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31st
Institute on
Rehabilitation Issues

**Consumer Organizations:
Important Resources for Vocational
Rehabilitation Agencies**

**Rehabilitation Services Administration
U.S. Department of Education**

**The Council of State Administrators
of Vocational Rehabilitation**

**The George Washington University
Center for Rehabilitation Counseling Research and Education**

31st IRI 2006

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AGENCIES**

**REHABILITATION SERVICES ADMINISTRATION
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THE COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

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CENTER FOR REHABILITATION COUNSELING RESEARCH AND EDUCATION**

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FOREWORD

The 31st Institute on Rehabilitation Issues (IRI) Primary Study Group (PSG) is pleased to provide this document, *Consumer Organizations: Important Resources for Vocational Rehabilitation Agencies*. The membership of the PSG comprised a number of professionals from public VR, consumer organizations, and academic communities, all offering their professional expertise in providing services for individuals with disabilities. The PSG provides a range of views offering alternative methods for providing VR services. The document is meant to be a guide for training and development, as well as a reference of current practices and resources.

The monograph includes five chapters. Chapter 1 defines consumer organizations for the purposes of the document and discusses their role in social changes. Chapter 2 addresses mentoring initiatives and identifies strategies for developing programs by partnering with consumer organizations. Chapter 3 discusses how these partnerships can build capacity, improve training, and enhance the graduate education curriculum. Chapter 4 provides an overview of ways to utilize consumer organizations throughout the vocational rehabilitation process. Finally, Chapter 5 addresses systemic issues and outlines implications for policy development and service delivery.

Each chapter concludes with a list of references and many include study questions. Readers may go online to <http://www.gwu.edu/~iri/studycrs.htm> for an opportunity to earn CRC continuing education hours for correctly answering the study questions.

Participation in an IRI study is an honor as well as a major commitment. The writing responsibilities require extensive literature reviews, research, and surveys. Authorship is credited to all of the members of the PSG. Authors who are listed with the chapters made major contributions to those chapters. Those listed first volunteered for the responsibility of leading the chapter.

The editors and PSG members wish to express their appreciation to the Full Study Group. Their input during the National IRI Forum is a critical aspect of the IRI process and most beneficial in developing this document. Participation in the IRI is an opportunity for learning as well as personal and professional growth.

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INTRODUCTION

Greg Trapp

The purpose of this document is to highlight ways that vocational rehabilitation agencies can partner with consumer organizations to enhance employment outcomes and expand opportunities for individuals with disabilities. This document is intended to be a powerful tool for consumers of vocational rehabilitation services, vocational rehabilitation counselors, members of consumer organizations, disability advocates, training and professional development specialists, continuing education professionals, and administrators of vocational rehabilitation programs. It will describe successful models, as well as suggest new and innovative approaches to providing vocational rehabilitation services.

Underlying every aspect of this document is the belief that vocational rehabilitation services must be focused on the “strengths, priorities, concerns, abilities, capabilities, interests, and informed choice” of the consumer and that consumer organizations are a vital and even essential partner in every part of this process. Accordingly, this document is written with input from representatives of consumer organizations, and a majority of the authors are themselves members of consumer organizations. The authors recognize that consumer organizations come in many different forms and that all can be a valuable resource in the vocational rehabilitation process and in the achievement of the consumer’s employment goal.

CHAPTER 1

Definition of Consumer Organizations

Greg Trapp, Tim Azinger, Randy Johnson, Catherine Campisi, and Michael O'Brien

This chapter does not seek to offer the final or definitive definition of a disability consumer organization. Instead, it provides a practical definition that recognizes some basic precepts, the most important of which is consumer control. This chapter also embraces the fact that there are many different varieties of consumer organizations and that these variations increase the ways the organizations can be a valuable resource for vocational rehabilitation (VR) agencies.

For the purpose of this publication, a consumer organization is defined as an organization that vests power and authority in individuals with disabilities and requires that a majority of the governing board members be individuals with disabilities.

This definition embraces a broad range of consumer organizations. Nevertheless, other types of consumer-related organizations may not fit neatly within this definition, and such organizations may also be an important resource for VR agencies. For example, organizations of parents of children with disabilities may be an extremely valuable partner. Other stakeholder organizations may also be beneficial, such as advocacy organizations, ad hoc committees, or unincorporated associations.

The General Role of Consumer Organizations in Social Changes

Historically, consumer organizations have been able to dramatically effect social change in America. In the 1930s and 1940s, consumer organizations helped energy corporations recognize the needs of workers through union efforts demanding livable wages. In the 1950s and 1960s, organized consumers changed the course of civil rights through literacy development, consumer boycotts, and civil disobedience. These efforts resulted in improved voting rights, access to education, opportunities for quality housing, and opportunities for equal employment, thereby setting the stage for subsequent efforts by consumer organizations composed of persons with disabilities.

Early civil rights efforts were strongly connected with the Highlander School in Tennessee (Horton, Kohl, & Kohl, 1998). The school was established in 1930 as a place of adult learning where community members could assess their situations, learn from one another, and leave with ideas about how to organize change efforts. A year or so before Rosa Parks refused to go to the back of the bus because she was too tired to move, she had been at the

Highlander School learning how the local consumer—the person who actually uses the services—can make an impact on those very services. She learned from others just like herself who were assessing their community situations. From her refusal to move to the back of the bus to the total boycott of all public transportation to the boycott of restaurants and segregated services, the members of the community forever changed civil rights in America.

The Specific Role of Disability Consumer Organizations

The modern recognition that consumer organizations are “important resources” for VR agencies is a significant milestone in public policy related to disability. In America, the consumer organization journey began with discontent over schools and agencies, leading to the formation of what we now recognize as consumer organizations. However, what would today be identified as consumer organizations have existed for centuries and in many different cultures.

The existence of organizations comprising persons with disabilities can be traced back to ancient China and medieval Europe. In China, blind paupers formed self-governed guilds and associations. These associations enabled members to learn a craft or trade. In Europe in the 13th century, the blind of Paris formed the Congregation and House of the Three Hundred, which had a constitution requiring that the leadership be composed of the blind, enabling the blind to govern and provide for themselves. Such organizations provided for mutual protection at a time when society thought blindness was either punishment for sin or a communicable disease. However, when European society began to industrialize, the need for guilds and associations diminished. This had a negative impact on persons with disabilities, as the importance of the associa-

tion gave way to the importance of the individual, resulting in a silencing of the collective voices of persons with disabilities (Matson, 1990).

The rise of the consumer organization in America began in earnest in the 19th century. The first major consumer organization movement began in 1880 when disagreement erupted over the education of students who were deaf. On one side were persons who were deaf who advocated for the teaching of American Sign Language (ASL). On the other side were educational professionals who insisted on “pure oralism” and denied employment to persons who were deaf and who used ASL. At an international conference in Milan, Italy, in September 1880, professional educators of persons who were deaf voted to outlaw the teaching of ASL. By contrast, in what is a statement that resonates strongly even today, the delegates of the first convention of what would become the National Association of the Deaf declared, “We have interests peculiar to ourselves which can be taken care of by ourselves” (Gannon, 1981, p. 62).

While persons who were deaf were advocating for the use of ASL, the blind and the professional educators of the blind were vigorously debating what method of tactile reading and writing should be taught. The dispute, known as the “War of the Dots,” continued for over 20 years. The controversy ultimately concluded in the adoption of Braille (Irwin, 1955). However, in contrast to the dispute over the teaching of ASL, the dispute over a reading method for the blind did not directly lead to the formation of consumer organizations of the blind. It was not until 1940, 60 years later, that the National Federation of the Blind was formed. The blind had been excluded from participation in VR programs and were faced with few employment options (Matson, 1990, and Megivern & Megivern, 2003).

One notable consumer movement that took place shortly before the creation of the National Federation of the Blind was the 1935 founding of the League for the Physically Handicapped. The league had formed to protest the refusal of the New York office of the Works Progress Administration (WPA) to hire persons with disabilities. The league organized sit-in protests and ultimately persuaded the WPA to hire hundreds of persons with disabilities (Longmore & Goldberger, 2000). Just 5 years later, the American Federation of the Physically Handicapped was organized as the first national cross-disability consumer organization (Pelka, 1997).

As in many other areas of science and society, World War II was a catalyst for change in the area of disability. In the arena of consumer organizations, returning veterans founded the Blinded Veterans Association in 1945 and the Paralyzed Veterans of America (PVA) in 1947. In 1948, the National Paraplegia Foundation was founded by members of the PVA, and it assumed a prominent role in advocating for disability rights across the country (Pelka, 1997).

The years after World War II also saw the birth of the “deinstitutionalization” and “independent living” movements. The deinstitutionalization movement involved the transitioning of persons with disabilities from being “warehoused” in nursing homes and state-run institutions to being moved into home and community settings. One of the beneficiaries of the deinstitutionalization movement was Ed Roberts, who would become known as the father of the independent living movement. Roberts founded the Center for Independent Living in an apartment in Berkeley in 1971. In 1972, a grant from the Rehabilitation Services Administration (RSA) enabled Roberts to move the center from the apartment to a more appropriate facility. The philosophy of the independent living movement can be summarized in the twin ideas of con-

sumer control and the belief that persons with disabilities are normal individuals who are not in need of medical restoration (Pelka, 1997). VR has experienced a similar evolution, with the shift from the medical model to one that empowers consumer choice.

One of the central themes of consumer organizations is the need for persons with disabilities to be integrated into all aspects of community life. The organizations recognize that system-level changes will be needed for this integration. The “deficit,” or focus point for change, is not the person with a disability or the person’s medical condition, but rather the need to provide supports to accommodate the disability or to make changes in external systems that affect persons with disabilities. As occurred with civil rights movements for women and ethnic minorities, persons with disabilities should, to the maximum extent possible, guide and lead their personal futures as well as their own civil rights movement. This concept is summarized in the well-known phrase often used within the disability civil rights movement, “Nothing about us, without us.”

Since the 1970s, consumer organizations of persons with disabilities have affected both culture and policy. The connection of people with disabilities, in terms of a shared social experience of disability, has led to a new concept of disability and its social meaning. Over the last three decades, following in the footsteps of other minority groups, people with disabilities have adopted the position that they can, and should, provide expertise and leadership in the development and implementation of service delivery systems designed to assist persons with disabilities. A number of consumer organizations have already had significant success in advocating for the rights of people with disabilities. This success can be seen across society, with improvements for people with disabilities in the areas of access to government services, accommodations

for better access to public places, deinstitutionalization, the right to receive reasonable accommodations on the job, the right to receive a free and appropriate public education, protections against discrimination in housing, access to captioning and telephone relay services, independent access to the voting process, the removal of disincentives to work for recipients of disability benefits, and enhancements to the Rehabilitation Act such as the addition of informed choice.

As we explore the potential for partnership between VR agencies and consumer organizations, we are hopeful that consumer organizations will gain additional strength in making a difference for people with disabilities and that VR programs will recognize the value of such partnerships.

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Chapter 1 Study Questions:

1. Which of the following is the most important attribute of a disability consumer organization?
 - a. A large membership
 - b. Consumer control
 - c. Federal funding
 - d. Open enrollment
2. What was the first major consumer organization in the United States?
 - a. The National Federation of the Blind
 - b. The Paralyzed Veterans Association
 - c. The National Association of the Deaf
 - d. The League for the Physically Handicapped
3. Who was the father of the independent living movement?
 - a. Helen Keller
 - b. Rosa Parks
 - c. Ed Roberts
 - d. Louis Braille
4. What did the deinstitutionalization movement advocate for?
 - a. Removal of persons with disabilities from inaccessible prisons
 - b. Teaching children who are deaf American Sign Language in public schools
 - c. Removal of Braille textbooks from warehouses so they could be read by persons who are blind
 - d. The transitioning of persons from state-run facilities to home and community settings
5. Which of the following best describes the philosophy of independent living?
 - a. The belief in consumer control and that persons with disabilities are not in need of medical restoration
 - b. The belief that consumer organizations should advocate for political change
 - c. The belief that state-run institutions provide a valuable opportunity for persons with disabilities to lead normal and productive lives
 - d. The belief that independent living centers are in the best position to manage the personal affairs of persons with disabilities
6. Which of the following best describes the meaning of the phrase “nothing about us, without us”?
 - a. Persons with disabilities can always expect to be included in decisions that impact their lives
 - b. Persons with disabilities should, to the maximum extent possible, guide and lead their personal futures as well as their own civil rights movement
 - c. Persons with disabilities should be talked to, instead of asking a friend or companion what the person with a disability needs
 - d. Persons with disabilities are entitled to protections under the Americans with Disabilities Act

7. Which of the following best describes the relationship that should exist between a consumer organization and a VR agency?
 - a. The consumer organization is a strong advocate of the VR agency
 - b. The consumer organization is a strong critic of the VR agency
 - c. The consumer organization is a valuable resource for the VR agency
 - d. All of the above
8. Under the definition used in this chapter, which of the following is least likely to be a consumer organization?
 - a. The National Federation of the Blind
 - b. The American Foundation for the Blind
 - c. The American Council of the Blind
 - d. The National Association of the Deaf
9. Which of the following is least likely to be a catalyst to the formation of a consumer organization?
 - a. Provision of superior services by provider entities
 - b. Threats to the physical safety or economic well-being of consumers
 - c. Dissatisfaction with services provided by provider entities
 - d. The example of other consumer movements leading to social change
10. Which of the following best describes the League for the Physically Handicapped?
 - a. The league had formed to protest the refusal of the Works Progress Administration to hire persons with disabilities
 - b. The league had formed in response to threats from the American Federation of the Physically Handicapped
 - c. The league had formed to encourage deinstitutionalization
 - d. The league had formed to advocate for returning World War II veterans

CHAPTER 2

Mentoring

Brenda Dunn, Tim Azinger, Corey Hinds, Michael O'Brien, and W. Scott Forbes

In this chapter we define mentor, explain how mentors can be used to help facilitate adjustment to disability, examine research and emerging practices concerning the use of mentors, explore how mentors can be incorporated throughout the vocational rehabilitation (VR) process, and make recommendations.

Corporations are beginning to utilize formal mentoring relationships at a variety of levels. Internally they are using mentoring as part of succession planning in diversity efforts. However, many corporations are also developing mentoring relationships with high school students to attract individuals to needed jobs within their companies.

An example of such a program is the DigiGirlz program operated at Microsoft in Redmond, Washington. Each year Microsoft invites 60 high school-aged girls to spend a week participating in learning activities at their Redmond headquarters office. Over the course of a week, the young women are exposed to a variety of career opportunities inside the Microsoft Corporation. They are also shown the “office of the future” and the “home of the future.” All of the activities are led by successful women leaders at Microsoft. After the week-long summer session, many of the girls spend the next 9

months in formal mentoring relationships with women at Microsoft. The purpose of the project is to attract women into professions at Microsoft, where they are currently under-represented.

In 2004, Microsoft expanded these efforts to include young women with disabilities. Thanks to the efforts of Mylene Podalina, a senior diversity officer at Microsoft, and Jan Holler, the corporate consultant at the Washington Division of Vocational Rehabilitation (DVR), a mentoring project was established between the two partners. This effort required substantial planning for accommodation, travel, and housing. Consumer organizations, school officials, and providers were enlisted to locate girls for the mentoring opportunity. Although the program was well advertised, many people, including parents, consumers, DVR staff, and Microsoft, had concerns that had to be resolved up front. Ultimately, six young women decided to participate in the event. Additionally, six women from DVR agreed to participate as “buddies” in the project.

Each girl who participated roomed with a woman from the DVR team. They partnered in all of the week-long activities in the DigiGirlz project. Interestingly, both the girls and DVR

staff came away from the event with new confidence in the opportunities that exist for women in the corporate world and in particular the opportunities that can exist at the professional level for young women with disabilities. All of the girls left with a new perspective on potential careers for their future. The girls were also exposed to others with disabilities during this experience. Additionally, two of the girls signed up to participate in formal mentoring relationships with women inside Microsoft. The details for the mentoring relationships are now being worked out. Plans have been made for 15 young women to participate next year. Results from the project are not final, but certainly the corporate partnership with consumers with disabilities and the public VR program has potential and is crossing new boundaries.

Consumer organizations, as defined in Chapter 1, can be valuable resources for the recruitment of mentors. Mentoring plays an important role in consumer organizations through teaching self-advocacy, networking, sharing ideas and information, and involving consumers in political activities. Mentors who are also involved in consumer organizations can provide their mentees an opportunity to meet a variety of role models and peer supporters with similar disabilities through the organizations' chapter meetings, conventions, social gatherings, and political activities. Through these organizations, mentees have the opportunity to widen their network for personal, educational, and career advancement.

What Is a Mentor?

A mentor is a trusted counselor or guide. As Whelley, Radtke, Burgstahler, and Christ (2003, p. 42) stated:

The mentor relationship requires a high level of involvement, commitment and time leading to linkages at a deeply personal and professional level, and it extends well

beyond the initial interaction. Long-term mentoring relationships have been known to be highly effective in assisting individuals with disabilities to excel in education and employment, as the mentor is personally vested by providing a nurturing and stimulating relationship conducive to personal and professional growth.

Mentors are traditionally thought of as older than their mentees, and this can be true for mentors working with young people with disabilities, but the mentoring relationship is also valuable for persons with disabilities who may be of similar age. Mentors are usually utilized during times of transition, for example, from high school to college to postgraduate or to employment, and these transitions may happen at a later age for persons who have recently acquired a disability. These persons can benefit from a mentor who acts as a role model, assists with career exploration, raises expectations, gives support, teaches disability-specific skills, and shares information and experience in navigating VR, school, and employment. These relationships are characterized by mutual respect, trust, and loyalty; they are highly valued, satisfying, and self-actualizing. The mentor has achieved a level of success, and because of this example the mentee believes that his or her goals for life and employment are also obtainable.

Mentoring relationships can take the traditional model of one-on-one mentoring, group mentoring where there is one mentor for up to four mentees, team mentoring where there is a group of mentors working with a group of mentees not to exceed the ratio of one mentor to four mentees, peer mentoring where individuals with disabilities work with other individuals with disabilities, and e-mentoring using the Internet or e-mail. Mentoring can take place in a variety of settings, such as schools, the workplace, the community, and, for e-mentoring, the virtual community.

The duration of a mentoring relationship is also important because time and consistency are both vital to developing a trusting relationship and to allowing the mentee to bond with his or her mentor. Ideally, the mentor and mentee should meet at least 4 hours per month for a year. There may be exceptions to this, as in a mentoring program in the school setting. Mentees must be notified of the amount and length of the relationship so as to know what to expect from the mentors.

Peer Mentoring

Vince Lombardi once said, “Leaders are made, they are not born. They are made by hard effort, which is the price which all of us must pay to achieve any goal that is worthwhile” (Eigen & Siegel, 1989, p. 232). Consumers benefit from mentoring because they gain from the experiences of other people with disabilities, which can help them be more successful in achieving their vocational goals. Peer mentoring has the advantage of relaxed communication on a common level based upon a shared experience of disability and an understanding of how it relates to consumers’ search for employment (Flannery, Slovic, Treasure, Ackley, & Lucas, 2002). Boles and Brown (2001) noted that peer mentoring is a successful strategy in seeking employment because the person with a disability “can get suggestions unique to [his/her] situation” and use this input to “solve practical problems” (p. 76). The peer mentor is able to draw upon his or her experiences and provide the consumer with a different kind of understanding (Flannery et al., 2002).

Consumer organizations benefit from mentoring because it is an effective way to develop the next generation of leaders not only for the specific consumer organization but also for the disability rights community and for society as a whole. Mentoring empowers the counselor by providing a way to “give up perceived respon-

sibility and turn to partnerships” (Flannery et al., 2002, p. 208). VR counselors benefit from consumers’ mentoring experiences because such experiences give the consumer greater exposure to the world of work and to specific career tracks.

From 1997 to 2000, the State of Oregon piloted the Consumer Planning Partnership, which was funded by the Rehabilitation Services Administration (RSA). The project was based on the idea that a consumer’s chances of successfully finding and keeping employment would increase if he or she had concurrent access to services from VR and a peer mentor (Flannery et al., 2002). Fundamentally, the project assumed that improved employment outcomes for rehabilitation of consumers would result from consumers’ participation in a peer mentoring relationship (persons with a disability who were not employed in the rehabilitation system). It has been noted that peer mentors can aid consumers in gathering necessary information and in making decisions necessary for them to reach their goals (Nosek, 1993).

Flannery et al. (2002) described the project as “peer mentoring services for the purpose of removing ‘independent living’ barriers to employment” (p. 208). The project was implemented in four of Oregon’s counties—two rural, one suburban, and one urban—and the VR agencies worked with consumer organizations to develop contracts with peer mentors. A VR agency staff member served as a coordinator and was responsible not only for marketing the services to the agencies but also for supporting, training, and problem solving with the mentors by providing ongoing communication with partner agencies (Flannery et al., 2002). Over three years, the project served 124 consumers between the Oregon Commission for the Blind and the Oregon Vocational Rehabilitation Division. Six percent of these consumers had received services at least two

other times. Out of the 124 consumers served by the program, 57% were employed at least 60 days, and on average they worked 30 hours a week at an hourly wage of \$7.20 an hour (Flannery et al., 2002). Mentors learned the rehabilitation process for developing and implementing the individualized plan for employment (IPE) and the expected outcomes for consumers.

Mentors were able to “encourage and help consumers think through choices and to understand the impact of these choices so that they could be good self-advocates with the agency” and be more proactive in their rehabilitation process (Flannery et al., 2002). One counselor stated, “I don’t have the time or luxury to take a client out and model things . . . or figure out transportation. . . . Mentors can offer extra assistance” (Flannery et al., 2002, p. 210).

The Process of Peer Mentoring

Consumer organizations can be valuable resources for providing mentors to assist consumers throughout the VR process. The mentors can be recruited from consumers who have successfully completed the VR process. Consumers who come to the agency seeking assistance could be introduced immediately to appropriate consumer organizations, providing the consumers and their families the opportunities to develop mentoring relationships from the beginning of their VR process. These mentors could share with the consumer how the VR process has worked for them in their own lives.

Once eligibility has been determined by the VR counselor and during the assessment phase, the mentor can share valuable information about his or her experiences, such as recommending vendors and reinforcing the importance of comprehensive evaluations in discussing consumers’ vocational goals. During this time, the mentor can continue the exchange of information in order to facilitate the process of adjustment to disability. The mentor can also assist in

explaining the results of assessments or clarifying information given by the VR counselor.

An example of successful mentoring in conjunction with a VR counselor is that of Jennifer Sheehy and VR Counselor Jo Bond:

Bond understood that it was not enough to simply provide Jennifer with verbal encouragement and platitudes about the capacities of individuals with disabilities. Sheehy needed to meet and learn from other people who faced similar functional limitations and were also successfully employed. Consequently, the counselor arranged a meeting between Sheehy and a group of VR graduates. . . . Sheehy credits this network of consumers with helping her gain a sense of self-determination and for rekindling her ambition. This group of individuals demonstrated to her that people with disabilities could indeed succeed in the workplace. Moreover, they could offer her real-life solutions that were based on first-hand experiences. With Bond’s high expectations, Sheehy’s own drive and the encouragement of other consumers, Sheehy resolved to continue her studies in marketing at Georgetown University (Rigger, 2003, p. 34).

Ms. Sheehy went on to obtain employment with the National Organization on Disability and then with the Presidential Task Force on Employment of Adults with Disabilities, which was housed at the U.S. Department of Labor. From there she took a position with the President’s Domestic Policy Council and finally became special assistant to the assistant secretary of the Office of Special Education and Rehabilitative Services, U.S. Department of Education.

The development of the IPE is a crucial part of the VR process and is often not fully understood by the consumer. Often this is due to the

lack of time the VR counselor has to thoroughly explain the process. Mentors can be useful in filling in these gaps for the consumer. Mentors can share experiences and the types of services that were needed to obtain their outcomes. They can also encourage consumers to learn the disability-specific skills that can help them accomplish their goals. Throughout the VR process, the consumer organizations can provide positive role models, while helping to facilitate the reintegration of consumers back into their communities through social activities, fundraisers, and organizational meetings, as well as providing family members opportunities to meet other families that have a member involved in the VR process.

Often consumers may not have a realistic view of their limitations due to the negative stereotypes held by society and themselves. This may limit their vocational goals, not based on their abilities but on perceived limitations of what persons with a particular disability are capable of. It is important to begin dispelling these stereotypes from the first moment of contact.

Mentors involved in consumer organizations have a ready pool of people representing a wide variety of occupations and are excellent networking resources for employment information. They can provide vital information on topics such as how to discuss one's disability during employment interviews as well as point out the consumers' legal rights under the Americans with Disabilities Act. They can be helpful in writing letters of recommendation, encouraging consumers when they are not hired to continue the job search, and discussing possible accommodations that may work for the consumer.

After a consumer has successfully obtained employment, mentors can be useful by discussing and encouraging appropriate work behaviors while providing feedback and insights on worker issues and stressors that may accompany the return to work. Mentors can

also be invaluable for consumers who are returning to school and are required to learn the ins and outs of not only the VR process but also the university system. They can share strategies that were successful for them such as how to obtain books on audiotape and competent readers for a consumer who is blind.

Informal Mentoring

Mentoring is not always formal. Mentoring can be thought of as a learning process where one can gain from another's life experience (Zachary, 2000). For example, Ann Ford, executive director of the Illinois Network for Centers for Independent Living (CIL), said her first mentor was her mother, a woman who had the same disability as Ann. To quote Ann, "She was just my mom. She did what other mothers did at that time . . . and that let me know that I could do whatever I wanted to do in this life" (A. Ford, personal communication, January 25, 2005).

Ann admitted that having a mother with the same disability was "an advantage that most people with a disability don't have" (A. Ford, personal communication, January 25, 2005). Ann suggested that people with disabilities visit a local CIL. The independent living philosophy, as outlined in the Rehabilitation Act, includes the development of peer relationships and peer role models. This is compatible with peer mentoring. To quote Ann, "Every person has a story. If you go to a CIL and share in the stories of the people there, it can be a learning experience. Though people are different and have different issues related to their disability, the struggle for acceptance and the desire for dignity are things that can be understood across disabilities" (A. Ford, personal communication, January 25, 2005).

If Polly Berends was correct when she wrote, "Everything that happens to you is your teacher" (Zachary, 2000, p. 114), then the pos-

sibilities for informal mentoring go beyond what might be considered formal learning situations. Even in a recreational setting, a message is communicated between peers about taking pride in going to work.

For example, Dr. Rob Kilbury, director of the Illinois Division of Rehabilitation Services, reported that while he did not have a formal mentor, he was mentored by his peers when he played wheelchair basketball. One of his peers would “tell stories about how he would go into work early. He took a lot of pride in being the first one in the office. He indicated that he made coffee for his nondisabled coworkers” (R. Kilbury, personal communication, January 25, 2005).

The Role of a Mentor in Adjustment to Disability

Disability often requires an adjustment period that is unique to each individual. Adjustment to life circumstances and the ability to deal with day-to-day challenges are necessary for each individual to be successful in life, regardless of disability. However, disability often presents circumstances that require adaptation, barrier removal, and attitudinal change. The disability experience can be frightening and overwhelming, particularly when the disability is newly acquired. A mentor can play a critical role in the disabled person’s adjustment to disability. Mentoring is an important tool in adjustment to disability because it addresses self-reliance and self-determination and cultivates confidence and belief in oneself. Counselors and consumers need to be aware of the necessary period of adjustment to disability, as it may have a critical impact on employment outcomes, independence, and achievement.

Individuals who experience a disability can loosely be categorized into two groups: those who are born with one and those who acquire (or realize) one. People born with a disability

may experience isolation or sheltering from their community. As a result, they may have little or no expectations for themselves. These individuals understand what it is to live with a disability yet may feel defined and limited by disability. People experiencing disability later in life have some experience in society’s “normal” boundaries of functionality. These people may be comparing their present experience with the “normal” one they remember. Emotions such as regret, anger, hate, and frustration are just a few feelings these individuals may experience. Individuals within disability groups may have been cultured or taught to believe that disability is a weakness that should be hidden or disguised. Furthermore, society often limits expectations of the disabled population in the workforce and in the community. Focusing on these and other issues is important in adjustment to disability.

Mentors can help with adjustment to disability in a variety of ways. Mentoring services may come from counselors or advisors, but role models and peer supporters are beneficial to the adjustment process as well (Whelley et al., 2003). Mentors share their views, explaining that disability is not the end of the world and that life is still fulfilling. Mentors are helpful in debunking myths and stereotypes of people with disabilities. In addition, mentors can address their own adjustment issues. They may reassure a consumer by sharing, “I understand what you are saying and I’ve been there.” Role mentors lead consumers by example and often share a unique bond of disability experience. However, consideration should be made to matching individuals in a mentoring, peer, or role model environment. Pairing mentors and consumers with similar disabilities while considering other factors such as race, gender, and ethnicity is very important.

Mentors can provide a natural support that buys credibility with a disabled person when other attempts may fail. Furthermore, a mentor is

vital in being a source of encouragement that allows a disabled person to expand expectations for both employment and life goals.

“Positive relationships with mentors and role models have been shown to enhance career development and social and emotional aspects in an individual’s life” (Whelley et al., 2003, p. 43).

Exposure to mentor figures can have a positive lifelong impact. “An individual’s identification and connection with a role model, even when it is short term, can have long lasting impact” (Whelley et al., 2003, p. 45). The experience of building a relationship with a mentor can enhance the VR process. Mentoring or peer networking provides a forum in which the person can be comfortable asking about everything from very specific disability-related questions to what types of assistive technology devices function best in the workplace (Rigger, 2003).

Mentoring Program Partnerships with Consumer Organizations

One example of a mentoring program that includes consumer organizations is the partnership between the College of San Mateo and consumer and community organizations. The College of San Mateo’s Transition to College program has been highly successful in helping individuals with psychological disabilities attend college and achieve academic, vocational, and personal goals (Stringari, 2003). The program has a collaborative approach that combines peer support with a special emphasis on instruction and educational accommodations to help students succeed in college. Some of these mentors are from consumer organizations. Traditionally, the attrition rate for individuals with psychological disabilities has been exceptionally high. The Transition to College program, which was established in the spring of 1991, has successfully reversed this trend at the

College of San Mateo; the program boasts a retention rate of 83%.

Another mentoring program affiliated with a consumer organization is offered at the Louisiana Center for the Blind. Their Buddy program and Summer Training and Employment Project (STEP) exclusively employ counselors who are blind and have completed the training program for adults. They live with the students in apartments and also teach classes.

The Buddy program is for children from elementary through middle school. During this 4-week program, the kids participate in classes such as Braille, orientation and mobility, adaptive technology, daily living skills, and discussion about issues of blindness. The 8-week-long STEP program for high school-aged students has a 4-week work adjunct to the training. The mentors and mentees attend the national convention and further widen their number of role models by networking with persons of varying occupations from other parts of the country.

The counselors serve as teachers, mentors, and friends. They also participate in various recreational activities and are involved in the National Federation of the Blind, a consumer organization. They attend chapter meetings and meet leaders within the organization. Through these programs, the children and their parents develop mentoring relationships and find a network of successful persons who are blind. These relationships continue through phone and e-mail contact and through attendance at state and national conventions, as well as local chapter meetings. These mentoring relationships assist the children throughout their school careers and on into adulthood and can be long-lasting and meaningful to both the mentor and mentee.

Mentoring Involving VR Staff

Peer mentoring helps not only the consumer but also the counselor. Large caseloads make it difficult for counselors to give the consumer the amount of time it takes to be an effective mentor (Whelley et al., 2003). Beyond that, however, VR staff have been able to better serve consumers after going through mentoring themselves.

In 2002, the state of Washington began a process of assessing the services that DVR provided to deaf-blind consumers. One specific effort to evaluate these services was the establishment of a deaf-blind task force. The project was initiated because an individual counselor, who was in a formal mentoring relationship with the DVR director, asked to establish a formal effort to improve services to deaf-blind consumers. This particular counselor happened to also be deaf. She had begun the relationship to learn administrative processes and leadership in the public VR program.

The effort included an event that brought together representatives from several consumer organizations who represented the deaf-blind community. In preparation for the event, two consumer organizations took on the role of mentoring the DVR director so that he could learn deaf-blind culture and deaf-blind community issues. For several months, several different deaf-blind consumers met with the director in a variety of social settings such as picnics, restaurants, meetings, a Halloween party, and fundraisers. The director, who could not use sign language, had his own interpreters for each of these events. The DVR director and four DVR staff (a counselor, a supervisor, a trainer, and an employment specialist) later attended the American Association of Deaf-Blind annual conference.

As part of the task force process, it was discovered that not only were DVR employees unfa-

miliar with deaf-blind culture, but members of the deaf-blind community were unfamiliar with how the state government and, in particular, the DVR worked, made decisions, and served customers. As part of the advisory process, DVR leadership agreed to serve a mentoring role with members of the deaf-blind community in creating better understanding and more effective models in interacting with Washington State government.

DVR established a 5-year mentoring program involving two consumers each year who formally established mentoring relationships with DVR leadership. During the first year of the program, one individual worked in a relationship with the DVR director and one individual established a mentoring relationship with the chief of special programs (the individual in charge of policy development and decision making). In addition, these individuals participated in the regular DVR group mentoring meetings with other mentoring pairs. As part of the mentoring relationships, the individual mentees attended management meetings, policy meetings, budget meetings, and other activities to learn about the political and government process. Additionally, the mentees were expected to return to the community with the information and attempt to apply what was learned in formal activities. As part of the mentoring relationships, results were regularly reported to the DVR Deaf-Blind Advisory Group.

To date, the initial group of mentees has completed their program and the second group of mentees has begun their new relationships. Obviously, the impact of this project cannot yet be determined. However, its most interesting component is the 360-degree mentoring that has occurred. A counselor in a mentoring relationship helped to establish the deaf-blind task force to improve services; as a result of the task force, the consumer organizations and deaf-blind community mentored the director of DVR, who in turn helped mentor members of

the deaf-blind community regarding government action and political activities. It is an ongoing relationship. The hopeful results strengthen the public VR program and the consumer organizations who represent deaf-blind consumers.

The Value of Mentoring

Rehabilitation professionals have recognized the value of building success by studying best practices of other professionals and successful model programs. Several emerging models for mentoring have already been described; additional ones are summarized in the table. Connecting individuals being served by the VR program with mentors who have disabilities—who possess practical knowledge and first-hand experience and who have achieved high-quality employment and independence through their participation in the VR process—helps guide VR participants to make positive choices regarding their programs and their lives.

Consumer organizations can provide a number of role models and peer mentors from whom the VR agency can draw to enhance the rehabilitation experience. Role models and peer mentors are a vital part of an individual's growth

experience in the rehabilitation process. For example, constant exposure of the blind orientation and mobility consumer to experienced blind cane travelers is essential and has a tremendous enriching and positive reinforcing effect on the learning experience of the blind student. The experienced blind cane traveler can offer inspiration, support, and encouragement to the novice cane traveler; can offer opportunities for beginning travelers to experience real-life situations; can present challenges that stretch the individual's expectations toward independent cane travel; and can increase the individual's confidence level (Hawkins & Cordova, 2004).

Pairing VR consumers with those who have successfully started their own small businesses can provide valuable insight in learning strategies to become successful. In addition, past VR consumers who mentor others with similar disabilities or in a similar occupation can share how they overcame obstacles and propelled themselves to become self-sufficient and independent through employment. Many mentoring options are available. The right option for a particular individual depends on his or her unique needs and the resources available in the community.

Table. Emerging Mentoring Models

State	Project contact information	<i>Project description</i>
CA	Regina Snowden, CEO Partners for Youth with Disabilities Phone (voice): 617-556-4075 TTY: 617-314-2989 Fax: 617-556-4074 Website: http://www.pyd.org	<p>Partners for Youth with Disabilities delivers unique mentoring services for youth with disabilities. In addition to its core one-on-one mentor match program, the program offers group and educational programs that build skills in independent living, self-advocacy, entrepreneurship, and career development and provide opportunities for socialization, leadership, community service, healthy living, and participation in the arts. Role models share their own stories and inspire young people to gain confidence to face their futures. Programs and events are accessible to individuals with disabilities from diverse cultural backgrounds. Mentors and mentees make a 1-year commitment to meet monthly and have telephone or e-mail contact weekly. After a thorough screening process, participants are matched according to similar disability, common interests and hobbies, and geographical proximity. Mentors attend mandatory group training sessions, and participants are also encouraged to participate in fun group outings sponsored by the program every 3 months (Partners for Youth with Disabilities, 2005).</p>
IA	Keri Nuzum, Transition Mentoring Specialist Pathfinders Mentoring Program Iowa Department for the Blind 524 Fourth Street Des Moines, IA 50309-2364 Phone: (515) 281-1322; 1-800-362-2587 (M-F, 8 am to 5 pm) TTY: (515) 281-1355 E-mail: nuzum.keri@blind.state.ia.us	<p>Pathfinders Mentoring Program matches young adults aged 16 to 26 who are blind or visually impaired and living in Iowa with successful and competent mentors who also have vision loss. The goal of this program is to help young adults achieve increased confidence and self-esteem, academic success, quality employment, and full community and social integration. Young adults are able to build a positive one-on-one relationship with a successful mentor, as well as network with many other successful blind adults. Through this powerful relationship, young adults gain the support and skills needed for success (Iowa Department for the Blind, 2003).</p>

State	Project contact information	<i>Project description</i>
MA	Sasha Bowers, MSW, MPH Tara McKee, BBA Kathy Furlong-Norman, MSW Jump Start Center for Psychiatric Rehabilitation Sargent College of Health and Rehabilitation Sciences Boston University 940 Commonwealth Ave W Boston, MA 02215 Phone: 617-353-3549 Fax: 617-353-7700 Website: http://www.bu.edu/cpr/Jump	Start, a unique career development and mentoring program that addresses the recovery and vocational needs of young adults (aged 16 to 26) with psychiatric disabilities, was launched in November 2002. Jump Start is a 1-year program funded by the RSA. Its goal is to assist these young adults in their recovery and career development processes by helping them gain the skills, confidence, and education they need to effectively transition from school to high-quality employment and/or postsecondary education and greater independence. Mentors work in a variety of fields, such as law, business, research, human services, and the arts, and possess a wide range of career accomplishments. They serve as friends, teachers, role models, listeners, and coaches by providing advice, support, compassionate feedback, and encouragement during the 1 to 3 hours they meet with their mentees each week (Center for Psychiatric Rehabilitation, Boston University, 2003).
MO	Cynthia Keele NAMI of Missouri 1001 Southwest Boulevard Suite E Jefferson City, MO 65109 Phone: 573-634-7727 E-mail: namimockj@aol.com	NAMI of Missouri identifies, recruits, trains, and supports consumers in delivering the message that the mental health system must be recovery-based. Consumers are trained in leadership skills and self-advocacy skills; serve as mentors in advanced levels of recovery; reach Missourians who receive minimal supports; educate the public about mental illness; and regard consumers in the same light as other people with potentially disabling conditions.
TX	Karen Wolffe, PhD American Foundation for the Blind 2109 Rabb Glenn Street Austin, TX 78704 Phone: 512-707-0525 Fax: 512-707-8227 E-mail: wolffe@afb.net	CareerConnect is a free, fully accessible, and manageable set of resources intended to help people who are blind or visually impaired learn about the range and diversity of careers in the United States and Canada. At the heart of Career Connect is its mentor database of over 1,000 blind or visually impaired people working in more than 300 jobs, from restaurant owners to radio personalities to astronomers. Efforts are underway to include more jobs that do not require postsecondary training and to ensure strong geographic representation. The CareerConnect mentorship program provides information on career choices to blind and visually impaired people of all ages; their family members and friends or coworkers; service providers (teachers, counselors, and others) working with them; and researchers. The online format enables individuals to contact mentors quickly, efficiently, and with a minimum of expense. Because blindness is such a rare disability, finding a local mentor can be difficult in many communities. Without appropriate role models, individuals who are blind or visually impaired may not believe

State	Project contact information	<i>Project description</i>
		<p>they can succeed or reach their full potential. Interacting with people who have experienced the challenges of blindness and overcome them can inspire hope and bolster individual efforts.</p> <p>CareerConnect mentors are adults who are visually impaired and typically employed (although on occasion, they may be retired) and strongly supportive of visually impaired people entering the workforce. Mentors share their insights on obtaining work, keeping a job (for example, how they handle commuting, navigating the office, accessing print documents, using assistive technology, and collaborating with co-workers), and advancing in their chosen career. They may also provide guidance on using the CareerConnect website and related resources (American Foundation for the Blind, 1986).</p>
VA	<p>Jennifer Richter Mentors Online: The E-mentoring Tool Kit 1600 Duke Street, Suite 300 Alexandria, VA 22314 703-224-2200 Website: www.mentoring.org</p>	<p>Mentors Online: The E-mentoring Tool Kit is the first free-standing software that safely connects adults with underserved youth in a secure, private online environment. This innovative and user-friendly tool is helping to expand the number of mentoring programs nationally, as well as increase the capacity of existing face-to-face mentoring programs. Mentors Online, an important adjunct to the resources available through MENTOR's National E-mentoring Clearinghouse, provides e-mentoring training, activities, and support. It includes e-mail agent software, installation overviews, mentor and mentee program websites, a program coordinator's guide, and a quick start guide (MENTOR/National Mentorship Partnership, 1990).</p>
DC	<p>Kim Cordingly U.S. Department of Labor The Office of Disability Employment Policy Frances Perkins Building 200 Constitution Avenue, NW Washington, DC 20210 Phone: 1-866-633-7365 TTY: 1-877-889-5627 Fax: 202-693-7888 E-mail: kcording@wvu.edu</p>	<p>The Office of Disability Employment Policy sponsors programs that offer on-the-job mentoring opportunities. Individuals planning or advancing their careers receive information, encouragement, and advice from their mentors, who are experienced in the career field of the mentee. Mentors get a first-hand look at the mentee's abilities while serving as trusted counselors or teachers. Employees in the workplace benefit from the positive dynamic created by all individuals involved in the mentoring process. Another resource for mentoring is the Office of Disability Employment Policy's Business Leadership Network (BLN; see www.dol.gov/odep), which represents U.S. companies committed to hiring qualified job candidates with disabilities.</p>

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Chapter 2 Study Questions:

1. Corporations are beginning to utilize formal mentoring relationships as part of succession planning in diversity efforts.
True False
2. Long-term mentoring relationships have been known to be minimally effective in assisting individuals with disabilities to excel in education and employment.
True False
3. Three examples of mentoring relationships are one-on-one, group, and team.
True False
4. Mentoring is always a formal process.
True False
5. Mentoring is an important tool in adjustment to disability because it addresses self-reliance and self-determination and cultivates confidence and belief in oneself.
True False
6. Mentoring services may come from counselors or advisors, but role models and peer supporters are not beneficial to the adjustment process.
True False
7. Two examples of mentoring programs that are affiliated with consumer organizations and employ only specially trained counselors who are blind are the Buddy program and the STEP summer programs for children offered at the Louisiana Center for the Blind.
True False
8. Large VR counselor caseloads make it difficult for counselors to give the consumer the amount of time it takes to be an effective mentor.
True False
9. Connecting individuals being served by the VR program with mentors who have disabilities helps guide VR participants to make positive choices regarding their programs and their lives.
True False
10. Pairing VR consumers with those who have successfully started their own small businesses has provided little valuable insight in learning strategies to become successful.
True False

CHAPTER 3

Capacity Building, Training, and Education

W. Scott Forbes, Catherine Campisi, Randy Johnson, Michael O'Brien, and Jamie Pope

Roethke (1996, p. 216) described what may sometimes be thought of as the ideal skill set for rehabilitation counselors, “people who specialize in the impossible.” Bruch (1999) noted, “Rehabilitation counselors need the ability to access solutions where others perhaps see roadblocks or dead ends” (p. 310). The ability to not only serve individuals with a disability, but also to provide services within the structure of an ever-changing state vocational rehabilitation (VR) system is developed over time. It is introduced to the VR counselor through formal education and then strengthened by in-service training and experience working within the state VR system.

Why would a VR counselor working in the state VR system need training on consumer organizations? Consumer informed choice, by definition, necessity, and law, requires that individuals have information that will enable them to make informed choices throughout the rehabilitation process (Mpofu, 2000). While VR counselors can be expected to contribute to that information base, they are not the sole source of that information.

Consumer organizations are an important source of VR information. Consumer organizations and consumer advocacy have increased

consumers’ awareness of their rights and responsibilities (Hershenson & McKenna, 1998; Nosek, 1998). This demystification of the role of the consumer in the rehabilitation process has helped empower the consumer to take a more active role in his or her rehabilitation.

To continue this positive trend, it is vital that the training of VR counselors include consumer organizations. Consumer organizations working in collaboration with counselor education programs for pre-service training and with state VR agencies for in-service training can provide a host of information and help to shape the counselor training process. Such collaboration could serve as a way for counselors to not only gain information but also develop networking skills. Collaboration would build an ongoing relationship that provides the counselor an added resource to better serve the consumer. In addition, this collaboration would help the consumer organization better understand the ever-changing nature of the state VR system.

Networking may be thought of as “the ability to create and maintain an effective, widely based system of resources that work to the mutual benefit of oneself and others” (Byrum-Robinson & Womeldorff, 1990, p. 155). The

benefits of networking include “providing links to both personal and professional empowerment” (Bruch, 1999, p. 310). Networking can be done by meeting in person, contact by phone, or even e-mail communication (Barrett, 1994).

As important as networking is, it is sometimes described as a side effect of working as a rehabilitation counselor or as something “left to chance” rather than something done intentionally (Bruch, 1999). To ensure that networking is not left to chance, consumer organizations should be included in the pre-service and in-service training of VR counselors.

Graduate Education Curriculum

An old truism about graduate school states, “If students knew everything, they wouldn’t need professors.” Yet, some have suggested that students choose rehabilitation counseling because they know about disability. Has this belief been found to be true? Studies have indicated that personal experience with disability is only one of many factors that students report for choosing the field (Dixon, Emener, Kelley, & Wright, 1999). To date, however, no published studies have measured the knowledge students in counselor education programs have of consumer organizations. If all the students do not arrive at school with the knowledge, then they must be taught.

One way to include consumer organizations in the curriculum of counselor education programs is to add a course on the consumer perspective on disability and consumer organizations as resources in the rehabilitation process. Though this could be a cumbersome undertaking, it would ensure that graduates of counselor education programs have had training on consumer organizations.

When adding a course or changing an academic program, some universities form an advisory

council to provide input (Steere, 1999). If the advisory council included members of consumer organizations, they could serve as an important source for information about not only the activities of their respective organizations but also their individual experiences of disability. The council could also identify consumer organizations that could participate in various parts of the existing curriculum. There is an added benefit to having an advisory council. Steere (1999) noted, “The council serves as an important mechanism for pacing our change efforts, as the members expect to hear of advancements . . . at our next meeting” (p. 297).

Training on consumer organizations could also be incorporated into the existing curriculum. For example, most VR counselor education programs include courses on the medical and psychosocial aspects of disability. McFarlane (1999) noted that a rehabilitation counselor needs the knowledge to help him or her understand “information and research about medical, psychological, and sociological aspects of individuals” (p. 10).

Training on the medical aspects of disability is “documented in the rehabilitation literature and the history and growth of the rehabilitation counseling profession” (Kuehn, 1997, p. 161). Such courses may contain etiological and physiological information on a variety of disabilities. They may also contain a unit on medical issues in chronic illness and disability that would comprise (1) the changing health care system, (2) medical case management, (3) chronic pain, (4) sexuality, (5) lifestyle, (6) life stage, (7) emotional reactions and adjustment, and (8) technology and treatment (Kuehn, 1997). One way to teach these courses is to bring in guest speakers to provide an opportunity for “discussion with individuals experiencing the condition being reviewed” (Kuehn, 1997, p. 168). A consumer organiza-

tion member could address not only his or her personal experience with disability but also experience with medical interventions. Such a presentation would give students first-hand information on procedures and their perceived effectiveness from a consumer.

Training on the psychosocial aspects of disability “offers the student the integration of theory, research, and practice toward the development of a comprehensive perspective, leading to a better understanding of the psychological impact of chronic illness and disability on the lives of people with disabilities” (Livneh & Thomas, 1997, p. 173). Elements of a course on psychosocial aspects of disability may help to give a student (1) an initial understanding of the impact of external environmental conditions on the lives of people with disabilities, (2) a recognition of the role and status of people with disabilities in our society from both a historical and current perspective, (3) knowledge of the many psychosocial variables associated with specific chronic illnesses and disability, and (4) an appreciation of the dynamic interaction between the rehabilitation client and the larger social context (Livneh & Thomas, 1997). As with the medical aspects courses, the use of guest speakers or visiting lecturers could be an effective instructional method for these courses. Livneh & Thomas (1997) suggested that guest presentations for psychosocial aspects of disability courses address “(1) attitudes experienced when interacting with others; and (2) the types of reactions experienced and coping strategies adopted following the onset of disability” (p. 178).

In addition to guest speakers, Bruch (1999) suggested that students in rehabilitation counselor education programs could, as a part of the curriculum, be matched with an alumnus of the program whose career duties corresponded to the student’s career goals. To help fill the gap of the student’s knowledge about consumer

organizations, students could also be matched with consumer organizations associated with their interests. For example, students with a particular interest in working with people who are blind could be matched with a consumer organization comprising people who are blind. Such an assignment would not be a formal mentoring program but would instead be a way to begin the future rehabilitation counselor’s networking. Similarly, Racino (1999) discussed assignments in which the student gets to know his or her community. Clearly, such an assignment would include getting to know consumer organizations and could serve as a way to open the lines of communication with rehabilitation counselors as they are being trained in school.

Training for New VR Staff Members

In many cases, VR counselors are graduates of master’s degree programs that include courses on the medical and psychosocial aspects of disability. While such training can educate a counselor about the etiology, physiology, and medical interventions that may typically be used with some disabilities, it can be bereft of information related to challenges a person with a disability can face when going to work. Ann Ford, executive director of the Illinois Network for Centers for Independent Living, noted that one way of addressing this potential paucity in the graduate education of new counselors is to have presentations to new counselors during new counselor orientation. These presentations, given by members of a consumer organization, can relate the individual’s experience not only with his or her disability but also with navigating the world of work (A. Ford, personal communication, January 25, 2005).

New staff orientation training for VR staff serving consumers who are blind or visually impaired frequently includes immersion experiences in blindness. For a period of 1 to 2 weeks, the new staff members learn independ-

ent living and mobility skills wearing blind-folds or goggles to simulate blindness. This kind of immersion can broaden learning experiences and has immediate application when working with individuals who are blind or visually impaired. Additionally, such experiences can help new staff members sharpen their teaching skills and can cue them to develop different instructional methods. This type of immersion experience can be particularly instructive for counselors who have never had any experience with disability.

In-Service Training

McFarlane (1999) wrote that learning is a journey that “does not begin and end at the doors of schools and universities” (p. 3). He added that a rehabilitation counselor needs to possess an attitude that “supports the physical and psychological well-being of the person with a disability” (p. 6). Such an attitude is consistent with empowerment and the right of self-determination for people with disabilities.

So, how can in-service training meet the need for counselors to continue to develop this attitude and knowledge? McFarlane (1999) suggested that one way is through community and organizational collaboration “that result[s] in shared information, focused outcomes, and partnerships” (p. 10). While this concept may be easily understood, it can prove very difficult to implement because it requires removing barriers at the personal, provider, and organizational levels and replacing these barriers with bridges.

Individual consumers can also assist a counselor. “Consumers have skills and abilities that counselors can use for themselves and for their other clients,” wrote Susan Daniels (1976, p. 610) almost 30 years ago. She described how a group of people with the same disability were able to offer each other mutual assistance.

Daniels went on to state that in addition to offering people with disabilities technical and disability-specific information, consumer organizations could help address sociological issues, including social isolation (Daniels, 1976). However, she noted that consumers could also serve as educators to the VR agency by giving feedback to the agency on the provision of services.

Combined in-service training and immersion experiences are also useful for the counselor.

Combined In-Service Training

Why would VR staff members want training with members of a consumer organization? Why would members of a consumer organization want a training session with VR staff members? What could either group hope to gain from this experience?

One example of such a collaborative effort is the Center for Independent Living (CIL)/Office of Rehabilitation Services Workgroup training conducted throughout the State of Illinois during spring 2004. This training brought together VR staff and CIL staff and members for a day of training that allowed for open dialogue between VR and these consumer organizations. The impetus behind this training was that CIL and VR were frequently trying to serve the same people. Both groups have a legal framework under the Rehabilitation Act of 1973 in which they operate. Despite having this in common, however, there were some mis-understandings and communication failures between the two groups. The cultures of the groups differ significantly, but it can be argued that their goal is the same, to help people with disabilities improve the quality of their lives.

During the training, participants were presented with the way in which both CIL and VR work to serve people with disabilities. Topics included federal law, state law, and agency policy as

well as the independent living philosophy, as outlined in the Rehabilitation Act, of (a) consumer control, (b) self-help and self-advocacy, (c) development of peer relationships and peer role models, and (d) equal access of individuals with significant disabilities to society and to all services, programs, activities, resources, and facilities, whether public or private and regardless of the funding source.

Ann Ford, executive director of the Illinois Network of Centers for Independent Living, noted that this type of joint training opportunity allowed groups to learn from each other in a mutually supportive environment. She said that the members and staff “were able to learn the rules and regulations that VR has to follow. As a consumer organization, a CIL can and should advocate to law and policy makers when these rules and laws may have unintended, negative consequences or may not be helping. VR counselors may not be able to do that in their official capacity” (A. Ford, personal communication, January 25, 2005). Almost 30 years earlier, Daniels (1976) noted, “Counselors within an . . . agency work within certain constraints, which may include factors of time, money, services, and the like.” Rob Kilbury, director of the Division of Rehabilitation Services for Illinois, agreed that the joint training demystified the rules and regulations under which VR operates but also noted that it helped open the lines of communication and to improve the quality of services by strengthening collaboration between CIL and VR (R. Kilbury, personal communication, January 25, 2005).

As the director of the Division of Rehabilitation Services for Illinois, Dr. Kilbury frequently visits local VR offices. When he visits areas that have a CIL, he holds meetings with VR staff members in the local CIL. These meetings help to sustain the communication and collaboration that began with the workgroup meetings (R. Kilbury, personal communication, January 25, 2005).

Immersion

According to the *Merriam-Webster Dictionary*, immersion means “the act of immersing; to plunge into something that surrounds or covers; engross, absorb.” VR counselors can get immersion experiences with consumers and consumer organizations in a variety of ways, including attending consumer-run conferences and meetings. As already mentioned, immersion experiences can also be incorporated into new staff orientation.

By attending a consumer conference, that is, a conference organized by and for consumers, counselors are exposed to hundreds of consumers in one place at the same time. Such an exposure can teach a VR counselor about issues that may or may not have been part of the textbooks from graduate school. For example, the VR counselor can learn how individual consumers cope with challenges related to their disabilities, going beyond the global perspective sometimes taught in the classroom. By learning how individual consumers go about their daily lives, how they achieve their goals and overcome barriers, the VR counselor can come to better understand the individual experience of disability, the philosophy at the core of the individualized plan for employment.

Additionally, VR counselors can learn about the attitudes consumers have about themselves and their disability as well as the philosophy of the consumer organization. Related to the philosophy of the consumer organization, the VR counselor can learn what resources are seen as helpful to consumers and what resources are viewed as a hindrance. The rich knowledge and hands-on experience gained from immersion in consumer conferences can go a long way in VR counselors’ developing better understanding and skills to work with specific disability groups.

Frequently, such meetings feature a social component. By being part of such a social gather-

ing, the VR counselor can gain knowledge about how a person with a disability interacts with the world. Former Rehabilitation Services Administration Commissioner Joanne Wilson noted in her remarks to the National Federation of the Blind that such immersion experiences help VR professionals improve at their jobs because they better understand the wants and needs of people with disabilities (Wilson, 2004).

Consumer Organizations and Peer Training

The concept of people with disabilities helping educate or mentor other people with disabilities dates back to at least 1958. In that year, Virginia Grace Wilson “Gini” Laurie and her husband financed the newspaper *Toomeyville Gazette*. The writers and readers of the *Gazette* were men and women with polio. Through the pages of the newspaper, they were able to share tips with each other (Levy, 1988). Laurie was quoted as saying, “The . . . *Gazette* distributed knowledge, and knowledge is power” (Levy, 1988).

While there is historical precedent for this type of training, it cannot be said that there is universal belief in its utility. This view is reflected

in Dr. Fredric Schroeder’s comment, “We meet resistance founded in the belief that it is the professional who knows what is best for the [person with a disability]” (Schroeder, 1989, p. 293).

Nevertheless, there is an increasing demand for more educated consumers to assume leadership positions in consumer-controlled endeavors (Kelley, Dixon, Emener, & Wright, 1999). In response to this demand, some programs have been formed at higher education institutions. For example, the College of San Mateo, discussed on page 15, offers the Peer Support Services Certificate of Completion. The program instructs students in providing strength-based peer support focused on empowerment for people recovering from mental illness (Stringari, 2003). The curriculum includes training in peer counseling, recovery, and skill development for career growth and is focused on preparing students to work with others who also have a mental illness diagnosis. Training consumer organization members in these skills can provide them with the tools needed to work more effectively with their peers, have better interpersonal communication skills, and increase their self-efficacy, leading to greater empowerment.

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CHAPTER 4

Value-Added Services: Using Consumer Organizations to Enhance Successful VR Outcomes

Suzanne Mitchell, Charlene Dwyer, and W. Scott Forbes

The 2000 U.S. Census found that 56.6% of working-age Americans with disabilities are employed compared with 77.2% of non-disabled Americans (U.S. Census Bureau, 2000). This employment gap points to the need for innovative practices and greater resources in the vocational rehabilitation (VR) process so that persons with disabilities can achieve parity in the work world. When the growing number of Americans with disabilities in need of VR services is coupled with ever-tightening resources in the public VR program, collaboration between consumer organizations and VR can be viewed as both critical and economically expedient.

Consumer organizations have historically been in the forefront of major changes in the Rehabilitation Act as well as in other sweeping legislation affecting persons with disabilities. These organizations can be a mechanism by which both “individual and professional needs and desires are expressed in the political process” (Grabois, 2001). Ann Ford, executive director of the Illinois Network of Centers for Independent Living, noted that consumer

organizations, and in particular centers for independent living, can and should advocate to lawmakers and policymakers when rules and laws have unintended negative consequences or may not be helping. Conversely, she acknowledged that people working in an official capacity with a state VR agency might not be able to be involved (A. Ford, personal communication, January 25, 2005). One rationale for collaboration is to refine, and in some cases revise, public law and policy.

The concept of self-direction and empowerment—that the consumer should direct his or her life and any rehabilitation he or she chooses—is not new. This concept is embedded in the philosophy of most consumer organizations, advocacy groups, and in particular in the independent living movement (DeJong, 1979). The evolution of VR has seen the public VR program move away from a medical model paradigm, in which the “deficit” resides in the individual who needs to be “fixed,” toward an empowerment or independent living paradigm, in which limitations and barriers are viewed in the context of the environment, and services are

constructed to allow for consumer empowerment and consumer informed choice. Consequently, the VR counselor's role has shifted to that of a uniquely skilled "change agent" who assists consumers with disabilities to realize their full potential through knowledgeable expertise, guidance, and counseling. This paradigm shift is clearly consumer-directed and offers an additional rationale for collaboration between consumer organizations and VR.

The 17th Institute on Rehabilitation Issues (IRI) publication (Thayer & Rice, 1990, as cited in Stoddard & Premo, 2004) examined collaboration between VR and one variant of consumer organizations, centers for independent living (CIL). It was noted that many of the services a CIL extends to individuals with disabilities, such as independent living skills training, self-advocacy, and positive peer modeling, are sometimes described as precursors to successful employment (Stoddard & Premo, 2004). Other consumer organizations, most notably those that work with the blind and deaf-blind, have been responsible for crafting programs based upon their philosophies to promote success in the VR process.

Another potential role for consumer organizations in the VR process is to assist the VR counselor in helping the consumer learn about probable careers. One way that this is done is through formal and informal mentoring. An example is the Coalition of Citizens with Disabilities in Illinois and its work with the Illinois Office of Rehabilitation Services on Disability Mentoring Day (Hayes & Kidd, 2004). Disability Mentoring Day is an international event officially commemorated on the third Wednesday of October; it was started in 2001 by the American Association of People with Disabilities. The goal of Disability Mentoring Day is to promote career development by allowing students and job seekers with disabilities opportunities for job shadowing and

hands-on career exploration. Members of the Coalition of Citizens with Disabilities in Illinois coordinated with staff of the Illinois Office of Rehabilitation Services to place interested students in locations throughout the state. During 2003, RSA provided a million dollars to fund a 5-year mentoring program.

Clearly, consumer organizations have multiple roles to play in the VR process, which can support the vital work of the VR counselor, ranging from political advocacy to mentoring to assistance in traversing the rehabilitation system and the myriad of disability-related programs.

Utilizing Consumer Organizations in the Case Services Process

Navigating the VR process can be challenging for both consumers and rehabilitation counselors. Ideally, every available resource to facilitate and expedite the process from referral and application to successful employment outcomes should be utilized, including consumer organizations. The Rehabilitation Act of 1973, as amended (the Act), represents consumer-driven policy that reinforces the clear intent of consumer involvement and partnership in the rehabilitation process, not only by the individual customer but also, by extension, by consumer organizations that serve as the voice of the disability community. Section 2(c) of the Act states:

It is the policy of the United States that all programs, projects, and activities receiving assistance under this Act shall be carried out in a manner consistent with the principles of:

1. Respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, of individuals with disabilities;

2. Respect for the privacy, rights, and equal access (including the use of accessible formats) of the individuals;
3. Inclusion, integration, and full participation of the individuals;
4. Support for the involvement of an individual's representative if an individual with a disability requests, desires, or needs such support; and
5. Support for individual and systemic advocacy and community involvement (pp. 2-3).

In the public VR process, each individual progresses through a series of stages, including referral and application, eligibility determination, assessment, development of the individualized plan for employment (IPE), service planning and delivery, and placement and follow-up. Post-employment services can also be provided. Throughout the VR process, consumer organizations can play a vital role in assisting the counselor-consumer partnership in maximizing self-sufficiency and obtaining a successful employment outcome.

Rehabilitation counselors are familiar with a multitude of tools and techniques to assist them in providing the assessment, guidance, and counseling needed to help VR consumers make informed choices and bring about positive employment outcomes. During career exploration, counselors might suggest to their consumers activities such as vocational assessments, interest inventories, job shadowing, information-gathering interviews with employers, job simulations, and more. According to a study by Patterson, Patrick, and Parker (2000) in which participant groups of counselors were asked "What problems have you or your colleagues experienced in assuring choice throughout the rehabilitation process?" the problem statements most often identified were "(a) unrealistic vocational goals held by consumer, (b) consumers

request more services than are necessary to achieve suitable employment, (c) consumer wants the most expensive services versus reasonable cost/professional recommendations, and (d) ways to balance consumer expectations with reality." The collective experiences of members of consumer organizations—many of whom have negotiated the VR process themselves, who have an in-depth understanding of the "realities" and expectations associated with a disability and the VR process and who can serve as mentors and role models to provide successful reality checks and expectations—are an invaluable, often overlooked, and underutilized resource for VR counselors. Clearly, throughout the VR process, there is an opportunity for consumer organizations to offer a multitude of services.

Referral and Application

Consumer organizations offer a ready-made applicant pool and marketing tool for the VR program. Individuals in these organizations who have successfully completed a VR program and are well satisfied with the services and outcome they achieved will be the best spokespersons and referral agents for the program. Satisfied consumers will spread the word. Consumer organizations provide a direct network to reach persons with disabilities.

So what can an agency or rehabilitation counselor do to maximize referrals and applicants?

- Most importantly, get involved in consumer organizations at the local, state, and national levels. Become immersed in the culture and the issues by attending consumer organization meetings and interacting with the organization's members. For manageability, partner with other counselors to create a team approach to minimize the time commitment and maximize the results.

- Connect successful VR customers with consumer organizations so that they can spread the good word about VR and serve as mentors and role models for potential applicants in negotiating the VR process.
- Routinely provide new VR applicants with information about consumer organizations, especially those that are relevant to their specific disability.
- Be available to answer questions about VR services and to take applications at consumer organization meetings.
- Members of consumer organizations can and do serve as representatives and advocates for applicants.
- Very often, an advocate from a consumer organization can provide additional information, where appropriate, to assist in the assessment process in areas such as interests, interpersonal skills, related functional capacities, personal and social adjustment, and social, recreational, and environmental factors that affect the rehabilitation needs of the individual.

Eligibility

To be eligible for VR services, an individual must (1) be an individual with a disability as defined in the Act (i.e., an individual who has a physical or mental impairment that constitutes or results in a substantial impediment to employment for the individual and who can benefit from VR services to achieve an employment outcome) and (2) require VR services to prepare for, secure, retain, or regain employment. Individuals who receive Supplemental Security Income and/or Social Security Disability Insurance benefits are presumed to be eligible for VR services unless there is clear and convincing evidence that they are too severely disabled to benefit from VR services. Some applicants utilize a representative in the eligibility process; this person can be “a parent, a family member, a guardian, an advocate, or an authorized representative of an individual or applicant” (The Act, Definitions (22), p. 17). The individual’s representative means “any representative chosen by an applicant or eligible individual, as appropriate . . . unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual’s representative.” (34 CFR 361.5(b)(32))

How can consumer organizations help applicants and support VR counselors during the eligibility process?

Individualized Plan for Employment

The IPE is the roadmap leading to success in the VR process. It is the mechanism by which individuals who participate in the VR program can achieve independence and high-quality employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. As a planning tool, the IPE assists individuals in identifying their chosen career or employment goal and the necessary steps to achieve that goal.

The Rehabilitation Act is quite specific in requiring that individuals be empowered to make informed choices (Sec 102(b)(2)(B)):

(B) Informed choice

An individualized plan for employment shall be developed and implemented in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an employment outcome, the specific vocational rehabilitation services to be provided under the plan, the entity that will provide the vocational rehabilitation services, and the methods used to procure the services (p. 61).

Therefore, it is imperative that individuals be provided accurate and comprehensive information. Under the Act, the state VR agency is

mandated to provide individuals with the available options for developing the IPE. In setting forth the options available for the development of the IPE, section 102(b)(1) of the Rehabilitation Act of 1973 states:

(b) Development of an Individualized Plan for Employment

(1) Options for developing an individualized plan for employment

If an individual is determined to be eligible for vocational rehabilitation services as described in subsection (a), the designated State unit shall complete the assessment for determining eligibility and vocational rehabilitation needs, as appropriate, and shall provide the eligible individual or the individual's representative, in writing and in an appropriate mode of communication, with information on the individual's options for developing an individualized plan for employment, including—

- (A) information on the availability of assistance, to the extent determined to be appropriate by the eligible individual, from a qualified vocational rehabilitation counselor in developing all or part of the individualized plan for employment for the individual, and the availability of technical assistance in developing all or part of the individualized plan for employment for the individual;
- (B) a description of the full range of components that shall be included in an individualized plan for employment;
- (C) as appropriate—
 - (i) an explanation of agency guidelines and criteria associated with financial commitments concerning an individualized plan for employment;

- (ii) additional information the eligible individual requests or the designated State unit determines to be necessary; and
 - (iii) information on the availability of assistance in completing designated State agency forms required in developing an individualized plan for employment; and
- (D) (i) a description of the rights and remedies available to such an individual including, if appropriate, recourse to the processes set forth in subsection (c); and
- (ii) a description of the availability of a client assistance program established pursuant to section 112 and information about how to contact the client assistance program (pp. 60-61).

The Act mandates that the IPE be written and prepared on forms provided by the designated state unit. The IPE must be agreed to and signed by the individual or the individual's representative and by a qualified VR counselor employed by the state, and a copy must be provided in writing and in the native language or mode of communication appropriate to the individual or his or her representative. The IPE must be reviewed by the counselor or a representative of the state unit and the individual or his or her representative at least annually and may be amended as necessary. Substantive changes in the plan (i.e., employment outcome, services, and providers of services) must be agreed upon and signed by the eligible individual or, as appropriate, the individual's representative, and the qualified VR counselor employed by the designated state unit.

Utilizing Consumer Organizations in the Development and Implementation of the IPE

Developing the IPE

The 1998 amendments to the Rehabilitation Act strengthened the role of consumers in developing their VR plan for services (National Council on Disability, 1999). The Act reinforces the individual's option to develop the IPE or use alternative resources for assistance in developing the IPE (34 CFR 361.45(c)(1)). Several consumer organizations offer individual or group training or peer supports to assist in this process (e.g., CIL, the National Federation of the Blind, the American Association of the Deaf-Blind). There are numerous ways for the organizations to be involved:

- Consumer organizations generally possess extensive practical knowledge of the VR program and its processes and can provide both time and guidance to the individual in developing the IPE beyond the scope of what the VR counselor has time to provide given the size of individual caseloads. For example, when the individual with a disability chooses a vocational goal, a consumer organization can help to identify another person who has a disability in the same or a similar employment field and refer the eligible individual to that person for guidance in understanding the disability-related services and training that will be needed to successfully attain the employment goal.
- Consumer organizations can be instrumental in setting up informational interviews with professionals or workers who have a disability in the area of the VR consumer's career choice to help in assessing whether the career is an appropriate one for the consumer based on informed choice.
- For the individual who has low expectations regarding his or her ability to work or

return to work, consumer organizations can be an invaluable resource to counselors. Many VR consumers have never had contact with other persons with similar disabilities and have no concept of what is possible for them in terms of employment.

Consumer organizations can expose these individuals to the true "reality" of what their disability means—what can be expected and how to get there.

- As previous consumers of VR, many members of consumer organizations can assist eligible VR consumers in understanding their rights and responsibilities as well as the agency's rights and responsibilities under the IPE. They can help reinforce the need for services, appropriate timelines, and types of services suggested by a VR counselor.
- Consumer organizations may provide information on comparable services and benefits that may be readily available to eligible individuals, as well as additional sources of financial assistance and services.
- Consumer organizations, in the real measure of consumerism, know who the good service providers are and can assist a consumer of VR services in making an informed choice based on their knowledge of and experiences with providers. They can reinforce the counselor's guidance in selecting appropriate services based on quality, not just on cost.

The Rehabilitation Act of 1973 lays out the mandatory components of an IPE in Sec. 102(b)(3):

(3) Mandatory components of an individualized plan for employment

Regardless of the approach selected by an eligible individual to develop an individualized plan for employment, an individualized plan for employment shall, at a minimum, contain mandatory components consisting of—

- (A) a description of the specific employment outcome that is chosen by the eligible individual, consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the eligible individual, and, to the maximum extent appropriate, results in employment in an integrated setting;
- (B) (i) a description of the specific vocational rehabilitation services that are—
 - (I) needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices and assistive technology services, and personal assistance services, including training in the management of such services; and
 - (II) provided in the most integrated setting that is appropriate for the service involved and is consistent with the informed choice of the eligible individual; and
- (ii) timelines for the achievement of the employment outcome and for the initiation of the services;
- (C) a description of the entity chosen by the eligible individual or, as appropriate, the individual's representative, that will provide the vocational rehabilitation services, and the methods used to procure such services;
- (D) a description of criteria to evaluate progress toward achievement of the employment outcome;
- (E) the terms and conditions of the individualized plan for employment, including, as appropriate, information describing—
 - (i) the responsibilities of the designated State unit;
 - (ii) the responsibilities of the eligible individual, including—
 - (I) the responsibilities the eligible individual will assume in relation to the employment outcome of the individual;
 - (II) if applicable, the participation of the eligible individual in paying for the costs of the plan; and
 - (III) the responsibility of the eligible individual with regard to applying for and securing comparable benefits as described in section 101(a)(8); and
 - (iii) the responsibilities of other entities as the result of arrangements made pursuant to comparable services or benefits requirements as described in section 101(a)(8);
- (F) for an eligible individual with the most significant disabilities for whom an employment outcome in a supported employment setting has been determined to be appropriate, information identifying—
 - (i) the extended services needed by the eligible individual; and
 - (ii) the source of extended services or, to the extent that the source of the extended services cannot be identified at the time of the development of the individualized plan for employment, a description of the basis for concluding that there is a reasonable expectation that such source will become available; and
- (G) as determined to be necessary, a statement of projected need for post-employment services (pp. 62-63).

Implementing the IPE

Consumer organizations can provide services or assist in accessing services required by the IPE. Although certainly not an exhaustive list, several examples are cited below relating to particular aspects of the Act.

Under Sec. 103(a) of the Act, VR services are defined as follows:

- any services described in an individualized plan for employment necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual, including—
 - (1) an assessment for determining eligibility and vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology (p. 71).
 - (2) counseling and guidance, including information and support services to assist an individual in exercising informed choice consistent with the provisions of section 102(d) (p. 71).
- Rehabilitation counselors have an ethical responsibility to provide informed choice to consumers. Consumer organizations very often have a good sense, particularly in the area of rehabilitation technology, of qualified and knowledgeable personnel based upon their own experiences. Together, they can help consumers make an informed choice by providing feedback and information on assessment resources and professional providers based on their experience and satisfaction levels.
- Several consumer organizations offer training in self-advocacy and self-determination for individuals with disabilities.
- (3) referral and other services to secure needed services from other agencies through agreements developed under section 101(a)(11), if such services are not available under this title (p. 71).
- Consumer organizations are an excellent source for providing information and services outside the scope of those offered by VR. Specifically, a CIL can provide VR consumers with information about community resources such as transportation and disability-related programs and services.
- Several consumer organizations have worked collaboratively with prescription drug services, technology providers, medical suppliers, and others to offer low-cost alternatives. For example, the American Association of People with Disabilities offers a low-cost prescription plan to its members.
- (4) job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services (p. 71).
- Consumer organizations often have job-related services that can benefit VR consumers and assist VR counselors, such as Jobline (1-800-414-5748), which is operated through the National Federation of the Blind but is accessible to anyone with a disability.
- The American Association of People with Disabilities offers a Federal Information Technology Internship Program in conjunction with Microsoft for disabled college students to work on Capitol Hill and in various federal agencies during the summer. This is in addition to sponsoring a Congressional Internship Program and a national Disability Mentoring Day.
- The American Council of the Blind maintains a nationwide job bank on its website, www.acb.org.

- (5) vocational and other training services, including the provision of personal and vocational adjustment services, books, tools, and other training materials, except that no training services provided at an institution of higher education shall be paid for with funds under this title unless maximum efforts have been made by the designated State unit and the individual to secure grant assistance, in whole or in part, from other sources to pay for such training (p. 71).
- Adjustment-to-disability services (or adjustment services) are a comprehensive and integrated set of services that include counseling, mentoring, and other services designed to provide individuals with disabilities with the confidence, disability-specific skills, interpersonal skills, and positive attitude toward disability needed to achieve competitive employment and independence. These services, which are especially critical to individuals with significant disabilities, may include any services that assist the individual in living and working with a disability or lead to holistic adjustment. Examples may include orientation and mobility services for individuals who are blind, training in the use of communication aids for individuals who are deaf or do not speak, and activities of daily living training. There are a host of consumer-driven service providers associated with consumer organizations who offer these services, especially in the blindness, deafness, and mental illness arenas.
 - Collaboration with consumer organizations can ensure that sufficient and appropriate adjustment services are made available to individuals with disabilities as integral components of their rehabilitation planning. Consumer organizations are excellent resources for information regarding the specific adjustment services required by individuals with disabilities. Furthermore, consumer organizations possess experience and knowledge concerning the providers of adjustment services and are well prepared to assist VR counselors and individuals in the selection of the providers best suited to deliver these essential services.
 - Some consumer organizations offer training (particularly computer or assistive technology training) that can benefit VR consumers.
 - Several consumer organizations have state or local chapters for students as well as materials to assist students on college campuses.
- (6) to the extent that financial support is not readily available from a source (such as through health insurance of the individual or through comparable services and benefits consistent with section 101(a)(8)(A)), other than the designated State unit, diagnosis and treatment of physical and mental impairments, including—
- (A) corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time;
 - (B) necessary hospitalization in connection with surgery or treatment;
 - (C) prosthetic and orthotic devices;
 - (D) eyeglasses and visual services as prescribed by qualified personnel who meet State licensure laws and who are selected by the individual;
 - (E) special services (including transplantation and dialysis), artificial kidneys, and supplies necessary for the treatment of individuals with end-stage renal disease; and

- (F) diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws (pp. 71-72).
- Although consumer organizations do not generally provide any of these services directly, they have collective experience with these services and the outcomes of these services that may be of some benefit in offering information about the advantages and disadvantages of a particular service or service provider and, thus, enable the VR consumer to make a more informed choice.
 - (7) maintenance for additional costs incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an individualized plan for employment;
 - (8) transportation, including adequate training in the use of public transportation vehicles and systems, that is provided in connection with the provision of any other service described in this section and needed by the individual to achieve an employment outcome (p. 72).
- A handful of consumer organizations provide transportation services or handle local contracts for transportation services. Several more are available to train persons with disabilities in the use of public transportation. Since transportation has been viewed as a major barrier to employment, it has received attention from many consumer groups who continue to advocate for improvements in transportation. An example of a local consumer organization that provides transportation is Affiliated Blind of Louisiana, Inc.
 - (9) on-the-job or other related personal assistance services provided while an individual is receiving other services described in this section (p. 72).
- Independent living centers may assist in providing personal assistance services or assisting consumers in accessing needed services.
 - (10) interpreter services provided by qualified personnel for individuals who are deaf or hard of hearing, and reader services for individuals who are determined to be blind, after an examination by qualified personnel who meet State licensure laws (p. 72).
- Consumer organizations can assist with information about interpreter services and other related services and information for individuals who are deaf. A website with lists of organizations can be found at <http://clerccenter.gallaudet.edu/InfoToGo/184.html>.
- Through the efforts of consumer organizations of the deaf or hard of hearing, states have developed relay systems and hearing aid programs.
 - (11) rehabilitation teaching services, and orientation and mobility services, for individuals who are blind (p. 72).
- The National Federation of the Blind created a National Blindness Professional Certification Board to certify qualified specialists in work with the blind. The rigorous process for the National Orientation and Mobility Certification represents the professional excellence endorsed by consumers and offers an alternative to traditional certifications with equally demanding standards.
- Quality service providers have emerged or transformed their operations to reflect the philosophies, choice, and interests of consumer organizations in recent years and offer alternatives solidly based on both professional and collective consumer experience. Examples include nonprofits such as the Louisiana Center for the Blind, Colorado Center for the Blind, BLIND, Inc. in Minnesota, and several public state-operated programs.

- (12) occupational licenses, tools, equipment, and initial stocks and supplies (p. 72).
- National consumer organizations may be a source of tools, equipment, and supplies related to occupational needs, and some consumer organizations, such as the National Federation of the Blind, have established licensing or certifying bodies.
- (13) technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome (pp. 72-73).
- Grassroots consumer organizations in mental health and mental illness offer a conduit to many programs that assist individuals in employment.
- Consumer groups such as the Randolph-Sheppard Vendors of America and the National Association of Blind Merchants offer valuable assistance and consultation to individuals pursuing entrepreneurial activities.
- (14) rehabilitation technology, including telecommunications, sensory, and other technological aids and devices (p. 73).
- The American Association of People with Disabilities provides its members a low-cost option from America Online for Internet access.
- The International Braille and Technology Center operated by the National Federation of the Blind provides technical assistance and training.
- The American Association of Deaf-Blind provides information and referral related to technology and manufacturers.
- The National Association of the Deaf provides extensive information on assistive technology devices and services.
- Several consumer organizations offer local and statewide seminars and training on assistive technology.
- (15) transition services for students with disabilities that facilitate the achievement of the employment outcome identified in the individualized plan for employment (p. 73).
- The American Association of People with Disabilities and other organizations sponsor mentoring programs and activities for transitioning youth.
- The National Federation of the Blind helps sponsor summer training and employment programs in various states to assist transitioning students.
- Self Help for Hard of Hearing People produces *A Peer Guide for the College Student Who is Hard of Hearing*, which can be found on its website at www.shhh.org.
- Self-Advocates Becoming Empowered (www.sabeusa.org) has People First organizations in virtually every state who provide self-determination training and advocacy training to assist students with disabilities who are transitioning.
- (16) supported employment services (p. 73).
- Many consumer groups for the mentally ill have worked to secure employment for their members in the supported employment arena.
- (17) services to the family of an individual with a disability necessary to assist the individual to achieve an employment outcome (p. 73).
- Perhaps the most valuable service to the family of an individual with a disability is information about and understanding of a disability. Consumer organizations can offer role models, expectations regarding employment and independent living, peer

support, advocacy, and, most of all, hope. Several organizations have parent divisions or activities for siblings.

(18) specific post-employment services necessary to assist an individual with a disability to retain, regain, or advance in employment (p. 73).

- Consumer organizations offer continued support emotionally along with mentoring to assist individuals in maintaining and advancing in employment. Many organizations have projects with the business community that offer opportunities for jobs and advancement in careers. Others have available opportunities for employment in their headquarters offices, which can provide experience that will lead to other employment.

As specified in the Act, other services “necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual” can be provided.

Many states have authorized individuals with disabilities to attend professional and consumer organization conferences if they are related to the employment goal (see Appendix).

The Benefits Consumer Organizations Offer to the Rehabilitation Counselor and the Consumer

Increased consumer organization involvement in the VR process can offer many potential benefits to consumers: (a) greater control over his or her rehabilitation outcome as a result of advocacy skills and exposure to others who have successfully negotiated the VR process; (b) more access to information, allowing for greater informed choice; (c) greater networking possibilities; (d) development of “soft skills,” including improved interpersonal communica-

tion and self-presentation skills; (e) decreased feelings of isolation and loneliness; (f) access to peer learning and peer counseling, allowing opportunities to get answers to questions in a nonclinical, nonthreatening environment; and (g) continued support emotionally and socially. The benefits to the rehabilitation counselor from increased consumer organization involvement in the VR process can include (a) an increased number of successful rehabilitation closures as consumers are empowered to be active participants in their rehabilitation; (b) a reduced rate of consumer recidivism because empowered consumers are better able to exercise informed choice; (c) positive changes in legislation and policy that result from consumer organization advocacy; (d) increased job satisfaction as more consumers are able to achieve their vocational goal; (e) an increased understanding of the nature of consumers’ experiences with disability as a result of immersion or joint training experiences between VR and consumer organizations; (f) a better working alliance between the counselor and consumer that helps the counselor provide better career guidance; and (g) improved relationships with the local community, increasing the counselor’s ability to access information on local employment trends.

Consumer Organizations as Support Systems

The value and importance of an ongoing system of support is recognized only after the consumer’s basic rehabilitation needs have been largely met. In many instances, the consumer seeks ongoing support by entering the revolving door of the rehabilitation system itself. In times of “crisis” the consumer turns to the most familiar system, that which helped in the past to solve ensuing problems—regardless of whether that system is the most appropriate. Consumer organizations can offer an alternative first step for the consumer to address problem areas and receive emotional support. In the event the area of con-

cern requires intervention from the rehabilitation counselor or program, the consumer organization can often assist the consumer in articulating his needs to the rehabilitation counselor. Perhaps the greatest promise of consumer organizations as support systems, however, is the opportunity they present for consumers to “give back” to others what has been given to them. Not only is this empowering to the individual, but it also increases the value and effectiveness of the VR system and the consumer organization.

By now, it is clear that there are many value-added benefits to partnering with consumer organizations to serve the common customer—the VR consumer. The imaginative counselor will have no difficulty identifying and locating consumer organizations through many of the following resources and activities: web search engines such as Google; the State Rehabilitation Council; providers of services and community rehabilitation programs; past and present VR customers; colleagues; agency public forums; government disability offices; the state independent living council; the RSA; disability

literature; professional conferences; professional organizations; and more. One only has to imagine that he or she is advocating on behalf of a loved one with a disability to learn how to turn over the rocks and discover a plethora of resources including consumer organizations.

In summary, consumer organizations and VR counselors are beginning to discover the benefits and challenges of working together for the good of persons with disabilities. These pioneering partnerships require a sense of trust and mutual respect. In the VR process, the most important results come from the beliefs and expectations of those who surround the consumer. Those beliefs and expectations come from understanding the true nature of disability, and that understanding deepens with exposure to and immersion in each other’s cultures—the dedicated professionalism of the VR system and the passion of consumer organizations.

*Alone we can do so little;
together we can do so much.
—Helen Keller*

Appendix: Sponsoring Consumers to Attend Consumer Conventions

MEMORANDUM

TO: Vocational Rehabilitation Counselors
FROM: Greg Trapp, Executive Director
DATE: March 16, 2005
RE: Sponsoring Consumers to Attend Consumer Conventions

The New Mexico Commission for the Blind recognizes the benefit of consumers' attending consumer conventions and specifically the essential benefit of attending certain division or affiliate meetings that are directly related to a particular employment goal. Accordingly, we are adopting this policy as a way to provide for consumers to attend these division or affiliate meetings pursuant to the Individualized Plan for Employment (IPE).

Statement of Need

The IPE must identify a specific division or affiliate meeting and explain why attendance at this meeting is necessary to enable the consumer to attain his or her vocational goal. For example, it might be necessary for a consumer who has the goal of becoming an attorney to attend a meeting of the National Association of Blind Lawyers or the American Association of Visually Impaired Attorneys. The IPE must describe why attendance at the meeting would be necessary and how the consumer will benefit by such attendance. For instance, the IPE could identify a need for the consumer to obtain information related to his or her employment goal and explain that by attending the meeting the consumer would be educated on current developments related to the legal field, would be able to learn about the use and accessibility of legal research software, would have the opportunity to meet and network with successful law students and lawyers, and would learn techniques that enable a blind or visually impaired person to succeed in law school and the legal profession. The IPE must also show that these items were discussed and agreed upon by the consumer and the VR Counselor. Should the consumer request to attend a division or affiliate meeting in consecutive years, the consumer and the VR Counselor will need to likewise justify the reason for the consecutive attendance.

Support to be Provided

The Commission for the Blind may provide the following costs:

1. Registration for the division or affiliate;
2. Registration for the consumer organization convention;
3. Advance room reservation fee;
4. Up to two days for the hotel at the convention single room rate with tax (minus the advance fee);
5. Up to two days for meal costs equal to the approved rate for state employees of \$45 per day;
6. Travel necessary to attend the meeting, provided that airline tickets are purchased at least five weeks prior to the date of travel and are purchased at the lowest rate reasonably appropriate, or train tickets provided that the tickets are purchased at least two weeks prior to the date of travel and are purchased at the lowest rate reasonably appropriate, or ground transportation equal to the cost of bus travel to and from the meeting; and
7. Necessary ground transportation to and from the airport, or to and from the bus depot or train station.

Exceptions

The consumer may request an exception or modification of this policy upon showing of need. For example, the consumer might justify a third day of hotel and meal costs should travel schedules preclude the possibility of returning back after the conclusion of the division or affiliate meeting.

Attendance at Entire Convention

It is recognized that the consumer may benefit from attending additional parts of the convention, and the consumer is encouraged to take advantage of the opportunity to attend a division or affiliate meeting to attend the entire convention. However, the individual consumer is responsible for the cost of the additional stay at the convention.

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Chapter 4 Study Questions:

1. Which of the following is not a role that a consumer organization may play to assist a consumer in the VR process?
 - a. Advocacy
 - b. Mentoring and role modeling
 - c. Sign-off on the IPE
 - d. Peer networking and support
 - e. Assistance in developing the IPE

2. It is the policy of the United States that all programs, projects, and activities receiving assistance under the Rehabilitation Act shall be carried out in a manner consistent with the principles of:
 - a. Respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, of individuals with disabilities
 - b. Inclusion, integration, and full participation of the individuals
 - c. Support for individual and systemic advocacy and community involvement
 - d. A and B only
 - e. A, B, and C

3. In addition to experienced VR counselors, consumer organizations are excellent resources for information regarding the specific adjustment services required by individuals with disabilities.

True False

4. When VR counselors were asked, “What problems have you or your colleagues experienced in assuring choice throughout the rehabilitation process?” the problem statements most often identified were:
 - a. Unrealistic vocational goals held by consumer
 - b. Request for more services than are necessary to achieve suitable employment
 - c. Desire for the most expensive services versus reasonable cost/professional recommendations
 - d. Ways to balance consumer expectations with reality
 - e. All of the above

5. What can an agency or rehabilitation counselor do to maximize referrals and applicants?
 - a. Get involved with local, state, and national consumer organizations by attending meetings
 - b. Routinely provide new VR applicants with information about consumer organizations, especially those that are relevant to their specific disability
 - c. Connect successful VR customers with consumer organizations so that they can spread the good word about VR and serve as mentors and role models for potential applicants in negotiating the VR process
 - d. A and C
 - e. A, B, and C

6. As previous consumers of VR, many members of consumer organizations can assist eligible VR consumers in understanding their rights and responsibilities as well as the agency's rights and responsibilities under the IPE. They can help reinforce the need for services, appropriate timelines, and types of services suggested by a VR counselor.
- True False
7. Which of the following are programs offered by consumer groups that can assist in finding employment?
- Jobline
 - Federal Information Technology Internship Program
 - A Peer Guide for the College Student Who is Hard of Hearing
 - A and B only
 - B and C only
8. VR counselors can gain an increased understanding of the nature of consumers' experiences with disability as a result of immersion or joint training experiences between VR and consumer organizations.
- True False
9. Which of the following statements is not true?
- In the VR process, the most important results come from the beliefs and expectations of those who surround the consumer.
 - Beliefs and expectations come from understanding the true nature of disability, and that understanding deepens with exposure to and immersion in each other's cultures.
 - Consumers' expectations and beliefs may be enhanced by exposure to consumer organizations and mentors.
 - VR professionals may benefit from joint training with consumer organizations.
 - None of the above.
10. Consumer organizations can be located through:
- Internet searches
 - State rehabilitation council
 - Providers of services and community rehabilitation programs
 - VR customers
 - All of the above

CHAPTER 5

Ways and Means to Involve Consumer Organizations

Charlene Dwyer, Bryan Bashin, Catherine Campisi, Corey Hinds, Kay McGill, Suzanne Mitchell, and Jeff Rosen

In this chapter, we discuss the potential for a greatly enhanced partnership between individuals with disabilities who receive vocational rehabilitation (VR) services, the state agency responsible for delivering those services, and consumer organizations and disability advocacy groups. We identify the systemic roles for consumer organizations and groups as they are identified within the Act. We then identify the financial resources within the VR program that can be brought to bear when engaging consumer organizations. Finally, we present an effective systemic example for expanded roles that consumer organizations and groups may assume in assisting individuals with disabilities, especially those with the most significant disabilities, in achieving employment outcomes.

Systemic Roles Within the VR Agency for Consumer Organizations and Disability Advocacy Groups

Empowering individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society (Preamble, Rehabilitation

Act, 1998) fulfills the purposes of the Rehabilitation Act. The Act provides systemic roles for the involvement of counselor and advocacy organizations:

- Section 106(a)(1)(B), VR Program Standards and Performance Indicators Review and Revision, indicates that revisions of the evaluation standards and performance indicators are to include input from consumer organizations.
- Section 112(a)(2), Client Assistance Program (CAP), states consumer organizations are to be consulted in providing services to individuals with disabilities.
- Section 105(b)(1)(A)(vii), State Rehabilitation Council (SRC) Composition, indicates that the SRC is to include representatives of disability advocacy groups representing a cross-section of individuals with physical, cognitive, sensory, and mental disabilities.
- Section 105(b)(1)(B)(vii), Separate State Rehabilitation Council Composition, has similar requirements, requiring at least one representative of a disability advocacy group representing individuals who are blind.

These references emphasize the importance of consumer organizations and disability advocacy groups at the highest levels of systemic influence and oversight.

VR Program Evaluation and Policy Development

The legislative mandates for engaging consumer organizations are clear; the practicalities for successfully doing so can be elusive. An October 2003 commissioner's memorandum (CM 04-01) discussed the importance of consumer organizations as resources for VR agencies and practical guidance on how to engage these groups at the systems level. The following excerpts speak clearly to the systemic partnership focus of this chapter:

Because consumer organizations represent the collective voice of their members, they are able to offer experience-based input on the effectiveness of a State VR agency's policies, procedures and practices as they affect applicants and individuals eligible for VR services. Strong partnerships and productive dialogue between VR agencies and these organizations can lead to better programming, better agency performance, and, ultimately, better outcomes for persons with disabilities.

In addition to being significant contributors to a VR agency's efforts to evaluate itself and its efforts to empower persons with disabilities to achieve high-quality employment outcomes, consumer organizations can play important roles in the conduct of the comprehensive statewide triennial assessment of the rehabilitation needs of individuals with disabilities required by section 101(a) (15)(A) of the Act. The input of these organizations can be particularly helpful with respect to the identification of the nature and scope of the needs of individuals

who are minorities or who have been unserved or underserved by the State VR agency.

Prior to the adoption of any new or revised policies or procedures governing the provision of services under the State's VR program, section 101(a) 16(A) of the Act requires a State VR agency to conduct public meetings throughout the State to provide the public, including individuals with disabilities, the opportunity to comment on the proposed policies or procedures. . . .

Since the information gathered from these public meetings can be useful to a State VR agency's refinement and improvement of a proposed policy or procedure, the agency should make special efforts to inform consumer organizations of these meetings so that they have the opportunity to express their views, thus ensuring the voice of the larger disability community is heard.

In addition to soliciting public input prior to the adoption of any new or revised policies or procedures at the required public meetings, section 101(a)(16)(B) of the Act also requires a State VR agency to take into account, in connection with matters of general policy relating to the administration of the VR State plan, the views of individuals who are receiving VR services.

. . . A VR agency can obtain the perspectives of individuals with disabilities through a variety of other mechanisms. For example, a VR agency can engage in ongoing consultation with consumer organizations by conducting regularly scheduled meetings between agency and organization leadership. Additionally, through participation on policy development committees or focus groups established to study specific areas of interest to the agency, representatives of

consumer organizations can provide the agency with additional insight during the various stages of planning and policy development, by participating in initial discussion of the issues, commenting on proposed language, and, finally, by providing information on the effects of the implementation of policy changes on individuals.

Many VR agencies already employ one or more of these strategies. For example, the New Mexico Commission for the Blind takes advantage of consumer conferences and seminars to hold its public meetings on the VR state plan. This practice allows for direct input from more consumers, reduces barriers for consumer participation, and reduces the VR resources and staff time required to plan and implement a separate public meeting. In addition, both the Florida and Wisconsin Divisions of Vocational Rehabilitation include consumer representatives from their rehabilitation council, including the CAP representative, on their policy development teams. This inclusion allows for dialogue among stakeholder groups in the development of policy at the “front end.” The input of the Wisconsin Rehabilitation Council consumer and CAP member results in better problem-solving and policy design. The policy development perspective of consumers and their advocates allows the agency to understand the possible unintended consequences of a proposed policy that may not otherwise be considered. There are many opportunities at multiple levels of a VR agency’s policy development and program evaluation processes to interface with consumer organizations and/or their representatives.

Financing Partnerships with Consumer Organizations

This section describes the feasibility of partnering with consumer organizations for the delivery of needed VR services, with the hope that

the examples will stimulate state agency interest in such partnerships.

Funding for Administrative Functions

As deemed appropriate, and in accordance with state procurement policies and practices and federal legal and policy requirements, VR funding may be utilized to involve consumer organizations. Fundable activities include, but are not limited to, developing the statewide needs assessment, the VR state plan, and training related to the Comprehensive System of Personnel Development (CSPD).

Social Security Reimbursement Dollars

Reimbursement dollars provided by the Social Security Administration for the successful employment of persons with disabilities may also be a resource for the involvement of consumer organizations in VR services, planning, and evaluation. Based on state procurement policies and practices, VR agencies may utilize this reimbursement for direct services to VR consumers as well as for involvement of consumer organizations in the development of the VR needs assessment, VR state plan, and CSPD.

Funding for Consumer Service Functions

Consumer organizations are also a valuable resource for VR program service delivery. However, in many instances, for consumer organizations to provide services to consumers served by public VR agencies, resources are needed to support these activities. The following areas identify potential sources of funds within the VR agency budget that may be utilized to finance service partnerships with consumer organizations.

Section 110 Innovation and Expansion Funds:

According to 34 Code of Federal Regulations (CFR) 361.35 governing VR services, each

public VR agency must include in its state plan an assurance that a portion of the funds allotted to the state under Section 110 will be reserved and used for the development and implementation of innovative approaches to expand and improve the provision of VR services to individuals with disabilities. The development of services provided by consumer organizations may be one of these innovative approaches, especially if it is identified as a target area within the VR agency's statewide needs assessment and is consistent with the goals and priorities of the agency's state plan. The funding of consumer organizations as community rehabilitation programs (CRPs) engaged in innovation and expansion activities is consistent with the definition of CRPs in the VR regulations (34 CFR 361.5(b)(9)(i)). Thus, consumer organizations that provide these services as a major part of their function should be eligible to apply for VR agency innovation and expansion funding opportunities.

Consumer Organizations as VR Service Delivery Partners:

Once the involvement of consumer organizations in the provision of VR services has been identified as a priority for innovational improvements and/or needed service expansion, states may utilize Section 110 dollars to fund grants for this purpose. It is important to remember that Section 110 funds must relate to the Title 1 employment purpose, services, and outcomes.

Many VR agencies establish cooperative funding arrangements with public partners that ultimately benefit community organizations. Funding arrangements for VR services delivered to VR consumers with public partners who serve a common customer are called cooperative arrangements. In Wisconsin, cooperative arrangements are funded half by VR and half by partner public agencies. Through the cooperative funding, the Section 110 grant funds are

then awarded on a competitive or noncompetitive basis to service organizations best suited to deliver the agreed-upon services. Organizations receiving service project awards could include consumer groups who are willing to deliver a needed service to a VR consumer.

The California Department of Rehabilitation Services has used the establishment grant mechanism with eligible consumer organizations to develop or enhance VR services to its applicants or consumers. Eligible organizations are public or private nonprofit institutions that either directly provide or facilitate the provision of VR services as one of their major functions.

When a state can afford to do so, the Section 110 project funds may be awarded with no partnership funding and no requirement for in-kind financial contribution on the part of the recipient organization. In this case, the VR agency has elected to fully fund the Section 110 services that are to be delivered by an eligible consumer organization to current VR consumers in support of their employment plans. In all cases, the Section 110 requirement to address statewide service delivery must be a consideration unless RSA provides an exemption.

VR Services for Groups of Individuals:

Rehabilitation Act also provides for VR services to groups of individuals under Section 103(b) of the Act, 29 U.S.C. §723(b), and 34 CFR 361.49. This provision allows for VR services to be delivered not only to eligible individuals who are current consumers with active employment plans, but also to applicants for VR services. Under this broader provision, services delivered do not have to directly relate to an individualized plan for employment (IPE) but do need to relate to the purposes of Title I of the Act. Also, if a state is in an active order of selection, the services must be provided consistent with that order (see Sect. 361.25 (b)(4) and Sect. 361.28 (a)(4)).

A successful services-to-groups innovation-and-expansion-funded activity is exemplified by a project of the Virginia Department for the Blind and Vision Impaired for a transition activity sponsored by the state rehabilitation council and a consumer organization. The transition workshop, sponsored by the National Federation of the Blind, was entitled “The Three C’s of Success: Competence, Confidence, and Competitiveness.” The goals of the student workshop, designed for youth in transition, were to introduce new and returning college students to some of the time-tested techniques that can greatly improve their academic careers.

Shared Grant Opportunities:

A final resource may be the joint development of grant applications by the VR agency and one or more consumer organizations. Examples of such opportunities include the RSA-funded mentoring grants, National Institute on Disability and Rehabilitation Research or NIDRR grants, and private foundation grants. Consumer organizations may take the lead on such an opportunity and seek the partnership of the VR agency.

Building Consumer Organization Service Capacity and Long-Term Stability

A common pitfall for VR grant funding is the reliance that an organization can quickly build on the availability of VR project funds. Creating this reliance is no less a risk for consumer organizations than for any other VR-funded organizations and the VR agency. When this reliance occurs, the service infrastructure created by the grant is at risk of erosion or collapse when the funds are no longer available. Safeguards can be built into the grant agreements that prevent such challenges while building and stabilizing capacity within the consumer organization for the continued delivery

of services to the VR agency as the funds are exhausted. For example, the grant conditions may provide for a time limit on the funding and a gradual decline in funds while simultaneously providing for a transition to fee-for-service or other outcome payment methods conducive to a transition to an ongoing service contract. Establishment grants have time and funding limits defined in federal regulation. To build capacity and long-term service stability, VR agencies may consider using similar parameters for any funding relationship that is not intended to be permanent. While the Act’s grant authorities provide viable mechanisms for financing consumer organizations that are willing to deliver needed services, the multitude of required conditions and the unintended pitfalls (i.e., funding reliance) may be barriers to pursuing these opportunities. As with other public and private partners, consumer organizations may be discouraged by the conditions and requirements of the funding relationship.

In response to both the opportunity and complexity of VR grant funding, the Wisconsin VR agency established clear parameters for such relationships. The funding parameters are shared with external partners who may be interested in co-funding services. The parameters address the conditions of the Act as well as contribution requirements, time limits, and funding transition. Wisconsin’s cooperative arrangement (Section 110 public partner) and collaborative agreement (services to groups) grant parameters are reprinted in the appendix and may be helpful to other states interested in using VR funds to engage consumer organizations.

While examples have been provided, it is important for each VR agency to consider the purpose of the consumer organization partnership and decide which financial mechanism is best suited to that purpose. We recognize that state agency procurement rules may pose a bar-

rier to using all of the financial partnership methods covered in this chapter. Since the purpose of this chapter is to stimulate interest in partnering with consumer organizations and not to provide technical assistance, a VR agency that is unfamiliar with a particular funding mechanism should seek assistance from RSA or another state with experience.

Funding Direct Services to Eligible VR Consumers

In addition to grant-funded services, consumer organizations may also receive funding to provide direct services to eligible VR consumers in accordance with Section 103 of the Rehabilitation Act, 29 U.S.C. §723(a) and with 34 CFR 361.48. These services are authorized and funded on an individual basis or, where there is an established level of need through a service contract, may include any services described in the consumer's IPE. The IPE services must be necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. Chapter 4 provides specific examples of how consumer organizations can contribute to the IPE.

An Effective System for Expanding Roles and Engaging Consumer Organizations in the Statewide VR Service Delivery System

Engaging consumer organizations takes time and effort, but the results can be well worth the investment. The Georgia VR program worked for 3 years to bring together the public VR agency and consumer organizations for the blind. As a result of its efforts, services for blind consumers have been enhanced, and

working relationships between the agency and consumer organizations have improved. The Georgia program serves as an example of an effective system with a tangible impact at many levels.

In 1997, the Division of Rehabilitation Services employed general counselors to serve people with disabilities in Georgia. In December 1998, fifty people from both community organizations and the rehabilitation agency met to discuss ways to improve services for the blind. The outcome of this historic meeting was that the director of rehabilitation services charged the group with developing an agenda for a statewide meeting to develop a strategic plan for specialized services for the blind.

The Statewide Steering Committee on Blindness was formed, and the concept of the Georgia Statewide Coalition on Blindness was born. The steering committee consisted of representatives from the Georgia Council of the Blind, National Federation of the Blind of Georgia, Georgia Industries for the Blind, Business Enterprise Program, Helen Keller National Center, and American Foundation for the Blind; two at-large delegates from the blind community; two representatives from community rehabilitation programs for the blind; and a representative from the Georgia VR program. The steering committee conducted three coalition meetings across the state in 1999 to gather information. These meetings included representatives from all the organizations for the blind throughout Georgia, as well as consumers who were not involved with any structured organization and representatives from the VR program and community rehabilitation programs.

In December 1999, the steering committee met for 2 days with key rehabilitation leaders and developed a document entitled *Recommendations for Statewide Specialized Services for the Blind, Visually Impaired, Older*

Blind and Deaf-Blind of Georgia. Steering committee representatives presented this document to the Georgia State Rehabilitation Council and the Georgia Division of Rehabilitation Services leadership team. When the presentations were completed, the Division of Rehabilitation Services adopted the blueprint for specialized services for the blind.

The culmination of 3 years of teamwork was written into the 2000 Georgia State Plan. It stated that “specialized services for the blind, visually impaired, deaf-blind and older blind” would be provided. VR counselors would be “certified and qualified” with “expertise in blindness.” Specialized caseloads for the blind were instated. While the coalition provided the impetus for this major practice shift, a united effort from the consumer organizations and the willingness of the state agency to be flexible and to make changes were required before specialized services for the blind and visually impaired could be expanded.

The purpose of the Georgia Statewide Coalition on Blindness is “to come together to establish positions on all issues concerning blind people in order that we might be able to present a united front to get the best possible service for all blind people in the state of Georgia.” Any organization that works with the blind in Georgia, as well as individuals who do not belong to any group, may be involved with the coalition. It is a problem-solving, proactive group, not a grievance group. If someone has an issue, he or she is encouraged to be part of the solution. The steering committee advises the VR state coordinator for the blind and helps set the agenda for the coalition. Communication among the steering committee members takes place via conference calls and e-mail. The VR program supports this communication infrastructure.

Today, the Georgia Statewide Coalition on Blindness continues to grow and take on new

projects. In addition to the specialized services for the blind, the coalition is working on expanding employment services for the deaf-blind. Subcommittees have been developed for employment, transportation, education, and policy. At the biannual coalition meetings, the subcommittees decide what projects to work on and develop an action plan. The work takes place between the meetings, which rotate throughout Georgia to locations the group selects. Local consumer organizations, consumers, community rehabilitation program partners, and VR staff help with the logistics. The VR program provides interpreters and alternate formats and fully supports the work of the coalition.

Accomplishments of the Steering Committee and the Coalition

The coalition is extremely proud of its ability to enable consumer organizations and the VR program to work cooperatively on various projects. Consumer organizations and the VR administration genuinely collaborate. This process has led to better services to a group that feels empowered to impact what happens for consumers who are blind and visually impaired. Among the group’s specific accomplishments are the following:

Accomplishment #1:

Regional committees on blindness have been formed to address the needs and concerns of the visually impaired in specific areas. These regional committees are modeled after the Georgia Statewide Steering Committee on Blindness. Their purpose is to discuss ideas and implement solutions that educate professionals and consumers alike to improve services, develop resources, resolve issues, and provide guidance and training to VR staff, interested consumers, and partners on employment issues that impact people who are blind, low vision, and deaf-blind. The committees deal with regional topics. Like the Statewide Coalition on

Blindness, the regional committees consist of VR staff, consumers, community rehabilitation program staff, Libraries for the Blind staff, employers, Department of Education staff, and interested parties who want to learn about blindness and work with people who are blind. Wherever possible, each group includes a local representative from both the National Federation of the Blind of Georgia and the Georgia Council of the Blind. Other members may be from the Business Enterprise Program and the Georgia Industries for the Blind. Each regional committee usually meets quarterly. The driving force of the committees is an agreed-upon action plan based on the wishes, desires, and needs of the committee. A training component is part of each meeting.

Accomplishment #2:

The VR state coordinator for the blind has established an e-mail system to send employment, training, and educational information to consumers and consumer organizations throughout the state. The consumer organizations, in turn, disseminate the information to their constituents. This process ensures a wide distribution of VR resource information.

Accomplishment #3:

Representatives from the Georgia Statewide Coalition on Blindness have joined planning committees for statewide VR-sponsored training on employment issues for people with visual impairments. Attendees at such training include consumer organizations, in addition to professional rehabilitation staff and community partners. This adds to shared knowledge and strategies, which lead to more employment for people who are blind or visually impaired.

Accomplishment #4:

The Georgia Statewide Coalition on Blindness has provided input into an initiative that the Georgia Commissioner of Labor announced for the blind and visually impaired. The presidents

of the Georgia Council of the Blind and the National Federation of the Blind of Georgia met with the commissioner and shared the concerns and needs of the blind and visually impaired. These initiatives resulted in (1) additional funds provided to the community rehabilitation program partners who serve the blind and to the independent living centers, (2) an additional professional VR staff member who became the state coordinator for the deaf and deaf-blind, and (3) stipends for VR consumers and staff to become rehabilitation teachers (also called vision rehabilitation therapists) and orientation and mobility instructors—all designed to expand and improve the employment success of the blind and visually impaired through VR services.

Accomplishment # 5:

Study groups were formed that recommended policy and programmatic changes at Georgia Industries for the Blind and the Business Enterprise Program. Group members included VR staff and representatives of the coalition. These major endeavors resulted in expanded employment structures and systems for both organizations.

Accomplishment #6:

Coalition members have served as peer support providers. Anil Lewis, president of the National Federation of the Blind of Georgia, stated in 2003: “The rehabilitation professionals are realizing that consumer organizations possess the knowledge and life experience of a host of individuals that can provide advice, mentoring, and peer support for other blind individuals throughout, as well as after, the rehabilitation process.” Likewise, Marsha Farrow, president of the Georgia Council of the Blind, said in 2003: “We have learned to appreciate one another through the recognition of each other’s abilities and talents.” Often, this assistance is in the form of information and empathy for someone who may be newly blinded.

Accomplishment #7:

Brochures and information on the consumer organizations are disseminated by the VR state coordinator for the blind to the VR counselors working with the blind. They, in turn, share the materials with consumers who may be unaware of these proactive organizations.

Accomplishment #8:

In 1997, changes in the VR program led to structural changes in the annual VR public meetings. A task force that consisted of representatives of the blind community and the VR administration convened that year. The outcome of this task force was the implementation of town hall meetings held prior to the public meetings. Public meetings historically do not provide a forum for open dialogue with the rehabilitation administration. In contrast, the town hall meetings allow for interaction. The 1997 task force actually served as the precursor of the Statewide Steering Committee on Blindness and the Statewide Coalition on Blindness. The town hall meetings have proved to be very popular with the agency and the community.

Accomplishment #9:

Outside of the VR program, the Georgia model has impacted the Georgia Older Blind Program. Designated representatives from the Georgia Council of the Blind and the National Federation of the Blind of Georgia are a permanent part of the Georgia Older Blind Program. These representatives attend Georgia's Older Blind biannual contractors meetings and provide input and feedback to the contractors for services to the older blind. Based on the joint input of the consumer organizations' representatives and contractors, the Older Blind Program expanded services to better identify and serve the older blind/hard-of-hearing and to increase the number of vision screenings of Native Americans in Georgia. The representatives from the con-

sumer organizations were instrumental in helping the manager of the Georgia Older Blind Program set up a new budget line item. Now creative services, such as computer training, closed-circuit television (CCTV) systems, interpreters, and short-term independent living programs at Helen Keller National Center, can be charged to this special projects line item. The Older Blind Program sponsors the travel of two representatives from blind consumer organizations, not only to attend the biannual contractors meetings in Georgia but also to participate in the annual Older Blind managers meetings held in Washington, DC. Finally, a Georgia consumer was selected to serve on a national deaf-blind committee as a result of participation in the Georgia Older Blind Program.

The Importance of Partnership Support at Multiple Levels

The coalition receives ongoing support from the Georgia Commissioner of Labor. The VR program administration continues to welcome and solicit the input of consumer organizations and individuals who are blind and visually impaired in Georgia about how to increase employment possibilities for them. Without this support, the coalition would not have been as successful as it has been.

The Georgia model will be maintained by continuing to develop and nurture collaborative relationships among the public agency, consumer organizations, and individuals. Educating new staff and consumers regarding the value of working together is an ongoing process. This true partnership and collaborative effort has resulted in empowerment of the consumer, higher expectations by and for the consumer, and quality employment for consumers. Through this system, consumer organizations have a better understanding of the inner workings of the state agency and vice versa. By knowing more about each system, effective

changes have been made that are in line with policy and protocol. Respect for each other is reinforced. Blind consumer organizations and the consumers feel genuinely empowered to participate in making real changes. When there is strength in the blind community and a firm commitment from the VR program to work cooperatively, then employment success for the blind increases.

We believe that the scope and quality of the Georgia VR consumer organization partnership model reflects not only the intent but also the spirit of the Rehabilitation Act. It is our hope that the Georgia story and the information in this chapter provide insight, inspiration, and practical guidance for VR administrators and state leaders as they consider how to create meaningful partnerships with consumer organizations to improve employment outcomes for persons with significant disabilities.

Appendix: Wisconsin Parameters for VR and Public Partner Initiatives

A. Development of Jointly Funded Cooperative Arrangements

Purpose: To design and implement cooperative arrangements with public partners that expand service resources through shared financial investment.

Third-Party Cooperative Arrangement Program Principles

Third-party co-funded cooperative arrangements provide:

- A jointly funded (50/50) financial partnership between DVR and another public entity to expand the delivery of Title I-B employment and rehabilitation services to individuals who are eligible for DVR services. Funding level exceptions to be reviewed and approved by the WRC.
- Effective partnerships to address identified needs of DVR consumers when those consumers are also customers of other public service delivery systems.
- A guarantee that DVR funds will not be used to cover the costs of otherwise comparable services and benefits, or the cost of services that another public entity is obligated to provide under Federal law, State law, or assigned responsibility under State policy. Exceptions are those vocational rehabilitation services specified in paragraph (5) (D) and in paragraphs (1) through (4) and (14) of section 103 (a) of the Rehabilitation Act.
- Collaborative partnerships that deliver effective rehabilitation and employment services that meet the following criteria:

1. Provide Title I-B Section 103 services of the Rehabilitation Act to persons who are eligible for DVR services. In a cooperatively funded arrangement, all individuals served must be DVR consumers with active plans for employment.
2. Third-party cooperative arrangements must satisfy the requirements of the Rehabilitation Act (34 CFR 361.28):
Sec. 361.28 Third-party cooperative arrangements involving funds from other public agencies.

The designated State unit may enter into a third-party cooperative arrangement for providing or administering vocational rehabilitation services with another State agency or a local public agency that is furnishing part or all of the non-Federal share, if the designated State unit ensures that—

- (1) The services provided by the cooperating agency are not the customary or typical services provided by that agency but are new services that have a vocational rehabilitation focus or existing services that have been modified, adapted, expanded, or reconfigured to have a vocational rehabilitation focus;
- (2) The services provided by the cooperating agency are only available to applicants for, or recipients of, services from the designated State unit;
- (3) Program expenditures and staff providing services under the cooperative arrangement are under the administrative supervision of the designated State unit; and
- (4) All State plan requirements, including a State's order of selection, will apply to all services provided under the cooperative program.

If a third-party cooperative agreement does not comply with the statewide requirement in Sec. 361.25, the State unit must obtain a waiver of statewide requirement, in accordance with Sec. 361.26.

Cooperative arrangements must:

Meet one or more of the following service delivery or capacity-building purposes:

- (a) Existing services which are
 - Reconfigured, modified or adapted to more effectively reach and deliver services to eligible VR consumers, especially those who are identified as underserved
 - Expanded services to address an identified service gap or to be offered statewide
- (b) New services that have a vocational rehabilitation focus

Be performance-based and will include standards for cost-effectiveness and increased efficiency.

- Create a new or expanded service and be no more than 2 years in length. If the cooperative arrangement is more than 1 year in length, it shall be renewed annually based on availability of funding and the ability to meet performance expectations; extension exceptions to be approved by the WRC, or
- Involve existing services which are reconfigured, modified, or adapted to more effectively reach and deliver services to eligible VR consumers and which demonstrate that such arrangement more effectively finances and delivers services to a common customer. Such agreements are not subject to a time limit, but at the discretion of the DSU, may be renewed annually based on effectiveness as determined by the performance measures outlined in the arrangement.

- Be established whenever possible on a fee-for-service basis. New or expanded service cooperative arrangements may be established under an alternative financing arrangement if the services are deemed sustainable with a conversion to fee-for-service within 2 years; exceptions to be approved by the WRC.
- Provide for a competitive process, whenever feasible, when funds are distributed on a contract basis to service providers and not directly through a fee-for-service purchase order for an identified consumer.

B. Development of Jointly Funded Services to Groups Collaborative Agreements

Purpose: To design and implement non-third-party collaborative agreements with public partners that provide vocational rehabilitation services that benefit groups of individuals with disabilities through shared financial investment.

Services to Groups Collaborative Agreement Program Principles

Co-funded collaborative agreements provide:

- A jointly funded (50/50) financial partnership between DVR and another public entity to expand the delivery of Title I-B employment and rehabilitation services to groups of individuals with disabilities who are eligible for DVR services. Funding level exceptions to be reviewed and approved by the WRC.
- Effective partnerships to address identified needs of DVR consumers when those consumers are also customers of other public service delivery systems.
- A guarantee that DVR funds will not be used to cover the costs of otherwise comparable services and benefits, or the cost of services that another public entity is obligated to provide under Federal law, State law, or assigned responsibility under State

policy. Exceptions are those specified in the Rehabilitation Act.

Collaborative partnerships that deliver effective rehabilitation and employment services meet the following criteria:

1. Provide Title I-B Section 103 (b) services provided for the benefit of groups of individuals with disabilities. In a “services to groups” agreement at least 50% of the service delivery target group must be DVR consumers with active plans for employment, the remaining target group to be comprised of individuals who are deemed eligible for DVR services. Exceptions to the percentage ratio in a services to groups collaborative agreement to be reviewed and approved by the WRC.
 2. Services to Groups collaborative agreements must contribute substantially to the employment rehabilitation of a group of DVR eligible individuals but need not relate directly to the IPE of any one individual (34 CRF 361.49).
 3. The collaborative agreement must meet one or more of the following purposes:
 - More effectively reaches and delivers rehabilitation services to eligible VR consumers, especially those who are underserved.
 - Address an identified service gap or expand needed service capacity.
 - Improve service delivery through service innovation or by modifying, adapting, or reconfiguring an existing service.
- Collaborative agreements must:
- Be performance-based and will include standards for cost-effectiveness and increased efficiency.
 - Create an innovative or expanded service and be no more than 2 years in length. If the collaborative agreement is more than 1 year in length, it shall be renewed annually based on availability of funding and the ability to meet performance expectations; extension exceptions to be approved by the WRC, or
 - Involve existing services which are reconfigured, modified or adapted to more effectively reach and deliver services to eligible VR consumers and which demonstrate that such agreement more effectively finances and delivers services to a common customer. Such agreements are not subject to a time limit, but at the discretion of the DSU, may be renewed annually based on effectiveness as determined by the performance measures outlined in the agreement.
 - Be established whenever possible on a fee-for-service basis. New or expanded service collaborative agreements may be established under an alternative financing arrangement if the services are deemed sustainable with a conversion to fee-for-service within 2 years; exceptions to be approved by the WRC.
 - Provide for a competitive process, whenever feasible, when funds are distributed on a contract basis to service providers and not directly through a fee-for-service purchase order.

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Study Questions for Chapter 5:

1. Some examples of systemic roles for disability consumer organizations in the VR program are
 - a. Serving as members of the state rehabilitation council
 - b. Assisting consumers with informed choice
 - c. Assisting RSA in revising the evaluation standards and indicators
 - d. All of the above
2. RSA requires public meetings, which should include consumer organization input,
 - a. In the development of the VR state plan
 - b. Prior to the adoption or revision of evaluation standards and performance indicators
 - c. Prior to the adoption of policies governing the provision of services
 - d. All of the above
3. It would be a conflict of interest for a VR agency to contract with a disability consumer organization for the provision of designated services or to provide staff training.

True False
4. Activities conducted by a VR agency under the innovation and expansion provision of the Rehabilitation Act are exempt from the state's procurement rules.

True False
5. In addition to Title VII and Social Security Administration reimbursement funds, Title I-B VR funds can be awarded to independent living centers.

True False
6. A VR agency should consider taking advantage of the services-to-groups funding authority to deliver services to less disabled applicants on their order of selection wait list that would not otherwise receive VR services in a plan for employment.

True False
7. What state created a Statewide Coalition on Blindness and a Statewide Steering Committee on Blindness?
 - a. Texas
 - b. Illinois
 - c. Georgia
 - d. Colorado
8. What are the outcomes of consumer organizations and the VR program working together?
 - a. Empowerment of the consumer
 - b. Respect for each other
 - c. Employment success for consumers
 - d. All of the above

SUMMARY

Michael O'Brien and W. Scott Forbes

In this document, we have discussed the contributions of consumer groups to the public vocational rehabilitation (VR) program and how the two entities can collaborate to more effectively and efficiently serve people with disabilities. Consideration has been given to social and policy change, mentoring, optimizing the VR process, methods for involving consumer organizations, and training implications. Each area lends itself to dialogue on the specific action steps that can be taken to reap the benefits of closer collaboration. With the daunting challenges facing VR—potential funding difficulties, increasing numbers of people with disabilities to serve, and an ever-changing legislative environment—a closer collaboration with consumer organizations offers VR leaders assistance that may be critical to the success of the program.

Chapter 1 defined a consumer organization as “an organization that vests power and authority in individuals with disabilities and requires that a majority of the governing board be individuals with disabilities.” These organizations can serve as advocates; as resources to the public program, educators, and policy creators; and as critical partners with the public VR program.

Chapter 2 related the importance of the mentoring relationship. As noted, the challenges facing counselors in the public VR program are

numerous. Mentoring relationships can increase the likelihood that a person with a disability will successfully complete his or her individualized plan for employment (IPE). Peer mentors can help the VR customer with adjustment to disability, career exploration, and successful completion of training and education. To foster the development of peer mentoring relationships, VR counselors could inform the VR customer about the consumer organization that would be most appropriate for him or her. Additionally, consumer groups can partner with leaders in the public VR agencies and business to increase employment opportunities. VR leaders can consider entering mentoring relationships themselves to help inform and drive agency-related policy and performance.

Capacity building, training, and educational opportunities were described in Chapter 3. Action steps were outlined to increase the input of consumer organizations during pre-service training for VR counselors in graduate programs. The Council on Rehabilitation Education might consider requiring interaction with consumer organizations in the classroom and as part of internship experiences. Additionally, consumer organizations can be involved with in-service training for public VR staff members as a way to develop a closer collaborative relationship and to demystify the roles of each party. The training units of state

agencies could include consumer organizations in trainings when the topics lend themselves to such inclusion, such as disability specific training and placement training.

Chapter 4, “Value-Added Services: Using Consumer Organizations to Enhance Successful VR Outcomes,” suggests ways that consumer organizations can assist the VR counselor in helping the VR customer successfully compete their IPE. This begins with the referral and application process. Consumer organizations offer an effective way to market VR services to people with disabilities. To strengthen this relationship, state agency staff can attend meeting of consumer organizations—to both learn about the consumer organizations and their members and to share VR’s mission and services. During the development of the IPE, consumer organizations can help VR customers explore potential careers and can provide information on comparable services and benefits that may be available to VR customers.

Finally, Chapter 5, “Ways and Means to Involve Customer Organizations,” noted that involving consumer organizations in program evaluation and policy development can lead to improved programs, more effective and effi-

cient agency performance and, most importantly, better outcomes for individuals with disabilities. One action step is for state agencies to hold public meetings that include consumer organizations when they are revising agency policy and to incorporate input from consumer organizations into the agency’s program evaluation methodology to ensure that what is being measured is what needs to be measured.

Finally, as the public VR system functions in accordance with the federal law and regulations, consumer organizations can be fully engaged in the legislative process that creates these laws. Mechanisms exist to assist the funding of consumer organizations in the Rehabilitation Act.

Consumer organizations are critical to the success and future of the public VR program. Leaders in the public VR program will benefit from seeking and enhancing relationships with consumer organizations at state and national levels. By working together, consumer organizations and VR can affect employment opportunities, civil rights, consumer independence, public policy, and social change and can improve the effectiveness of the public VR program.

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