

NATIONAL REHABILITATION ASSOCIATION'S
2013 Issue Statements



**Approved by the National Rehabilitation Association's Board of Directors
on March 16, 2013**

"The National Rehabilitation Association (NRA) is a member organization whose mission is to promote ethical and state-of-the-art practice in rehabilitation with the goal of the personal and economic independence of persons with disabilities."

**NATIONAL REHABILITATION ASSOCIATION
2013 LEGISLATIVE ISSUE STATEMENTS**

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**KEEP THE PROMISE OF THE CONTINUUM
KEEP THE REHABILITATION SERVICES ADMINISTRATION IN THE
U.S. DEPARTMENT OF EDUCATION**

STATEMENT OF ISSUE:

The Rehabilitation Services Administration (RSA) currently resides in the U.S. Department of Education, where it has since the U.S. Department of Education became a Cabinet-level Department.

The Commissioner of the Rehabilitation Services Administration is a Presidentially-appointed individual who is confirmed by the full U.S. Senate and is almost always an individual with a significant disability.

There have been concerns in the past (which could resurface again) that an effort may be under way by some to move RSA from the U.S. Department of Education to the U.S. Department of Labor. We believe moving RSA from the U.S. Department of Education to the U.S. Department of Labor to be misguided and unwarranted because, as we explain further on in this Issues Statement, we believe it is important to retain the continuum of services and supports which students with disabilities receive as their civil right under the Individuals with Disabilities Education Act (IDEA).

Relatedly, we recognize the differences in paradigms of service between the two Departments regarding individuals with disabilities; the Department of Labor retains a much more generic model which emphasizes a one-size-fits-all approach to securing employment, while the U.S. Department of Education emphasizes an individualized, comprehensive approach to the eligible individual in securing what The National Rehabilitation Association considers to be the three Cs of success: College; Careers and Community living.

BACKGROUND AND DISCUSSION:

The Rehabilitation Services Administration has principal responsibility for administering the programs under the Rehabilitation Act of 1973, as amended, (hereinafter referred to as the Rehabilitation Act). These vital programs provide services and supports by qualified rehabilitation counselors to millions of eligible individuals with disabilities and provide the critical continuum from special education to college, careers and community living.

No one can dispute the inextricable link between education and careers. The architects of the Rehabilitation Act envisioned this continuum of services and supports to be in the best interests of the individual receiving these services. Everything revolved around the individual securing an education -- an education, in conjunction with the individual's self-determination -- that would lead to economic and personal independence.

The programs under the Rehabilitation Act provide an individualized approach to the person receiving the services -- not a one-size-fits-all approach -- which, we emphasize, many of the generic job training programs housed in the U.S. Department of Labor provide. Congressional and community architects of the Rehabilitation Act appreciated this distinction and this is the very reason why the Rehabilitation Services Administration rightfully resides and should remain in the U.S. Department of Education.

We also note that most of the individuals seeking employment services from the programs under the U.S. Department of Labor are not individuals with disabilities. A generic model may work for many job seekers, but history has borne out that a generic employment approach does not work for individuals with disabilities.

We can go back as far as the 1950s when we had the Manpower programs, or in the 60s when we had the CETA programs, or in the 70s and 80s when we had the Job Training Partnership Act (JTPA) programs and find that none of these programs, as hopeful and sincere as some in our country were, could achieve successful employment outcomes for individuals with disabilities.

The programs administered under the Rehabilitation Act provide services and supports by qualified public and private rehabilitation providers, many of whom hold Master's degrees in the disciplines that make a difference in the lives of individuals with disabilities -- vocational rehabilitation, vocational assessment, and job development and placement. There are studies that show that professionals with Master's degrees have greater success in assisting individuals with disabilities become employed, which are discussed in great detail in the Issues Statement entitled The Qualified Rehabilitation Professional -- Valuing the Rehabilitation Counselor.

One final note and we assure you that this gives us no solace to say, but needs to be said. The U.S. Department of Labor has had over 12 years to make the one-stop centers accessible to all individuals with disabilities and, although some strides have been made, the one-stops remain -- to this day -- largely inaccessible to many individuals with disabilities and that is simply unacceptable.

RECOMMENDATION:

For the referenced reasons, the National Rehabilitation Association strongly supports keeping the Rehabilitation Services Administration in the U.S. Department of Education and will oppose any attempt to move RSA to the U.S. Department of Labor.

People with disabilities -- just like many others -- deserve to be represented by a Presidentially-appointed U.S. Senate-confirmed individual as the Congressional and community architects of the Rehabilitation Act intended.

COMMON PERFORMANCE MEASURES

STATEMENT OF ISSUE:

Individuals with disabilities, especially those with significant disabilities, who want the opportunity for a career and living as independently as they wish in their communities, encounter numerous barriers to employment.

Having Common Performance Measures simply does not take into account the multiple barriers that individuals with disabilities -- especially those with significant disabilities -- encounter in securing and/or retaining employment.

BACKGROUND AND DISCUSSION:

The VR Program is a comprehensive set of services and supports to eligible individuals with disabilities seeking the American Dream. One of the major benefits of the VR program is the employment assistance it provides to eligible individuals with disabilities enabling them to become taxpaying citizens of our great country.

The VR program does not -- and should not -- ever allow itself to be coerced into an any-job-will-do mindset in order to meet common performance measures. All workers in America deserve the best training for the best jobs that this country has to offer. That training should be fully funded and should take into consideration those individuals who need comprehensive services and supports to assist them in succeeding in the world of work.

As history has borne out, the quick, cheap employment placement has neither served American workers nor this country well in its quest to compete in an increasingly global economy.

RECOMMENDATION:

The National Rehabilitation Association does not support common performance measures because common performance measures are geared to a group model, a one-size-fits-all model, unlike the VR Program which has a set of individualized services and supports provided by qualified rehabilitation counselors trained and skilled in the vocational rehabilitation field.

**MAINTAIN THE 18 MONTHS LEGISLATIVE LANGUAGE CURRENTLY
IN TITLE VI OF THE REHABILITATION ACT**

STATEMENT OF ISSUE:

There is currently in the Rehabilitation Act of 1973, as amended, (hereinafter referred to as the Rehabilitation Act) legislative language in Title VI, Supported Employment, that provides for up to 18 months of supports and services to an eligible individuals with disabilities unless that timeline is extended by mutual agreement between the eligible individual receiving the services and the rehabilitation counselor.

There are some in the community who would like to remove the up to 18 months language in Title VI of the Rehabilitation Act which the National Rehabilitation Association thinks is unnecessary since the 18 months can be waived on a case-by-case basis.

BACKGROUND AND DISCUSSION:

There is currently in the Rehabilitation Act legislative language under Title VI, the Supported Employment title which states:

"Supported Employment Services. The term "supported employment services" means ongoing support services and other appropriate services needed to support and maintain an individual with the most significant disability in supported employment, that

(A) are provided singly or in combination and are organized and made available in such a way as to assist an eligible individual to achieve competitive employment;

(B) are based on a determination of the needs of an eligible individual, as specified in an individualized plan for employment; and

(C) ARE PROVIDED BY THE DESIGNATED STATE UNIT FOR A PERIOD OF TIME NOT TO EXTEND BEYOND 18 MONTHS UNLESS UNDER SPECIAL CIRCUMSTANCES THE ELIGIBLE INDIVIDUAL AND THE REHABILITATION COUNSELOR OR COORDINATOR INVOLVED JOINTLY AGREE TO EXTEND THE TIME IN ORDER TO ACHIEVE THE REHABILITATION OBJECTIVES IDENTIFIED IN THE INDIVIDUALIZED PLAN FOR EMPLOYMENT." [EMPHASIS SUPPLIED.]

The National Rehabilitation Association might support, however, extending the "up to 18 months" language to "up to 24 months" in the Rehabilitation Act, but will not support eliminating the timeline altogether, nor extending the deadline beyond 24 months, since the timeline can be waived on a case-by-case basis.

RECOMMENDATION:

Because the Rehabilitation Act specifically states that the 18 month timeline may be waived on a case-by-case basis with the mutual agreement of the eligible individual receiving services and the rehabilitation counselor, the National Rehabilitation Association believes there is no need to remove the 18 months language from the Act, but will consider extending the timeline to up to 24 months.

THE GOVERNORS' WAIVER AUTHORITY

STATEMENT OF ISSUE:

In 1998, the Congress linked the programs authorized under the Rehabilitation Act (also known as the Vocational Rehabilitation (VR) program) to the Workforce Investment Act (WIA) with a promise that the Rehabilitation Act would always maintain its own, discrete funding stream.

Given that Congressional guarantee and the millions of eligible individuals with disabilities securing a career and community living from the programs and supports of the VR Program, the National Rehabilitation Association does not support Governors, the Secretary of the U.S. Department of Labor, or anyone else, having the authority to waive any provision of the Rehabilitation Act of 1973, as amended, an Act which has been carefully crafted over the years by pioneers in the advocacy community and the Congress to ensure that eligible individuals with disabilities have the resources they require to secure employment that leads to economic independence and community living.

BACKGROUND AND DISCUSSION:

The Congressional architects of the Workforce Investment Act made it clear that the programs administered under the Rehabilitation Act of 1973, as amended, would always maintain their own, dedicated funding stream.

In past Congresses, however, the House WIA reauthorization bill included a provision allowing the Governors broad waiver authority over all mandatory partner programs in the Workforce Investment Act, including the Rehabilitation Act of 1973, as amended, the programs under which presently comprise Title IV of WIA.

Since WIA's original authorization in 1998, the U.S. Congress had cut WIA's funding through funding rescissions in the appropriations bills. More specifically, the Labor-HHS-Ed appropriations bills for FY 2008, FY 2009, FY 2010, FY 2011 and FY 2012 cut WIA funding.

Many States -- and perhaps eventually all States -- have experienced, are continuing to experience, and will continue to experience budget shortfalls for the foreseeable future due to the collapse of the mortgage/housing industry, the stubbornly-high unemployment rate, and a still-staggering economy-- resulting, together with other, economic factors, in the worst recession we have seen since the Great Depression. While this country is slowly rebounding from the great recession, the recovery is a sluggish, jobless one, which is further exacerbating the budgets of cash-strapped States.

As a result, Governors will be seeking funds from wherever they can get them to compensate for the significant funding shortfalls in their States created by the worst economy that we have experienced in decades to which the National Rehabilitation Association is sensitive,

but feels strongly that these funding shortfalls should not be done on the backs of individuals with disabilities.

The National Rehabilitation Association does not now nor has ever supported taking deserving dollars from individuals with disabilities to pay for States' funding shortfalls.

Individuals with disabilities -- especially those with significant disabilities -- need and deserve individualized services and supports in order to assist them in achieving the American Dream of going to college, having a career and community living.

The Public/Private/State/Federal VR Program provides individualized services and supports by qualified rehabilitation counselors and associated qualified personnel which, in conjunction with the individual's self-determination, has made the American Dream a reality for millions of eligible individuals with disabilities.

Moreover, statistics show that individuals with disabilities who enter the workforce with the proper program of supports and services by qualified rehabilitation personnel that the VR Program provides make an impressive return on investment of Federal dollars in becoming taxpaying citizens of our great country, rather than relying on public programs for their livelihood.

RECOMMENDATION:

The National Rehabilitation Association strongly opposes any waiver by the Governors, the Secretary of the U.S. Department of Labor, or anyone else, of any provision of the Rehabilitation Act of 1973, as amended, that would subvert the original intent of Congress in guaranteeing the Rehabilitation Act would always maintain its separate, distinct, funding stream for the economic and personal independence of eligible individuals with disabilities when the Congress linked the Act to the Workforce Investment Act in 1998.

QUALIFIED REHABILITATION PROFESSIONAL
(With emphasis on valuing the vocational rehabilitation counselor)

STATEMENT OF THE ISSUE:

There is a critical shortage of qualified rehabilitation professionals across the spectrum of disciplines that serve as members of the rehabilitation support team. None is more acute than the need for increased numbers of qualified vocational rehabilitation counselors. Improvements in diagnostic tools and innovations in assistive technology coupled with older workers continuing in the workforce longer, the epidemic in chemical dependency and disabled veterans of the wars in Iraq and Afghanistan have increased the demand for services and has exacerbated the shortage of qualified rehabilitation personnel.

Further, almost one million individuals receive services annually from the 80 State vocational rehabilitation agencies that employ 9,986 vocational rehabilitation counselors (24,972, all classes of employees) who successfully rehabilitate over 200,000 individuals each year. Federal funding for the education and training of qualified professionals has not increased for in than 15 years, holding steady at about 39 million dollars (Rehabilitation Act of 1973, as amended (hereinafter referred to as the Rehab Act)).

BACKGROUND AND DISCUSSION:

Federal legislation has acknowledged that disability is a natural part of the human experience (1992 Rehab. Act amendments, Title 1, Section 2). No longer does the challenge rest solely with the individual; it is now an issue for society as a whole.

Since 1990 individuals with disabilities have experienced greater community access, more choices, better housing, more accessible transportation, improved education and training, and employment leading to careers (Americans with Disabilities Act, 1990; Rehab Act amendments, 1992, 1998). Expectations have been raised and a new confidence has emerged in the efficacy of the public-private partnership (State vocational rehabilitation (VR) agencies and the vast network of community rehabilitation programs, both non-profit and for-profit) pivotal to the delivery of quality rehabilitation services. As a result of this positive dynamic there is an escalating and urgent need for knowledgeable, competent and legislatively mandated qualified rehabilitation personnel, especially the vocational rehabilitation counselor.

The U. S. Department of Labor (Chao, 2004) identifies vocational rehabilitation as one of the ten fastest growing industries, with a 49 per cent increase in employment projected by 2013.

The Rehabilitation Services Administration (RSA) national study (Chan, 2004) revealed that the average annual turnover rate of rehabilitation professionals in state VR agencies is approximately 16 per cent. This loss is compounded by expected retirement rates for counselors over the next 3-5 years to exceed 50 percent. The loss of supervisors and managers is expected to be higher. New personnel will be needed in massive numbers to

replace experienced staff that entered VR at the time that professional education and training was initiated by the Vocational Rehabilitation Act Amendments of 1954.

Further, the RSA study projected the yearly demand for new master's level counselors in the state-federal VR program is 3,812. The projected master's degree graduates is 6,718 with 1,506 of those being Comprehensive System of Personnel Development (CSPD) counselors (already employed by state VR agencies). Thus, graduates equal 5,212 and those entering VR total 1,606 of the needed 3,812. This represents a current retirement replacement issue that will be compounded in the future.

The critical shortage becomes even more acute when reviewing the RSA study findings of the loss of newly hired master's degree counselors who leave because of low salaries. The study shows that the average master's salary is \$36,583 in the state-federal VR program falls far below competitive salaries in other agencies. Twenty-six per cent of the counselors are planning to leave State VR agencies voluntarily for higher-paying opportunities. Counselors with less than four years with the VR agency have a higher rate of departure (32%) and those under 40 years of age have even a higher departure rate at 36 per cent (Chan, 2004, Sales, 2006).

These data clearly establish at the very least the need for an aggressive, targeted and effective recruitment and retention strategy to minimize any negative impact on the delivery of rehabilitation services to individuals who need them to achieve productivity, independence and inclusion in their community.

The Comprehensive System of Personnel Development (CSPD, 1992, 1998) was among the legislative hallmarks of the 1992 Rehabilitation Act Amendments. The provisions require State VR agencies and their community partners to employ qualified personnel and to upgrade current staff. It was recognized that hiring and retaining qualified personnel is the pathway to quality rehabilitation services and outcomes.

The concern about the quality of rehabilitation services continues today as indicated by 2002 federal statistics (OSERS) which indicate that almost half (49.4 %) of new rehabilitation counselors hired by state VR agencies do not meet CSPD minimum qualification standards for that state (Chan, 2004).

The rehabilitation field has responded favorably over the years to requests to empirically determine the value of the education level of rehabilitation counselors. The National Council on Rehabilitation Education (NCRE) has sought to document the impact of rehabilitation education on improving the quality of services to individuals with disabilities (Bolton, 1990).

A recent meta-analysis (research synthesis) of many studies performed with rehabilitation counselors since 1989 concluded that the overall influence of education level on rehabilitation outcomes is significant at the 95 % level of confidence (Frain, et al, 2006). The report states that consumers who have counselors with master's degrees in rehabilitation counseling achieve better employment outcomes than do consumers with counselors that have other degrees. The study's conclusions lend empirical support to the

value of graduate education and training in rehabilitation as a means of producing competent, professionally committed counselors to work in the field of vocational rehabilitation.

Finally, it is common knowledge that consumer satisfaction surveys conducted by State Rehabilitation Councils (SRCs) consistently report the enduring value of the counselor as perceived by the individual with a disability. Consumers believe that guidance and counseling provided by the vocational rehabilitation counselor is the single most important service provided by the State vocational rehabilitation agency.

RECOMMENDATION:

There is compelling evidence that 1) public and private rehabilitation programs are facing a critical shortage of qualified rehabilitation professionals, especially master's level vocational rehabilitation counselors employed by state VR agencies, 2) there is a significant and positive relationship between the level of education of the rehabilitation counselor and the quality of consumer outcomes, and 3) there has been no increase in federal funds to support education and training of the individual disciplines represented on the multidisciplinary rehabilitation support team, especially the master's degree vocational rehabilitation counselor. Therefore, it is recommended that 1) NRA should continue and enhance partnerships with cognizant agencies and organizations in the development and implementation of an effective training, recruitment and retention strategy and 2) NRA should continue to advise and educate the responsible committees of the Congress on the need and justification for an immediate \$50,000,000 increase in support of the education and training authorities of The Act (Rehabilitation Act of 1973, as amended, Title III, Section 302).

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MAINTAIN IN-SERVICE TRAINING IN TITLE III OF THE REHABILITATION ACT

STATEMENT OF ISSUE:

The President's proposed 2013 budget recommended consolidating \$4.5 million in In-Service Training funds, monies which presently reside in Title III of the Rehabilitation Act, into Title I of Rehabilitation Act. At the time of the drafting of this Issue Statement, The White House had not released its 2014 Federal Budget.

BACKGROUND AND DISCUSSION:

The In-Service Training Program is currently housed in Title III of the Rehabilitation Act of 1973, as amended, and is designed to support projects for training of State vocational rehabilitation personnel in program areas essential to the effective management of vocational rehabilitation services or in skill areas that will enable staff personnel to improve their ability to provide vocational rehabilitation services leading to quality employment outcomes for eligible individuals with disabilities.

The Comprehensive System of Personnel Development (CSPD) was among the legislative hallmarks of the 1992 Rehabilitation Act Amendments. The CSPD provisions require State VR agencies and their community partners to employ qualified personnel and to upgrade current staff. At that time and today, it is recognized that hiring and retaining qualified personnel is the pathway, along with the individual's self-determination, to economic and personal independence which allows individuals with disabilities to become taxpaying citizens of our great country.

As everyone recognizes, whether you are at the Federal, State or local level, proper training of American workers is a hallmark of our great country. Through the decades, America has prospered because of the proper training, ingenuity, and genuine grit of its workers who ask for only a hand up, not a hand out.

The Congressional and community architects of the State/Federal/public/private VR Program, which became the law of the land in 1920, envisioned proper training and education essential to the livelihood of our great Nation and especially so for the training of qualified rehabilitation counselors and qualified rehabilitation personnel to assist our wounded warriors returning from World War I and World War II in retaining or regaining quality employment. To do less, was not an option.

Today, the VR Program continues to serve successfully our wounded warriors through productive partnerships with the Department of Veterans Affairs and provides quality services and supports by qualified rehabilitation counselors to all eligible Americans with disabilities in our country.

Additional qualified rehabilitation counselors are desperately needed to accommodate the number of students with disabilities transitioning from school to work, high school to post-secondary education, or both. The aging workforce places even greater demands on the supply of qualified rehabilitation counselors needed because so many older workers, whose hopes of retirement vanished along with the retirement funds, are remaining in the workforce much longer than they anticipated and will eventually need the quality services and supports of properly trained VR counselors as they age to retain or regain quality employment.

There should never be a time to turn back the clock on proper training. Proper training, whether in the classroom, the conference room, the cockpit, the cruise ship or in the coal mine, is paramount to the continued protection of our fellow and sister Americans and for the continued prosperity and global competitiveness of our country.

Our country was built on the tenacity and training of our fellow Americans. **DO NOT TURN BACK THE CLOCK NOW. SUPPORT CONTINUED AND PROPER TRAINING OF REHABILITATION COUNSELORS AND REHABILITATION PERSONNEL.**

RECOMMENDATION:

The National Rehabilitation Association respectfully requests the \$4.5 million dollars in training money be retained in Title III of the Rehabilitation Act and respectfully requests a \$50 million dollar increase in training to maintain a history of helping, healing, and providing hope to all who walk or wheel through the doors of the State VR Agencies.

We respectfully recommend that if \$4.5 million of VR's training funds are ultimately consolidated into Title I of the Rehabilitation Act, that there be included in the statute legislative language designating the \$4.5 million for the continued training of qualified rehabilitation counselors and qualified rehabilitation personnel.

INFRASTRUCTURE FUNDING

STATEMENT OF ISSUE:

The National Rehabilitation Association (NRA) continues to support the programs administered under the Rehabilitation Act of 1973, as amended, (hereinafter referred to as the Vocational Rehabilitation (VR) Program) as part of the Workforce Investment Act (WIA) on a cost-allocation, Memorandum of Understanding (MOU) basis.

While we cautiously continue our support of the WIA, we have serious concerns about the chronic inaccessibility of the one-stops, the underfunding and rescissions to WIA since its authorization in 1998 and the effect chronic inaccessibility and continued funding cuts will have, or already have had, on the VR Program and on individuals with disabilities.

BACKGROUND AND DISCUSSION:

The National Rehabilitation Association believes that VR has been and continues to pay its fair share of expenses at the one-stop career centers, especially given that the one-stops are, in many cases, not serving individuals with disabilities, including individuals with significant disabilities, which was the intent of Congress when it linked the programs administered under the Rehabilitation Act of 1973, as amended, to WIA.

The VR Program is a State/Federal/public/private program that is administered under the Rehabilitation Services Administration (RSA) in the U.S. Department of Education.

The National Rehabilitation Association recognizes and commends the public/private VR Program as one of the most successful job training and placement programs in the history of the work of world and recognizes that it has the documentation to support this claim. No other career training program has the impressive data that the VR Program has had and continues to have over its 95-plus year history in providing careers and independence to eligible individuals with disabilities. The public/private VR program has assisted millions of eligible individuals with disabilities secure, retain and/or re-gain quality employment.

To pay for infrastructure costs at the one-stops, the NRA strongly supports a separate, fully-funded line item in this year's appropriations/stopgap funding bills and encourages the authorizing Committees in the House and Senate to authorize this funding in their reauthorization bills to make the one-stops fully accessible to all Americans -- including Americans with disabilities -- so that all will have equal physical and programmatic access to the one-stop career centers.

The National Rehabilitation Association has had many concerns regarding past versions of House reauthorization bills. These concerns include the adoption of a bill that would have empowered Governors to take funds from the various job training programs' partners to pay for infrastructure costs on a "proportionate" basis. This additional money would come from

administrative funds. The VR Program does not have a cap on its administrative funds which would allow Governors to divert VR money that Congress intended to be used to support a program designed specifically to assist individuals with disabilities in securing employment and independence, rather, as in some cases, relying on Government subsidies in order to survive.

The National Rehabilitation Association continues to be very concerned about the chronic inaccessibility -- both in a programmatic and in some cases, physical regard -- of the one-stop centers.

The United States Department of Labor has had almost 15 years since the enactment of WIA to comply with civil rights laws such as the American With Disabilities Act (ADA) and Sections 504 and 508 of the Rehabilitation Act of 1973, as amended. Yet, to this day, the one-stops remain inaccessible to many individuals with disabilities. The U.S. Department of Labor needs to lead by example in making all one-stops fully accessible to all individuals with disabilities.

Indeed, the Government Accountability Office (GAO) has reported on the chronic inaccessibility of the one-stop centers as a continuing barrier to individuals with disabilities who seek quality employment leading to economic and community independence.

RECOMMENDATION:

The National Rehabilitation Association supports a one-stop career center which recognizes the multiple barriers that individuals with disabilities face -- especially those with significant disabilities -- in entering or re-entering the world of work. NRA believes it is imperative that the U.S. Department of Labor make every effort to assure that all one-stops are fully accessible to ALL individuals with disabilities.

The National Rehabilitation Association strongly supports a discrete, fully-funded line item for funding infrastructure at the one-stops in both the authorization and appropriations' bills.

PLACING THE STATE VR DIRECTORS ON THE STATE AND LOCAL WORKFORCE BOARDS

STATEMENT OF ISSUE:

The National Rehabilitation Association supports both the State Directors of the General VR (Vocational Rehabilitation) Agencies and the State Directors of the VR Agencies for the Blind, where applicable, to be placed on the State Workforce Investment Boards (SWIB) and on the Local Workforce Investment Boards (WIBs).

BACKGROUND AND DISCUSSION:

Current and past bills reauthorizing the Workforce Investment Act and the Rehabilitation Act of 1973, as amended, have not included on BOTH the State Workforce Investment Boards (SWIBs) and the local Workforce Investment Boards (WIBs) the State VR Directors of both the general agency and the agencies for the blind.

The State VR Directors of both the general agencies and the agencies for the blind have the expertise in the VR Program and that expertise must be represented on both the State Workforce Investment Boards and the Local Workforce Investment Boards to ensure that VR funds are directed toward securing quality employment for eligible individuals with disabilities, which the Congress intended.

We believe that as a mandatory partner, VR is contributing millions of dollars to the one-stop career centers and must have a strong presence on both the SWIBs and the WIBs in ensuring that individuals with disabilities receive the recognition and respect that they deserve in all decisions made by the State Workforce Boards and the Local Boards.

The National Rehabilitation Association strongly believes that in order for you to be a player in the negotiations and decisions that are made regarding individuals with disabilities, the State VR Directors of both the general and, where applicable, agencies for the blind, must be at the table.

One of the most important issues that had surfaced in the 2011 Senate Discussion Draft on the reauthorization of the Workforce Investment Act and the Rehabilitation Act was the composition of the SWIBs and WIBs because both the National Governors' Association and the Chamber of Commerce (among others) want a greater representation of businesses on the State and Local Workforce Boards. This issue, alone, has stalled this would-be legislation and we expect this issue to further encumber this discussion draft from being introduced as a bill in future Congresses.

RECOMMENDATION:

The National Rehabilitation Association strongly supports having both the State VR Director of the General Agencies and the State Director of the VR Agencies for the Blind (where applicable) on both the SWIBs and the WIBs.

TRANSITION

STATEMENT OF ISSUE:

The National Rehabilitation Association has always supported, and continues to support, enhancing employment outcomes for eligible transitioning students with disabilities and other eligible young adults with disabilities into the workforce, but maintains this enhancement must be accompanied by substantial, additional new money over and above the cost of living increase (COLA) authorized and appropriated by the Congress.

BACKGROUND AND DISCUSSION:

In the last Congress' House and Senate Workforce Investment Act (WIA) bills, of which the programs authorized under the Rehabilitation Act of 1973, as amended, comprise Title IV, recommended using \$50 million dollars in Title I, which is mandatorily funded and, as such, is eligible to receive the Cost of Living Increase (COLA), and putting that money toward enhancing transition outcomes for eligible young adults with disabilities transitioning from school to work.

The \$50 million set-a-side would be taken from Title I funds once the COLA reached \$100 million dollars, which is approximately two years in most cases, although in 2010 the COLA was not realized since the rate of inflation was a negative number.

With approximately 40 State Agencies on an Order of Selection (which prioritizes that individuals with the most significant disabilities be served first) coupled with waiting lists in some States for the excellent and proven services and supports that qualified Rehabilitation Counselors provide in the State VR Agencies, in conjunction with their Community Rehabilitation Programs (CRPs), it is critical that substantial, additional deserving dollars be authorized/appropriated in order to realize enhanced transition outcomes.

The unintended consequence of not providing additional funding for transition regrettably pits deserving students and other young adults with disabilities against deserving eligible adults with disabilities.

The National Rehabilitation Association recognizes that this is not what Congress intended by including language in both the House and Senate WIA bills in past years, but the reality is that this is exactly what will happen if additional funding is not provided for transition.

In this same regard, the National Rehabilitation Association does not support placing one category of disability ahead of other categories of disability whose populations are eligible for VR services. Any pitting by category of most significant disability (MSD) will most certainly leave someone behind. As is the case in the Senate discussion drafts of 2008 and 2011 adults with disabilities would be left behind if transitioning students with disabilities, including those on SSI, were to be placed at the head of the MSD line for services.

The Rehabilitation Act of 1973, as amended, is an eligibility program for all individuals with disabilities who meet its eligibility requirements. -- And, ALL MEANS ALL individuals with disabilities, not just a certain category population of disability being served.

This year's House bill, H.R. 803, the SKILLS Act, mandates \$10 million dollars from Title I to enhance transition services.

RECOMMENDATION:

The National Rehabilitation Association strongly supports additional, substantial funding for enhanced transition outcomes to be part of all authorization/appropriations' bills, including stopgap funding bills, such as the Continuing Resolution (CR).

The National Rehabilitation Association remains strongly opposed to placing any category of disability over other categories of disability which meet the Rehabilitation Act's eligibility requirements.

DOWNGRADING OF THE OFFICE OF THE COMMISSIONER OF RSA

STATEMENT OF ISSUE:

In the 109th, 110th, 111th, 112th, and the present Congress, the House version of the Workforce Investment Act (WIA) reauthorization bill recommended downgrading the Office of the Commissioner of the Rehabilitation Services Administration (RSA) in the U.S. Department of Education from a Presidential Appointment, confirmed by the full U.S. Senate, to a Director chosen by the Assistant Secretary of the Office of Special Education and Rehabilitative Services (OSERS). The National Rehabilitation Association is strongly opposed to any downgrading or diminution of the RSA which is the ONLY office in the U.S. Department of Education devoted to the employment of individuals -- including adults - - with significant disabilities.

BACKGROUND AND DISCUSSION:

The National Rehabilitation Association is strongly supportive of the Office of the Commissioner of the Rehabilitation Services Administration remaining a Presidentially-appointed individual with full U.S. Senate confirmation.

The Commissioner of RSA in the U.S. Department of Education has always been an individual with a significant disability who is extremely knowledgeable in the programs administered by the Rehabilitation Act.

The National Rehabilitation Association is strongly opposed to any downgrading of any kind of the Commissioner's Office for a number of reasons, including the fact that no one in the Congress, the U.S. Department of Education or anyone else, has given the advocacy community a reason for downgrading this important Office, which has the principal responsibility for and traditionally the unmatched expertise in the programs administered under the Rehabilitation Act of 1973, as amended.

No other office in the U.S. Department of Education has the extensive expertise in the VR Program that the Office of the Commissioner of RSA has had and continues to have, including the Office of the Assistant Secretary in the Office of Special Education and Rehabilitative Services, whose expertise has always been directed in special education, not employment.

The Office of the Commissioner of the RSA has traditionally employed more individuals with disabilities than any other department or agency in the Federal government. Indeed, the Commissioner of RSA, very often a consumer of the VR Program, is the highest ranking official in the Administration with the expertise in the VR Program. Why would anyone want to downgrade an individual/office who administers one of the most successful career-producing-independence-inducing programs which advocates with and on behalf of eligible individuals with disabilities? It simply does not make sense and is, we believe, misguided public policy.

The National Rehabilitation Association believes that downgrading the Office of the Commissioner of RSA diminishes the importance of the VR Program and will devalue individuals with disabilities, especially adults with significant disabilities, some of whom were directly responsible for structuring the Office of the Commissioner to be directly responsible to the U.S. Secretary of Education at the level of a Presidential Appointment, with full U.S. Senate confirmation.

The National Rehabilitation Association did not support the 2008 Senate VR reauthorization discussion draft recommendation of maintaining the Commissioner title but be directly responsible to the Assistant Secretary of the Office of Special Education and Rehabilitative Services, not the U.S. Secretary of Education. This recommendation, intended to be a compromise, simply retains a title without any power.

Moreover, in the 113th Congress, H.R. 803, the SKILLS Act, which was introduced in the U.S. House of Representatives on February 26, 2013, also proposes to downgrade the Office of the Commissioner of RSA to a Director, appointed by the Secretary of the U.S. Department of Education.

RECOMMENDATION:

Individuals with disabilities, including adults with disabilities, have fought for decades for the right to be respected and represented. All individuals deserve to be represented -- including eligible adults with disabilities. The Office of the Commissioner of RSA, which itself employs many individuals with disabilities, respects and represents many individuals with disabilities, including those with the most significant disabilities.

Accordingly, the National Rehabilitation Association will strongly oppose any attempt to downgrade the Office of the Commissioner of the Rehabilitation Services Administration.

MAINTAINING MANDATORY FUNDING FOR TITLE I

STATEMENT OF ISSUE:

Past Presidential budgets have proposed changing the funding of Title I of the Rehabilitation Act of 1973, as amended, from a mandatory-funded program to a discretionary-funded program, which would have ELIMINATED the Cost of Living Adjustment (COLA) (also known as the Consumer Price Index adjusted for Urban areas or CPIU) from Title I of the Rehabilitation Act. This potential loss of millions of dollars would have hurt individuals with disabilities -- many of whom are individuals with significant disabilities.

President Obama's 2011, 2012 and 2013 budgets recommended the consolidation of \$4.5 million in funding for In-Service Training for Qualified Rehabilitation Counselors in Title III and the consolidation of Supported Employment and Migrant and Seasonal Farm Workers (programs funded under Title VI of the Rehabilitation Act) by consolidating these programs into Title I of the Rehabilitation Act.

The President's 2013 budget proposed to consolidate the funding of all of these programs into Title I, in lieu of receiving the COLA, which, as we previously stated, Title I receives annually because it is a mandatorily-funded program. This proposed recommendation would basically eliminate mandatory funding for Title I, which the National Rehabilitation Association cannot and will not support.

Regrettably, funding for Projects with Industry (PWI) was eliminated in 2012.

BACKGROUND AND DISCUSSION:

In past years, the Congress ultimately realized that eliminating (or consolidating) these important programs would have also eliminated \$200 million of desperately needed dollars to eligible individuals with disabilities and did not allow this to happen.

If the mandatory funding of Title I were to be revoked by the Congress, thousands of eligible individuals with disabilities would not receive the quality services and supports by qualified rehabilitation counselors in both the private and public sectors and, consequently, would not be employed, not become tax-paying citizens, and would continue on public assistance programs.

Title I of the Rehab Act provides the funding, through qualified rehabilitation counselors, for the training and employment to eligible individuals with disabilities, including those individuals with significant disabilities. Congress and the community intended that Title I receive the cost of living increase annually to assist in reducing the rate of unemployment among individuals with disabilities who face multiple barriers to pursuing careers and living independently in the community.

Eliminating the cost-of-living increase will result in fewer individuals with disabilities being served by the State/Federal/Public/Private VR program, will result in an even higher rate of unemployment among individuals with disabilities than we have now, and will seriously harm individuals with disabilities some of whom are our returning veterans who seek economic and personal independence, rather than relying on Government programs.

The VR Program has served millions of eligible individuals with disabilities over nine-plus decades. And, when we say "served" we mean assisted with career planning, career counseling and development, and employment training and placement by qualified rehabilitation counselors employed in both the public and private sectors.

Reducing funding for Title I of the Rehabilitation Act, as we mentioned previously, will force some individuals with disabilities who wish to work and live independently to seek public assistance because fewer and fewer individuals with disabilities will receive services from the VR Program.

Veterans who bravely serve our Country and are surviving serious injuries, thanks to the skilled medical technicians on the battlefield, are returning home with traumatic brain injuries (TBI), as well as Post Traumatic Stress Disorder (PTSD), in greater numbers than the Department of Veterans Affairs is prepared to handle, according to recent news reports. The VR program has many years of history in understanding and serving persons with TBI, and with adequate funding, can expand its partnership with the VA through memoranda of understanding (MOUs) to serve many more of these deserving veterans.

We know, too, that the VR Program has an impressive return on investment. Indeed, for every \$1 dollar spent in serving SSI/SSDI recipients/beneficiaries, \$7 of taxpayer dollars is returned to the U.S. Treasury according to the Social Security Administration.

If the Congress did not maintain full mandatory funding in Title I of the Rehabilitation Act, waiting lists for the proven services and supports that the VR Program provides would have returned in all States, given the dramatic downturn in our economy and many individuals with disabilities would have been left behind as the door to the American Dream closed.

If the Congress did not maintain full funding in Title I of the Rehabilitation Act, thousands of individuals with significant disabilities would have had nowhere to go for services because many times individuals with significant disabilities' services and supports cost more and require the services of staff that are fully qualified to assist those individuals who desire challenging careers and full independence.

Employers and businesses tell us through the National Employment Network, which has presented at NRA's Legislative Summit for the past 9 years, how important proper training of employees is to them and to the viability of their businesses. Consumers of VR services, coupled with their self-determination, are prepared to tackle the tasks presented to them in an increasingly globalized world because of the services and supports they receive from the qualified personnel in the VR Program and their Community Rehabilitation Partners.

Businesses want well-trained, reliable employees. The Public/Private VR Program assists consumers to be well-trained and reliable employees for many businesses. Don't let down consumers. Don't let down businesses that need and appreciate well-trained employees with disabilities.

How many times have we heard from consumers of the VR Program at NRA's Government Affairs Summit and in other forums that the services and supports they received provided much-needed hope to them to live the American Dream.

Title I has also experienced increased demands on its funding. Presently, there are approximately 40 State Agencies on an Order of Selection which places a priority on serving individuals with significant disabilities. If Congress ever allowed Title I funding to become a discretionary funded program (often the first programs to be cut or eliminated especially during an economic downturn), thousands of eligible individuals with disabilities would not be served and would have nowhere to go because, as we said, these individuals require multiple supports and services and are most often the most expensive to serve.

Moreover, the past WIA bills included language in both the House and Senate versions to enhance transition outcomes for eligible students with disabilities, which we support. This language, regrettably, did not include an authorization for appropriations, which has the unintended consequence of pitting deserving, eligible adults (including veterans) with disabilities against deserving, eligible students with disabilities, because there is simply not enough money to serve all of the consumers who are coming to the VR Program for the excellent supports and services they know they will receive.

The State/Federal/Public/Private VR Program is accountable, cost-effective and has an impressive return on investment which is documented in Social Security data, RSA's Longitudinal Study and other RSA data.

RECOMMENDATION:

The National Rehabilitation Association respectfully requests the Congress to always maintain mandatory funding for Title I of the Rehabilitation Act and will seek stronger legislative language in the Rehabilitation Act to preserve this critical mandatory funding..

The National Rehabilitation Association respectfully requests the Congress to always maintain discrete funding in Titles III and VI, respectively, of the Rehabilitation Act for In-Service Training, Supported Employment, Migrants and Seasonal Farmworkers and Recreation, programs that are complementary, not duplicative, of the services and supports provided in Title I of the Rehabilitation Act.

Although Congress did not appropriate funds for Projects With Industry for FY 2012, we respectfully request that full funding be restored and that Projects With Industry continue to

reside in Title VI of the Rehabilitation Act. We believe the PWI program complements, not duplicates, the programs in Title I of the Rehabilitation Act.

VOCATIONAL REHABILITATION AND BUSINESS: PARTNERS IN EMPLOYMENT

STATEMENT OF THE ISSUE:

The Rehabilitation Act of 1973, as amended (The Act) and the public Vocational Rehabilitation (VR) program established individualization as a hallmark for the provision of services to eligible individuals with disabilities. Yet it is common knowledge that while the VR system is funded to serve the individual, the careers of those individuals and the employment outcomes that the VR system is measured on, are tied directly to employers. These employers are represented by private, public and not-for-profit businesses.

With unemployment rates at staggering levels it is timely and prudent to make improvements in the ways that VR and business can work together to achieve mutually beneficial goals, objectives and outcomes. To facilitate this change of enhanced philosophy and efficiency, language should be added to the Rehabilitation Act that strengthens and defines the unique role and partnership that must exist between VR and business.

BACKGROUND AND DISCUSSION:

Through the years, it has been documented by several public surveys, including the Harris Poll, that the number one reason for the high unemployment rate of individuals with disabilities are “attitudinal” barriers. Individuals who make policy and hiring decisions within companies often do not understand disabilities, have limited exposure to this population, have stereotypes or fears related to the assumed risks and expenses of employing people with disabilities. Though there are laws in place, like the Americans with Disabilities Act, it is not enough. The time spent developing direct working relationships with business, educating hiring authorities and directly supporting these employers is the demonstrated approach that makes a positive difference in the employment of people with disabilities.

In order to increase the number of people with disabilities in the workplace, VR must work with business to increase their knowledge and comfort level related to working with employees who have or acquire a disability. VR is able to achieve this through the development of ongoing relationships with business that results in understanding the current or real time employment needs of these business partners. With this level of knowledge, VR is able to build realistic career plans with consumers and refer these qualified candidates to employers while also providing technical assistance and linkages to the resources within the professional network. This approach has proven to be effective and efficient in supporting the success of both the individual and the employer.

As a customer of VR, the strategies that have proven successful with business involve building a long-term relationship that is founded on an understanding of their employment needs and a level of trust that allows them to seek supports, as needed, without fear of litigation. The VR system is the one nationwide system that has this capability based on the

qualifications of staff and access to the largest talent pool of people with disabilities. There is a network of 80 VR agencies across the country, in the territories and the District of Columbia. This network serves approximately one million eligible individuals with disabilities through a comprehensive, person centered career planning approach. This network of agencies includes qualified staff, technical experts and a variety of community partners that are able to coordinate and leverage national resources while having the capacity to deliver locally.

Historically, the public VR system has focused on serving the individual with the disability. There had been some VR agencies that work with business but this had been scattered and not a coordinated effort that effectively addressed the employment needs of companies who work in multi-state, national and international markets. Recently, the VR Directors across the country made a commitment to work as “one company” in serving business through a network of 80 business consultants or points of contact called The National Employment Team (The NET). In a global economy, VR recognized that they must deliver services to business partners in a multi-state and national marketplace. The NET has proven to be an effective and efficient strategy for partnering with business to increase the employment of people with disabilities. VR services that have been identified as valued added by NET business partners include:

- 1) Pre-employment services - connecting future employees with companies through internships, mentoring opportunities and training that is customized to the business need or delivered on-the-job.
- 2) Recruitment and referral of qualified applicants.
- 3) Staff training on disability awareness, the Americans with Disabilities Act and other employment laws as well as topics related to disabilities and assistive technology in the workplace.
- 4) Diversity program strategies that support the inclusion of people with disabilities as customers and employees.
- 5) Retention programs to support employees who develop or acquire a disability.
- 6) Consulting, technical assistance and support.
 - a) Workplace accommodations and assistive technology.
 - b) Labor relations, legal, and compliance issues.
 - c) Information technology and the accessibility of internal or external sites, computer hardware and software.
 - d) Accessibility related to contract management and facilities.
 - e) Marketing and customer service to improve services and/or increase the market share of people with disabilities.
- 7) Financial supports including access to tax credits and/or deductions available for hiring or accommodating people with disabilities.
- 8) Employee assistance services and program support designed to keep the workforce productive.

Though VR partners with a variety of agencies, they must be recognized for their unique niche in the marketplace. Working in a dual customer model requires qualified VR staff who understands how to train, prepare and support both the employee and the employer. This

requires a working knowledge of a variety of factors – medical aspects of disability, benefits planning and coordination, independent living, assistive and adaptive technology, reasonable accommodations, employment law, universal design, retention strategies, etc. VR staff and community partners have a unique level of knowledge and expertise that successfully serves this niche in the marketplace. VR also partners with the Veterans Administration to support the employment of our Wounded Warriors as well as with the American Indian Rehabilitation agencies across the country.

In current law, The Rehabilitation Act of 1973, as amended, has one Section that focuses on the relationship between VR programs and employers. The Rehabilitation Act, Title 1, Section 109, is titled “*Training of Employers with Respect to Americans with Disabilities Act (ADA) of 1990.*” Section 109 authorizes State VR agencies to use money received under The Act to train employers on Title I of the ADA and to inform employers about the program and the services available through VR. This limited reference does not fully define VR’s role with business and the importance of the programs’ working relationships with employers.

RECOMMENDATIONS:

NRA strongly believes that to increase the effectiveness and efficiency of the partnership between employers and VR, the Act must include language that promotes a national support system comprised of qualified VR staff and community partners each uniquely tasked to provide business customers with the qualified candidates, technical assistance and the retention supports they need at the local, state, multi-state and national levels. The national VR network must have the capacity to provide business with ongoing technical assistance, when needed, to support the employee-employer relationship in the long-term.

Additionally, the Act must include language that specifically focuses on VR’s role with business and employer customers. There should be language on the services identified by business that can best be provided by a national VR network. These are the pivotal services that will enable VR and employers to develop and strengthen their national partnerships and effectively increase the number of individuals with disabilities who are employed in America’s workforce. The recommended changes to Title I of the Rehabilitation Act of 1973, as amended.

Title I, Section 109 of the Act - Providing Training and Support Services to Employers. "Training of Employers with Respect to Americans with Disabilities Act of 1990." This section is out of date, based on the passage of the ADA Amendments Act. VR has also expanded the work with employers through The NET.

Title I, Section 109. Providing Training and Support Services to Employers.

SPECIALIZED SERVICES FOR BLIND INDIVIDUALS

STATEMENT OF ISSUE:

The National Rehabilitation Associations wishes to support the following three issues as submitted by the National Council of State Agencies for the Blind (NCSAB) with regard to the reauthorization of the Rehabilitation Act:

BACKGROUND AND DISCUSSION:

(1) Maintain the option for states to have a separate agency for the blind.

Research data and RSA Performance Standards and Evaluation Indicators consistently show that blind and visually impaired individuals achieve better employment outcomes when served by specialized vocational rehabilitation agencies for the blind. The NCSAB strongly supports retaining the authority of states to operate vocational rehabilitation programs for the blind under a separate designated state unit as authorized under Section (101)(a)(2)(A) of the Act. Access to specialized services is an important element in the concept of consumer choice and flexibility.

(2) Expand funding for training programs in blindness rehabilitation and reinstitute an RRTC on blindness and low vision.

Most consumers who are blind prefer to receive vocational rehabilitation services from professionals trained to work with persons who are blind and from agencies specializing in this service area. Accordingly, the NCSAB urges support for specialized services for the blind through expanded funding of innovative training programs in blindness rehabilitation. Specifically, the NCSAB believes that a Research and Training Center on blindness and low vision should be reinstated and that rehabilitation counseling and rehabilitation teaching programs continue to be supported.

(3) Amend the formula for the distribution of funds under Title VII, Chapter 2.

The NCSAB would like to see assurances in the Rehabilitation Act for minimal COLA Increases to all states when additional funds are appropriated for Title VII, Chapter 2 [Independent Living for Older Blind Individuals] and see the base award for each state raised to \$350,000. Many states have had funding for Older Blind services frozen for many years. Raising the minimum allotment would assist low population states to better meet the needs of older blind individuals.

RECOMMENDATION:

The National Rehabilitation Association recommends that Congress adopt the above three recommendations from the National Council of State Agencies for the Blind (NCSAB).

AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES (AIVRS) PROGRAM

STATEMENT OF ISSUE:

The National Rehabilitation Association recommends that the AIVRS Projects continue to be funded based on decisions from monitoring and technical assistance, rather than competing for continuance every five years. This funding strategy is similar to funding the Centers for Independent Living in Section 722(e)(1) in the Rehabilitation Act.

BACKGROUND AND DISCUSSION:

The AIVRS Projects provide comprehensive vocational rehabilitation (VR) services comparable to the State VR agencies. They apply eligibility criteria and deliver services based on Individualized Plans for Employment as prescribed in Section 102 of the Rehabilitation Act.

Most AIVRS consumers pursue employment outcomes that require multi-year plans. Individuals receiving services under an Individualized Plan for Employment (IPE) need their future outcomes safeguarded by continuing the projects that service them. Each year, one or two existing projects are not refunded utilizing the peer review process. The Rehabilitation Services Administration (RSA) has indicated that the projects that have not been refunded are substantially performing according to the provision of law and regulations.

RECOMMENDATION:

Accordingly, the National Rehabilitation Association recommends the Rehabilitation Act include legislative language authorizing a 5 -year funding plan enjoyed by the Centers for Independent Living. We recommend that an application approved under this part that complies with the program requirements set forth in the regulations promulgated to carry out this part shall be effective for 5 years and shall be renewed for additional 5-year periods through demonstrated acceptable performance and the submission of a continuation plan, including a proposed budget, to the Commissioner of RSA for approval. The plan would identify, at a minimum, future performance criteria, goals and objectives.

MAINTAIN DISCRETE FUNDING FOR SUPPORTED EMPLOYMENT AND MIGRANT AND SEASONAL FARM WORKERS

STATEMENT OF ISSUE:

The President's 2011, 2012, and 2013 Federal budgets recommended/ recommend consolidating four important job training and placement programs which currently have discrete funding in Titles III and VI, respectively. Rather than continuing discrete funding for these performing programs, the President's budget recommends that they be consolidated into Title I of the Rehabilitation Act.

Regrettably, last year funding was eliminated for Projects with Industry.

BACKGROUND AND DISCUSSION:

The National Rehabilitation Association notes that Administration based its recommendations for the consolidation of these programs because they were duplicative of the State VR program and served the same group of individuals.

The National Rehabilitation Association cannot support the consolidation of these important programs because we believe these programs complement -- rather than duplicate -- those services provided in Title I of the Rehabilitation Act.

The Supported Employment Program assists individuals with the most significant disabilities in securing competitive employment by providing an array of services and supports, including job coaches.

Presently, the Supported Employment Program does not require a State match. Should the Supported Employment Program be consolidated in to Title I of the Rehabilitation Act that would change and the Supported Employment grants would have to be matched by already cash-strapped States, most of which must balance their budgets on an annual basis.

The Migrant and Seasonal Farm Worker Program assists some of the most under-represented populations in our country -- Native Americans and Seasonal Farm Workers, the latter of whom are critical to the livelihood of many of crop-producing States. If the Migrant and Seasonal Farm Workers program were to be consolidated into Title I, many of these individuals with disabilities would be left behind.

RECOMMENDATION:

The National Rehabilitation Association strongly recommends maintaining discrete funding in Title VI of the Rehabilitation Act for Supported Employment and Migrant and Seasonal Farm Workers.

CACREPCORE

SUMMARY:

The effects of recent legislation/policies including TRICARE unnecessarily restrict access to needed counseling services due to the fact that only graduates from CACREP accredited programs are officially recognized as being eligible to provide counseling services despite the fact that CORE accredited programs also train counselors who, in addition to having core counselor training, also possess additional skillsets relevant to serving persons with unique needs related to having a disability(ies). With large numbers of veterans returning from active combat duty having incurred significant disabilities including traumatic brain injuries, amputations, etc., the importance of offering our service men and women access to counselors who possess the unique medical, psychosocial, and vocational knowledge and skills to effectively return those veterans to their highest level of independence is critical and should receive our highest priority.

BACKGROUND:

Rehabilitation counseling emphasizes the empowerment of individuals to maximize employability, attain economic self-sufficiency, independence and inclusion as well as integration into society. A core value of rehabilitation counseling is to empower individuals, families and our communities to promote *advocacy and the equal rights of persons with disabilities*. There is emphasis on *integration, inclusion, and focusing on the strengths of the person with a disability, and to offer assistance and choices in the pursuit of independence*. A rehabilitation counselor is an individual who reflects training in a dimension of multi-disciplinary areas in order to evaluate, coordinate, and plan for needed services to assist persons with disabilities. This includes supporting people who may experience a wide range of challenges imposed by cognitive and learning disabilities, physical disabilities, environmental barriers and psychological stress, and other categories of disability(Council of Rehabilitation Education, Frequently Asked Questions)

It is important to understand that the profession of Rehabilitation counseling is a specialty within the broader counseling field which emphasizes individualized and holistic services to individuals who may be experiencing challenges based on a wide scope of disabling conditions. Persons with disabilities represent approximately 20% of the population. Consistent with other counseling specialties, Rehabilitation counseling emphasizes relationships. It is a professional relationship that empowers diverse individuals, families, and groups, to accomplish specific goals that are determined through the counseling relationship with the person.

It is estimated that there are 129,800 rehabilitation counselors in the United States. It is anticipated that there will be more of a demand for rehabilitation counselors due to the aging population continuing to work as well as the return of our Wounded Warriors (Occupational Outlook Handbook).

As is common in other professions, there are more than one accrediting organizations for counselor education programs-in this case there are two that are recognized by the American

Counseling Association (ACA). The oldest counselor education accrediting body is the Council on Rehabilitation Education (CORE)-the other is the Council on Accreditation of Counseling and Related Education Programs (CACREP). The curriculums of these accrediting bodies reflect core counselor knowledge and skill domains with some variations as indicated in the table below

CORE	CACREP
Professional Identity and Ethical Behavior	Professional Orientation and Ethical Behavior
Psychosocial Aspects of disability and Cultural Diversity	Social and Cultural Diversity
Human Growth and Development	Human Growth and Development
Employment and Career Development	Career Development
Counseling Approaches and Principles	Helping Relationships
Groupwork and Family Dynamics	Groupwork
Assessment	Assessment
Research and Program Evaluation	Research and Program Evaluation
Medical Functional and Environmental Aspects of Disability	
Rehabilitation Services, Case Management and Related Services	

Although CORE and CACREP share a number of common knowledge domain areas of counselor education, CORE standards for Rehabilitation counselor training programs include additional knowledge and skill requirements that prepares graduates to effectively address and serve people with disabilities.

Recently, the US Department of Defense issued proposed regulations to allow licensed mental health counselors to practice independently within TRICARE, the health program that provides services for active duty service members, retirees and their families. Fully effective on January 1, 2015, the rules as currently written establishes qualifications for a new category of allied mental health counselors (CMHCs), where these individuals must pass the National Clinical Mental Health Counselor Examination (NCMHCE) in addition to having a master's degree from a program accredited by the Council on Accreditation of Counseling and Rehabilitation Educational Programs (CACREP). There is a transition period through December 31, 2014 where licensed mental health counselors who do not meet the new requirements for independent practice may continue to provide services to TRICARE beneficiaries under the requirements of

physician referral and ongoing supervision.(Commission on Rehabilitation Counselor Certification, TRICARE, February, 2012)

Various groups in addition to CRCC believe that the exclusion of graduates from CORE accredited programs who have passed the NCMHCE to become licensed in their state unnecessarily restricts the number of qualified practitioners providing care and as a consequence limits the access to those individuals in need of mental health counseling services, in addition to those in underserved geographic areas.(Commission on Rehabilitation Counselor Certification, TRICARE, February, 2012)

There are approximately 5,300 students in 98 CORE accredited graduate programs in rehabilitation counseling. Approximately 1500 students graduate each year and enter the workforce. There are over 16,500 practicing Certified Rehabilitation Counselors (CRCs). Any decision to restrict access to licensure to potential employment of CORE program graduates impacts thousands of students and practicing counselors. (CORE Proposal to the 20/20 Delegation).

The Council of Rehabilitation Education has recommended a consortium model for counselor accreditation as the preferred organizational paradigm that should be acknowledged and supported in TRICARE and like legislation/policies. CORE views a consortium model as an association of two or more accreditation organizations with the objective of participating in accreditation activities and coordinating each organization's resources to achieve the goal of licensure portability. The consortium model allows both CACREP and CORE and potentially other accrediting organizations to operate and make decisions independently while coming together to make joint decisions related to professional counseling, including counselor licensure, while advancing the unification of the counseling profession. (CORE Proposal to the 20/20 Delegation).

It is again noteworthy to recognize that in other professions, more than one accrediting body may exist. For example, Audiology programs are accredited by both the Accreditation Commission for Audiology Education (ACAE) and the American Speech-Language-Hearing Council on Academic Accreditation (ASHA-CAA) accredits audiology programs. Nursing programs are accredited by both the National League for Nursing Accrediting Commission (NLNAC) as well as the American Association of Colleges of Nursing, Commission on Nursing Education (CCNE). There is dual accreditation in the career areas of teacher education and business programs as well.

RECOMMENDATION:

The Board of Directors of the National Rehabilitation Association supports the recommendation of a consortium model for counselor accreditation as the organizational paradigm that should be recognized and supported in legislation and policy matters pertaining to counselor licensure and practice.

REFERENCES:

Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook, 2012-2013, Rehabilitation Counselors*.

CORE Proposal to the 20/20 Delegation, Council of Rehabilitation Counselor Education, September 18, 2012

Commission on Rehabilitation Counselor Certification, TRICARE, February 2012.

MENTAL ILLNESS

SUMMARY

The number of Americans having mental illness continues to increase at alarming rates. Despite these increases, the capacity to provide appropriate and timely services to intervene, ameliorate and/or reduce the myriad of negative effects of mental illness continues to diminish. Without increased funding for needed mental health and prevention services and research, the prevalence of mental illness in the United States will continue to overwhelm our existing systems, thereby creating significant vulnerabilities to individuals, families, and communities who are challenged with mental illness.

BACKGROUND AND HISTORY

The need for adequate services to the country's population of individuals with mental health conditions has never been more evident. The CDC cites studies estimating that 25% of Americans currently have a mental illness, and that 50% will experience a mental health issue during their life. Additionally, mental illness is connected to a myriad of other concomitant health issues including cardiovascular disease, diabetes, obesity, asthma, epilepsy and cancer. Of concern are estimates from the National Institute of Mental Health estimating that only 58% of adults, and 50.6% of youth with mental illness are actually receiving mental health services. The National Rehabilitation Association recommends that this issue be given a high priority in policy and resource allocation. We are urging a significant increase in funding and appropriate policy direction to include a focus on early intervention, prevention and comprehensive services; inclusive of treatment, habilitation, and rehabilitation and employment services.

The impact of under funding and under service has profound societal effects both socially and economically. The societal effects are evident in terms of the loss of productivity and quality of life for a significant segment of our population; sometimes seen in the number of homeless individuals, persons needing costly emergency and long-term care, individuals that may be a risk to themselves or others, potential criminal behavior, and exceedingly high levels of unemployment. Economically, the failure to fund an early intervention and comprehensive service approach results in a loss of tax dollars and revenue through employment; the high cost of delayed emergency care, health services, and institutionalization; and, the cost of dependence on welfare and social service systems. Historically, these impacts have been even more profound for the poor and members of traditional minority groups. Simply stated, an initial investment in comprehensive rehabilitation and treatment services, results in a much more significant long term cost avoidance and return. For example, program data indicates that for every dollar invested in rehabilitation, approximately \$7 is returned to society.

RECOMMENDATION

The National Rehabilitation Association recommends that mental illness be viewed as a priority and receive a funding increase commensurate with the unmet need, and appropriate policy guidance which assures that available services include a comprehensive approach; incorporating provisions for rehabilitation and employment services.

http://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html

http://www.nimh.nih.gov/statistics/3USE_MT_ADULT.shtml

<http://www.nimh.nih.gov/statistics/INHANES.shtml>