remain in Their Community and Receive Quality Supports.” They worked in conjunction with The National Task Group on Intellectual Disabilities and Dementia, a planning and advocacy group. The report reviews the main issue facing adults with intellectual disabilities as they age when they are affected by dementia, as well as their families and provider organizations. It offers 20 recommendations for the improvement of services nationally and locally. The report has been widely disseminated to federal and state policymakers and practitioners concerned with improving care for people with dementia and their families, including the federal Advisory Council on Alzheimer's Research, Care, and Services under the National Alzheimer's Project Act, and has been adopted by the American Academy of Developmental Medicine and Dentistry (AADMD). “My Thinker’s Not Working” is available on the RRTC website (<http://www.rrtcadd.org/resources/NTG-Thinker-Report.pdf>) and also through AADMD (<http://aadmd.org/ntg/thinker>).

Selected ARRT project statistics for the reporting period June 1, 2011, to May 31, 2012, are reflected in table 13 on the following page.

Table 13. Advanced Rehabilitation Research Training (ARRT) Projects: Selected Indicators: June 1, 2011, to May 31, 2012

Fellows	Total
Fellows enrolled this reporting period	78
Fellows starting in this reporting period	36
Fellows completing program in reporting period	14
Fellows with disabilities	7
Fellows from race and ethnic minority populations*	31
Fellows contributing to 2012 publications	30
Total number of active awards	20
Total number of publications authored by fellows in 2012	61

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

Source: U.S. Department of Education, NIDRR. Grantee Performance Report, APR forms for NIDRR, ARRT program for fiscal year 2012.

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 14 on the following page summarizes key statistics and accomplishments for Switzer Fellows submitting annual or final performance reports in 2012. Accomplishments are defined as peer-reviewed publications, assessment tools, and information products.

Table 14. Switzer Research Fellowship Program Accomplishments for the 2012 APR Reporting Period: Fiscal Year 2012

Number of 2012 Fellows submitting an Annual or Final Performance Report in 2012	17
Number of Fellows with disabilities reporting in 2012	2
Number of Fellows from race and ethnic minority populations reporting in 2012	5
Number of Fellows reporting peer-reviewed publications in 2012	2
Number of Fellows reporting measurement tools or technology products in 2012	4
Number of Fellows reporting information products in 2012	1

Source: U.S. Department of Education, NIDRR, Grantee Performance Report, annual, or final performance reporting (FPR) forms for NIDRR Switzer Research Fellowship program for FY 2012.

11. Outreach to Minority-Serving Colleges and Universities

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

The following Section 21 accomplishment from a DRRP was identified and reviewed by NIDRR for FY 2012:

- Findings Show Housing is Key Element of Recovery for African Americans with Severe Mental Illness. Dartmouth College, in Lebanon, New Hampshire was awarded Section 21 funding to support research on the rehabilitation and recovery of African Americans with severe mental illness (Grant # H133A080063). In collaboration with Howard University, researchers have conducted a series of studies whose broad aim is to better understand barriers and facilitators to recovery among African Americans with severe mental illness. The researchers have identified features of housing configurations that contribute to recovery. These “recovery communities” are embedded in a complementary service system; the physical environment provides a refuge from homelessness, drug activity, and violence; and the social environment offers a place to belong amid peer support for mental health and sobriety. Findings suggest the need for recovery-oriented services to be holistic and prepared to address multiple, complex needs that include clinical efforts to reduce psychiatric symptomatology, substance use, and the impact of trauma. Results are reported in: Carpenter-Song, E., Hipolito, M.M.S., and Whitley, R. (2012). Right here is an oasis: How

"recovery communities" contribute to recovery for people with serious mental illnesses, *Psychiatric Rehabilitation Journal*, 35(6), 435-440.

12. 2012 NIDRR Allocations

The allocation of NIDRR grant funds for FY 2011 and FY 2012 for the 11 funding mechanisms discussed in this section on NIDRR is shown in Table 15 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 2011 and 2012. NIDRR's overall grant allocations across all 11 funding mechanisms totaled \$101,169,950 for FY 2011 and \$97,010,040 for FY 2012. NIDRR awarded \$11,806,907 in contracts and other support activities for FY 2012.

Table 15. NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2011 and 2012 (

NIDRR-Funded Centers and Projects	Number of Awards FY 2011	Grant Amount (in thousands of dollars)	Number of Awards FY 2012	Grant Amount (in thousands of dollars)
RRTCs				
Continuations	26	\$20,306	26	\$14,065
New Awards	1	\$850	1	\$6,999
Total	27	\$21,156	27	\$21,064
RERCs				
Continuations	16	\$18,372	14	\$9,910
New Awards	2	\$1,899	2	\$1,900
Total	18	\$20,271	16	\$11,810
ARRTs				
Continuations	15	\$2,236	16	\$2,392
New Awards	4	\$600	4	\$599
Total	19	\$2,836	20	\$2,991
DRRPs				
Continuations	9	\$4,496	10	\$4,276
New Awards	1	\$500	5	\$2,496
Total	10	\$4,996	15	\$6,772
DBTACs				
Continuations	0	\$0	11	\$11,918
New Awards	11	\$11,917	1	\$613
Total	11	\$11,917	12	\$12,531

Table 15. NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2011 and 2012 (Continued)

NIDRR-Funded Centers and Projects	Number of Awards FY 2011	Grant Amount (in thousands of dollars)	Number of Awards FY 2012	Grant Amount (in thousands of dollars)
SBIRs				
	26	\$3,813	23	\$3,358
KTs				
Continuations	3	\$2,050	4	\$2,850
New	1	\$800	1	\$750
Total	4	\$2,850	5	\$3,600
FIPs				
Continuations	43	\$7,958	46	\$7,551
New Awards	23	\$5,539	25	\$6,392
Total	66	\$13,497	71	\$13,943
Mary Switzer Fellowships				
New Awards	10	\$680	6	\$400
Model Systems				
Spinal Cord Injury (includes model systems projects, collaborative projects and data center)				
Continuations	0	\$0	16	\$7,742
New Awards	15	\$7,119	1	\$900
Total	15	\$7,119	17	\$8,642
Traumatic Brain Injury (includes model systems projects, collaborative projects and data center)				
Continuations	18	\$8,565	3	\$2,334
New Awards	1	\$625	16	\$6,999
Total	19	\$9,190	19	\$9,333

Table 15. NIDRR-Funded Centers and Projects: Funding and Awards, Fiscal Years 2010 and 2011 (Continued)

NIDRR-Funded Centers and Projects	Number of Awards FY 2010	Grant Amount (in thousands of dollars)	Number of Awards FY 2011	Grant Amount (in thousands of dollars)
Burn Injury				
Continuations	5	\$1,750	0	0
New Awards	0	\$0	4	\$1,500
Total	5	\$1,750	4	\$1,500
Outreach to Minority Institutions				
	3	\$1,095	3	\$1,066
TOTAL	233	\$101,170	238	\$97,010

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

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

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

Source: U. S. Department of Education, NIDRR. Grant Administration and Payment System (GAPS). 2012. Washington, D.C.

ADVOCACY AND ENFORCEMENT

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

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

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

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

CLIENT ASSISTANCE PROGRAM

Authorized Under Section 112 of the *Rehabilitation Act*

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

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

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

Overall, in FY 2012, CAPs nationwide responded to 47,109 requests for information and provided extensive services to 7,005 individuals. Slightly more than 91 percent of those cases in which extensive services were provided involved applicants for or recipients of services from the VR program. In 88 percent of all cases, issues are related to the VR process or delivery of VR services. Out of the 5,138 individual cases, 1,868 cases (or 36.35 percent) were resolved through CAP explaining the controlling policies to the individual; 18 percent resulted in the development or implementation of an IPE; and 15 percent of these cases resulted in the reestablishment of communication between the individuals and other parties. In addition, 66 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 2012 include:

- In Tennessee, a woman with traumatic brain injury (TBI) contacted the CAP because the VR agency was failing to provide adequate job placement services necessary for her to obtain and maintain employment. The VR agency sponsored the consumer’s training in medical coding several years earlier, but

she had difficulties maintaining employment as a result of behaviors directly attributed to her disability. The consumer reported to CAP that her VR counselor suggested that she apply for Social Security disability benefits and secure mental health treatment, even though the consumer believed she was capable of becoming gainfully employed. The consumer was also not satisfied with services she received earlier from a job coach and job placement vendor provided by the VR agency.

- CAP researched support services designed for individuals with TBI and determined the consumer needed additional job placement services and advocated for qualified professionals to be included on her team to help her find and retain employment. The team that was formed as a result of CAP's advocacy to support the consumer included the TBI services coordinator, a behavioral analyst with expertise in TBI, a job placement vendor providing needed services, and a job coach. After this team began to work with the consumer, she was able to locate, apply, and was eventually offered a job with a local medical practice.

However, when the employer discovered that the consumer required the accommodation of a job coach initially for her new job, the job offer was withdrawn. CAP opened a discrimination case to assist the consumer with this matter. As a result, the employer agreed to hire her as a medical scanner and agreed to the use of the job coach provided by the VR agency while she became acclimated to her new position. During the first three months of her employment, the team established to support the consumer remained in place and provided her with the necessary assistance she required. After approximately three months, the team slowly faded their interaction with the consumer and the consumer was successful in retaining her employment.

- In Minnesota, a woman with a severe visual impairment was self-employed as an assistive technology trainer, motivational speaker and singer. Although the VR agency had provided her with VR services for several years without incident, the parties ran into difficulty when the woman's obsolete braille display reader and note-taker needed to be replaced and upgraded. An exploratory technology evaluation was completed by an assistive technology (AT) specialist employed by the VR agency. The AT specialist recommended a specific type of braille display that is used by the evaluator for his own personal needs. This recommendation was made without observing the consumer reading braille or using a Braille reader. The consumer determined that the Braille display chosen for her would not meet her particular needs and requested funding for a Braille display that would better meet her vocational needs. When the VR agency denied her funding for the AT requested, the consumer appeal the decision and requested a Fair Hearing.

CAP was not notified of the Fair Hearing until shortly before the hearing date. Due to scheduling conflicts, CAP was prevented from representing the consumer at the hearing. In an effort to assist the consumer, CAP staff provided extensive

assistance before and after the hearing date, advising her on hearing procedures, helping her frame her arguments, plan her presentation of testimony and evidence, and providing her with research findings regarding legal standards for the hearing decision. The hearing was successful and resulted in the administrative law judge's decision in the consumer's favor. The VR agency worked with the consumer to provide her with the funding needed for the requested Braille display, which met the consumer's employment needs.

- A California man with a TBI contacted the CAP regarding the denial of funding for educational training as a state certified court interpreter. The consumer had met with his VR counselor soon after being found eligible for VR services and requested funding to become a court interpreter. However, the consumer's VR counselor did not agree with his choice of employment goal due to the results of a neurological evaluation and the VR counselor's belief that the client did not have the capacity to succeed at his requested goal of a court interpreter. The consumer refused to sign his IPE due to the disagreement.

The CAP advocate reviewed the neurological assessment used to deny the consumer's participation in the training program, which did not include current and previous relevant medical information available from the consumer's treating neurologist at a rehabilitation center that the consumer had been attending for the prior three years since sustaining the TBI. The CAP advocate discussed these findings with the VR agency and noted that state and federal regulations require that the VR agency request all available medical documentation when determining eligibility and the provision of services. The CAP advocate suggested that the consumer be allowed the opportunity to take the program entrance screening prior to VR making any determination.

After considering the CAP advocate's findings and recommendation, the VR agency agreed to fund a certificate program at a local state university extension program contingent on the consumer passing the screening exam required for admission to the program. The consumer passed the screening exam and was accepted into the interpreter program. The consumer's IPE was developed and now includes the necessary tuition, books, supplies, physical restorative services (an optometric evaluation and glasses), reimbursement for the screening fee, and fees associated with three required state examinations. The consumer likewise agreed to maintain passing grades in all classes, report any issues that may inhibit his progress towards certification, and provide VR with a list of books and supplies before each semester, per VR policy.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM

Authorized Under Section 509 of the *Rehabilitation Act*

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

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

Each year, PAIR programs, with public comment, must develop a statement of objectives and priorities, including a rationale for the selection of the objectives and priorities and a plan for achieving them. These objectives and priorities define the issues that PAIR will address during the year, whether through individual or systemic advocacy. During FY 2012, PAIR programs reported representing 14,464 individuals and responded to 48,738 requests for information or referral. Of the cases handled by PAIR programs in that year, the greatest number of specified issues involved government benefits/services (22 percent), education (15 percent), health care (13 percent), employment (12 percent), and housing (12 percent). Because PAIR programs cannot address all issues facing individuals with disabilities solely through individual advocacy, they seek to change public and private policies and practices that present barriers to the rights of individuals with disabilities, utilizing negotiations and class action

litigation. In FY 2012, 55 out of the 57 PAIR programs (96 percent) reported that these activities resulted in changes in policies and practices benefiting individuals with disabilities.

Examples of PAIR activities during FY 2012 include:

- Disability Rights Oregon (DRO) assisted a 19-year-old Latino student with learning disabilities who was being bullied and harassed by classmates. The school recommended that the student get a modified diploma while the student's family continued to experience challenges in receiving follow-up consultation from his teachers in their pursuit of a regular diploma. In response, DRO notified the school district's attorney about the lack of support to both the student and his family and led the effort to get an Individualized Education Program (IEP) established for the student. As a result, the school developed a stricter anti-bullying policy standard and the student was able to continue his studies within the school environment without harassment and successfully graduated.
- Disability Rights Texas (DRTx) assisted a 17-year-old high school junior with learning disabilities. The student's family was not successful in getting him out of the alternative learning center after the agreed upon 20-day period to return to his home school where he received special education services. DRTx investigated and advocated during key stakeholder committee meetings for him to resume his education in the least restrictive environment of the school setting. The client was reinstated to his home school for his senior year and successfully graduated with his classmates.
- Disability Rights New Jersey (DRNJ) provided assistance to a 31-year-old individual with cerebral palsy after he was terminated from his government agency position. The individual requested accommodations shortly after being hired and during trial work experiences, but none were provided by his employer. This resulted in difficulties for the employee in trying to navigate around the office and complete assigned tasks in a timely manner. DRNJ assisted the individual to file a complaint against the employer and provided administrative law hearing representation that resulted in a ruling in favor of the employee. As a result, the employer was ordered to pay a state fine and provide back pay to the employee.
- The Legal Center of Colorado provided assistance to a man living with HIV who became disabled while working and denied long-term disability insurance. The Legal Center reviewed his medical records and contacted his providers to try to help him obtain disability insurance. As a result, the previous two denials were overturned and the individual was awarded back benefits and receives monthly disability payments.
- Arizona Center for Disability Law provided assistance to a woman with digestive disorders who recently moved into a semi-independent apartment that did not include a dietician as part of the agreed upon housing arrangement. The woman

submitted follow-up letters to document the medical condition, but the facility would not provide the appropriate meals or waive the paid meal plans. The Center assisted the woman to file a complaint through the U.S. Department of Housing and Urban Development (HUD). The outcome is that the individual was waived from the meal plan requirement, reimbursed for all the monthly meal plan payments, and the facility agreed to make accommodations impacting future consumers with disabilities.

EMPLOYMENT OF PEOPLE WITH DISABILITIES

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

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

ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

(Access Board)

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

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

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

providing technical assistance and training on these guidelines and standards; and enforcing accessibility standards for federally funded facilities.

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

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

ELECTRONIC AND INFORMATION TECHNOLOGY

Authorized under Section 508 of the *Rehabilitation Act*

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

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

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

and information technology industry seminars and conferences and conducts numerous conformance tests of high-visibility e-government-sponsored websites.

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

EMPLOYMENT UNDER FEDERAL CONTRACTS

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

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

NONDISCRIMINATION IN PROGRAMS THAT RECEIVE FEDERAL FINANCIAL ASSISTANCE

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

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

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

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

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

NATIONAL COUNCIL ON DISABILITY

Authorized under Section 400 of the *Rehabilitation Act*

An Independent Federal Agency

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

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APPENDIX A

APPENDIX A

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2012

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

Agency ^c	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (> 0)	Indicator 1.2: Percentage of Employment Outcomes After An IPE ^e (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^f (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^g (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self- Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Arkansas	35	73.40	76.21	100.00	0.685	21.66	5	3
Connecticut	12	80.22	83.41	100.00	0.634	17.74	5	3
Delaware	2	81.67	91.84	100.00	0.561	36.67	5	2
Florida	51	48.33	97.95	100.00	0.634	36.43	5	3
Idaho	20	69.90	96.35	98.48	0.820	38.64	6	3
Iowa	-1	78.71	87.42	100.00	0.877	26.62	4	3
Kentucky	17	77.72	90.44	100.00	0.641	26.19	5	3

^a VR—Vocational Rehabilitation

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

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

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

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

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

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

Source: U.S Department of Education, RSA 2012a

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2012 (Continued)

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

Agency ^c	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (> 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^f (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^g (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self- Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Maine	-33	64.59	35.53	98.77	0.857	39.51	4	3
Massachusetts	-12	71.08	54.71	100.00	0.733	30.04	4	3
Michigan	-22	52.59	84.92	97.68	0.673	44.40	4	3
Minnesota	1	58.70	90.74	98.64	0.637	42.18	5	3
Missouri	3	77.89	92.21	96.38	0.680	29.58	5	3
Nebraska	32	56.50	95.24	100.00	0.824	33.33	5	3
New Jersey	-4	72.65	91.42	99.04	0.539	43.68	4	2
New Mexico	-5	45.57	100.00	100.00	0.685	69.44	4	3
New York	58	69.82	83.56	97.45	0.658	36.53	6	3
North Carolina	-28	75.23	98.84	85.60	0.566	34.29	3	1
Oregon	16	75.85	65.67	100.00	0.973	20.45	5	3
South Carolina	-9	73.73	76.49	99.27	0.605	20.24	4	3
South Dakota	4	71.65	97.45	99.56	0.675	32.31	6	3
Texas	78	72.04	87.90	99.72	0.576	32.85	5	2
Vermont	-13	76.97	72.99	98.00	0.746	12.00	4	3
Virginia	15	53.70	92.81	100.00	0.630	52.58	5	3
Washington	18	58.67	98.97	97.92	0.751	35.07	5	3

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2012

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

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Alabama	30	65.06	98.47	75.86	0.495	79.41	5	2
Alaska	7	63.91	98.91	92.27	0.564	54.57	6	3
American Samoa	8	94.12	50.00	93.75	N/A	56.25	5	2
Arizona	199	36.51	99.56	98.16	0.520	67.78	5	3
Arkansas	422	65.06	99.89	95.99	0.628	55.14	6	3
California	-415	57.94	89.98	99.41	0.445	68.05	4	2
Colorado	147	66.63	89.66	89.90	0.503	59.96	5	2
Connecticut	65	60.35	100.00	100.00	0.598	44.98	5	3
Delaware	72	70.44	100.00	93.04	0.423	68.53	5	2

^a VR – Vocational Rehabilitation

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

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

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

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

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

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

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

Source: U.S Department of Education, OSERS, RSA 2012a

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2012 (Continued)

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

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
District of Columbia	-159	28.93	90.22	90.27	0.319	67.04	3	2
Florida	562	45.78	99.55	99.04	0.516	51.33	3	2
Georgia	418	58.72	96.93	85.61	0.444	72.92	5	2
Guam	-6	75.00	93.33	85.71	N/A	78.57	5	3
Hawaii	-5	23.48	96.17	95.13	0.625	62.39	4	3
Idaho	-270	42.36	99.83	99.39	0.625	73.98	4	3
Illinois	342	54.32	93.14	100.00	0.425	56.48	4	2
Indiana	325	57.09	97.36	78.11	0.586	51.06	5	3
Iowa	26	63.68	98.29	95.95	0.607	63.34	6	3
Kansas	-5	47.52	99.51	95.16	0.505	55.74	3	2
Kentucky	-32	62.92	99.17	100.00	0.609	63.68	5	3
Louisiana	-301	49.67	99.90	98.31	0.585	73.03	4	3
Maine	73	52.78	99.74	82.22	0.636	53.87	5	3
Maryland	69	59.50	92.50	100.00	0.414	70.79	5	2
Massachusetts	119	48.79	97.03	96.33	0.437	52.52	3	2
Michigan	-33	51.81	98.63	95.37	0.591	61.31	4	3
Minnesota	13	56.69	99.00	100.00	0.464	64.42	5	2
Mississippi	0	70.87	99.36	65.56	0.661	61.02	6	3
Missouri	219	62.73	98.71	97.46	0.497	64.58	5	2
Montana	54	47.37	95.54	81.08	0.641	52.33	4	3

(Continued on next page)

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2012 (Continued)

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

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Nebraska	7	61.58	91.09	75.56	0.553	64.98	6	3
Nevada	-95	49.19	100.00	96.01	0.556	68.08	4	3
New Hampshire	2	59.04	96.14	91.58	0.572	49.19	5	3
New Jersey	-172	53.27	100.00	100.00	0.423	74.64	3	2
New Mexico	-536	43.42	97.07	98.04	0.595	60.03	4	3
New York	-294	55.04	96.61	98.10	0.370	59.39	3	2
North Carolina	455	56.36	99.63	79.21	0.462	63.78	5	2
North Dakota	-53	58.85	99.15	89.32	0.580	65.38	5	3
Northern Mariana Islands	-1	72.92	68.57	66.67	N/A	4.17	3	2
Ohio	137	48.95	96.38	100.00	0.502	66.36	4	2
Oklahoma	294	48.70	90.73	87.47	0.566	75.80	5	3
Oregon	240	58.69	99.46	93.42	0.550	74.57	6	3
Pennsylvania	52	53.77	94.88	99.99	0.532	53.12	5	3
Puerto Rico	190	73.13	97.21	87.66	0.678	93.65	6	3
Rhode Island	-115	28.72	99.17	98.83	0.511	70.35	3	2
South Carolina	-755	59.58	99.59	92.31	0.570	66.13	5	3
South Dakota	104	61.65	98.54	99.75	0.532	62.89	6	3
Tennessee	172	46.18	92.34	94.38	0.481	58.24	4	2
Texas	330	58.86	97.82	84.50	0.506	54.04	5	2
Utah	-160	57.84	95.24	98.71	0.581	67.74	5	3
Vermont	169	58.32	97.49	99.71	0.585	45.93	5	3

Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2012 (Continued)

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

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Virginia	-1204	40.45	95.52	99.50	0.424	60.18	3	2
Virgin Islands	0	80.28	85.96	95.92	0.593	44.90	5	3
Washington	19	54.50	98.28	97.77	0.486	53.69	4	2
West Virginia	856	74.79	98.73	80.60	0.671	43.85	5	3
Wisconsin	277	52.22	99.82	99.11	0.567	60.54	5	3
Wyoming	3	57.90	99.41	89.17	0.555	55.34	6	3

**Table A-3. Equal Access to Service (Evaluation Standard 2) of State VR^a
Agencies Serving the Blind and Visually Impaired, by Indicator and
Jurisdiction: Fiscal Year 2012**

Agency ^b	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
Arkansas	1.003	184
Connecticut	0.963	42*
Delaware	0.890	42*
Florida	0.947	899
Idaho	1.031	11*
Iowa	1.109	18*
Kentucky	0.905	78*
Maine	0.761	10*
Massachusetts	0.904	100
Michigan	0.922	140
Minnesota	0.741	65*
Missouri	0.872	154
Nebraska	0.928	24*
New Jersey	0.885	296
New Mexico	0.733	58*
New York	0.811	525
North Carolina	0.839	441
Oregon	0.764	45*
South Carolina	0.916	285
South Dakota	0.684	46*
Texas	0.949	2002
Vermont	0.838	5*
Virginia	0.994	252
Washington	0.813	125

^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 2012a

Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR^a Agencies — General and Combined,^b by Indicator and Jurisdiction: Fiscal Year 2012

Agency	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
Alabama	0.977	4625
Alaska	0.917	666
American Samoa	0.000	48*
Arizona	0.925	2297
Arkansas	0.782	2272
California	1.020	16901
Colorado	0.880	2335
Connecticut	0.772	1369
Delaware	0.952	1347
District of Columbia	0.996	2944
Florida	0.951	13812
Georgia	0.900	9085
Guam	0.487	39*
Hawaii	1.064	1168
Idaho	0.960	973
Illinois	0.880	6923
Indiana	0.813	2955
Iowa	0.811	935
Kansas	0.876	2058
Kentucky	0.933	2150
Louisiana	0.949	4245
Maine	0.679	153
Maryland	0.853	4595
Massachusetts	0.963	3026
Michigan	0.802	8634
Minnesota	0.855	1761
Mississippi	0.851	4884
Missouri	0.917	3942
Montana	0.896	706
Nebraska	0.878	1016
Nevada	0.957	1437
New Hampshire	0.934	170

^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 2012a

Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR^a Agencies — General and Combined,^b by Indicator and Jurisdiction: Fiscal Year 2012 (Continued)

Agency	Indicator 2.1: Minority Service rate ratio (≥ .80)	Minorities Exiting the VR Program <i>* Indicates fewer than 100 individuals from minority populations exiting program.</i>
New Jersey	0.892	6333
New Mexico	0.907	2237
New York	0.879	18437
North Carolina	0.947	12162
North Dakota	0.766	490
Northern Mariana Islands	0.597	77*
Ohio	0.812	6332
Oklahoma	0.891	3978
Oregon	0.991	1342
Pennsylvania	0.842	6792
Puerto Rico	1.125	7048
Rhode Island	0.727	1363
South Carolina	0.990	8354
South Dakota	0.803	627
Tennessee	0.945	2975
Texas	0.940	18680
Utah	0.931	1996
Vermont	0.919	279
Virginia	0.987	4521
Virgin Islands	1.038	113
Washington	0.907	3142
West Virginia	0.817	551
Wisconsin	0.660	5788
Wyoming	0.954	315

Source: U.S Department of Education, OSERS, RSA 2012a

^a VR—Vocational Rehabilitation

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

APPENDIX B

APPENDIX B

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
U.S. Total	2012	2,899,332,387	186,456	167,421	89.79
	2011	2,981,935,132	178,290	166,376	93.32
	Percentage Change	-2.77	4.58	0.63	
Total—General and Combined Agencies ^e	2012	2,651,767,871	173,916	161,274	92.73
	2011	2,742,494,688	172,050	160,224	93.13
	Percentage Change	-3.31	1.08	0.66	
Total—Agencies for the Blind ^f	2012	247,564,516	12,540	6,147	49.02
	2011	275,879,054	6,240	6,152	98.59
	Percentage Change	-10.26	100.96	-0.08	
General/Combined Agencies					
Alabama	2012	54,911,519	4,577	3,480	76.03
	2011	59,101,952	4,547	3,791	83.37
	Percentage Change	-7.09	0.66	-8.20	
Alaska	2012	11,479,380	641	592	92.36
	2011	11,657,490	634	580	91.48
	Percentage Change	-1.53	1.10	2.07	
American Samoa	2012	958,889	32	25	78.13
	2011	1,084,072	24	19	79.17
	Percentage Change	-11.55	33.33	31.58	
Arizona	2012	62,823,314	1,144	1,122	98.08
	2011	64,736,995	945	907	95.98
	Percentage Change	-2.96	21.06	23.70	
Arkansas	2012	38,526,291	2,620	2,515	95.99
	2011	39,700,456	2,198	2,116	96.27
	Percentage Change	-2.96	19.20	18.86	
California	2012	294,857,633	11,187	11,128	99.47
	2011	289,165,617	11,602	11,580	99.81
	Percentage Change	1.97	-3.58	-3.90	
Colorado	2012	40,548,289	2,496	2,237	89.62
	2011	40,186,308	2,349	2,162	92.04
	Percentage Change	0.90	6.26	3.47	

^a VR — Vocational Rehabilitation.

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

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

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

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

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

Source: U.S Department of Education, OSERS, RSA 2012a

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Connecticut	2012	26,600,063	1,236	1,236	100.00
	2011	20,789,029	1171	1171	100.00
	Percentage Change	27.95	5.55	5.55	
Delaware	2012	9,237,473	1,020	949	93.04
	2011	8,933,866	948	893	94.20
	Percentage Change	3.40	7.59	6.27	
District of Columbia	2012	12,859,214	501	455	90.82
	2011	14,872,642	660	627	95.00
	Percentage Change	-13.54	-24.09	-27.43	
Florida	2012	110,674,863	6,057	5,999	99.04
	2011	125,350,469	5,495	5,381	97.93
	Percentage Change	-11.71	10.23	11.48	
Georgia	2012	43,643,862	5,120	4,396	85.86
	2011	64,749,034	4,702	4,010	85.28
	Percentage Change	-32.60	8.89	9.63	
Guam	2012	2,900,220	15	13	86.67
	2011	2,992,651	21	21	100.00
	Percentage Change	-3.09	-28.57	-38.10	
Hawaii	2012	12,884,686	235	224	95.32
	2011	12,899,816	240	228	95.00
	Percentage Change	-0.12	-2.08	-1.75	
Idaho	2012	13,812,000	1,813	1,802	99.39
	2011	13,029,189	2,083	2,076	99.66
	Percentage Change	6.01	-12.96	-13.20	
Illinois	2012	111,621,896	5,324	5,324	100.00
	2011	114,847,171	4,982	4,982	100.00
	Percentage Change	-2.81	6.86	6.86	
Indiana	2012	62,187,711	4,729	3,709	78.43
	2011	64,145,199	4,404	3,347	76.00
	Percentage Change	-3.05	7.38	10.82	
Iowa	2012	20,315,413	2,162	2,076	96.02
	2011	20,921,385	2,136	2,020	94.57
	Percentage Change	-2.90	1.22	2.77	
Kansas	2012	28,478,239	1,619	1,539	95.06
	2011	29,103,545	1,624	1,535	94.52
	Percentage Change	-2.15	-0.31	0.26	
Kentucky	2012	39,000,003	3,512	3,512	100.00
	2011	41,312,100	3,544	3,543	99.97
	Percentage Change	-5.60	-0.90	-0.87	
Louisiana	2012	35,542,942	2,012	1,978	98.31
	2011	33,432,451	2,313	2,245	97.06
	Percentage Change	6.31	-13.01	-11.89	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Maine	2012	13,151,811	778	640	82.26
	2011	13,149,675	705	641	90.92
	Percentage Change	0.02	10.35	-0.16	
Maryland	2012	47,258,836	2,506	2,506	100.00
	2011	47,116,848	2,437	2,437	100.00
	Percentage Change	0.30	2.83	2.83	
Massachusetts	2012	53,125,067	3,597	3,468	96.41
	2011	60,446,532	3,478	3,478	100.00
	Percentage Change	-12.11	3.42	-0.29	
Michigan	2012	74,478,794	7,671	7,321	95.44
	2011	82,480,865	7,704	7,388	95.90
	Percentage Change	-9.70	-0.43	-0.91	
Minnesota	2012	18,028,302	2,490	2,490	100.00
	2011	38,691,432	2,477	2,477	100.00
	Percentage Change	-53.40	0.52	0.52	
Mississippi	2012	44,516,178	4,559	2,988	65.54
	2011	44,457,037	4,559	2,982	65.41
	Percentage Change	0.13	0.00	0.20	
Missouri	2012	56,344,814	4,747	4,625	97.43
	2011	56,345,072	4,528	4,415	97.50
	Percentage Change	0.00	4.84	4.76	
Montana	2012	13,477,988	830	679	81.81
	2011	11,750,000	776	650	83.76
	Percentage Change	14.71	6.96	4.46	
Nebraska	2012	16,612,034	1,806	1,377	76.25
	2011	16,583,590	1,799	1,777	98.78
	Percentage Change	0.17	0.39	-22.51	
Nevada	2012	12,436,585	852	818	96.01
	2011	18,616,938	947	911	96.20
	Percentage Change	-33.20	-10.03	-10.21	
New Hampshire	2012	11,879,724	1,087	996	91.63
	2011	11,973,927	1,085	998	91.98
	Percentage Change	-0.79	0.18	-0.20	
New Jersey	2012	46,169,916	3,758	3,758	100.00
	2011	46,096,206	3,930	3,929	99.97
	Percentage Change	0.16	-4.38	-4.35	
New Mexico	2012	19,004,871	683	670	98.10
	2011	18,983,865	1,219	1,175	96.39
	Percentage Change	0.11	-43.97	-42.98	
New York	2012	123,466,512	11,900	11,668	98.05
	2011	144,715,873	12,194	11,974	98.20
	Percentage Change	-14.68	-2.41	-2.56	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
North Carolina	2012	88,654,847	6,758	5,353	79.21
	2011	86,414,137	6,303	4,855	77.03
	Percentage Change	-8.01	5.74	5.57	
North Dakota	2012	12,126,798	708	633	89.41
	2011	10,157,490	761	662	86.99
	Percentage Change	19.39	-6.96	-4.38	
Northern Marianas	2012	751,550	35	23	65.71
	2011	820,583	36	21	58.33
	Percentage Change	-8.41	-2.78	9.52	
Ohio	2012	96,889,776	3,510	3,510	100.00
	2011	105,641,313	3,373	3,372	99.97
	Percentage Change	-8.28	4.06	4.09	
Oklahoma	2012	44,256,861	3,106	2,748	88.47
	2011	43,404,870	2,812	2,306	82.01
	Percentage Change	1.96	10.46	19.17	
Oregon	2012	34,436,588	2,032	1,899	93.45
	2011	34,176,503	1,792	1,701	94.92
	Percentage Change	0.76	13.39	11.64	
Pennsylvania	2012	121,560,791	9,939	9,938	99.99
	2011	99,130,376	9,887	9,887	100.00
	Percentage Change	22.63	0.53	0.52	
Puerto Rico	2012	72,425,264	2,901	2,548	87.83
	2011	75,015,072	2,711	2,307	85.10
	Percentage Change	-3.45	7.01	10.45	
Rhode Island	2012	13,019,092	602	595	98.84
	2011	15,953,474	717	717	100.00
	Percentage Change	-18.39	-16.04	-17.02	
South Carolina	2012	48,588,671	6,318	5,833	92.32
	2011	42,680,316	7,073	6,615	93.52
	Percentage Change	13.84	-10.67	-11.82	
South Dakota	2012	8,473,504	823	821	99.76
	2011	8,125,992	719	718	99.86
	Percentage Change	4.28	14.46	14.35	
Tennessee	2012	65,912,937	1,906	1,803	94.60
	2011	72,682,343	1,734	1,635	94.29
	Percentage Change	-9.31	9.92	10.28	
Texas	2012	190,761,597	11,856	10,032	84.62
	2011	187,316,008	11,526	9,439	81.89
	Percentage Change	1.84	2.86	6.28	
Utah	2012	190,761,597	11,856	10,032	84.62
	2011	187,316,008	11,526	9,439	81.89
	Percentage Change	-2.64	-4.46	-4.38	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Vermont	2012	14,845,854	1,791	1,786	99.72
	2011	13,438,591	1,622	1,618	99.75
	Percentage Change	10.47	10.42	10.38	
Virgin Islands	2012	1,978,643	57	55	96.49
	2011	2,286,262	57	47	82.46
	Percentage Change	-13.46	0.00	17.02	
Virginia	2012	62,387,300	2,726	2,713	99.52
	2011	63,792,373	3,930	3,894	99.08
	Percentage Change	-2.20	-30.64	-30.33	
Washington	2012	45,861,517	2,784	2,723	97.81
	2011	45,200,071	2,765	2,686	97.14
	Percentage Change	1.46	0.69	1.38	
West Virginia	2012	43,244,551	3,393	2,735	80.61
	2011	47,955,763	2,537	2,189	86.28
	Percentage Change	-9.82	33.74	24.94	
Wisconsin	2012	55,648,243	3,250	3,221	99.11
	2011	57,088,852	2,973	2,942	98.96
	Percentage Change	-2.52	9.32	9.48	
Wyoming	2012	9,254,962	678	605	89.23
	2011	8,920,659	675	607	89.93
	Percentage Change	3.75	0.44	-0.33	
Blind Agencies					
Arkansas	2012	6,347,515	313	313	100.00
	2011	6,295,517	305	305	100.00
	Percentage Change	0.83	2.62	2.62	
Connecticut	2012	5,686,728	111	111	100.00
	2011	3,264,241	112	112	100.00
	Percentage Change	74.21	-0.89	-0.89	
Delaware	2012	1,541,907	45	45	100.00
	2011	1,523,624	53	53	100.00
	Percentage Change	1.20	-15.09	-15.09	
Florida	2012	28,739,818	740	740	100.00
	2011	30,347,230	720	720	100.00
	Percentage Change	-5.30	2.78	2.78	
Idaho	2012	2,452,148	81	80	98.77
	2011	2,452,148	56	55	98.21
	Percentage Change	0.00	44.64	45.45	
Iowa	2012	5,314,293	82	82	100.00
	2011	5,314,293	77	77	100.00
	Percentage Change	46.71	3.95	3.95	
Kentucky	2012	7,150,081	368	368	100.00
	2011	4,873,490	354	354	100.00
	Percentage Change	46.71	3.95	3.95	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Maine	2012	3,456,098	116	116	100.00
	2011	3,346,736	112	107	95.54
	Percentage Change	3.27	3.57	8.41	
Massachusetts	2012	9,669,130	250	250	100.00
	2011	8,233,200	249	249	100.00
	Percentage Change	17.44	0.40	0.40	
Michigan	2012	16,937,639	145	144	99.31
	2011	16,217,814	160	155	96.88
	Percentage Change	4.44	-9.38	-7.10	
Minnesota	2012	8,770,354	81	80	98.77
	2011	8,770,354	81	80	98.77
	Percentage Change	0.00	0.00	0.00	
Missouri	2012	9,168,506	270	264	97.78
	2011	8,832,078	269	257	95.54
	Percentage Change	3.81	0.37	2.72	
Nebraska	2012	3,260,463	63	63	100.00
	2011	3,399,105	63	63	100.00
	Percentage Change	-4.08	0.00	0.00	
New Jersey	2012	11,186,088	284	279	98.24
	2011	11,524,051	287	287	100.00
	Percentage Change	-2.93	-1.05	-2.79	
New Mexico	2012	5,514,096	35	35	100.00
	2011	3,036,179	37	37	100.00
	Percentage Change	81.61	-5.41	-5.41	
New York	2012	24,167,431	486	472	97.12
	2011	24,405,404	451	444	98.45
	Percentage Change	-0.98	7.76	6.31	
North Carolina	2012	17,518,623	562	445	79.18
	2011	17,075,848	562	518	92.17
	Percentage Change	2.59	0.00	-14.09	
Oregon	2012	4,919,513	101	101	100.00
	2011	4,882,358	100	100	100.00
	Percentage Change	0.76	1.00	1.00	
South Carolina	2012	7,423,022	257	257	100.00
	2011	7,291,274	279	276	98.92
	Percentage Change	1.81	-7.89	-6.88	
South Dakota	2012	2,118,876	120	120	100.00
	2011	2,031,498	115	114	99.13
	Percentage Change	4.30	4.35	5.26	
Texas	2012	47,431,475	1,417	1,413	99.72
	2011	46,829,002	1,409	1,406	99.79
	Percentage Change	1.29	0.57	0.50	

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2011 and 2012 (Continued)

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Vermont	2012	1,233,526	68	67	98.53
	2011	1,376,899	69	66	95.65
	Percentage Change	-10.41	-1.45	1.52	
Virginia	2012	9,144,718	158	158	100.00
	2011	9,629,262	176	176	100.00
	Percentage Change	-5.03	-10.23	-10.23	
Washington	2012	8,412,468	147	144	97.96
	2011	8,488,839	144	141	97.92
	Percentage Change	-0.90	2.08	2.13	

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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