

THE WHITE HOUSE

WASHINGTON

Meeting of Appointees with Disabilities

November 8, 1994, 2:00-3:30 p.m.

Roosevelt Room

The White House

Agenda

Welcome and Introductions

Carol H. Rasco
The White House

Protection and Advocacy (P&A) Systems

- P&A for Persons with Developmental Disabilities

Bob Williams
Department of Health
& Human Services

- P&A for Individuals with Mental Illness

Natalie Reatig
Center for Mental Health
Services
Department of Health and
Human Services

- P&A for Users of Assistive Technology

Carol Cohen
National Institute on
Disability and
Rehabilitation Research
Department of Education

- P&A for Individual Rights and the Client Assistance Program

Parma Yarkin
Vocational Rehabilitation
Administration
Department of Education

Other Sources of Advocacy Assistance

Alexander D. Forger
Legal Services Corporation

Paul S. Miller
Equal Opportunity
Employment Commission

Liz Savage
Department of Justice

Open Forum

Full Group

Closing and Announcements

Carol H. Rasco

**REPORT OF THE ADVOCACY SUBCOMMITTEE
TO THE INTERAGENCY COMMITTEE ON DEVELOPMENTAL DISABILITIES
FISCAL YEAR 1992 REPORT ON SERVICES
PROVIDED BY FEDERAL ADVOCACY PROGRAMS**

PROTECTION AND ADVOCACY

- **FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (PADD)
ADMINISTRATION ON CHILDREN AND FAMILIES
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES**
 - **FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)
SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION
CENTER FOR MENTAL HEALTH SERVICES**
 - **FOR INDIVIDUAL RIGHTS (PAIR)
REHABILITATIVE SERVICES ADMINISTRATION**
- THE CLIENT ASSISTANCE PROGRAM (CAP)
REHABILITATIVE SERVICES ADMINISTRATION**

STATUTORY HISTORY

Protection & Advocacy Systems were initially developed to address public outcry to the exposure of abuse, neglect and lack of programming in state institutions for persons with disabilities.

Protection & Advocacy Systems for Persons with Developmental Disabilities (PADD) were originally established by the Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103). This was the first P&A program established and has become the legislative model and the core system for other Federal P&A programs for people with disabilities. The DD Act mandated that each state and territory establish a protection and advocacy system by October 1, 1977 as a condition for receiving its basic state grant allotment. The system established to provide advocacy services must have the ability to pursue legal, administrative, and other appropriate remedies to protect the rights of individuals with developmental disabilities under federal and state laws. The Governor in each state designates the P&A System, and provides assurances that the System is independent of any service provider. The U.S. Department of Health and Human Services, Administration for Children and Disabilities, Administration on Developmental Disabilities administers the PADD program.

The Client Assistance Program (CAP) was established as a mandatory formula grant program by the 1984 Amendments to the Rehabilitation Act. Every state and U.S. Territory, as a condition for receiving allotments under Section 110 of the Rehabilitation Act, must have a CAP. The establishment of CAP reflected Congressional belief that persons with disabilities may require assistance in obtaining information and access to the services available through the programs, projects, and facilities funded under the Rehabilitation Act. CAP provides information and assistance to individuals seeking or receiving services under the Rehabilitation Act, including assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of their rights. The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers CAP.

The Protection & Advocacy for Individuals with Mental Illness (PAIMI) program was established in 1986 with the passage of Public Law 99-319. PAIMI is mandated to protect the rights of persons with mental illness under federal and state law, and to investigate allegations of abuse and neglect of persons residing in residential care and treatment facilities. The agencies designated to serve as the PADD system in each state and U.S. territory are responsible for implementing the PAIMI program. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services administers PAIMI program.

The Protection and Advocacy for Individual Rights (PAIR) program was authorized by Congress under the Rehabilitation Act of 1978 but no funds were appropriated for this program until FY 1991. PAIR also has the authority to protect and advocate for services to persons with severe disabilities. PAIR was designed to close the gap in advocacy services created by the eligibility requirements of PADD & PAIMI. PAIR is similar to other P&A programs in its authority to pursue legal, administrative and other appropriate remedies on behalf of people with disabilities.

In 1989, the Rehabilitative Services Administration awarded NAPAS a three-year demonstration project to provide advocacy services authorized for PAIR. The NAPAS grant was used to fund projects in New Hampshire, Rhode Island and New Mexico. Based on the results of these three projects, Congress appropriated \$976,000 which funded eleven states to provide PAIR services in FY 1991. All of these discretionary grants went to existing Protection & Advocacy Systems.

In FY 1992, Congress appropriated \$1.074 million, which was also distributed through a discretionary grant program to thirteen agencies. Nine of the original P&As were refunded, two new P&As were funded and one CAP received the PAIR grant.

In FY 1994, Congress appropriated 5.5 million, hitting the trigger for formula grant status (\$100,000 for states, \$50,000 for territories). Congress has again designated the PADD system to operate the PAIR program in each state.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers PAIR.

P&A AND CAP ADVOCACY ACTIVITIES

P&A and CAP activities include:

- (1) investigating, negotiating or mediating solutions to problems expressed by persons eligible for P&A and CAP services;**
- (2) providing information and technical assistance to other attorneys, governmental agencies and service providers;**
- (3) providing legal counsel and litigation services to eligible persons, as appropriate;**
- (4) providing education and training for staff, governing boards and advisory councils, volunteers, service delivery professionals, people with disabilities and other advocacy groups, and the community.**

In addition, P&As and CAPs interact with elected and appointed officials to share information which assists policy makers in making legislative and administrative changes designed to benefit persons with disabilities.

CONGRESSIONAL APPROPRIATIONS HISTORY

The following chart demonstrates the history of Congressional support for P&A and CAP programs:

U.S. Congressional Appropriations 1976-94 (in \$ millions)

	PADD	CAP	PAIMI	PAIR
1976	1.5			
1977	3.0			
1978	3.0			
1979	3.8			
1980	7.5			
1981	7.5			
1982	7.68			
1983	7.32			
1984	8.4	6.0		
1985	13.75	6.3		
1986	14.6	6.412	9.5	
1987	15.0	7.5	10.5	
1988	19.148	7.1	10.555	
1989	19.76	7.682	12.4	
1990	20.48	7.901	14.001	
1991	20.98	8.313	15.614	.976
1992	22.500	9.140	19.5	1.074
1993	22.506	9.296	20.8	2.480
1994	23.753	9.547	21.957	5.5

Formula Grants

Each designated State and Territory receives funding to implement the PADD, PAIMI and CAP program through a formula grant. The formula, while slightly different for each of the three programs, is essentially based on the population and per capita income in the State. Each State is given a minimum allotment which is incremental increased as the population of the State increases. Approximately twenty States receive a minimum allotment for each program.

In FY 1994, the minimum allotment for PADD, PAIMI and CAP was \$266,266, \$259,782 and \$100,000 respectively.

The minimum allotment for Territories is \$121,052, \$139,242, and \$45,000 respectively.

In contrast, the largest State received \$1,957,574 for PADD, \$1,911,186 for PAIMI, and \$956,935 for CAP.

STATISTICAL SUMMARY AND ANALYSIS

Currently, Federal administering agencies use different criteria to determine client eligibility. Basis eligibility for P&A and CAP is defined by the respective Federal statutes. ADD and CMHS agree on the definition of what constitutes a client in terms of the level of services for the PADD and PAIMI programs.

A client is defined as an individual for whom the P&A system provides a direct service or intervention. Each individual client is counted only once during a fiscal reporting period, regardless of the number of times he/she returns for assistance or the number of services provided. Individuals carried over as clients from the previous year are included in this count.

PADD Eligibility

In addition, to be eligible for PADD advocacy services clients must meet the definition of Developmental Disabilities as defined in the statute. Developmental disabilities are chronic and attributable to mental and/or physical impairments which are evident prior to age twenty-two. Such disabilities tend to be life-long and result in substantial limitations in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, the capacity for independent living, and/or economic self-sufficiency. In addition, each system must establish annual objectives and priorities for their activities including case services. The priorities vary from State to State and are based on consumer input and review.

PAIMI Eligibility

Individuals eligible for services under the PAIMI Act must reside in facilities which provide care and treatment, or have been discharged from such facility within the past 90 days. Individuals eligible for services also include those in process of being admitted to a facility rendering care or treatment including persons being transported to or from such a facility. Facilities may include homeless shelters, municipal detention facilities, jails or prisons, or a Federal facility rendering care or treatment. The PAIMI program must also establish priorities for case service.

CAP Eligibility

RSA defines a client of the CAP program as one who has a record of confidential information maintained on file, and one who has requested assistance in a situation requiring some type of intervention with a Rehabilitation Act project, program or facility. Under this definition, a new client is counted each time a case is opened without regard to the number of times the same case may have been opened and closed for a particular individual during the reporting year.

PAIR Eligibility

The 1992 Amendments to the Rehabilitation Act expanded eligibility for PAIR to include all people with disabilities as defined by the Americans with Disabilities Act, who are not eligible for services under the PADD, CAP or PAIMI programs.

Total Clients Served

The P&As and CAPs served approximately 71,082 individuals in FY 1992 (October 1, 1991 to September 30, 1992).

PADD	39,900
PAIMI	20,379
CAP	10,803

Racial/Ethnic Representation by %

	PADD	PAIMI	CAP
White	73	62	78.4
African American	18	17	13.4
American Indian	1	1	1
Pacific Islander		2	1.8
Other/Unknown/Not Reported	8	18	7

% of Case Resolution Through Litigation

PADD	4.0
PAIMI	3.0
CAP	.7

Non-cases provided information/referral

PADD	103,000
CAP	49,305
PAIMI	49,175

The data collected on the number of clients served by all three programs should include only those individuals for whom a significant service was rendered.

The client data should not include individuals who benefited from the resolution of class actions, other problems involving groups or individuals who only receive information or referral. Individuals who receive other types of educational services from the program are not counted as clients of the program.

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

Client Assistance Program (CAP)

This program supports, through grants to the States, services to advise individuals with disabilities of benefits and services available to them under the Rehabilitation Act and Title I of the Americans with Disabilities Act. Individuals seeking or receiving services from programs supported under the Rehabilitation Act may also receive assistance in pursuing legal, administrative and other appropriate remedies to protect their rights. Each State is required to have a CAP as a condition of eligibility for the State grant for vocational rehabilitation services.

CAPs primarily resolve issues through individual and systemic advocacy. By statutory mandate, CAP staff attempt to resolve issues through negotiation or mediation before resorting to administrative or legal remedies. Although States are not required to have formal procedures to address issues raised by CAPs, CAP personnel must be afforded access to policy making and administrative personnel in the State. The CAP director also serves on the State Rehabilitation Advisory Council, the consumer advisory board for vocational rehabilitation services.

CAPs are operated by agencies designated by the Governors. In general, these agencies are independent of any agency that provides services under the Rehabilitation Act. Funds are distributed among the States according to population, except that each State is guaranteed a minimum of \$100,000 and each territory at least \$45,000. In fiscal year (FY) 1995, grants totalling \$9,824,000 were awarded to the 50 States, the District of Columbia, Puerto Rico, and five territories. Almost 65,000 individuals received CAP assistance in FY 1993, the most recent year for which data are available.

Protection and Advocacy of Individual Rights (PAIR)

One of the newest components of the State protection and advocacy (P&A) systems established under the Developmental Disabilities and Bill of Rights Act, PAIR is mandated to protect the legal and human rights of individuals with disabilities who are not eligible for services under CAP or one of the other P&A programs. PAIR, which started as a discretionary grant program in 1991, became a formula grant program in 1994.

PAIR activities include investigating, negotiating, or mediating solutions to problems expressed by individuals with disabilities, providing information and technical assistance, and providing legal counsel and litigation services. PAIR also supports education and outreach activities. Each year, PAIR programs must establish case selection priorities based on public comment. Typical priorities include providing individual and systemic advocacy in the areas of employment discrimination, accessibility, and housing.

Fifty-six PAIR grants totalling \$7,105,000 were awarded in FY 1995.

Parma Yarkin
Biographical Note

I joined the Department of Education, Office of Special Education and Rehabilitative Services, in 1991. As a member of the Assistant Secretary's staff, I helped to draft the Department's guidance on education services for deaf students. I transferred to the Rehabilitation Services Administration to administer the Client Assistance Program (CAP) and the Protection and Advocacy of Individual Rights (PAIR) program in 1993. I am attorney (J.D., 1990). Prior to joining the Education Department, I clerked for a labor union and the environment department of the World Bank.

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RESNA
N A P A S

FAX NO. 703 524 6630
FAX NO. 2024089520

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ATTACHED: I. NIDRR Technology - Related Assistance Programs
II. Directory of PTA & CAP Programs
III.

STATUTORY AUTHORITY FOR P & A PROGRAMS

Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. 6000 et seq.

Protection and Advocacy for Individuals with Mental Illness Act, 42 U.S.C. 10801 et seq.

Protection and Advocacy for Individual Rights (the Rehabilitation Act), 29 U.S.C. 794(e)

Client Assistance Program (the Rehabilitation Act), 29 U.S.C 732

Technology Related Assistance for Individuals with Disabilities Act, 29 U.S.C. 2201 et seq.

Attachment I**RESNA Technical Assistance Project**

Suite 1540, 1700 N. Moore Street, Arlington, VA 22209-1903
703/524-6686, Fax: 703/524-6630, TTY: 703/524-6639

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

States Funded Under The

Technology-Related Assistance For Individuals With Disabilities Act of 1988 (and Amendments of 1994)

ALABAMA STATEWIDE TECHNOLOGY ACCESS AND RESPONSE PROJECT (STAR) (1993)

2125 East South Boulevard
P.O. Box 20752

Montgomery, AL 36120-0752

Project Director: Tom Gannaway, (205) 288-0240 (Voice)
(205) 281-2276 (TDD)

FAX: (205) 288-7171

CALIFORNIA ASSISTIVE TECHNOLOGY SYSTEM (1993)

CA Department of Rehabilitation

830 K Street
Sacramento, CA 95814

Project Coordinator: Sheila Conlon Mentkowski,
(916) 324-7386 (TDD)
(916) 324-3062 (Voice)

FAX: (916) 327-4567

ASSISTIVE TECHNOLOGIES OF ALASKA (1990)

400 "D" Street, Suite 230
Anchorage, AK 99501

Information and Referral: Rich Vantrease, (800) 770-0138 (V/TDD)

Program Director: Kalhe Matrone, (907) 272-9547 (V/TDD)

FAX: (907) 274-0516

COLORADO ASSISTIVE TECHNOLOGY PROJECT (1989)

Rocky Mountain Resource and Training Institute
6355 Ward Road, Suite 310

Avada, CO 80004

Project Director: Bill West, (303) 420-2942 (Voice/TDD)

FAX: (303) 420-8875

AMERICAN SAMOA ASSISTIVE TECHNOLOGY PROJECT (1993)

Division of Vocational Rehabilitation

Department of Human Resources

Pago Pago, American Samoa 96799

Director: Edmund Pereira, (684) 633-1805/2336
(Voice), (684) 233-7874 (TDD)

FAX: (684) 633-2393

CONNECTICUT ASSISTIVE TECHNOLOGY PROJECT (1992)

Bureau of Rehabilitation Services

10 Griffin Road North

Windsor, CT 06095

Project Director: John M. Ficarno, (203) 298-2042
(203) 298-2018 (TDD)

FAX: (203) 298-9590

ARIZONA TECHNOLOGY ACCESS PROGRAM (AZTAP) (1994)

Northern Arizona University

P.O. Box 5630

Flagstaff, AZ 86011-5630

Program Director: M.J. Demelras, Ph.D., (602) 324-3175
(Voice), (602) 324-3177 (TDD)

FAX: (602) 324-3176

DELAWARE ASSISTIVE TECHNOLOGY INITIATIVE (1991)

University of Delaware/A.I. Dupont Institute

1600 Rockland Road, Room 154

Wilmington, DE 19899

Project Director: Beth Mineo, Ph.D., (302) 651-6790
(302) 651-6794 (TDD)

FAX: (302) 651-6793

ARKANSAS INCREASING CAPABILITIES ACCESS NETWORK

(1989)

2201 Brookwood, Suite 117

Little Rock, AR 72202

Information and Referral: Barbara Gullett, (501) 666-8868 (V/TDD)
or (800) 828-2799 (In State Only)

Project Director: Sue Gaskin, (501) 666-8868 (Voice/TDD)

FAX: (501) 666-5319

D.C. PARTNERSHIP FOR ASSISTIVE TECHNOLOGY (1993)

National Rehabilitation Hospital

102 Irving Street, NW

Washington, DC 20010

Project Director: Jody Wildy, (202) 877-1932 (Voice)
(202) 726-3996 (TDD)

FAX: (202) 723-0628

FLORIDA ALLIANCE FOR ASSISTIVE SERVICE AND TECHNOLOGY (1992)

2002 Old St. Augustine Road
Building A
Tallahassee, FL 32399-0696

Director: Mark Ravenscraft, (904) 487-3278
(Voice/TDD)
FAX: (904) 488-8062

GEORGIA TOOLS FOR LIFE (1991)

Division of Rehabilitation Services
#2 Peachtree Street NW, Suite 23-411
Atlanta, GA 30303

Information and Referral: Tom Owen, (800) 726-9119
or (404) 894-4960
Project Director: Joy Kniskern, (404) 657-3084
(404) 657-3085 (TDD)
FAX: (404) 657-3086

GUAM SYSTEM FOR ASSISTIVE TECHNOLOGY (1994)

University Affiliated Program - Developmental Disabilities
University of Guam
UOG Station
Mangilao, Guam 96923

Director: Heidi E. Farra-San Nicolas, Ph.D.
(671) 734-9309

HAWAII ASSISTIVE TECHNOLOGY TRAINING AND SERVICE PROJECT (1991)

677 Ala Moana Boulevard, Suite 403
Honolulu, HI 96813

Information and Referral: Cecelia Sasaki, (808) 532-7110
(Voice/TDD)
Project Director: Barbara Fischowitz-Leong
(808) 532-7110 (Voice/TDD)
FAX: (808) 532-7120

IDAHO ASSISTIVE TECHNOLOGY PROJECT (1992)

129 W. Third Street
Moscow, ID 83843

Information and Referral: Maria Billion-Gemesrud/Gabrielle
Scott (208) 885-9429
Project Director: Bryce Filfield, Ph.D.
(208) 885-3559 (Voice)
(800) 432-8324 (TDD)
FAX: (208) 885-3628

ILLINOIS ASSISTIVE TECHNOLOGY PROJECT (1989)

110 Iles Park Place
Springfield, IL 62718

Information and Referral: Roger McCarty, (800) 852-5110
(In State Only/Voice/TDD) or
(217) 522-7985 (Voice/TDD)
Project Director: Wilhelmina Gunther, (217) 522-7985
FAX: (217) 522-8067

INDIANA ATTAIN (ACCESSING TECHNOLOGY THROUGH AWARENESS IN INDIANA) PROJECT (1990)

P.O. Box 7083
402 W. Washington Street, Room W453
Indianapolis, IN 46207-7083

Information and Referral: Judy Hensley, (317) 232-1410
(Voice/TDD)
Project Director: Cria Fulford, (800) 545-7763
(Voice/TDD)
FAX: (317) 232-6478

IOWA PROGRAM FOR ASSISTIVE TECHNOLOGY (1990)

Iowa University Affiliated Program
University Hospital School
Iowa City, IA 52242

Information and Referral: Amy Hanna/Dawn Story
(800) 331-3027 (Voice/TDD)
Project Director: James Hardy, Ph.D., (319) 353-6388
FAX: (319) 358-8284

ASSISTIVE TECHNOLOGY FOR KANSANS PROJECT (1990)

2601 Gabriel
P.O. Box 738
Parsons, KS 67357

Project Director: Dr. Charles Spellman
(316) 421-8367 (Voice)
(316) 421-8115 (TDD)
FAX: (316) 421-6550 x1864

KENTUCKY ASSISTIVE TECHNOLOGY SERVICES NETWORK (1989)

Coordinating Center
427 Versailles Road
Frankfort, KY 40601

Information and Referral: Jerry Wheatley, (502) 573-4665
(Voice/TDD)
Project Director: Jan Weber, (502) 573-4665 (Voice/TDD)
FAX: (502) 573-3976

LOUISIANA ASSISTIVE TECHNOLOGY ACCESS NETWORK (1991)

P.O. Box 3455, Bin# 14
Baton Rouge, LA 70821-3455

Information and Referral: Saundra Parker-Allen
(800) 922-DIAL
(800) 256-1633 (TDD)

Project Administrator: Julie Nesbit, (504) 342-2471 (Voice/TDD)

FAX: (504) 342-1970

MAINE CONSUMER INFORMATION AND TECHNOLOGY TRAINING EXCHANGE (MAINE CITE) (1989)

Maine CITE Coordinating Center
University of Maine at Augusta
48 University Drive
Augusta, ME 04330

Information and Referral: Cress Shallers, (207) 621-3195
(Voice/TDD)

Project Director: Kathy Powers, (207) 621-3195
(Voice/TDD)

FAX: (207) 621-3193

MARYLAND TECHNOLOGY ASSISTANCE PROGRAM (1989)

Governor's Office for Individuals with Disabilities
300 W. Lexington Street, Box 10
Baltimore, MD 21201

Information and Referral: James Corey, (800) TECH-TAP

Project Director: Mary Brady, (410) 333-4975 (Voice/TDD)

FAX: (410) 333-6674

MASSACHUSETTS ASSISTIVE TECHNOLOGY PARTNERSHIP CENTER (1990)

Children's Hospital
300 Longwood Avenue
Boston, MA 02115

Information and Referral: Andres Sanchez, (617) 727-5540
(617) 345-9743 (TDD)

Project Director: Judy Brewer, (617) 735-7820 (Voice)
(617) 735-7301 (TDD)

FAX: (617) 735-6345

MICHIGAN TECH 2000 (1992)

Michigan Department of Education
Rehabilitation Services
P.O. Box 30010
Lansing, MI 48909

Project Manager: Michael Barnes, (517) 373-9233
(Voice); (517) 373-4035 (TDD)

FAX: (517) 373-0565

MINNESOTA STAR PROGRAM (1989)

300 Centennial Building
658 Cedar Street
St. Paul, MN 55155

INFOTECH: (800) 331-3027 (Voice/TDD)

Project Director: Rachel Wobschall, (612) 297-1554
(612) 296-9962 (TDD)

FAX: (612) 282-6671

MISSISSIPPI PROJECT START (1990)

2550 Peachtree Street
4th floor
Jackson, MS 39216

Project Director: Carrie Bahr, (601) 987-4872 (Voice/TDD)

FAX: (601) 364-2349

MISSOURI ASSISTIVE TECHNOLOGY PROJECT (1991)

4731 South Cochise, Suite 114
Independence, MO 64055-6975

Information and Referral: Sheila Brashear, (800) 647-8557
(800) 647-8558 (TDD)

Project Director: Diane Golden, (800) 647-8557 or
(816) 373-5193

FAX: (816) 373-9314

MONTECH (1991)

The University of Montana, MJARID, MonTECH
834 Eddy Avenue
Missoula, MT 59812

Information and Referral: Duane Gimbel,
(406) 243-5676 (Voice/TDD)
(800) 732-0323 (Voice/TDD)

Project Director: Peter Leach,
(406) 243-5676 (Voice/TDD)

FAX: (406) 243-2349

NEBRASKA ASSISTIVE TECHNOLOGY PROJECT (1989)

301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

Information and Referral: Nancy Noha, (402) 471-3647
(Voice/TDD)

Project Director: Mark Schultz, (402) 471-0734
(Voice/TDD)

FAX: (402) 471-0117

NEVADA ASSISTIVE TECHNOLOGY PROJECT (1990)

Rehabilitation Division
Office of Community Based Services
711 South Stewart Street
Carson City, NV 89710
Information and Referral: Todd Butterworth, (702) 687-4452
(Voice); (702) 687-3388 (TDD)
Project Manager: Jack Reid, (702) 687-4452 (Voice)
(702) 687-3388 (TDD)
FAX: (702) 687-3292

NEW HAMPSHIRE TECHNOLOGY PARTNERSHIP PROJECT (1991)

Institute on Disability/UAP
#14, Ten Ferry Street
The Concord Center
Concord, NH 03301
Information and Referral: Carol Richards, (603) 224-0630
(Voice/TDD)
Project Co-ordinators: Marion Pawlek/Mary Schuh,
(603) 224-0630 (Voice/TDD)
FAX: (603) 228-3270

NEW JERSEY TECHNOLOGY ASSISTIVE RESOURCE PROGRAM (1992)

135 East State Street
CN 398
Trenton, NJ 08625
Information and Referral: Laurette Walsh, (609) 292-7496
Administrator: Tim Montagano, (609) 292-7498 (Voice)
(800) 382-7765 (TDD)
FAX: (609) 292-4616

NEW MEXICO TECHNOLOGY ASSISTANCE PROGRAM (1990)

435 St. Michael's Drive, Building D
Santa Fe, NM 87503
Information and Referral: Carol Cadena, (800) 866-ABLE
(Voice/TDD)
Project Director: Bill Newroe, (505) 827-3532
(Voice/TDD)
FAX: (505) 827-3746

NEW YORK STATE TRAD PROJECT (1990)

Office of Advocate for Persons with Disabilities
One Empire State Plaza, Suite 1001
Albany, NY 12223-0001
Project Director: Deborah Buck, (518) 474-2825 (Voice)
(518) 473-4231 (TDD)
FAX: (518) 473-6005

NORTH CAROLINA ASSISTIVE TECHNOLOGY PROJECT (1990)

Department of Human Resources
Division of Vocational Rehabilitation Services
1110 Navaho Drive, Suite 101
Raleigh, NC 27609
Information and Referral: (800) 852-0042
Project Director: Ricki Cook, (919) 850-2787 (Voice/TDD)
FAX: (919) 850-2792

NORTH DAKOTA INTERAGENCY PROGRAM FOR ASSISTIVE TECHNOLOGY (IPAT) (1993)

P.O. Box 743
Cavalier, ND 58220
Director: Judie Lee, (701) 285-4807 (Voice/TDD)
FAX: (701) 265-3150

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS ASSISTIVE TECHNOLOGY PROJECT (1994)

Governor's Developmental Disabilities Planning Office
Office of the Governor
Saipan, MP 96950
Executive Director: Juanita S. Malone, (670) 322-3014

OHIO TRAIN (1992)

1224 Kinnear Road
Columbus, OH 43212
Executive Board Chairperson: Judy Harris,
(614) 292-2428 or (800) 784-3425
(Voice/TDD)
FAX: (614) 292-5866

OKLAHOMA ABLE TECH (1992)

Department of Rehabilitation Services
P.O. Box 36659
Oklahoma City, OK 73136
Project Director: Paul Bowerman, (800) 316-4119
(405) 427-3312 (TDD)
FAX: (405) 427-3027

OREGON TECHNOLOGY ACCESS FOR LIFE NEEDS PROJECT (TALN) (1990)

Chemeketa Community College
P.O. Box 14007
Salem, OR 97309-7070
Project Director: Susan McNaught, (503) 399-4950
(Voice/TDD)
In OR (800) 677-7512 (Voice/TDD)
FAX: (503) 399-6978

PENNSYLVANIA'S INITIATIVE ON ASSISTIVE TECHNOLOGY (1992)

Institute on Disability/UAP
Ritter Hall Annex 433 (004-00)
Philadelphia, PA 19122

Information and Referral: Kirk Behnke, (215) 204-1356
(Voice/TDD)

Project Director: Amy Goldman, (215) 204-1358
(Voice/TDD)

FAX: (215) 204-6336

PUERTO RICO ASSISTIVE TECHNOLOGY PROJECT (1993)

University of Puerto Rico
Medical Sciences Campus
College of Related Health Professions
Department of Communication Disorders
Box 365067

San Juan, PR 00936

Project Director: Dr. José R. Santana,
(800) 496-6035 (From U.S. Mainland)
(800) 981-6033 (In PR Only)
FAX: (809) 759-3645

RHODE ISLAND ASSISTIVE TECHNOLOGY ACCESS PROJECT (1993)

Office of Rehabilitation Services
40 Fountain Street
Providence, RI 02903-1898

Acting Project Director: Joseph Farrell, (401) 421-7005
Toll Free in RI (800) 752-8038 ext.2608
(401) 421-7016 (TDD)

FAX: (401) 274-1920

SOUTH CAROLINA ASSISTIVE TECHNOLOGY PROGRAM (1991)

Vocational Rehabilitation Department
P.O. Box 15, 1410-C Boston Avenue
West Columbia, SC 29171-0015

Information and Referral: Lillian Smith, (803) 822-5404
(Voice/TDD)

Project Director: Chip Harriford, (803) 822-5404
(Voice/TDD)

FAX: (803) 822-4301

DAKOTA LINK (1992)

1925 Plaza Boulevard
Rapid City, SD 57702

Information and Referral: Juanita Palmer-Lloyd
(800) 645-0873 (Voice/TDD);
or (605) 394-1876

Project Manager: Ron Reed, (605) 394-1876
FAX: (605) 394-5315

TENNESSEE TECHNOLOGY ACCESS PROJECT (1990)

710 James Robertson Parkway
Gateway Plaza, 11th floor
Nashville, TN 37243-0675

Information and Referral: Anastasia Koshakji, (615) 532-6530
(800) 732-5059 (In state only);
(615) 532-6514 (TDD)

Project Director: Rob Roberts, (615) 532-6530
FAX: (615) 532-6964

TEXAS ASSISTIVE TECHNOLOGY PARTNERSHIP (1992)

University of Texas at Austin, UAP of Texas
Department of Special Education, EDB 306
Austin, TX 78712

Information and Referral: (800) 828-7839

Project Director: Brian Bryant, (512) 471-7621 (Voice)
(512) 471-1844 (TDD)

FAX: (512) 471-7549

UTAH ASSISTIVE TECHNOLOGY PROGRAM (1989)

Center for Persons with Disabilities
UMC 6855

Logan, UT 84322-6855

Information and Referral: (800) 333-UTAH (Voice/TDD)

Project Director: Marvin Filfield, Ed.D., (801) 797-1982
FAX: (801) 797-2355

VERMONT ASSISTIVE TECHNOLOGY PROJECT (1990)

103 South Main Street, Weeks 1
Waterbury, VT 05671-2305

Project Director: Christine Pellegrino, (802) 241-2620
(Voice/TDD)

FAX: (802) 241-3052

VIRGINIA ASSISTIVE TECHNOLOGY SYSTEM (1990)

8004 Franklin Farms Drive
P.O. Box K300

Richmond, VA 23286-0300

Information and Referral: Michael Snapp, (804) 662-9993

Project Director: Kenneth Knorr, (804) 662-9990 (V/TDD)
FAX: (804) 662-9478

WASHINGTON ASSISTIVE TECHNOLOGY ALLIANCE (1993)

DSHS/DVR

P.O. Box 45340

Olympia, WA 98504-5340

Project Director: David Hooks, Sr., Ph.D.
(206) 438-8051 (Voice)
(206) 438-8644 (TDD)

FAX: (206) 438-8007

WEST VIRGINIA ASSISTIVE TECHNOLOGY SYSTEM (1992)

Division of Rehabilitation Services

Capital Complex

Charleston, WV 25305-0390

Information and Referral: Rachel Bower, (800) 841-8436

Project Director: Tom Minshall, (304) 768-4698
(304) 293-4692 (TDD)

FAX: (304) 293-7294

WISTECH (1990)

Division of Vocational Rehabilitation

P.O. Box 7852

1 W. Wilson Street, Room 950

Madison, WI 53707-7852

Information and Referral: Linda Rowley, (608) 266-5395

Project Director: Judi Trampf, (608) 267-6720 (Voice)
(608) 266-9599 (TDD)

FAX: (608) 267-3657

WYOMING'S NEW OPTIONS IN TECHNOLOGY (WYNOT) (1993)

Division of Vocational Rehabilitation

1100 Herschler Building

Cheyenne, WY 82002

Project Director: Kirk McKinney, (307) 777-8947 (Voice)

(307) 777-4386 or 777-7450 (Voice/TDD)

FAX: (307) 777-5939

Many states have regional assistive technology resource centers. To find out if there is a center near you, call your state's Tech Act project. In states where no I & R contact is listed, the Project Director can assist you.

**STATE PROTECTION AND ADVOCACY AGENCIES FOR PERSONS WITH
DEVELOPMENTAL DISABILITIES, MENTAL ILLNESS AND THE CLIENT
ASSISTANCE PROGRAM**

1994

ALABAMA

CAP	Division of Rehabilitation Services and Children's Rehabilitation Services 2129 E. South Blvd P. O. Box 11586 Montgomery, AL 36111	205-281-8780
DD	Alabama Disabilities Advocacy Program	205-348-4928
MI	The University of Alabama	205-348-9484 TDD
PAIR	P. O. Box 870395 Tuscaloosa, AL 35487-0395	800-826-1675

ALASKA

CAP	ASIST 2900 Boniface Parkway, #100 Anchorage, AK 99504-3195	907-333-2211
DD	Advocacy Services of Alaska	907-344-1002 Voice/TDD
MI	615 E. 82nd Avenue, Suite 101	800-478-1234
PAIR	Anchorage, AK 99518	

AMERICAN SAMOA

CAP	Client Assistance Program and	10288-011-
DD	Protection & Advocacy	684-633-2441
MI	P. O. Box 3937	
PAIR	Pago Pago, American Samoa 96799	

ARIZONA

CAP	Arizona Center for Law in the	602-274-6287 Voice/TDD
DD	Public Interest	
MI	3724 N. Third Street, Suite 300	
PAIR	Phoenix, AZ 85012	

ARKANSAS

CAP	Advocacy Services, Inc.	501-296-1775 Voice/TDD
DD	Evergreen Place, Suite 201	800-482-1174
MI	1100 North University	
PAIR	Little Rock, AR 72207	

CALIFORNIA

CAP	Client Assistance Program	916-322-5066
	830 K Street Mall, Room 220	
	Sacramento, CA 95814	
DD	Protection & Advocacy, Inc.	916-488-9950
MI	100 Howe Avenue, Suite 185N	800-776-5746
PAIR	Sacramento, CA 95825	818-546-1631 LA Voice/TDD
		510-839-0811 OK Voice/TDD

COLORADO

CAP	The Legal Center	303-722-0300 Voice/TDD
DD	455 Sherman Street	
PAIR	Suite 130	
MI	Denver, CO 80203	

CONNECTICUT

CAP	Office of P&A for Handicapped	203-297-4300
DD	and Developmentally Disabled Persons	203-566-2102 TDD
MI	60 Weston Street	800-842-7303
PAIR	Hartford, CT 06120-1551	(statewide)

DELAWARE

CAP	Client Assistance Program	302-698-9336
	United Cerebral Palsy, Inc.	800-640-9336
	254 Camden-Wyoming Avenue	
	Camden, DE 19934	
DD	Disabilities Law Program	302-856-0038 Voice/TDD
MI	144 E. Market Street	
PAIR	Georgetown, DE 19947	

DISTRICT OF COLUMBIA

CAP Client Assistance Program 202-727-0977
 Rehabilitation Services Administration
 605 G Street, NW
 Washington, DC 20001

CAP Information Protection & Advocacy 202-966-8081
 DD Center for Handicapped Individuals 202-966-2500 TDD
 MI 4455 Connecticut Ave, NW, Suite B100
 PAIR Washington, DC 20008

FLORIDA

CAP Advocacy Center for Persons w/Disabilities 904-488-9071
 DD 2671 Executive Center, Circle West 800-342-0823
 MI Webster Building, Suite 100 800-346-4127 TDD
 PAIR Tallahassee, FL 32301-5024

GEORGIA

CAP Department of Human Resources
 Division of Rehabilitation Service 404-657-3012
 2 Peachtree St., NW, Room 23-307
 Atlanta, GA 30303

DD Georgia Advocacy Office, Inc. 404-885-1234 Voice/TDD
 MI 1708 Peachtree St., NW, Suite 505 800-282-4538
 PAIR Atlanta, GA 30309

GUAM

CAP Parent Agencies Network 011-671-649-1948
 P.O. Box 23474
 GMF, Guam 96921

DD The Advocacy Office 011-671-472-8985/86
 MI P.O. Box 8830 011-671-472-8989 TDD
 PAIR Tamuning, Guam 96931

HAWAII

CAP Protection & Advocacy Agency 808-949-2922 Voice/TDD
 DD 1580 Makaloa Street, Suite 1060
 MI Honolulu, HI 96814
 PAIR

IDAHO

CAP Co-Ad, Inc. 208-336-5353 Voice/TDD
 DD 4477 Emerald, Suite B-100
 MI Boise, ID 83706
 PAIR

ILLINOIS

CAP Illinois Client Assistance Program 217-782-5374
 100 N. First Street, 1st Floor
 Springfield, IL 62702

DD Equip for Equality, Inc. 312-341-0022 Voice/TDD
 MI 11 East Adams, Suite 1200
 PAIR Chicago, IL 60603

INDIANA

CAP Indiana Advocacy Services 317-232-1150 Voice/TDD
 DD 850 North Meridian, Suite 2-C 800-622-4845
 MI Indianapolis, IN 46204
 PAIR

IOWA

CAP Client Assistance Program 515-281-3957
 Division on Persons w/Disabilities
 Lucas State Office Building
 Des Moines, IA 50310

DD Iowa Protection & Advocacy Service, Inc. 515-278-2502
 MI 3015 Merle Hay Road, Suite 6 515-278-0571 TDD
 PAIR Des Moines, IA 50310

KANSAS

CAP Client Assistance Program 913-296-1491
 Biddle Building, 2nd Floor
 2700 West 6th Street
 Topeka, KS 66606

DD Kansas Advocacy & Protective Service 913-776-1541 Voice/TDD
 MI 2601 Anderson Avenue 800-432-8276
 PAIR Manhattan, KS 66502

KENTUCKY

CAP Client Assistance Program 502-564-8035
 Capitol Plaza Tower 800-633-6283
 Frankfort, KY 40601

DD Office for Public Advocacy, Division for P&A 502-564-2967
 MI 100 Fair Oaks Lane, 3rd Floor 800-372-2988 TDD
 PAIR Frankfort, KY 40601

LOUISIANA

CAP Advocacy Center for the Elderly 504-522-2337 Voice/TDD
 DD and Disabled 800-662-7705
 MI 210 O'Keefe, Suite 700
 PAIR New Orleans, LA 70112

MAINE

CAP CARES, Inc. 207-622-7055
 4-C Winter Street
 Augusta, ME 04330

DD Maine Advocacy Services 207-626-2774
 MI 32 Winthrop 800-452-1948 TDD
 PAIR P.O. Box 2007
 Augusta, ME 04338

MARYLAND

CAP Client Assistance Program 410-554-3221
 Maryland Rehabilitation Center
 Division of Rehabilitation Services
 2301 Argonne Drive
 Baltimore, MD 21208

DD Maryland Disability Law Center 410-235-4700
MI 2510 St. Paul Street 410-235-4227 Voice/TDD
PAIR Baltimore, MD 21218 800-233-7201

ADM Maryland Disability Law Center 410-234-2791
 Program Staff 410-234-2794
 1800 N. Charles Street
 Baltimore, MD 21201

MASSACHUSETTS

CAP MA Office on Disability 617-727-7440
 Client Assistance Program
 One Ashburton Place, Room 303
 Boston, MA 02108

DD Disability Law Center, Inc. 617-723-8455 Voice/TDD
PAIR 11 Beacon Street, Suite 925
 Boston, MA 02108

MI Center for Public Representation 413-584-1644 Voice/TDD
 22 Green Street
 Northampton, MA 01060

MICHIGAN

CAP Client Assistance Program 517-373-8193
 Department of Rehabilitation Services
 P. O. Box 30008
 Lansing, MI 48909

Commission for the Blind 517-373-6425
 201 North Washington Square
 Box 30015
 Lansing, MI 48909

Michigan cont.

DD Michigan P&A Service 517-487-1755 Voice/TDD
MI 106 West Allegan, Suite 210
PAIR Lansing, MI 48933

MINNESOTA

CAP Minnesota Disability Law Center 612-332-1441
DD 430 First Avenue North, Suite 300 612-332-4668
MI Minneapolis, MN 55401-1780
PAIR

MISSISSIPPI

CAP Client Assistance Program 601-982-7051
Easter Seal Society
3226 N. State Street
Jackson, MS 39216

DD Mississippi P&A System for DD, Inc. 601-981-8207 Voice/TDD
MI 5330 Executive Place, Suite A
PAIR Jackson, MS 39206

MISSOURI

CAP Missouri P&A Services 314-893-3333 Voice/TDD
DD 925 S. Country Club Drive, Unit B-1
MI Jefferson City, MO 65109
PAIR

MONTANA

CAP Montana Advocacy Program 406-444-3889 Voice/TDD
DD 316 N. Park, Room 211 800-245-4743
MI P.O. Box 1680
PAIR Helena, MT 59624

NEBRASKA

CAP Client Assistance Program 402-471-3656
 Division of Rehabilitation Services
 Nebraska Department of Education
 301 Centennial Mall South
 Lincoln, NE 68509

DD Nebraska Advocacy Services, Inc. 402-474-3183 Voice/TDD
MI 522 Lincoln Center Building
PAIR 215 Centennial Mall South
 Lincoln, NE 68508

NEVADA

CAP Client Assistance Program 702-688-1440
 1755 East Plumb Lane, #128 800-633-9879
 Reno, NV 89502

DD Office of Protection & Advocacy, Inc. 702-688-1233
MI Financial Plaza 800-992-5715
PAIR 1135 Terminal Way, Suite 105 702-622-0243 TDD
 Reno, NV 89502

NEW HAMPSHIRE

CAP Client Assistance Program 603-271-2773
 Governor's Commission for the Handicapped
 57 Regional Drive
 Concord, NH 03301-9686

DD Disabilities Rights Center 603-228-0432 Voice/TDD
MI P. O. Box 19
PAIR 18 Low Avenue
 Concord, NH 03302-0019

NEW JERSEY

CAP Client Assistance Program 609-292-9742 Voice/TDD
DD New Jersey P&A, Inc. 800-792-8600
 210 S. Broad Street, 3rd Floor
 Trenton, NJ 08608

New Jersey cont.

MI New Jersey P&A, Inc. 609-292-9742 Voice/TDD
 210 S. Broad Street, 3rd Floor 800-792-8600
 Trenton, NJ 08608

NEW MEXICO

CAP Protection & Advocacy System, Inc. 505-256-3100 Voice/TDD
 DD 1720 Louisiana Blvd., NE
 MI Suite 204 800-432-4682
 PAIR Albuquerque, NM 87110

NEW YORK

CAP NY Commission on Quality of Care 518-473-7378
 DD for the Mentally Disabled 518-473-4057
 MI 99 Washington Avenue, Suite 1002 800-624-4143 TDD
 PAIR Albany, NY 12210

NORTH CAROLINA

CAP Client Assistance Program 919-733-3364
 North Carolina Division of Vocational
 Rehabilitation Services
 P. O. Box 26053
 Raleigh, NC 27611

DD Governor's Advocacy Council for 919-733-9250 Voice/TDD
 MI Persons with Disabilities 800-821-6922
 PAIR 2113 Cameron Street, Suite 218
 Raleigh, NC 27605

NORTH DAKOTA

CAP Client Assistance Program 701-224-4625
 400 East Broadway, Suite 303
 Bismarck, ND 58501-4038

DD The North Dakota 701-224-2972
 MI Protection & Advocacy Project 800-472-2670
 PAIR 400 E. Broadway, Suite 515 800-642-6694 (24 H. Line)
 Bismarck, ND 58501 800-366-6888 TDD

N. MARIANAS ISLANDS

CAP Northern Marianas 670-235-7274
 DD Protection and Advocacy System, Inc.
 MI P.O. Box 3529 C.K.
 PAIR Saipan, MP 96950

OHIO

CAP Client Assistance Program 614-466-9956
 Governor's Office of Advocacy for People
 with Disabilities
 30 East Broad Street, Room 1201
 Columbus, OH 43266-0400

DD Ohio Legal Rights Service 614-466-7264 Voice/TDD
 MI 8 East Long Street, 6th Floor 800-282-9181
 PAIR Columbus, OH 43215

OKLAHOMA

CAP Client Assistance Program 405-521-3756
 Oklahoma Office of Handicapped Concerns
 4300 N. Lincoln Blvd, Suite 200
 Oklahoma City, OK 73105

DD Oklahoma Disability Law Center, Inc. 918-664-5883 Voice/TDD
 MI 4150 South 100th East Avenue, 210 Cherokee Bldg
 PAIR Tulsa, OK 74146-3661

OREGON

CAP Oregon Disabilities Commission 503-378-3142
 1257 Ferry Street, SE
 Salem, OR 97310

DD Oregon Advocacy Center 503-243-2081 Voice/TDD
 MI 625 Board of Trade Building
 PAIR 310 Southwest 4th Avenue, Suite 625
 Portland, OR 97204-2309

PENNSYLVANIA

CAP	Client Assistance Program (SEPLS) 1650 Arch Street, Suite 2310 Philadelphia, PA 19103	215-557-7112
	Client Assistance Program Medical Center East 211 N. Whitfield, Suite 215 Pittsburgh, PA 15206	412-363-7223 (Western PA)
DD	Pennsylvania P&A, Inc.	717-236-8110 Voice/TDD
MI	116 Pine Street	800-692-7443
PAIR	Harrisburg, PA 17101	

PUERTO RICO

CAP	Office of the Governor	809-721-4299
DD	Ombudsman for the Disabled	809-725-3606
MI	P. O. Box 4234	800-981-4125
PAIR	San Juan, PR 00902-4234	809-705-4014 TDD

REP OF PALAU

CAP	Client Assistance Program Bureau of Public Health Ministry of Health P.O. Box 100 Koror, Republic of Palau 96940
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RHODE ISLAND

CAP	Rhode Island P&A System Inc., (RIPAS)	401-831-3150
DD	151 Broadway	401-831-5335
MI	3rd Floor	
PAIR	Providence, RI 02903	

SOUTH CAROLINA

CAP	Office of the Governor Division of Ombudsman & Citizen Services P.O. Box 11369 Columbia, SC 29211	803-734-0457
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South Carolina cont.

DD South Carolina P&A System for the
 MI Handicapped, Inc.
 PAIR 3710 Landmark Drive, Suite 208
 Columbia, SC 29204

803-782-0639 Voice/TDD
 800-922-5225

SOUTH DAKOTA

CAP South Dakota Advocacy Services
 DD 221 South Central Avenue
 MI Pierre, SD 57501
 PAIR

605-224-8294 Voice/TDD
 800-658-4782

TENNESSEE

CAP Tennessee Protection & Advocacy, Inc.
 DD P. O. Box 121257
 MI Nashville, TN 37212
 PAIR

615-298-1080 Voice/TDD
 800-342-1660

TEXAS

CAP Advocacy, Inc.
 DD 7800 Shoal Creek Blvd., Suite 171-E
 MI Austin, TX 78757
 PAIR

512-454-4816 Voice/TDD
 800-252-9108

UTAH

CAP Legal Center for People w/Disabilities
 DD 455 East 400 South, Suite 201
 MI Salt Lake City, UT 84111
 PAIR

801-363-1347 Voice/TDD
 800-662-9080

VERMONT

CAP Client Assistance Program
 Ladd Hall
 103 South Main Street
 Waterbury, VT 05676

802-241-2641
 800-622-4555

Vermont cont.

DD Vermont Protection & Advocacy 802-229-1355
 21 E. State Street, Suite 101
 Montpelier, VT 05602

MI Vermont Advocacy Network, Inc. 802-244-7868
 65 South Main Street
 Waterbury, VT 05676

VIRGINIA

CAP Department for Rights of Virginians w/Dis. 804-225-2042 Voice/TDD
 DD James Monroe Building 800-552-3962
 MI 101 North 14th Street, 17th floor
 PAIR Richmond, VA 23219

VIRGIN ISLANDS

CAP Virgin Islands Advocacy Agency 809-772-1200
 DD 7A Whim Street, Suite 2 809-776-4303
 MI Frederiksted, VI 00840 809-772-4641 TDD
 PAIR

WASHINGTON

CAP Client Assistance Program 206-721-4049
 P. O. Box 22510 206-721-4575
 Seattle, WA 98122

DD Washington Protection & Advocacy Sys. 206-324-1521 Voice/TDD
 MI 1401 E. Jefferson, Suite 506
 PAIR Seattle, WA 98122

WEST VIRGINIA

CAP West Virginia Advocates, Inc. 304-346-0847 Voice/TDD
 DD Litton Bldg, 4th Floor 800-950-5250
 MI 1207 Quarrier Street
 PAIR Charleston, WV 25301

WISCONSIN

CAP Governor's Commission for People
with Disabilities
Client Assistance Program
P. O. Box 7850
Madison, WI 53707-7852

608-267-7422
800-362-1290

DD Wisconsin Coalition for Advocacy
MI 16 N. Carroll Street, Suite 400
PAIR Madison, WI 53703

608-267-0214
608-267-0368 TDD

WYOMING

CAP Wyoming Protection & Advocacy System
DD 2424 Pioneer Avenue, Suite 101
PAIR Cheyenne, WY 82001

307-638-7668
307-632-3496
800-821-3091 Voice/TDD
800-624-7648 Voice/TDD

NATIVE AMERICAN

DD DNA, People's Legal Services, Inc.
P. O. Box 306
Window Rock, AZ 86515

602-871-4151

statutory history

Protection and Advocacy Systems were initially developed to address public outcry in response to the abuse, neglect and lack of programming in state institutions for persons with disabilities. Congress created distinct statutory programs to address the needs of different populations of persons with disabilities.

The Protection and Advocacy for Persons with Developmental Disabilities (PADD) Program was created by the Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103). This Act mandated that each state and territory establish a protection and advocacy system no later than October 1, 1977 as a condition for receiving its minimum state grant allotment under the Act for the provision of services to persons with developmental disabilities. P&As are required by the Act to pursue legal, administrative and other appropriate remedies to protect and advocate for the rights of individuals with developmental disabilities under all applicable federal and state laws. The governor in each state and territory designated a program as the P&A system, and has provided assurances that the system is independent of any service provider. Amendments added during the 1994 Congressional reauthorization of the Act expanded the system to include the establishment of a Native Americans Consortium P&A program.

The U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Administration on Developmental Disabilities (ADD) administers the PADD program.

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program was established in 1986 by Public Law 99-319. This program is modeled after PADD. The PAIMI program was created to protect the rights of persons with mental illness under federal and state law and to investigate allegations of abuse and neglect of persons residing in residential care and treatment facilities. PAIMI, which faces reauthorization in 1995, has since been expanded to provide advocacy services for persons in homeless shelters, jails and detention centers, as well as cases of abuse and neglect while being transferred to such a facility. PAIMI programs may also provide services to individuals who may have been subjected to abuse and neglect in facilities operated by the Department of Veterans Affairs. The system designated to serve as the PADD program in each state and territory is also responsible for administering the PAIMI program.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS) administers the PAIMI program.

The Protection and Advocacy for Individual Rights (PAIR) Program was established by Congress under the 1978 Amendments to the Rehabilitation Act, but no funds were appropriated for the program until FY 1991 and it did not reach its formula grant trigger until 1993. (Thus, for the first time, it became a nationwide program; previously, only 12 states were funded under PAIR, as a demonstration project.) PAIR grants, to P&A system nation-

wide, the authority to protect and advocate for services to persons with disabilities who are not eligible for the PADD and PAIMI programs, or whose issues do not fall within the jurisdiction of CAP. PAIR is similar to other P&A programs in that it grants authority to pursue legal, administrative and other appropriate remedies. However, PAIR is funded at a considerably lower level than PADD and PAIMI; consequently, available services under the program are quite limited in comparison to the others. Nevertheless, the PAIR program represents a vitally important component of a comprehensive effort to advocate for the rights of all persons with disabilities. The system designated to serve as the PADD program in each state and territory is also responsible for administering the PAIR program.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (RSA) administers PAIR.

The Client Assistance Program (CAP) was established as a mandatory formula grant program by the 1984 amendments to the Rehabilitation Act to assist persons with disabilities in securing vocational rehabilitation services mandated under the Act. Every state and territory, as a condition for receiving allotments under the Rehabilitation Act, must have a Client Assistance Program. The creation of CAP reflected Congressional belief that persons with disabilities may require assistance in obtaining information and access to the services available through the programs, projects and facilities funded under the Rehabilitation Act. CAP provides information and assistance to individuals seeking or receiving services under the Rehabilitation Act, including assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of their rights.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers CAP.

Assistive Technology. Originally passed by Congress in 1988, the Technology-Related Assistance for Individuals with Disabilities Act (the Tech Act), set up a lead agency in each state to coordinate activities to facilitate access to, provision of and funding for assistive technology devices and services for individuals with disabilities. In 1994, the Tech Act was expanded to include funding for P&As "to assist individuals with disabilities and their family members, guardians, advocates and authorized representatives in accessing assistive technology devices and assistive technology services" through case management, legal representation and self-advocacy training. Existing P&As are to receive between \$40,000 and \$100,000 in FY 1994 to conduct these activities.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR) administers the Assistive Technology program.

p&a and cap activities

P&A and CAP activities may include:

- (1) investigating, negotiating or mediating solutions to problems expressed by persons eligible for P&A and CAP services;
- (2) providing information and technical assistance to individuals, attorneys, governmental agencies, service providers and other advocacy organizations;
- (3) providing legal counsel and litigation services to eligible persons and groups who satisfy the established priorities of P&As and CAPs for the provision of services; and
- (4) providing education and training for their staff, governing boards, advisory councils, volunteers, service delivery professionals, constituency groups, and the community.

In addition, P&As and CAPs interact with elected and appointed officials to share information which will assist policy makers in making legislative and administrative changes which benefit persons with disabilities.

appropriations

Congressional Appropriations

The following chart demonstrates the history of congressional support for P&A and CAP programs:

U.S. Congressional Appropriations Fiscal Years 1976-94 (in \$ millions)

	PADD	CAP	PAIMI	PAIR
1976	1.5			
1977	3.0			
1978	3.0			
1979	3.8			
1980	7.5			
1981	7.5			
1982	7.68			
1983	7.32			
1984	8.4	6.0		
1985	13.75	6.3		
1986	14.6	6.412	9.5	
1987	15.0	7.5	10.5	
1988	19.148	7.1	10.555	
1989	19.76	7.682	12.4	
1990	20.48	7.901	14.001	
1991	20.98	8.313	15.614	.976
1992	22.500	9.140	19.5	1.074
1993	22.506	9.296	20.8	2.480
1994	23.753	9.547	21.957	5.5

Formula Grants

Each designated system receives funding to implement the PADD, PAIMI, PAIR and CAP programs through a formula grant. The formula, while slightly different for each of the four programs, is essentially based on the population and per capita income in the state.

Each state is given a minimum allotment which is incrementally increased as the population of the state increases. Approximately 20 states receive a minimum allotment for each program.

In FY 1994, the minimum allotment for PADD, PAIMI and CAP was \$226,266, \$259,782 and \$100,000, respectively. The minimum allotment for territories is \$121,052, \$139,242, and \$45,000, respectively. In contrast, the largest state received \$1,957,574 for PADD, \$1,911,186 for PAIMI, and \$956,935 for CAP.

PAIR allotments include \$100,000 for each state and \$50,000 for each eligible territory.

summary & analysis

P&As (with exception of PAIR) and CAPs are required to submit annual Program Performance Reports (PPRs) to the federal administering agencies: Administration on Developmental Disabilities (ADD), Center for Mental Health Services (CMHS) and Rehabilitation Services Administration (RSA). These reports require programs to compile data on the number and demographic composition of individuals served.

Currently, the administering agencies utilize different definitions to determine client eligibility. Eligibility for the four programs are defined by their respective statutes.

ADD and CMHS agree on the definition of what constitutes a client in terms of the level of services provided by the PADD and PAIMI programs. A client is defined as an individual for whom the P&A system provides a direct service or intervention. Each individual client is counted only once during a fiscal reporting period, regardless of the number of times he/she returns for assistance or the number of services provided. Individuals carried over as clients from the previous year are included in this count.

Eligibility for PADD advocacy services, require that one meet the definition of developmental disabilities as defined in the DD Act. Developmental disabilities are chronic and attributable to mental and/or physical impairments which are evident prior to age twenty-two. Such disabilities tend to be life-long and result in substantial limitations in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, the capacity for independent living, and/or economic self-sufficiency. In addition, each program establishes priorities for case selection. The priorities vary from State to State and are based on consumer input and review.

Individuals eligible for services under the PAIMI Act must reside in residential facilities which provide care and treatment, or have been discharged from such a facility within the past 90 days. Under the 1988 amendments, PAIMI programs were given the authority to represent clients in certain situations involving prisons and jails, and transportation to and from such facilities. In 1991, the jurisdiction was expanded again to include facilities assisting persons who are homeless, as well as federal facilities. PAIMI programs also establish priorities for case selection and vary from State to State.

RSA defines a client of CAP as one who has a record of confidential information maintained on file, and one who has requested assistance in a situation requiring some type of intervention with a Rehabilitation Act project, program or facility. Under this definition, a new client is counted each time a case is opened without regard to the number of times a case may have been opened and closed for a particular individual during the reporting year.

The data collected on the number of clients served by all three programs should reflect only

those individuals for whom a "significant service" was rendered. "Significant service" has not been clearly defined by the administering agencies but generally is more than information and/or referral and includes such criteria as at least one hour of devoted staff time, some type of follow-up by staff to the client and/or the collection and review of information.

Client data should not reflect individuals who benefited from the resolution of class actions or other problems involving groups or individuals who only receive information or referral. Individuals who receive only educational services from the program are not counted as clients of the program. The number of information/referral contacts and persons benefiting from educational activities are collected separately within the PPR.

Total Clients Served

The P&As and CAPs served approximately 66,538 individuals¹ from October 1, 1992 to September 30, 1993. This number represents a decrease from FY 1992, when the three federally mandated programs represented over 71,082² clients.

³ CAP handled more cases in FY 1993, representing 11,246 clients, an increase of 443 cases from the 10,803 reported in FY 1992.

PAIMI and PADD both demonstrated decreases in the number of clients represented. Under PAIMI, 18,394 clients were served in FY 1993, 1,985 fewer than in FY 1992. PADD served a total of 36,898 clients in 1993 while representing 39,900 the prior year. States which demonstrated decreases of 100 or more clients were largely medium to large states, several of whom experienced a significant loss in supplemental state funding which had previously increased their ability to serve greater numbers of clients. Programs also indicated that the eligibility guidelines were more strictly enforced as reporting requirements have tightened.

In FY 1992, state PADD programs were required by the Administration on Developmental Disabilities to develop a Statement of Objectives and Priorities, in order to insure that these programs were serving unserved or under-served persons with developmental disabilities as a

¹ Fiscal Year 1993 figures do not include Guam CAP or DD data and are unofficial and therefore subject to change upon federal review.

² This figure is official and amends the reported clients served in the 1992 NAPAS Annual Report which reported a total of 70,303 clients served in FY 1992.

high priority. In response, the programs developed priorities, after receiving public comment, which insured that the most vulnerable populations or those with complex advocacy needs were served before less vulnerable populations. The need to prioritize was necessary as the demand for representation exceeded the ability of the P&A to provide quality services. A noticeable shift occurred as state PADD programs developed more sophisticated skills in addressing the complex issues facing clients as those individuals move from institutional settings to community based environments. These clients' need for appropriate services is more complex, and involve not only habilitation but also access to financial entitlement programs, housing and employment.

Advocacy and Outreach For Eligible Clients Who Are Racial/Ethnic Minorities

P&As and CAPs continue to improve their representation of racial and ethnic minorities. Nationally, the racial demographic for all three programs is statistically consistent with the national average, with the exception of individuals who identify themselves as Asian Americans or Pacific Islanders. These groups continue to be underserved by all three programs.

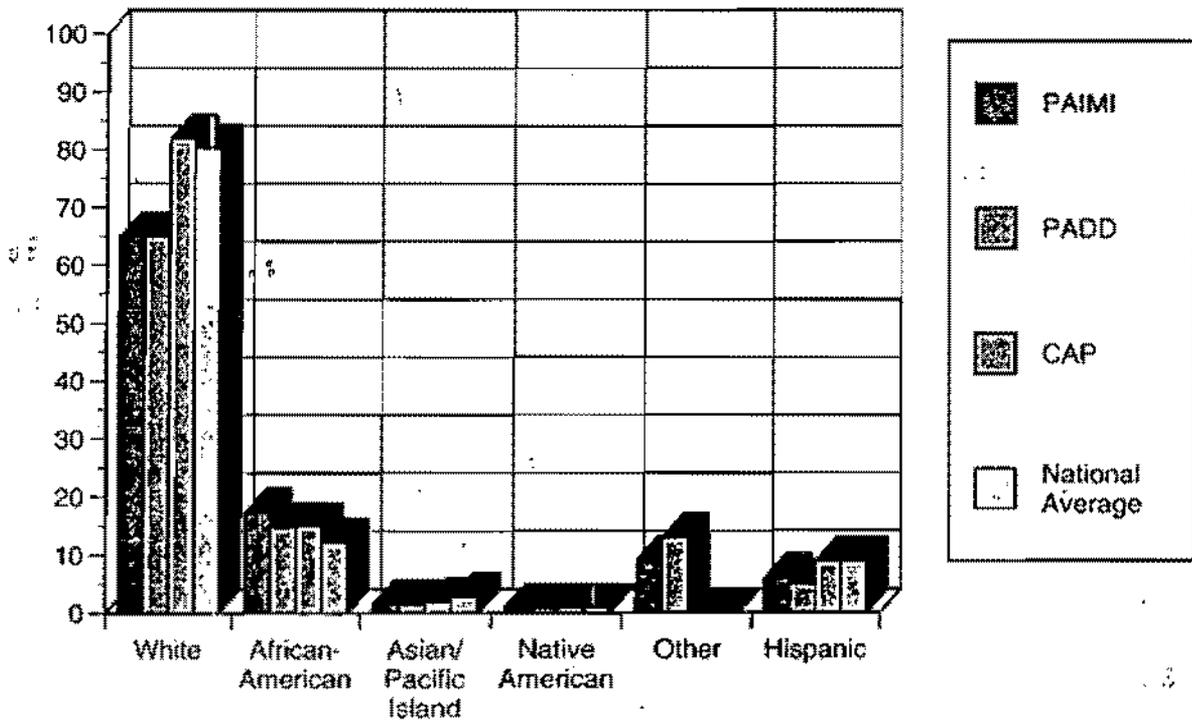
PAIMI and CAP programs have improved their data collection related to racial and/or ethnic groups during FY 93. PAIMI reported only 9% of their clients as unknown or other, an improvement from FY 92 when 18% of their clients were not identified according to racial or ethnic group. CAPs collected racial or ethnic information on all but 612 clients. PADD programs failed to report information on over 13% of their clients.

PADD and PAIMI numbers fall slightly behind the national demographic data in the representation of individuals who identify themselves as Hispanic. This may be due to how the information is collected on the PPRs which require individuals to be identified first as white, African-American, Asian-American, Pacific Islander or Native American and only then allows identification as Hispanic.

The Board of Directors of NAPAS has a standing Multi-Cultural Committee which provides advice and support on a variety of multi-cultural issues including data collection. The NAPAS Multi-Cultural Committee is reviewing how persons are asked to identify for the purpose of data collection and will be making recommendations to the administering agencies in the future. The Multi-Cultural Committee also provides advice and support for all NAPAS training activities related to cultural content. Multi-Cultural training will continue to be a NAPAS priority.

Several programs across the country now have full time outreach staff positions to coordinate the provision of advocacy and training services to staff regarding the needs of minority populations within their state. NAPAS, through its Training and Technical Assistance activities, has provided a significant amount of training to P&As to develop strategies for outreach and promotion of cultural competency. In addition, two half day seminars on cultural diversity were conducted for CAPs.

Compared by Race to National Average

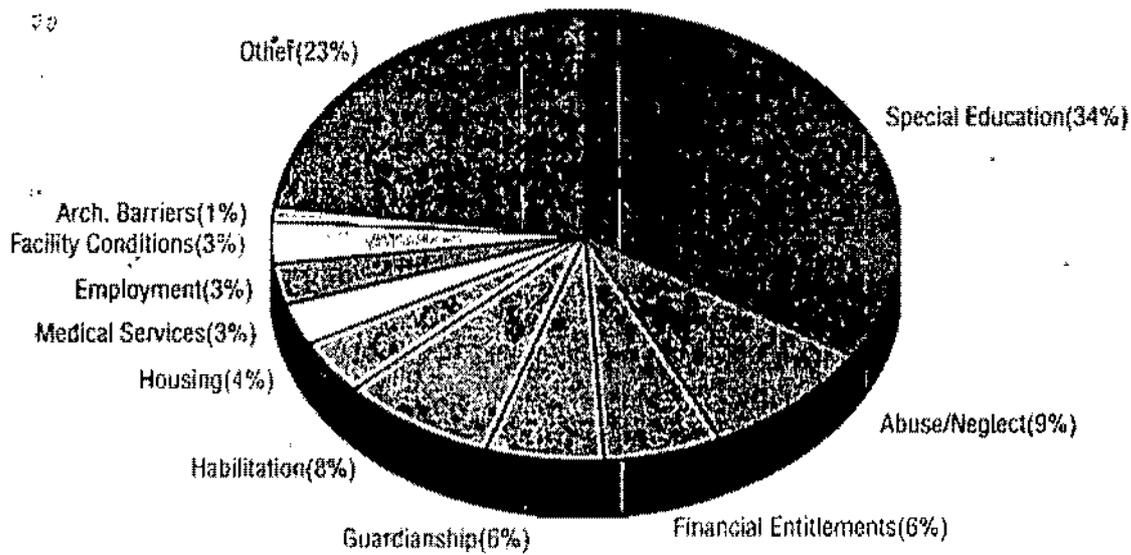


case studies

In addition to the many significant cases and initiatives that P&A and CAP agencies have pursued individually, a number of P&As were (and continue to be) involved in a multi-state cooperative legal initiative designed to restrict the improper use of painful aversive "treatment" at a facility for persons with disabilities. This initiative is being coordinated by the NAPAS Advocacy Training and Technical Assistance Center (ATTAC) and one of its legal back up centers, the Center for Public Representation. The initiative has had some early success - which reinforces NAPAS' view that such collective legal strategies enhance the effectiveness and visibility of P&As.

NAPAS has determined to go forward with additional multi-state legal initiatives in the coming months. The initiatives that are under review and development would focus on using Americans with Disabilities Act (ADA) enforcement to improve access to governmental processes (e.g., the electoral process) for persons with disabilities, and would address the excessive institutionalization and maltreatment of children with mental illness and serious emotional disturbance.

Case Problems PADD



	Special Education		Guardianship		Medical Services		Arch. Barriers
	Abuse/Neglect		Habilitation		Employment		Other
	Financial Entitlements		Housing		Facility Conditions		

**REPORT OF THE ADVOCACY SUBCOMMITTEE
TO THE INTERAGENCY COMMITTEE ON DEVELOPMENTAL DISABILITIES
FISCAL YEAR 1992 REPORT ON SERVICES
PROVIDED BY FEDERAL ADVOCACY PROGRAMS**

PROTECTION AND ADVOCACY

- **FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (PADD)
ADMINISTRATION ON CHILDREN AND FAMILIES
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES**
- **FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)
SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION
CENTER FOR MENTAL HEALTH SERVICES**
- **FOR INDIVIDUAL RIGHTS (PAIR)
REHABILITATIVE SERVICES ADMINISTRATION**
- THE CLIENT ASSISTANCE PROGRAM (CAP)
REHABILITATIVE SERVICES ADMINISTRATION**

STATUTORY HISTORY

Protection & Advocacy Systems were initially developed to address public outcry to the exposure of abuse, neglect and lack of programming in state institutions for persons with disabilities.

Protection & Advocacy Systems for Persons with Developmental Disabilities (PADD) were originally established by the Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103). This was the first P&A program established and has become the legislative model and the core system for other Federal P&A programs for people with disabilities. The DD Act mandated that each state and territory establish a protection and advocacy system by October 1, 1977 as a condition for receiving its basic state grant allotment. The system established to provide advocacy services must have the ability to pursue legal, administrative, and other appropriate remedies to protect the rights of individuals with developmental disabilities under federal and state laws. The Governor in each state designates the P&A System, and provides assurances that the System is independent of any service provider. The U.S. Department of Health and Human Services, Administration for Children and Disabilities, Administration on Developmental Disabilities administers the PADD program.

The Client Assistance Program (CAP) was established as a mandatory formula grant program by the 1984 Amendments to the Rehabilitation Act. Every state and U.S. Territory, as a condition for receiving allotments under Section 110 of the Rehabilitation Act, must have a CAP. The establishment of CAP reflected Congressional belief that persons with disabilities may require assistance in obtaining information and access to the services available through the programs, projects, and facilities funded under the Rehabilitation Act. CAP provides information and assistance to individuals seeking or receiving services under the Rehabilitation Act, including assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of their rights. The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers CAP.

The Protection & Advocacy for Individuals with Mental Illness (PAIMI) program was established in 1986 with the passage of Public Law 99-319. PAIMI is mandated to protect the rights of persons with mental illness under federal and state law, and to investigate allegations of abuse and neglect of persons residing in residential care and treatment facilities. The agencies designated to serve as the PADD system in each state and U.S. territory are responsible for implementing the PAIMI program. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services administers PAIMI program.

The Protection and Advocacy for Individual Rights (PAIR) program was authorized by Congress under the Rehabilitation Act of 1978 but no funds were appropriated for this program until FY 1991. PAIR also has the authority to protect and advocate for services to persons with severe disabilities. PAIR was designed to close the gap in advocacy services created by the eligibility requirements of PADD & PAIMI. PAIR is similar to other P&A programs in its authority to pursue legal, administrative and other appropriate remedies on behalf of people with disabilities.

In 1989, the Rehabilitative Services Administration awarded NAPAS a three-year demonstration project to provide advocacy services authorized for PAIR. The NAPAS grant was used to fund projects in New Hampshire, Rhode Island and New Mexico. Based on the results of these three projects, Congress appropriated \$976,000 which funded eleven states to provide PAIR services in FY 1991. All of these discretionary grants went to existing Protection & Advocacy Systems.

In FY 1992, Congress appropriated \$1.074 million, which was also distributed through a discretionary grant program to thirteen agencies. Nine of the original P&As were refunded, two new P&As were funded and one CAP received the PAIR grant.

In FY 1994, Congress appropriated 5.5 million, hitting the trigger for formula grant status (\$100,000 for states, \$50,000 for territories). Congress has again designated the PADD system to operate the PAIR program in each state.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers PAIR.

P&A AND CAP ADVOCACY ACTIVITIES

P&A and CAP activities include:

- (1) investigating, negotiating or mediating solutions to problems expressed by persons eligible for P&A and CAP services;**
- (2) providing information and technical assistance to other attorneys, governmental agencies and service providers;**
- (3) providing legal counsel and litigation services to eligible persons, as appropriate;**
- (4) providing education and training for staff, governing boards and advisory councils, volunteers, service delivery professionals, people with disabilities and other advocacy groups, and the community.**

In addition, P&As and CAPs interact with elected and appointed officials to share information which assists policy makers in making legislative and administrative changes designed to benefit persons with disabilities.

CONGRESSIONAL APPROPRIATIONS HISTORY

The following chart demonstrates the history of Congressional support for P&A and CAP programs:

U.S. Congressional Appropriations 1976-94 (in \$ millions)

	PADD	CAP	PAIMI	PAIR
1976	1.5			
1977	3.0			
1978	3.0			
1979	3.8			
1980	7.5			
1981	7.5			
1982	7.68			
1983	7.32			
1984	8.4	6.0		
1985	13.75	6.3		
1986	14.6	6.412	9.5	
1987	15.0	7.5	10.5	
1988	19.148	7.1	10.555	
1989	19.76	7.682	12.4	
1990	20.48	7.901	14.001	
1991	20.98	8.313	15.614	.976
1992	22.500	9.140	19.5	1.074
1993	22.506	9.296	20.8	2.480
1994	23.753	9.547	21.957	5.5

Formula Grants

Each designated State and Territory receives funding to implement the PADD, PAIMI and CAP program through a formula grant. The formula, while slightly different for each of the three programs, is essentially based on the population and per capita income in the State. Each State is given a minimum allotment which is incrementally increased as the population of the State increases. Approximately twenty States receive a minimum allotment for each program.

In FY 1994, the minimum allotment for PADD, PAIMI and CAP was \$266,266, \$259,782 and \$100,000 respectively.

The minimum allotment for Territories is \$121,052, \$139,242, and \$45,000 respectively.

In contrast, the largest State received \$1,957,574 for PADD, \$1,911,186 for PAIMI, and \$956,935 for CAP.

STATISTICAL SUMMARY AND ANALYSIS

Currently, Federal administering agencies use different criteria to determine client eligibility. Basis eligibility for P&A and CAP is defined by the respective Federal statutes. ADD and CMHS agree on the definition of what constitutes a client in terms of the level of services for the PADD and PAIMI programs.

A client is defined as an individual for whom the P&A system provides a direct service or intervention. Each individual client is counted only once during a fiscal reporting period, regardless of the number of times he/she returns for assistance or the number of services provided. Individuals carried over as clients from the previous year are included in this count.

PADD² Eligibility

In addition, to be eligible for PADD advocacy services clients must meet the definition of Developmental Disabilities as defined in the statute. Developmental disabilities are chronic and attributable to mental and/or physical impairments which are evident prior to age twenty-two. Such disabilities tend to be life-long and result in substantial limitations in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, the capacity for independent living, and/or economic self-sufficiency. In addition, each system must establish annual objectives and priorities for their activities including case services. The priorities vary from State to State and are based on consumer input and review.

PAIMI Eligibility

Individuals eligible for services under the PAIMI Act must reside in facilities which provide care and treatment, or have been discharged from such facility within the past 90 days. Individuals eligible for services also include those in process of being admitted to a facility rendering care or treatment including persons being transported to or from such a facility. Facilities may include homeless shelters, municipal detention facilities, jails or prisons, or a Federal facility rendering care or treatment. The PAIMI program must also establish priorities for case service.

CAP Eligibility

RSA defines a client of the CAP program as one who has a record of confidential information maintained on file, and one who has requested assistance in a situation requiring some type of intervention with a Rehabilitation Act project, program or facility. Under this definition, a new client is counted each time a case is opened without regard to the number of times the same case may have been opened and closed for a particular individual during the reporting year.

PAIR Eligibility

The 1992 Amendments to the Rehabilitation Act expanded eligibility for PAIR to include all people with disabilities as defined by the Americans with Disabilities Act, who are not eligible for services under the PADD, CAP or PAIMI programs.

Total Clients Served

The P&As and CAPs served approximately 71,082 individuals in FY 1992 (October 1, 1991 to September 30, 1992).

PADD	39,900
PAIMI	20,379
CAP	10,803

Racial/Ethnic Representation by %

	PADD	PAIMI	CAP
White	73	62	78.4
African American	18	17	13.4
American Indian	1	1	1
Pacific Islander		2	1.8
Other/Unknown/Not Reported	8	18	7

% of Case Resolution Through Litigation

PADD	4.0
PAIMI	3.0
CAP	.7

Non-cases provided information/referral

PADD	103,000
CAP	49,305
PAIMI	49,175

The data collected on the number of clients served by all three programs should include only those individuals for whom a significant service was rendered.

The client data should not include individuals who benefited from the resolution of class actions, other problems involving groups or individuals who only receive information or referral. Individuals who receive other types of educational services from the program are not counted as clients of the program.

*packet went to
Carol!
- Elisabeth*

November 9, 1994

MEMORANDUM TO CAROL H. RASCO

FROM: STAN HERR AND ELISABETH COHEN

SUBJECT: MINUTES FROM 11/8 MEETING OF APPOINTEES WITH
DISABILITIES

We had a full complement (29 attendees) and all listed speakers gave brisk -- even impassioned -- talks on federal advocacy roles. The main themes were the need for collaboration, coordination, reinvention of these fragmented programs, and more pooling of T A and other central administration resources.

(Attached please find a packet of the hand-outs distributed at this meeting)

WELCOME AND INTRODUCTIONS: Stan Herr

- * Stan gave a brief overview of meeting's goals and explained that he and Carol Rasco see this overview as a first step towards increasing the quality and accessibility of various sources and improving coordination and reach of these programs.

PROTECTION AND ADVOCACY (P&A) SYSTEMS:
P&A for Persons with Developmental Disabilities:
Bob Williams, HHS

One important caution uttered by Bob Williams was the old physician's admonition -- first do no harm, i.e., don't present too fate a target for critics of P & A to go after in a more conservative political environment;

(Full text of William's remarks is attached.)

P&A for Individuals with Mental Illness,
Natalie Reatig, Center for Mental Health Services, HHS

You would have been moved by one of the first speakers -- Natalie Reatig who described today's meeting as the crowning moment in a career in federal services that stretched back to the Kennedy Administration and who made an eloquent plea for advocates who champion the expressed wishes of their clients with mental disabilities.

- * PAIMI: NIMH was not at all desirous of having bill passed;
- * under new leadership, experienced a happier fate;
- * plays out as a political issue -- PAIMI complaints re: lack of effective treatment in facilities;
- * prior to PAIMI, we could only make boiler-plate responses to complaints and suggest people contact the Director of Mental Health Service in their state;

- * pleasure to respond to heart-felt complaints of citizens by referring them to an agency with independent federal authority to access resources and the courts if necessary;
- * number of agencies where there was an opportunity for government to create separate organizations to oversee P&A - inefficient way to practice (works in NY but usually doesn't work);
- * issue of forced treatment - Reatig challenged us to think about way this issue carries itself out in health care reform debate; true, some are a danger to themselves or others, BUT to assume individual is somehow committing act worthy of police intervention simply because they do not want to take medication is the core of the heat existing between communities and clients/ patients and children.

**P&A for Individual Rights and the Client Assistance Program,
Parma Yarkin, Vocational Rehabilitation Administration,
Department of Education**

- * 2 flavors - client assistance programs and new protection/ advocacy of individual rights;
- * CAP, first seen as an ombudsman - evolution from neutral to advocacy program;
- * CAPs have maintained focus as information/ complaint resolution;
- * PAIR, most liberal mandate of the P&As and most liberal eligibility criteria;
- * in RSA, perception that protection & advocacy takes away funding for service delivery;
- * Yarkin stressed the importance of eliminating red tape, enabling program offices to be the decision makers, and making government work through inter-agency coordination.

**P&A for Users of Assistive Technology
Carol Cohen, National Institute on Disability and Rehabilitation
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Cohen explained that while tremendous gains have been made regarding information dissemination and knowledge base building, we have not removed many barriers to families who could really benefit from assistive technology;

- * new amendments are extremely prescriptive, much to the chagrin of many states -- must have measurable outcomes that show barriers removed from attainment of assistive devices;
- * P&As piece added to new amendments -- without legal advocacy, couldn't achieve full level of technology attainment;
- * now that agencies can sue each other, interesting challenges to collaboration have arisen;
- * with 2 departments, 5 agencies: we have conflicting administrative needs; how will we face this in future years?
- * must take a hard look at coordinating programs.

OTHER SOURCES OF ADVOCACY ASSISTANCE

Legal Services Corporation, John Tull

Tull overviewed corporation structure explaining it was created by Congress, appropriations come from Congress, and local programs provide services in 323 counties. Invariably, however, problems outweigh resources available;

(See attached Legal Services Corporation memo)

- * Access to income/ persons seeking access to eligibility make up large portion of caseload (80,000 SSI cases/ Zebly case also brought by a legal services office with others);
- * Under its new administration, corporation in process of developing initiatives affecting population served;

The best part of this gathering was that all the P & As finally sat down with the Legal Services Corporation representative to discuss areas for collaboration. I've only been trying to do that since 1977 and I've now finally succeeded! (They all stayed behind for 15 minutes to start that process).

Equal Opportunity Employment Commission, Liz Savage (for Paul S. Miller who was paged during meeting)

EOEC interacts with disability community in 2 ways:

- 1) section 501, 1973 act
 - 2) major responsibility for enforcement of title 1, ADA
- * prohibits discrimination of state or local government as an employer;
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Interacts with disability community in 2 areas:

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 - 2) Title 3 ADA - accessibility issues;
- * can refer complaints to other agencies (HHS, Transportation, & Education) and keep anything pertaining to legal system;
 - * working with education on compliance reviews and litigation

CLOSING AND ANNOUNCEMENTS

Stan thanked presenters for helping to lay out complex map of advocacy resources. He also overviewed distinctions between various DPC efforts relating to disability issues. We closed by inviting anyone to contact Stan with follow-up ideas on this advocacy topic.

As to future topics, there could be:

1) a brief follow-up from the various P&As, EEOC, DOJ, and LSC as to how they will increase their mutually supportive activities and improve access for potential clients with disabilities (it would be a nice change of pace to actually pick-up the same topic from one meeting to the next and demonstrate some forward progress); Howard Moses strongly concurs and thinks DPC could have useful role in more uniform eligibility guidelines, etc.)

2) Fernando Torres-Gil would like to tell this group more about the White House Conference on Aging and its implications for the disability community;

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ADMINISTRATION ON DEVELOPMENTAL DISABILITIES**
 - **FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)
SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION
CENTER FOR MENTAL HEALTH SERVICES**
 - **FOR INDIVIDUAL RIGHTS (PAIR)
REHABILITATIVE SERVICES ADMINISTRATION**
- THE CLIENT ASSISTANCE PROGRAM (CAP)
REHABILITATIVE SERVICES ADMINISTRATION**

STATUTORY HISTORY

Protection & Advocacy Systems were initially developed to address public outcry to the exposure of abuse, neglect and lack of programming in state institutions for persons with disabilities.

Protection & Advocacy Systems for Persons with Developmental Disabilities (PADD) were originally established by the Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103). This was the first P&A program established and has become the legislative model and the core system for other Federal P&A programs for people with disabilities. The DD Act mandated that each state and territory establish a protection and advocacy system by October 1, 1977 as a condition for receiving its basic state grant allotment. The system established to provide advocacy services must have the ability to pursue legal, administrative, and other appropriate remedies to protect the rights of individuals with developmental disabilities under federal and state laws. The Governor in each state designates the P&A System, and provides assurances that the System is independent of any service provider. The U.S. Department of Health and Human Services, Administration for Children and Disabilities, Administration on Developmental Disabilities administers the PADD program.

The Client Assistance Program (CAP) was established as a mandatory formula grant program by the 1984 Amendments to the Rehabilitation Act. Every state and U.S. Territory, as a condition for receiving allotments under Section 110 of the Rehabilitation Act, must have a CAP. The establishment of CAP reflected Congressional belief that persons with disabilities may require assistance in obtaining information and access to the services available through the programs, projects, and facilities funded under the Rehabilitation Act. CAP provides information and assistance to individuals seeking or receiving services under the Rehabilitation Act, including assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of their rights. The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers CAP.

The Protection & Advocacy for Individuals with Mental Illness (PAIMI) program was established in 1986 with the passage of Public Law 99-319. PAIMI is mandated to protect the rights of persons with mental illness under federal and state law, and to investigate allegations of abuse and neglect of persons residing in residential care and treatment facilities. The agencies designated to serve as the PADD system in each state and U.S. territory are responsible for implementing the PAIMI program. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services administers PAIMI program.

The Protection and Advocacy for Individual Rights (PAIR) program was authorized by Congress under the Rehabilitation Act of 1978 but no funds were appropriated for this program until FY 1991. PAIR also has the authority to protect and advocate for services to persons with severe disabilities. PAIR was designed to close the gap in advocacy services created by the eligibility requirements of PADD & PAIMI. PAIR is similar to other P&A programs in its authority to pursue legal, administrative and other appropriate remedies on behalf of people with disabilities.

In 1989, the Rehabilitative Services Administration awarded NAPAS a three-year demonstration project to provide advocacy services authorized for PAIR. The NAPAS grant was used to fund projects in New Hampshire, Rhode Island and New Mexico. Based on the results of these three projects, Congress appropriated \$976,000 which funded eleven states to provide PAIR services in FY 1991. All of these discretionary grants went to existing Protection & Advocacy Systems.

In FY 1992, Congress appropriated \$1.074 million, which was also distributed through a discretionary grant program to thirteen agencies. Nine of the original P&As were refunded, two new P&As were funded and one CAP received the PAIR grant.

In FY 1994, Congress appropriated 5.5 million, hitting the trigger for formula grant status (\$100,000 for states, \$50,000 for territories). Congress has again designated the PADD system to operate the PAIR program in each state.

The U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration administers PAIR.

P&A AND CAP ADVOCACY ACTIVITIES

P&A and CAP activities include:

- (1) Investigating, negotiating or mediating solutions to problems expressed by persons eligible for P&A and CAP services;
- (2) providing information and technical assistance to other attorneys, governmental agencies and service providers;
- (3) providing legal counsel and litigation services to eligible persons, as appropriate;
- (4) providing education and training for staff, governing boards and advisory councils, volunteers, service delivery professionals, people with disabilities and other advocacy groups, and the community.

In addition, P&As and CAPs interact with elected and appointed officials to share information which assists policy makers in making legislative and administrative changes designed to benefit persons with disabilities.

CONGRESSIONAL APPROPRIATIONS HISTORY

The following chart demonstrates the history of Congressional support for P&A and CAP programs:

U.S. Congressional Appropriations 1976-94 (in \$ millions)

	PADD	CAP	PAIMI	PAIR
1976	1.5			
1977	3.0			
1978	3.0			
1979	3.8			
1980	7.5			
1981	7.5			
1982	7.68			
1983	7.32			
1984	8.4	6.0		
1985	13.75	6.3		
1986	14.6	6.412	9.5	
1987	15.0	7.5	10.5	
1988	19.148	7.1	10.555	
1989	19.76	7.682	12.4	
1990	20.48	7.901	14.001	
1991	20.98	8.313	15.614	.976
1992	22.500	9.140	19.5	1.074
1993	22.506	9.296	20.8	2.480
1994	23.753	9.547	21.957	5.5

Formula Grants

Each designated State and Territory receives funding to implement the PADD, PAIMI and CAP program through a formula grant. The formula, while slightly different for each of the three programs, is essentially based on the population and per capita income in the State. Each State is given a minimum allotment which is incrementally increased as the population of the State increases. Approximately twenty States receive a minimum allotment for each program.

In FY 1994, the minimum allotment for PADD, PAIMI and CAP was \$266,266, \$259,782 and \$100,000 respectively.

The minimum allotment for Territories is \$121,052, \$139,242, and \$45,000 respectively.

In contrast, the largest State received \$1,957,574 for PADD, \$1,911,186 for PAIMI, and \$956,935 for CAP.

STATISTICAL SUMMARY AND ANALYSIS

Currently, Federal administering agencies use different criteria to determine client eligibility. Basis eligibility for P&A and CAP is defined by the respective Federal statutes. ADD and CMHS agree on the definition of what constitutes a client in terms of the level of services for the PADD and PAIMI programs.

A client is defined as an individual for whom the P&A system provides a direct service or intervention. Each individual client is counted only once during a fiscal reporting period, regardless of the number of times he/she returns for assistance or the number of services provided. Individuals carried over as clients from the previous year are included in this count.

PADD Eligibility

In addition, to be eligible for PADD advocacy services clients must meet the definition of Developmental Disabilities as defined in the statute. Developmental disabilities are chronic and attributable to mental and/or physical impairments which are evident prior to age twenty-two. Such disabilities tend to be life-long and result in substantial limitations in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, the capacity for independent living, and/or economic self-sufficiency. In addition, each system must establish annual objectives and priorities for their activities including case services. The priorities vary from State to State and are based on consumer input and review.

PAIMI Eligibility

Individuals eligible for services under the PAIMI Act must reside in facilities which provide care and treatment, or have been discharged from such facility within the past 90 days. Individuals eligible for services also include those in process of being admitted to a facility rendering care or treatment including persons being transported to or from such a facility. Facilities may include homeless shelters, municipal detention facilities, jails or prisons, or a Federal facility rendering care or treatment. The PAIMI program must also establish priorities for case service.

CAP Eligibility

RSA defines a client of the CAP program as one who has a record of confidential information maintained on file, and one who has requested assistance in a situation requiring some type of intervention with a Rehabilitation Act project, program or facility. Under this definition, a new client is counted each time a case is opened without regard to the number of times the same case may have been opened and closed for a particular individual during the reporting year.

PAIR Eligibility

The 1992 Amendments to the Rehabilitation Act expanded eligibility for PAIR to include all people with disabilities as defined by the Americans with Disabilities Act, who are not eligible for services under the PADD, CAP or PAIMI programs.

Total Clients Served

The P&As and CAPs served approximately 71,082 individuals in FY 1992 (October 1, 1991 to September 30, 1992).

PADD	39,900
PAIMI	20,379
CAP	10,803

Racial/Ethnic Representation by %

	PADD	PAIMI	CAP
White	73	62	78.4
African American	18	17	13.4
American Indian	1	1	1
Pacific Islander		2	1.8
Other/Unknown/Not Reported	8	18	7

% of Case Resolution Through Litigation

PADD	4.0
PAIMI	3.0
CAP	.7

Non-cases provided information/referral

PADD	103,000
CAP	49,305
PAIMI	49,175

The data collected on the number of clients served by all three programs should include only those individuals for whom a significant service was rendered.

The client data should not include individuals who benefited from the resolution of class actions, other problems involving groups or individuals who only receive information or referral. Individuals who receive other types of educational services from the program are not counted as clients of the program.

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

Client Assistance Program (CAP)

This program supports services to advise individuals with disabilities of benefits and services available to them under the Rehabilitation Act and Title I of the Americans with Disabilities Act. Individuals seeking or receiving services from programs supported under the Rehabilitation Act may also receive assistance in pursuing legal, administrative and other appropriate remedies to protect their rights. Each state is required to have a CAP as a condition of eligibility for the state grant for rehabilitation services.

CAPs primarily resolve issues through individual and systemic advocacy. By statutory mandate, CAP staff attempt to resolve issues through negotiation or mediation before resorting to administrative or legal remedies. Although states are not required to have formal procedures to address issues raised by CAPs, CAP personnel must be afforded access to policy making and administrative personnel in the state. The CAP director also serves on the State Rehabilitation Advisory Council, the consumer advisory board for rehabilitation services.

CAPs are operated by agencies designated by the Governors. In general, these agencies are independent of any agency that provides services under the Rehabilitation Act. Funds are distributed among the states according to population, except that each state is guaranteed a minimum of \$100,000 and each territory at least \$45,000. In fiscal year (FY) 1995, grants totalling \$9,824,000 were awarded to the 50 states, the District of Columbia, Puerto Rico, and five territories. Almost 65,000 individuals received CAP assistance in FY 1993, the most recent year for which data are available.

Protection and Advocacy of Individual Rights (PAIR)

One of the newest components of the state protection and advocacy (P&A) systems established under the Developmental Disabilities and Bill of Rights Act, PAIR is mandated to protect the legal and human rights of individuals with disabilities who are not eligible for services under CAP or one of the other P&A programs. PAIR, which started as a discretionary grant program in FY 1991, became a formula grant program in FY 1994.

PAIR activities include investigating, negotiating, or mediating solutions to problems expressed by individuals with disabilities, providing information and technical assistance, and providing legal counsel and litigation services. PAIR also supports education and outreach activities. Each year, PAIR programs must establish case selection priorities based on public comment. Typical priorities include providing individual and systemic advocacy in the areas of employment discrimination, accessibility, and housing.

PAIR funds are allocated according to population, with a minimum of \$100,000 for each state and \$50,000 for each territory. Fifty-six PAIR grants totalling \$7,186,000 were awarded in FY 1995.

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

Client Assistance Program (CAP)

This program supports, through grants to the States, services to advise individuals with disabilities of benefits and services available to them under the Rehabilitation Act and Title I of the Americans with Disabilities Act. Individuals seeking or receiving services from programs supported under the Rehabilitation Act may also receive assistance in pursuing legal, administrative and other appropriate remedies to protect their rights. Each State is required to have a CAP as a condition of eligibility for the State grant for vocational rehabilitation services.

CAPs primarily resolve issues through individual and systemic advocacy. By statutory mandate, CAP staff attempt to resolve issues through negotiation or mediation before resorting to administrative or legal remedies. Although States are not required to have formal procedures to address issues raised by CAPs, CAP personnel must be afforded access to policy making and administrative personnel in the State. The CAP director also serves on the State Rehabilitation Advisory Council, the consumer advisory board for vocational rehabilitation services.

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Parma Yarkin
Biographical Note

I joined the Department of Education, Office of Special Education and Rehabilitative Services, in 1991. As a member of the Assistant Secretary's staff, I helped to draft the Department's guidance on education services for deaf students. I transferred to the Rehabilitation Services Administration to administer the Client Assistance Program (CAP) and the Protection and Advocacy of Individual Rights (PAIR) program in 1993. I am attorney (J.D., 1990). Prior to joining the Education Department, I clerked for a labor union and the environment department of the World Bank.

**REPORT OF THE ADVOCACY SUBCOMMITTEE
TO THE INTERAGENCY COMMITTEE ON DEVELOPMENTAL DISABILITIES
FISCAL YEAR 1993 REPORT ON SERVICES
PROVIDED BY FEDERAL ADVOCACY PROGRAMS**

PROTECTION AND ADVOCACY

- **FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (PADD)
ADMINISTRATION ON CHILDREN AND FAMILIES
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES**
 - **FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)
SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION
CENTER FOR MENTAL HEALTH SERVICES**
 - **FOR INDIVIDUAL RIGHTS (PAIR)
REHABILITATIVE SERVICES ADMINISTRATION**
- THE CLIENT ASSISTANCE PROGRAM (CAP)
REHABILITATIVE SERVICES ADMINISTRATION**

Congressional Appropriations History

The following chart and graph below demonstrate the history of Congressional support for P&A and CAP programs:

U.S. Congressional Appropriations Fiscal Years 1976-95 (in \$ millions)

	PADD	CAP	PAIMI	PAIR
1976	1.5			
1977	3.0			
1978	3.0			
1979	3.8			
1980	7.5			
1981	7.5			
1982	7.68			
1983	7.32			
1984	8.4	6.0		
1985	13.75	6.3		
1986	14.6	6.412	9.5	
1987	15.0	7.5	10.5	
1988	19.148	7.1	10.555	
1989	19.76	7.682	12.4	
1990	20.48	7.901	14.001	
1991	20.98	8.313	15.614	.976
1992	22.500	9.140	19.5	1.074
1993	22.506	9.296	20.8	2.480
1994	23.753	9.547	21.957	5.5
1995	26.718	9.824	21.957	7.456

Formula Grants

Each designated State and Territory receives funding to implement the PADD, PAIMI and CAP programs through a formula grant. The formula, while slightly different for each of the three programs, is essentially based on the population and per capita income in the State.

Each State is given a minimum allotment which is incrementally increased as the population of the State increases. Approximately twenty States receive a minimum allotment for each program.

Total Clients Served

The P&As and CAPs served approximately 66,517 individuals in FY 1993 (October 1, 1992 to September 30, 1993).

PADD	36,700
PAIMI	18,543
CAP	11,274

Racial/Ethnic Representation by %

	PADD	PAIMI	CAP
White	73	62	78.4
African American	17	18	14.
American Indian	1	1	2
Pacific Islander	1	1	1.1
Other/Unknown/Not Reported	N/A	18	4.4

% of Case Resolution Through Litigation

PADD	8.1
PAIMI	4.0
CAP	.4

Non-cases provided information/referral

PADD	88,000
CAP	52,382
PAIMI	52,863

The data collected on the number of clients served by all three programs should include only those individuals for whom a significant service was rendered.

*The client data should **not** include individuals who benefitted from the resolution of class actions, other problems involving groups or individuals who only receive information or referral. Individuals who receive other types of educational services from the program are not counted as clients of the program.*

EXECUTIVE OFFICE OF THE PRESIDENT

07-Nov-1994 04:21pm

TO: Stanley S. Herr
FROM: Carol H. Rasco
Economic and Domestic Policy
CC: Jeremy D. Benami
SUBJECT: UAP/Kennedy-Krieger

I have read through the materials...did you keep a copy?

I think you should call the Nancy Van Zandt who called as a follow up to the letter sent and asked to set up the appointment and tell her my schedule is packed with budget and legislative program meetings through Thanksgiving, could you meet with them or answer questions over the phone as I hate to hold them off that long as well as my instructions from the Chief of Staff's office to hold the schedule open at this time post-Thanksgiving due to more budget/legislative program meetings to be scheduled after November 18.

Please keep me posted.

EXECUTIVE OFFICE OF THE PRESIDENT

08-Nov-1994 10:46am

TO: (See Below)

FROM: Frances E. Walden
Domestic Policy Council

SUBJECT: President's Schedule

FYI:

The President departs for Anchorage, Alaska on Friday, November 11, at 10:45.
The departure is open to staff and guests.

Distribution:

TO: Brian E. Burke
TO: Jose Cerda, III
TO: Michael T. Schmidt
TO: Jeremy D. Benami
TO: Paul J. Weinstein, Jr
TO: Stanley S. Herr
TO: Stephen C. Warnath
TO: Michael Levitan
TO: Gaynor R. McCown
TO: Robert M. Berry
TO: BEVERLY L. PETCHEL

CC: Kathryn J. Way
CC: Frances E. Walden

EXECUTIVE OFFICE OF THE PRESIDENT

07-Nov-1994 12:29pm

TO: Stanley S. Herr
FROM: Frances E. Walden
Domestic Policy Council
CC: Frances E. Walden
SUBJECT: Info on Vogel

Rec'd a call from Jo Staggars, P6/(b)(6) Mr. Vogel's office. He is no longer part of the group. Ken Kunkel, P6/(b)(6) Office of Equal Opportunity, has been assigned to replace him.

FEDERAL DISABILITY ACCOMMODATIONS WORKING GROUP

Subgroups and revised analysis of departmental and agency reports

1) Employment and workplace accommodations issues:

- * alternative formats for job application materials (OPM, p.1)
- * automated referral programs for persons with disabilities, titled Project Able (Able Beneficiaries' Link to Employers) and the Job Ready Disabled Veterans Connection (OPM, p.2-3)
- * centralized funding for reasonable accommodations to remove a disincentive to hiring persons with disabilities (VA, p.1)
- * sign language interpreters -- grappling with quality, quantity, reimbursable agreements, and inter-agency sharing issues (DOT, p.1)
- * transportation-accessible vans & buses for events and training -- grappling with this issue (DOT, p.1)
- * monthly placement coordinator meetings addressing issues relating to employees with disabilities (DOT, p.1)
- * bi-monthly disability awareness workshops (DOT, p.1)
- * suggest disability awareness training become mandatory for all Federal managers and supervisors (DOE, p.2)
- * training programs to enable agencies to facilitate workshops (DOT, p.1)
- * DOT Coalition of Minorities, Women, and Disabled (DOT, p.1)
- * "The Employment of Persons with Disabilities" guide providing information on reasonable accommodations and an extensive list of resource agencies (HUD, p.1)
- * installation/reallocation of strobe lights as necessary for hearing-impaired employees (HUD, p.2)
- * TTY provision, interpreter services, modification of office furniture and specially designed strength machine installed in fitness center (HUD, p.2)
- * DOE obtained OMB authority in 1/93 for exemption from full-time equivalent (FTE) ceiling controls for hiring people with disabilities. Ceiling exemption hampered by OMB Bulletin No.93-08 (DOE, p.1)
- * National Defense Authorization Act for FY 1993 requires all Federal agencies to give full consideration to displaced Defense employees before selecting any candidate outside the agency -- propose act be amended/ central pool of FTE slots to allow hiring of candidates with disabilities (DOE, p.1-2)
- * flexible working hours (AB, p.1)
- * automated vibrating system as evacuation alert (DOC, p.2)
- * Affirmative Action Program Report for People with Disabilities submitted to Equal Employment Opportunity Commission (DOC, p.3)
- * program allowing each unit to set aside \$1500 and respond positively to requests for reasonable accommodations - recent examples of program use include zoom caps enlarging

- * keyboard keys & voice activated computer (DOC, p.5)
- * review concluded for proposed statement of work for emergency/back-up reader and interpreter services (ED, p.1)
- * revision of fire safety evacuation plan focusing on areas such as audio and visual-warning systems, buddy systems, and evacuation training with fire officials (ED, p.2)
- * developing nationwide network amongst disability rights organizations and various centers to recruit highly qualified individuals with disabilities & disabled individuals of color (ED, p.2)
- * FTE pool allocated two slots for readers, interpreters and personal assistants - policy proposal under review for granting pool flexible authority to allow adequate coverage of all appropriate requests (ED, p.1)
- * reviewing accessibility accommodations in Dept.'s move to a windows-based LAN and electronic-mail system (ED, p.2)
- * voice-mail system improvements include accommodation of TDD equipment (ED, p.2)
- * ADD provides guidance to public & private sector on promotion and accommodations of persons with disabilities (HHS, p.1)
- * ASPER manages department-wide interpreter services contract (since 3/83) (HHS, p.1)
- * contracted with on-line gopher server to connect it to the internet (HHS, p.1)
- * ASPER, OS & ACF installed electronic bulletin boards accessible to employees nationwide posting up-to-date information on various personnel issues (HHS, p.1)
- * all Public Health Service agencies participate in Marriott Foundation's Bridges "transitions" program for young adults with disabilities (HHS, p.1)
- * HHS hosts biannual conference to exchange techniques for recruiting, hiring, promoting and accommodating employees with disabilities (HHS, p.2)
- * CED & ASPER Working Group on Career Mobility resulted in new department-wide approach that includes new recruitment and promotion strategies, mentoring program, & project ABLE [automated applicant referral system matching people with disabilities with Federal job opportunities] (HHS, pp.6-7)
- * OCR addressing accommodation issues 1) provision for interpreters for hearing impaired persons seeking medical attention 2)provision for modification of work schedules, job restructuring, and use of devices & equipment & 3)provision for physical accessibility (HHS, p.8)
- * addressing issue of provision of sign-language interpreter at all meetings and ceremonies (DOL, p.1)
- * addressing issue of provision of adequate telephone communications including TDD devices & how to ensure that all employees handling incoming calls are trained in its use (DOL, p.2)
- * responding to increasing number of requests to work at home and modified work schedules (DOL, p.2)

- * considering elimination of any "no animals" policies - agency has employees who use seeing-eye dogs (DOL, p.2)
- * evaluating when & where pictorial signs are needed (DOL, p.2)
- * having plans in place to evacuate safely (DOL, p.2)
- * addressing how to restructure existing work areas to ensure full accessibility (DOL, p.2)
- * provides training work sites for vocational rehabilitation & involves community groups to recruit employees (DOL, p.2)
- * DOL is member agency of JWOD Program to provide job opportunities for Americans who are blind or have other severe disabilities (DOL, p.5)

2) Building and other accessibility design issues:

- * updating UFAS standards to be consistent with ADA standards (GSA, p.1)
- * limited waivers or modifications of UFAS granted (GSA, p.2)
- * ongoing (to date) accessibility training program trained over 1,200 GSA employees - training also given to several Federal agencies (GSA, p.2)
- * all new design and construction projects will comply with a more stringent standard (whether UFAS or Title III ADA) (GSA, p.1)
- * all new construction and renovation projects to meet ADA and UFAS standards (EPA, p.1)
- * all elevators and some water fountains renovated to meet ADA or UFAS standards (HUD, p.1)
- * ADA-required signage, power door, ramp and private shower installation in some areas (HUD, p.1-2)
- * ramps, accessible control panels and bathrooms installed in Headquarters (EPA, p.1)
- * meet ADA requirements when leases renegotiated or renovations made in all buildings owned or leased by EPA (EPA, p.1)
- * small renovations undertaken solely for ADA accommodations (EPA, p.1)
- * all new laboratories designed to be adaptable for use by persons with disabilities (EPA, p.1)
- * urge all Federal agencies to adopt ADAAG as design standards for construction, leasing or alteration of Federal buildings/facilities (AB, p.2)
- * elevators modified, stairwells updated, rest rooms surveyed and/or installed, rails, braille signs, dual access door operators, TTYS, TDDs and sound amplification systems installed in various operating units (DOC, pp.1-3)
- * BEA and NOAA relocated to fully accessible buildings (DOC, p.1 & 3)
- * forthcoming report to confirm operating unit goals and accomplishments for facility accessibility (HHS, p.2)
- * addressing issue of maintaining fully accessible bathrooms (DOL, p.2)

3) Information, technology applications, and public accommodation issues (including government information in alternative formats):

- * special account for the purchase of adaptive technology to ensure that federal employees with disabilities have equivalent access to all information resources to do their jobs (VA, p.4)
- * over 20 accessible design publications available in large type, cassette tape, computer disc, and braille (AB, p.1)
- * press Federal agencies and Government Printing Office to produce materials in alternate formats (AB, p.2)
- * raising disability awareness issues to a higher priority (DOT, p.1)
- * ongoing classes "Introduction to American Sign Language and Deaf Culture" (DOT, p.1)
- * National disability awareness campaign at all agency levels -- guest speakers, videos, etc. (DOT, p.1)
- * TDD systems provided in Public Information Office (and at individual work stations (DOC, p.1)
- * recently released BEA data available in voice recorded messages (DOC, p.1)
- * Census Bureau accessible parking spaces established for visitors with disabilities (DOC, p.2)
- * TTY installed in Public Information Office (DOC, p.2)
- * Equal Employment Opportunity Office and Public Info. Office purchased decoders for close captioned videos (DOC, p.2)
- * Census' comprehensive disability survey (DOC, p.3)
- * Census' statistical brief addressing, in part, employment issues for those with disabilities (DOC, p.3)
- * applicant referral system for individuals with disabilities (DOC, p.5)
- * DOD established Computer/Electronic Accommodation Program (CAP) in '90 to provide adaptive devices for employees with disabilities. (DOE, p.1)
- * DOE's efforts decentralized - suggest program be expanded and coordinated - raises issues of expense (DOE, p.1-2)
- * currently considering establishment of central fund for adaptive devices and support services similar to DOD's CAP program - if approved will provide computer/electronic accommodations and reader/interpreting services (DOE, p.2)
- * wire splinter installed (materials purchased at hardware store) enabling interpreter to listen to & interpret calls (AB, p.1)
- * "The Information Infrastructure: Reaching Society's Goals." - First chapter addresses meeting needs of people with disabilities (DOC, p.3)
- * 6th annual Accessible Computer Technology exhibit (DOC, p.4)
- * free seminar focusing on advancing modality choice through captioning (DOC, p.4)
- * electronic hearing on issue of universal access to the National Information Infrastructure (DOC, p.5)
- * Office of Special Education and Rehabilitative Services

- contract established for braille services for departmental publications and documents through FY 1995 (ED, p.1)
- * developing policy for responding to requests for alternative formats (ED, p.2)
- * any department information, announcement or document is provided in alternative format by request (HHS, p.1)
- * addressing issue of provision of information in accessible formats (DOL, p.1)
- * evaluating when necessary to acquire or upgrade equipment and how to keep pace with evolution of technology (DOL, p.2)

4) Law compliance issues (relating to the Federal Government, its grantees, and contractors):

- * See "Primer on disability Laws that Apply to the Federal Executive Agencies"
- * promptly responding to accessibility complaints (number of complaints decreasing annually and cases being closed in less time thus reducing backlog)(GSA, p.2)
- * revision of Real Property Management Manual to increase compliance with accessibility requirements (DOC, p.5)
- * frequent reiteration by the Secretary of nondiscrimination and affirmative action policies for people with disabilities (VA, p. 3)
- * 17% of all OCR investigated complaints in FY 1994 were disability-related employment issues (HHS, p.8)
- * instituted new procedures for charges based on employment disability subject to Section 503 of Rehabilitation Act and the ADA (DOL, p.5)
- * regulations issued to provide uniform procedures for implementing nondiscrimination provisions of Job Training Partnership Act (DOL, p.5)
- * department obtained \$8,438,351 in financial awards for FY 1993 under Section 503 and the ADA. In addition, it obtained \$1,962,906 in other awards (accommodations/training). Thus far, for the first three quarters of FY 1994, the agency has obtained \$3,070,935 with an additional \$1,574,523 in other awards (accommodations/training). The OFCCP has conducted compliance reviews nationwide.

Revised October 5, 1994

c. workgroup fin

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**INSIDE:
EEOC**



Reinvigorating the Fight Against Discrimination

By Ann Grimes
Washington Post Staff Writer

It has taken the Clinton administration several months to fill the top slot at the Equal Employment Opportunity Commission, and yesterday the agency's new chairman made his debut.

A former corporate lawyer, Gilbert F. Casellas said he faced a daunting task and pledged to reenergize an agency whose "stature had diminished as its caseload had gone up."

According to statistics released yesterday by the agency, job-related discrimination complaints are expected to reach their highest total since the 1964 Civil Rights Act went into effect. At the same time, the backlog of complaints has risen to 92,396, an all-time high.

"We must reevaluate how we do business," he said, explaining that he planned to "fix what is wrong" and change the image of an agency seen as "bogged down" and "not worth bothering with."

Casellas attributed the backlog largely to a lack of resources and the implementation of the Americans with Disabilities Act (ADA). "We have increased responsibility but have not gotten increased resources," he said.

Since implementation of the ADA last year, the number of job discrimination cases filed with the agency has risen more than 100 percent, agency officials said. EEOC officials estimated it would take 17.9 months to process the agency's current caseload. If the filing rate stays the same, officials expect the number of cases brought by the close of fiscal 1994, which expired Sept. 30, to total 89,681. That exceeds last year's record of 87,942 charges filed for one year.

Since its creation in 1965, the EEOC has been responsible for enforcing Title VII of the 1964 Civil Rights Act, which prohibits discrimination on the basis of race, color, religion, sex or national origin. The agency also enforces laws

prohibiting discrimination on the basis of age or physical disability.

EEOC officials said that for the first three quarters of fiscal 1994 the agency resolved 49,883 cases and won \$99.6 million in awards for victims of discrimination. During that same period, the agency's general counsel resolved 339 suits and won \$25.9 million primarily in the form of back pay.

While the backlogs have been growing, the size of the EEOC staff has declined, dropping by 558 since 1980. EEOC investigators now have caseloads of 116 each, more than double their 1990 caseloads. Casellas said yesterday he would argue that the agency be "excused from" the administration's mandated downsizing of 12 percent. "We need everyone we have," he said.

He also said he would ask Congress for a budgetary increase of between 25 and 30 percent for fiscal 1996. The EEOC's fiscal '95 appropriation is \$230 million. "We have never been and continue to not be fully funded. Our appropriation for this year is only \$3 million more than last year while the increase in fixed costs over which we have no control, such as salary and rent, is estimated at approximately \$7 million," communications director Claire Gonzales said. The agency has nearly 2,800 full-time employees.

Following a lengthy search, Casellas was confirmed by the Senate Sept. 29 as chairman of the five-member commission. Prior to his appointment he was Air Force general counsel and before that a partner in the Philadelphia-based law firm where he specialized in appellate work.

Yesterday, Casellas described himself as a "personal beneficiary" of the Civil Rights Act. A native of Tampa, Casellas, 42, recalled "drinking from colored water fountains" and said he "saw how much talent we as a society did without because of it."

In describing his goals for the agency, Casellas said he would review all policies, from how the agency processes cases, to why minorities in the government are fired at a higher rate than whites, to eliminating discrimination in employment on the basis of religion.

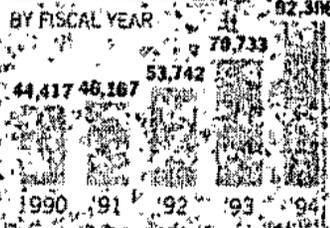
When he reviewed the agency's caseload, Casellas said, he was surprised at the extent of discrimination that occurred in the workplace 30 years after passage of the Civil Rights Act. "We see some very grievous cases," he said. "Business is still too good."

TRACKING COMPLAINTS

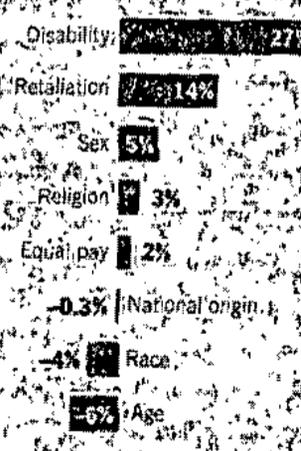
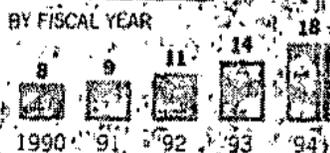
The number of discrimination complaints doubled over the past five years, creating a backlog.

with disability complaints, showing the greatest increase from fiscal '93 to fiscal '94.

PENDING COMPLAINTS



MONTHS PENDING



SOURCE: Equal Employment Opportunity Commission

THE WASHINGTON POST

THE WHITE HOUSE

August 15/12

Dear Tael and Phil,

Thanks for your nice letter and 12 photos on my keynote to your Social Work conference. It was good to see that YAT was represented

at the White House event. Keep those phone calls + letters coming on health care. Stan

THE WHITE HOUSE

August 15

Dear Jonathan

Thanks for your material on the Commission, that I received some time ago, and discussed with my colleague Jeremy Ben-Ari. I know he is giving the matter careful consideration. Regards

Stan

Q&A

Plunging into the problems of the retarded and emerging an expert

By Sherrie Ruhl
Sun Staff Writer

Jane Browning's life is taken up with the problems of mental retardation. She has an 11-year-old son with Down syndrome, works in a statewide program that serves the retarded and their families and recently was named to a commission advising the Clinton administration on the subject.

The 15-member presidential advisory committee will make recommendations to President Clinton and Health and Human Services Director Donna E. Shabala.

The appointment also gives Mrs. Browning the chance to spend time with old friends — Bill and Hillary Clinton. She became friends with the nation's first couple during the 12 years she lived four blocks from the governor's mansion in Little Rock, Ark. Mrs. Browning was also a precinct captain in Bill Clinton's 1982 and 1984 gubernatorial campaigns — in the precinct where the Clintons lived.

Mrs. Browning, who now lives in Severna Park, is the statewide director of community services for the Association of Retarded Citizens (ARC). She began volunteering with the organization in Denver 22 years ago. Back then, she was doing a favor for friends rehabilitating group housing for ARC. Mrs. Browning, 45, since has become an expert on mental retardation, and, perhaps more important, how to work the system to get grants and programs moving.

Q: Not all that many years ago, mental retardation was something most people didn't want to think about. But in the past decade or more, that seems not to be the case, at least in this country. What's changed?

A: The most important change has taken place in society. People with mental disabilities are no longer locked away or hidden from sight.

Mainstreaming children with disabilities into regular schools is another gain.

The television series "Life Goes



PHOTO BY SHERRIE RUHL FOR THE SUN

Jane Browning of Severna Park has been named to a commission that advises the Clinton administration on mental retardation.

"On" was very exciting to us. I remember people saying, "We've gone Hollywood." Someone with Down syndrome actor Chris Burke, cast as Corky, played a leading role. The show also showed how an ordinary family with a child with disabilities coped with day-to-day life.

And I remember one of the fast food chains doing a long, long, six- or eight-month series of commercials that focused on employees with some type of disability. That was very, very visible.

The new movie, "Forrest Gump," is very good. Tom Hanks captures

the way someone with a borderline IQ would act. I know the reviews are good, but I'm waiting for more people to see the film, to see the effect on the average person.

Q: What do you think is the next step for people with mental disabilities? Are there other barriers?

A: More than 7,000 Marylanders are on a waiting list for services of all descriptions, so there is a lot of work to do.

Aging parents are worried about

the future of their mentally retarded children. In many cases, these children are now middle-aged or older. These are children who have been supported — with little help — by their parents. This is one reason we need universal health care — to care for these adults with disabilities.

Also, there are people with disabilities who need training, jobs and housing. The list goes on and on.

One goal ARC of Maryland has is to take the Americans With Disability Act to day care providers throughout the state.

A lot of parents with children with disabilities can't find day care because the providers say their staffs and buildings aren't equipped to accept them.

What we want to do is work [with] day care centers to show them practical ways to make the transition smoother.

This is so important. We need to start mainstreaming as soon as possible, both for the child and the family.

I am positive that the language of my son Paul is much clearer and that he has a larger vocabulary because he was exposed to typical children — who were learning to talk — from the beginning.

Any young child who is delayed in speech or language will learn more when he is exposed to other young children who are also babbling because that motivates the child to learn to respond. Kids love other kids.

Q: Your resume says you received a bachelor's degree in English literature from the University of Texas at Dallas in 1978. But it also says you are on many committees, boards and task forces on mental retardation, among other activities. How did you become an expert on mental retardation?

A: I have learned a lot from hands-on experience, as a volunteer. I've also taken continuing education courses. I did not have a plan; I just plunged in and started

taking classes.

My family has moved around because of my husband's job. [Her husband, John William Browning III, is the general manager for sales, Eastern division, Master Builders, a division of Sandox of Switzerland.] I've learned so much by working at various ARCs — there are 1,200 chapters nationwide. Sometimes I've worked as a volunteer, and other times I have been paid. I'm being paid in this job.

Q: What was your reaction when you learned your son had Down syndrome?

A: First, let me say that I have a 14-year-old son, John William IV. I don't want to leave him out. Paul Cornelius, who was born in 1983, has Down syndrome.

I was not at all horrified at Paul's birth. I was not expecting a son with Down syndrome, but it had sort of been in the back of my mind. When I looked at him I felt a real sense of recognition.

Paul has changed our lives in a very positive way. We have made some changes. I worked full time [with ARC] until he started going to school, but since then, I've cut back to part time. Part of that is because of his disability; everything takes longer. It takes Paul longer to walk down the stairs or put on his shoes. But I've seen firsthand the enrichment that Paul has brought to other lives.

Q: How will you mix working with ARC with working on the president's commission?

A: What I'm doing is taking ARC's goals to the president. Our central office [just outside Baltimore] already works closely with Washington because we are so close by. For example, we are frequently called upon to supply speakers for congressional hearings on people with mental disabilities.

The president's group will meet and work to blend [each appointed member's] agenda into the president's agenda for everything from education to universal health care.

Carol - FYI, and I wrote Jane a brief congratulatory note, saying I would share this with you. Jan

THE WHITE HOUSE

WASHINGTON

Meeting of Appointees with Disabilities

November 8, 1994, 2:00-3:30 p.m.

Roosevelt Room

The White House

Agenda

Welcome and Introductions

Carol H. Rasco
The White House

Protection and Advocacy (P&A) Systems

• P&A for Persons with Developmental Disabilities

Bob Williams
Department of Health
& Human Services

• P&A for Individuals with Mental Illness

Natalie Reatig
Center for Mental Health
Services
Department of Health and
Human Services

• P&A for Users of Assistive Technology

Carol Cohen
National Institute on
Disability and
Rehabilitation Research
Department of Education

• P&A for Individual Rights and the Client Assistance Program

Parma Yarkin
Vocational Rehabilitation
Administration
Department of Education

Other Sources of Advocacy Assistance

Alexander D. Forger
Legal Services Corporation

Paul S. Miller
Equal Opportunity
Employment Commission

Liz Savage
Department of Justice

Open Forum

Full Group

Closing and Announcements

Carol H. Rasco