STATE

REHABILITATION

COUNCIL

Policy Manual

& Handbook

Updated March 2024

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## VRS STAFF CONTACT INFORMATION

*VR administrative and managerial staff who most frequently provide information for SRC meetings*

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# WHAT IS THE SRC?

## INTRODUCTION AND HISTORY

When the Rehabilitation Act Amendments were being considered by the 102nd Congress in 1992, disability rights activism had increased and recommended changes to the Rehabilitation Act that included persons with disabilities be at the table. As a result, Revisions to the act included individual dignity, self-determination, inclusion and full participation of persons with disabilities. In addition, this included the establishment of a State Rehabilitation Advisory Council with a majority of the members (51%) being persons with disabilities. By the 1998 Amendments, SRC’s role and empowerment were recognized and strengthened. The name and role of the body of advocates was changed from the State Rehabilitation Advisory Council to the State Rehabilitation Council. The role changed from being advisory to being involved in developing policies, planning activities, evaluating the program effectiveness and carrying out other functions related to the vocational rehabilitation program. This also included that the SRC, in conjunction with the VR agency, jointly conduct the comprehensive needs assessment of individuals with disabilities in the state, develop (and agree to) the State’s annual goals and priorities, and evaluate the VR performance toward the goals annually. The role of the SRC changed from advisory to working in partnership with the State VR agency.

Section 105 of the Rehabilitation Act of 1973 (as amended) requires consumers, advocates and other representatives of individuals with disabilities to participate in the administration and oversight of a state’s VR program. The SRC fulfills this mandate in all states and territories. This is required in order for Vocational Rehabilitation programs to be eligible for and maintain federal VR funds. SRC members are appointed by the Governor, representing a variety of perspectives from the VR program and disability community as outlined in the legislation.

For more information and history, see the following resources about VRS and SRCs in the United States:

* The History of VR
	+ Video\*: <https://www.youtube.com/watch?v=Z7-kCT1S51c> (9:45)
* The Role of SRCs
	+ Document: [NCSRC Orientation Module One](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/NCSRC%20Orientation%20Module%20One.pdf?csf=1&e=eDIPRG)
	+ Document: [NCSRC orientation Module Two](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/NCSRC%20Orientation%20Module%20Two.pdf?csf=1&e=I52BmX)
	+ Video\*: <https://www.youtube.com/watch?v=taZQzR_YT-0> (10:25)
	+ Document: [The SRC-VR Partnership Under WIOA](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/SRC-VR%20WIOA.pdf?csf=1&e=DqYrf1)
* The Rehabilitation Act
	+ Video\*: <https://www.youtube.com/watch?v=ulX349PB8O0> (8:25)
	+ Document: [Findings, Purpose, Policy of Rehab Act of 1973](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/Findings%2C%20Purpose%2C%20Policy%20of%20Rehab%20Act%20of%201973.pdf?csf=1&e=hroWkO)
	+ Video\*: <https://www.youtube.com/watch?v=hxXtV8RIM28> (12:21)
* WIOA
	+ Document: [WIOA Regulations 361.16-17](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/WIOA%20Regulations%20361.16-17.pdf?csf=1&e=B0oVBv)

*\*Video transcripts available upon request.*

### Federal/State Structure



State Agency Structure

## COMPOSITION OF THE SRC

### Composition Requirements

SRC members are appointed by the Governor, with the majority of members having a disability. Three of the appointed members shall represent traditionally under-served populations as defined by the Rehabilitation Act. Council members are appointed for three-year terms. No member may serve more than two consecutive full terms except as provided for by law. Membership includes representatives from:

* Statewide Independent Living Council (SILC)
* Parent information and training center
* Client assistance program
* Vocational rehabilitation counselor
* Community rehabilitation service providers
* Director of the American Indian VR Projects in Minnesota
* State Workforce Investment Board
* Department of Education
* Business, industry and labor (3 representatives)
* Disability advocates (2 representatives)
* Current or former applicants for or recipients of vocational rehabilitation services (3 representatives)
* Director of VRS – ex officio member

*See the* [*RSA Technical Assistance Circular on Composition and Membership*](https://mn365.sharepoint.com/%3Aw%3A/r/sites/DEED/SRC/Shared%20Documents/RSA%20Technical%20Assistance%20Circular%20on%20Composition%20and%20Membership.docx?d=w25e6aa2190aa4beabf5520dd5838cc24&csf=1&e=EmHakz) *for more information.*

### Traits of a Good Council Member

* **Have a Commitment to Disability Rights**—To start with, it is best if you are committed to the rights of, and improving services for, people with disabilities and furthering the mission of the SRC in your state. Working or volunteering in the disability arena is not about the money. It is more about giving back to the community while working on improving social justice, independence, and quality of life for children and adults with disabilities within your state.
* **Bring Your Skills**—Bring the skills, experience, and connections you have to the work of the SRC. Your skills in finance, planning, public relations, writing, social media, etc. are valuable assets to the SRC. Offer your skills and connections to the council to maximize your membership and the SRC’s effectiveness.
* **Learn New Skills**—In addition to learning new information, it is helpful if you are willing to learn new skills in financial management, strategic planning, evaluation, etc. It takes time and effort to acquire knowledge and skills, but these abilities will benefit both your SRC and you personally.
* **Develop Relationships**—You should develop relationships and make friends with other SRC members and staff. It will make meetings and work groups more enjoyable and effective. Try to learn the names and responsibilities of the other council members and staff as soon as you can. Treat staff as equal partners.
* **Respect and Listen to Others**—It is helpful if you listen to others and consider different issues from all sides. Try to stay on good terms with everyone, even if someone opposes you. Respect confidences and privacy. Gather information if needed. Ask questions about anything that is confusing 39 or that you need more information about. Other people most likely feel the same way.
* **Voice Your Opinion**—Voice your opinion, especially if you have different information or views. Your opinion counts and makes a difference. Try not to take it personally if people vote against something that you want. Consider a compromise when necessary to move ideas forward and help everyone feel that their opinions were heard.
* **Participate Fully**—Of course, making sure that you attend and actively participate in all council and committee meetings is the most basic, but nevertheless, important quality. Be on time. Make sure that you let the chair know if you are unavoidably late or cannot make a meeting. The willingness to serve on a work committee and take action where needed moves the work of the council forward. Councils need active, engaged members. Read agendas and attachments that are sent out ahead of time before you attend meetings.
* **Follow Through**—Do everything that you say you are going to do. If you run into difficulty completing a task, let the chair know and ask for help. If you fail to meet your obligations, other committee or council members will have to pick up the slack. If you come up with a new idea, be willing to help make that idea happen.
* **Remember the Big Picture**—Be proactive and attentive, but focus on the big important stuff, such as where the SRC and the Independent Living Network are going, how they are doing, and current strategies / policies, not minor details. Try to monitor what is happening to stay ahead of problems instead of reacting to a crisis.
* **Offer Solutions**—If you point out a concern, try not to blame or point fingers and always offer a solution. Things will move forward if criticism is constructive and includes possible solutions or steps to resolve the issue. On the other hand, make sure to show your appreciation for other members and the SRC staff. Many times, people will hear what is going wrong, or needs to be improved, but do not hear about the things that are going right or that they are doing well.
* **Be an Ambassador**—Share information about your SRC through social media and with the social and professional groups that you belong to. There is a section on social media later in this document.

##

## SRC ADMINISTRATION

The State Rehabilitation Council (SRC) Bylaws specifies that the council meet at least ten times per year to ensure realization of the Council’s pro-active goals. An Executive Committee exists to assist in carrying out the responsibilities of the SRC. Ad hoc committees may be formed to respond to other concerns.

### Executive Committee

The Executive Committee shall consist of the Chair (or Co-Chairs), Vice-Chair, Immediate Past Chair (when available), Parliamentarian and the Chairs of standing committees or task forces when appropriate. The Executive Committee may invite the director of Vocational Rehabilitation Services and any designated support staff to participate as non-voting members of the executive committee. The Executive Committee shall consist of no more than five Council members. The Executive Committee shall be authorized to act on behalf of the regular Council when time does not permit full Council action The Executive Committee shall not have authority to make changes in (1) the By-Laws or (2) Membership. Any actions taken by the Executive Committee when time does not permit full Council action must be reported to the full Council at the next regularly scheduled meeting. The full Council may restrict the authority of the Executive Committee when the Council deems it necessary.

### Support Staff

One of the things that challenges each council is that members are doing this on top of their regular work. The Designated State Unit (VRS) wants to give the council the support it needs to be effective, given the constraints of limited time and complex information. VRS has identified a Coordinator position to provide primary staff support and serve as liaison to the SRC. All questions and requests should be initiated through the SRC Coordinator.

Additional VR staff are available to provide information as needed. These include information and analyses in the areas of budget, communications, data, and VR operations.

#

# WHAT DOES THE SRC DO?

## DUTIES OF THE SRC

### Participation in Meetings

***The importance of making your voice heard cannot be emphasized enough.*** SRC plays an important role in providing input on VR services and represents key constituents. Across the country there is a broad range in the capacity of councils. Our goal is to have an engaged council that provides substantive input. The council needs to request data as needed, ask hard questions, and to work in *partnership* with VR.

### Legislative Advocacy

The council can take positions that the DSU staff can’t on their own because they are employees under the commissioner and the governor. For instance, there are times the council may want to take positions that may be contrary to what the commissioner and deputy commissioner want but the council believes are in the best interests of the citizens with disabilities in Minnesota. For advocacy rules, [see page11](#_ADVOCACY).

### Statutory Responsibilities

The duties of the SRC are spelled out in the Workforce and Innovation Act (WIOA) Regulations (see Appendix II). The SRC’s responsibilities and activities include:

* **Unified or Combined State Plan:** The SRC advises the agency on the development of the VR Services Portion of the State Plan. The SRC and agency should partner to develop, agree to and review the plan’s goals and priorities of the agency.
* **Comprehensive Statewide Needs Assessment:** To identify and assess the needs of individuals with disabilities, the SRC collaborates with agency staff on the Comprehensive Statewide Needs Assessment, which is completed every three years.
* **Policy Consultation**: The Council should have a significant role in the development, understanding and implementation of the agency’s policies and procedures. Any significant policies that impact the consumer must be brought before the Council for discussion. This is part of the SRC mission and responsibility. The agency should provide detailed information to the Council members on why the policy is needed, the implication of any change in a written policy, reasoning if a policy is being deleted or amended. This should be a routine portion of the agenda for each Council meeting.
* **Consumer Satisfaction Surveys:** The SRC must be an integral partner with their agency to assist in the development of Consumer Satisfaction Surveys. The Council should be given a written evaluation of those survey results and provide follow-up feedback.
* **Evaluation and Recommendations**: The SRC reviews, analyzes and evaluates the performance of VR programs. A particular focus is given to eligibility, service provision, and activities that impact employment outcomes. As a result of this process, the SRC adopts recommendations which are submitted to their agency for serious consideration.
* **Coordination and Participation**: The SRC actively engages with other councils and advisory bodies to enhance the number of individuals served. SRC members also are encouraged to participate in work groups, public meetings and stakeholder forums.
* **Annual Report**: One of the duties of the SRC is to generate an annual report on the status of vocational rehabilitation programs, deliverable to the governor and the U.S. Department of Education by the end of each calendar year. The current SRC Annual Report can be viewed under the SRC Reports tab on the DEED website: <https://mn.gov/deed/job-seekers/disabilities/research/>

The most important responsibility of the State Rehabilitation Councils is to advise, make recommendations and assist your state or territory in preparing their State Plan for Vocational Services. The overall purpose of the State Plan is to assure that State and Federal governments play a leadership role in promoting employment for persons with disabilities and to ensure a link between citizen participation and the legislative process.

A primary goal should be to ensure that people with disabilities are provided with an equal opportunity to receive the programs, services and supports needed. We should work diligently in our pursuit for consumer satisfaction and ways in which services can be improved or developed while striving to achieve the mission, vision and goals of the Council and agency.

#

# GUIDING PRINCIPLES/RULES

## ADVOCACY

In addition to the duties prescribed by WIOA, the SRC advocates with federal and state legislators to promote the public VR program as a sound investment that leads to the employment of individuals with significant disabilities. In general, federal funds may not be used to engage in lobbying activities (Lobbying Disclosure Act of 1995, P.L. 104-65). Unless otherwise prohibited by state law, nonfederal funds can be used in lobbying activities (Michaels, 1998). Lobbying may include the following activities:

* Attempts to influence the outcome of any federal, state, or local election, referendum, initiative, or similar procedure 89
* Attempts to influence the introduction, enactment, or modification of federal or state legislation by efforts to utilize state or local officials to engage in similar activities
* Attempts to influence the introduction, enactment, or modification of federal or state legislation by trying to gain the support of part or all of the general public (Michaels, 1998).

Thus, an important distinction needs to be made between lobbying and advocacy. While lobbying can be a subset of advocacy, it is narrower in scope with the specific focus of convincing legislators to vote in a requested manner on a particular legislative proposal (Michaels, 1998).

SRC members should make sure that no federal funds are used to support lobbying activities. Of course, SRC members as private citizens, not representing or acting on behalf of the SRC, can lobby with their own funds while exercising their first amendment right of free speech. SRC members, unlike VR agency employees, can take a more credible stance than VR employees when advocating for the VR program. Stated differently, unlike employees, they are not likely to be told by legislative or other decision makers that they are merely attempting to save their own jobs. Also, SRC members who were past VR participants or their family members can demonstrate the effectiveness of VR programs when advocating for individuals with disabilities. However, it is important that the state SRC fully understand the specific state laws and regulations concerning advocacy activities with state legislators.

## CODE OF ETHICS

### Gift Ban

The state is the only entity that can compensate members for their activities related to the board, commission or task force. Members may not accept gifts from any source other than the state in connection with their responsibilities.

“Gift” includes money, objects, tickets to events, meals, services, loans, forbearance or forgiveness of indebtedness, or a promise of future employment.

### Use of Official Position

Members may not use or attempt to use their position as members to secure benefits, privileges, exemptions, or advantages for themselves, their family or an organization with which the member is associated that are different from those available to the general public. This includes use of membership to secure preference in access to tickets or special purchase offers.

### Use of State Property and Resources

Members may only use state time, supplies, or state property and equipment for state business.

### Confidential Information

 Members may not use or disclose private or confidential information received as part of their responsibilities on the board, commission or task force. Disclosure of information classified by law as private or confidential violates the Minnesota Government Data Practices Act (see below).

### Discrimination

Any member found to have engaged in illegal discrimination, sexual or other harassment may be subject to removal.

### Avoiding Conflicts of Interest

If as a member an action or decision would substantially affect a member’s financial interests or those of an associated business (unless the effect on the official is no greater than on other members of the official’s business classification, profession, or occupation), the member must abstain, if possible, in a manner prescribed by the board from influence over the action or decision in question. Members should also abstain from any action or decision for which there may be even the perception of a conflict of interest or bias.

## DATA PRACTICES

The Minnesota Governmental Data Practices Act (the “Act”), Minnesota Statutes Chapter 13, governs the classification and public access to government data, including the data of state boards and commissions.

All government documents are presumed to be accessible to the public unless state or federal law classifies the data as private or confidential. The Act also applies to board related data, regardless of where it is maintained. A member’s written or electronic communications related to board matters may be public data that is accessible to the public even if it is stored on a home computer.

Where the law classifies documents or information as private or confidential, members may not disclose the data. Disclosure of data classified as private or confidential violates the Act and can result in legal liability for the board. Willful violation of the Act is a misdemeanor.

More information is available at: <http://www.ipad.state.mn.us/docs/IPAD_datapractices.pdf>

## OPEN MEETING LAW

The Minnesota Open Meeting Law (OML), Minnesota Statutes Chapter 13D, requires that meetings of governmental boards and commissions generally be open to the public. The purpose of the OML is to ensure that decisions are made in the open and that the public has the right to be present and informed about the decisions of governmental entities. Boards are also required to give public notice of their meetings and keep official records of votes and actions.

A quorum of members cannot “meet” outside of the public process. Purely social gatherings are not a meeting, but members need to make sure that they do not use those gatherings to discuss public business. Email cannot be used to conduct discussions of matters before the board with a quorum of members (either individually or through serial emails).

The OML allows certain kinds of meetings, or parts of meetings to be closed. The open meeting law does not apply to any state agency, board, or commission when exercising quasi-judicial functions involving disciplinary hearings. Intentional violations of the OML can subject members to a $300 fine. Three intentional violations can result in additional fines and forfeiture of membership.

More information is available at: <http://www.ipad.state.mn.us/docs/publicmeetmain.html>

## ROBERT’S RULES OF ORDER

**What is parliamentary procedure?**

It is a set of rules for conduct at meetings that allows everyone to be heard and to make decisions without confusion.

**Why is parliamentary procedure important?**

Because it’s a time-tested method of conducting business at meetings and public gatherings. It can be adapted to fit the needs of any organization. The SRC uses a less rigid form of Robert’s Rules to conduct meetings, so it’s important that everyone is familiar with the basic rules.

*See* [*Robert’s Rules of Order*](https://mn365.sharepoint.com/%3Aw%3A/r/sites/DEED/SRC/Shared%20Documents/ROBERT%27S%20RULES%20OF%20ORDER.docx?d=w3baee272d191450e85a8f9a0ed50efc6&csf=1&e=61bp6W) *for more information.*

# MEETING LOGISTICS

Meetings are held the fourth Thursday of every month except July and with a combined November-December meeting held the first Thursday of December. Other exceptions are determined by the council and will be posted [on their website](https://joinusmn.com/deed/job-seekers/disabilities/councils/rehab-council.jsp).

## MEETING LOCATION

Until further notice, meetings will be held virtually:

<https://www.zoomgov.com/j/1608330707?pwd=c2RIYWd0aGIvNVh2WkdYWWcyaE5PUT09>

Meeting ID: 160 833 0707

Passcode: 593633

Dial in option: +1 646 828 7666 US

Meeting ID: 160 833 0707

## LUNCH BREAKS

According to a memorandum issued by the U.S. Department of Education referred to as [Enclosure 7](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/Enclosure%207%20-%20highlighted.pdf?csf=1&e=P65Upc), **Vocational Rehabilitation Services is not allowed to provide food and beverages for its members** unless doing so “is necessary to accomplish legitimate meeting or conference business.” An example would be a working lunch at which attendance is needed “to ensure the full participation by conference attendees in essential discussions and speeches concerning the purpose of the conference and to achieve the goals and objectives of the project.”

When the meeting time spans the lunch period and the agenda frequently only allows for a 30-minute break for lunch, many members bring a bag lunch to the meetings. Others go to nearby locations to purchase prepared food.

##

## AGENDA ITEMS

Virtual meetings are 3 hours in length and typically follow the format below:

|  |  |
| --- | --- |
| **Approximate amount of time spent** | **Topic** |
| **15 minutes** | **Call to Order and Standing Items*** Approval of draft agenda
* Approval of previous minutes
* Announcements
 |
| **20 minutes** | **Participant Story** |
| **45 minutes** | **Discussion Topic or Presentation** |
| **10 minutes** | **Break** |
| **60 minutes** | **Discussion Topic or Presentation** |
| **5 minutes** | **Meeting Evaluation** |
| **20 minutes** | **Director’s Report/Introductions/Check-ins*** Name
* What has happened in the last month from the area you represent (Business, Participant, SILC, etc.) that relates to the SRC?
* How can the SRC collaborate or take action (if applicable)?
 |
| **5 minutes** | **Wrap up** |

#

# BUSINESS OPERATIONS

## COMPENSATION

### Rates

#### Per Diem

Per diem rate is currently $55.00 per day. This is entered into Column P of the Expense Report.

#### Transportation Reimbursement

Mileage reimbursement is at the Federal IRS mileage reimbursement rate. As of January 1, 2023, that amount is $0.67 per mile. The mileage rate for specialized vehicles for wheelchair access is $0.09 above the federal mileage rate, or $0.76 per mile as of January 1, 2024.

In addition to mileage, actual parking fees shall be reimbursed and are entered in Column O of the Expense Report.

Other modes of transportation, such as Metro Mobility, are also paid at actual rates. These are entered into Column O of the Expense Report.

#### Meal Reimbursement

Meal Reimbursement is provided for individuals who are in travel status. See the parameters in the table below. Individuals in travel status for two or more consecutive meals may be reimbursed for the actual costs of the meals up to the combined maximum reimbursement for the meals (e.g. if you have lunch at a cost of $14 and dinner at a cost of $15, you can request reimbursement for the full amount because the total of two is within the maximum total for lunch and dinner combined).

Maximum reimbursement, including tax and gratuity is:

|  |  |  |
| --- | --- | --- |
| **Meals** | **Amount** | **Parameters** for Assigned Travel Status |
| Breakfast | $10.00 | Leave home before 6:00 a.m. or away from home overnight. *Entered into Column I of the Expense Report.* |
| Lunch | $13.00 | Travelling more than 35 miles from home or work over normal noon meal period. *Entered into Column J of the Expense Report.* |
| Dinner | $19.00 | Return home after 7:00 p.m. or away from home overnight. *Entered into Column K of the Expense Report.* |

*See* [*Commissioners Plan Expense Reimbursement Rules*](https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/2021-2023/Commissioners-Plan-21-23.pdf) *for more information.*

### Requirements

#### Supplier Status Required

In order to be reimbursed for expenses (mileage, etc.) or paid the per diem, you must be set up as a “Supplier” in the State of Minnesota accounting system. Please go to <https://guest.supplier.systems.state.mn.us/psc/fmssupap/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?&> and choose the “Register for an Account” then “Register as a Supplier” to complete this process.

#### Forms

[Reimbursement request forms](https://mn365.sharepoint.com/%3Ax%3A/r/sites/DEED/SRC/Shared%20Documents/REQUEST_Reimbursement_SRC__FY2020_Blank.xlsx?d=w1d262b71162f4ecaa1dbef003575e4e8&csf=1&e=apJXDJ) should be completed and submitted to the SRC Coordinator after each meeting to collect the per diem or expense reimbursement. Forms can be electronically signed and emailed after the meeting or printed and completed at the meeting and handed to the coordinator. Electronic copies are preferred as they are easier to track. *See a* [*sample*](https://mn365.sharepoint.com/%3Ax%3A/r/sites/DEED/SRC/Shared%20Documents/SAMPLE%20REQUEST_Reimbursement_SRC.xlsx?d=w0ccf63eb67c344dcb90f586c410c4fbe&csf=1&e=4t3X8R) *of a completed Reimbursement request form.*

If a member of the council wishes to have reimbursements directly deposited into a bank account, an [Electronic Funds Transfer (EFT) form](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/EFT.pdf?csf=1&e=KIGQPT) should be completed and returned to Minnesota Department of Management and Budget (MMB).

A [Standard Bank Change Form](https://mn365.sharepoint.com/%3Ab%3A/r/sites/DEED/SRC/Shared%20Documents/Standard%20Bank%20Change%20Form.pdf?csf=1&e=VibNvO) exists if an individual is signed up for direct deposit and wishes to change the account used.

#### Timing and Taxes

Reimbursement requests should be submitted **as soon as possible** after each meeting.

1. The Internal Revenue Service (IRS) requires that if employee business expenses are not submitted for reimbursement within 60 days after the expenses were incurred, the reimbursement becomes taxable for federal, state, FICA and Medicare; and withholding tax must be taken.

If you submit expenses after the 60-day period, your reimbursement will be taxed at the following rates:

1. Supplemental Federal Tax Rate 25.00%
2. Supplemental State Tax Rate for MN 6.25%
3. FICA/Med Taxes 7.65%
4. Expenses can only be reimbursed for the current fiscal year. (July 1-June 30). After June 30, expenses from the previous fiscal year can no longer be submitted.

#

# VOCABULARY

As with all branches of knowledge, there is a lexicon unique to vocational rehabilitation. See the [Vocabulary document](https://mn365.sharepoint.com/%3Aw%3A/r/sites/DEED/SRC/Shared%20Documents/Vocabulary.docx?d=wf6033ec00b6f47e2b258a298dde11079&csf=1&e=TK6dB7) for a compilation of terms and acronyms that may come up in conversations or meetings. This is a working document. If you discover a term within the realm of SRC that isn’t on the list, please request to have it added.

# VRS DELIVERY OF SERVICES

## VRS STRATEGIC FRAMEWORK

VRS developed a strategic framework to guide its internal operations and delivery of services. This framework is updated periodically, with input from the State Rehabilitation Council, to reflect changing needs and updates in regulations and guidance from RSA.

*See a copy of the most recent version of the* [*VRS Strategic Framework*](https://mn365.sharepoint.com/%3Aw%3A/r/sites/DEED/SRC/_layouts/15/Doc.aspx?sourcedoc=%7BF13F8138-7820-4406-A738-9D62874F94DA%7D&file=VRS%20Strategic%20Framework.docx&action=default&mobileredirect=true)*, which spells out the department’s Mission, Values, Goals, Objectives and Key Results.*

## VR DELIVERY OF SERVICES

Services vary according to individual needs. VRS counselors work with individuals to explore choices and determine which are most appropriate, then together they develop an individual plan for employment (IPE).

VRS contracts with community rehabilitation providers (CRPs) to deliver services to individuals. Minnesota has an open request for proposal (RFP) process, which means that organizations can become CRPs or limited use vendors (LUVs) at any time. CRPs are CARF accredited and can become a partner with no budget limitations on their contracts. LUVs, which do not have CARF accreditation, can become partners with budgets limited to specified amounts. CARF International (Commission on Accreditation of Rehabilitation Facilities) is an independent, nonprofit accreditor of health and human services, which focuses on quality and results.

### VR Specialists

* Assistive Technology Specialist - John Bredehoft
* Autism Specialist – Abbie Wells-Herzog
* Behavioral Health Specialist – Claire Courtney
* Contracts Specialists – Janeen Oien, Jess Outhwaite, Anne Paulson, Sara Sundeen
* Customized Employment Specialist – Margie Webb
* Deaf and Hard of Hearing Specialist – Elise Knopf
* Extended Employment Specialist – Holly Sunderman
* Field Operations Specialists –Sandy Henrikson, Michaela Kleinow, Kristen Quaal, Sherri Zetah
* Independent Living Center Specialist – Brad Westerlund
* Placement Specialists – Bruce Bock, Evie Wold, Michelle Chmielewski, Marci Jasper, Ron Adams
* Policy Specialist – Heather Farmer
* Small Business Development Specialist – Josh Dean
* Staff Development Specialists – Ann Macheledt, Gretchen Ykema
* Transition Specialist – Alyssa Klein

### VR Collaborations

* Department of Education
* Community Rehabilitation Providers
* CareerForce System
* Governor’s Workforce Development Board
* Centers for Independent Living

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# ADDITIONAL RESOURCES

### Federal

Rehabilitation Services Administration (RSA) Website

* <https://rsa.ed.gov/>

National Coalition of State Rehabilitation Councils (NCSRC) Website

* <http://www.ncsrc.net/>

Workforce Innovation Technical Assistance Center (WINTAC)

* <http://www.wintac.org/topic-areas/pre-employment-transition-services/resources?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=#preets_resources>

2011 Institute on Rehabilitation Issues (IRI) publication: *The State Rehabilitation Council-Vocational Rehabilitation Partnership*

* <http://www.acb.org/sites/default/files/Media/36IRIF~1.PDF>

Electronic Code of Federal Regulations

* <https://www.ecfr.gov/cgi-bin/text-idx?SID=8500bf8bf0413e204155a456b42a3d68&node=se34.2.361_117&rgn=div8>

### State

Department of Employment and Economic Development (DEED) Website

* <https://mn.gov/deed/>

Vocational Rehabilitation Services (VRS) Website

* <https://mn.gov/deed/job-seekers/disabilities/>

Location of WorkForce Centers in Minnesota

* <https://mn.gov/deed/job-seekers/workforce-centers/workforce-center-locations/>

Minnesota Board Members’ Handbook of Legal Issues

* <https://mn.gov/pelsb/assets/Board%20manual%20October%202015_tcm1113-323000.pdf>

### Other

Disability and Special Education Acronyms

* <http://www.parentcenterhub.org/acronyms/>

# APPENDIX - Video Transcripts

### Module 1: History of Vocational Rehabilitation

The Public Rehabilitation Program in America can trace its roots back to World War I.

During that war, modern medicine allowed more injured soldiers to survive and come home with significant disabilities than ever before.

But they couldn't go back to their old jobs.

The Soldiers Rehabilitation Act of 1918 introduced a new concept in disability support - not just money to live on, but training for the injured veterans as preparation for new jobs matching their "new" abilities.

A farmer who lost a leg fighting in France might be trained in drafting.

A factory worker with lungs burned by chlorine gas might become a pharmacist.

This idea was popular with the American people and matched programs in several states for training injured workers.

In 1920 Congress expanded the veteran's program to include anyone with a physical disability, not just veterans.

This was the beginning of the Public Vocational Rehabilitation Program, or VR.

The new program was great - as long as your physical disability met the requirements and as long as you needed the limited VR services the system offered.

These gentlemen, for instance, are learning to weave wicker backs and seats for chairs.

These men are making rugs.

But if you had some other kind of disability that didn't meet the requirements - such as seizures or mental retardation - you weren't eligible for any help.

People with these disorders continued to live on charity from family, church groups, or strangers - or in a state-supported institution.

World War Two expanded the rehabilitation system even more.

When millions of soldiers went off to war, they left behind jobs that still needed to be done.

So millions of women went to work to help out, but many unskilled jobs were still empty.

To help fill those jobs, some amendments to the Rehab Act in 1943 expanded VR services to include people with mental illness and mental retardation.

This gradually doubled the number of people finding jobs through VR.

And those new workers began changing society's stereotypes about what people with disabilities could do.

In response to comments from the public, these amendments also changed the kinds of services that VR provided.

In addition to training and guidance, VR began paying to correct certain disabilities, including cataract surgery on eyes or bone surgery for limb deformities.

VR also began paying for equipment like hearing aids or wheelchairs - anything that improved the ability of someone with a disability to find a job.

The 1943 amendments also allowed states to create separate VR agencies for people with blindness, if the states chose to.

In the decades that followed, as the economy grew and as doctors learned how to treat more serious disabilities, the process of VR became more complicated.

Beginning with the 1954 amendments to the Act, the federal government started funding scientific research into disabilities and rehabilitation, eventually leading to the National Institute on Disability and Rehabilitation Research, or NIDRR.

These amendments also significantly increased funding for the public rehabilitation system to match its growing popularity.

Politically, Vocational Rehabilitation was popular.

It helped thousands of people, even if it still didn't reach everyone with a disability.

It had a clear definition of its target group - people with disabilities who could return to work with help - and a clear definition of success - employment of those people.

You could measure the results financially and the program consistently made money for the government.

On average, for every dollar spent on training and support initially, people with disabilities paid 7 dollars in state and federal taxes when they got back to work.

VR was a Washington success story.

Then came the 1965 amendments.

President Johnson used these to recruit VR into his Great Society program.

VR had been so successful finding jobs for people in need, so to speak, that the administration was going to expand its role.

Suddenly the term Disability included drug abuse, alcoholism, repeated jail sentences, so-called Behavior Disorders, public assistance, and many other conditions that were not medical at all.

In short, almost anyone who couldn't get a job could get help from VR.

VR was operating offices in prisons, welfare offices, and storefronts.

Where the VR system had once served thousands of people, it now served tens of thousands.

This change quickly overwhelmed the system, and VR officials had to streamline the process.

Now applicants were processed and evaluated quickly, and training choices were much more limited.

VR services became less individualized and flexible and rehabilitation became a mass production system.

VR now helped many more people, but the people who needed the flexibility and individualization of earlier years - people with the most significant disabilities - often got lost in the shuffle. They had to go back to doing without.

By this time - in the late sixties and seventies - people with disabilities, advocates, and family members had learned a few lessons from the civil rights movement.

They began lobbying and protesting about, among other things, this streamlining of VR.

In 1973 Congress responded with a completely new Rehab Act.

This act directed VR to primarily serve people with significant physical or mental disabilities.

In addition, counselors and consumers would now work in close partnership to individualize services.

And each counselor-consumer team would use a formal Individualized Written Rehabilitation Program to help them develop and carry out those services.

Meanwhile, the voices of disability advocates continued to grow.

They started a radical "de-institutionalization" movement in the 1960s, which pushed institutions to move people out into new "group homes" and "residential care facilities" in local communities.

Unfortunately, after lifetimes living passively in institutions, many people living in the new facilities didn't know what else to do. Instead of creating community inclusion, many group homes became small duplicates of the institutions.

Although the new facilities were a good idea, it was going to take more than that for people with disabilities to build ties to their communities and live independently.

Out of these efforts and others, came a new Disability Rights movement.

Advocates began to talk about things like "community inclusion" and "consumer choice" for disability services.

The VR system integrated these concepts with new amendments in 1986.

For people with the most significant disabilities, these amendments shifted VR's focus away from jobs in protected places like sheltered workshops.

Instead, the amendments provided supports to help people adapt to work in typical jobs out in the community.

Since 1986, VR has continued working closely with the disability community and has integrated emerging concepts into its regulations and services.

In 1992, new amendments to the Rehab Act created a new front section that spelled out some of these concepts in a statement of definitions and principles.

These amendments also created the State Rehabilitation Councils - which are citizens' advisory councils in each state to increase the voice of consumers in the policy and operations of state agencies.

In addition, the 1992 amendments increased the role of the consumer in planning his or her services, mandated a set of standards and indicators for monitoring agencies, required agencies to set minimum training standards for all VR counselors, and speeded up the eligibility process.

The amendments also said Agencies were to presume that everyone with a disability could benefit from VR services.

This meant agencies could not deny services to someone just because his or her disability was very significant.

In 1998, another set of amendments increased supports for informed consumer choice in the VR process, streamlined some administrative requirements, and increased the options to help consumers find high quality jobs.

This set of amendments also required a partnership between the public rehabilitation system and other state and federal agencies that provide employment-related services.

This included requirements for local cooperative agreements.

As part of this partnering effort, the Rehab Act became Title Four of the Workforce Investment Act.

However, the changes carefully maintain the integrity of the Public Rehabilitation System.

The VR system still provides flexible, individualized services to people with disabilities who need more than the general public jobs programs can provide.

Through all these changes, the guiding principles of the rehabilitation system have not changed - a belief that employment and productivity lead to independence and a belief that independence is the right of all American citizens.

### Module 2: The Rehabilitation Act

The current Rehabilitation Act stands as one of the defining documents for the relationship between the US government and its citizens with disabilities.

The Act is divided into seven sections, called Titles, and a preamble that comes before the titles.

This initial section defines important terms used in the Act and describes the basic intent and principles of the Act.

In effect, it lays out the philosophical framework for all that is to follow.

And, according to Jan La Belle of the Florida State Rehabilitation Council, this section says some fundamental things about why the Act exists:

Jan La Belle: I think that it is an implementation of our constitution; it is a way of realizing and operationalizing our constitution. I think it declares that every human being has value and every human being can be productive. And some people may need additional services on their way to getting there. But it doesn't mean that's not where they are going to go.

Narrator: This section of the Act also establishes RSA and identifies its administrative responsibilities, especially with regard to the VR program.

Title One of the Rehab Act describes the basic structure of the public rehabilitation system.

It establishes the role of state VR agencies and authorizes a special program for Native Americans - sometimes called the One-Twenty-One Program - to meet the unique rehabilitation needs of Native Americans with disabilities.

Title One also establishes two advocacy programs - Client Assistance Programs - or "CAPs" - to make sure people with disabilities know about the support options the state will provide; and State Rehabilitation Councils - or SRCs - to act as citizens' advisory groups to State VR agencies.

Title Two of the Act covers Research and Training issues related to disability and rehabilitation.

This title establishes the National Institute on Disability and Rehabilitation Research - usually called NIDDR.

Title Three of the Act authorizes funding for Special Projects and Demonstrations related to VR services and training.

This includes funding for a variety of academic scholarships, development projects, and educational programs.

It also includes a set of continuing education centers for working rehabilitation counselors - called RRCEPs - and a similar set of centers for community rehabilitation providers - called CRP-RCEPs.

Title three also funds projects to expand or improve VR services and projects to provide VR services to migrant and seasonal farm workers.

Title Four of the Act establishes a National Council on Disability.

This council acts as the voice of people with disabilities at a national level, similar to the State Rehabilitation Councils on an agency level.

Title Five addresses the rights and advocacy of people with disabilities.

It describes how the Federal Government and the projects it funds will protect the rights of people with disabilities and not allow discrimination toward them.

This title is the civil rights section of the Act and is a forerunner of the ADA.

Title Six establishes two specific approaches to promote employment opportunities for people with disabilities.

The first is Projects With Industry and the second is Supported Employment.

The Projects With Industry grants program promotes corporate hiring of qualified people with disabilities into competitive jobs.

The Supported Employment Program helps people with the most significant disabilities find competitive, community-based jobs.

This title of the Act makes sure the Public Rehabilitation System includes the business community.

Title Seven establishes several support systems for independent living of people with disabilities.

The first is a program called Independent Living Services, which provides funds for states to help people with disabilities live independently.

Title Seven also establishes the system of Independent Living Centers - or ILCs - that provide referral, advocacy, and guidance services to promote independent living.

The third program is Independent Living Services for Older Individuals Who Are Blind.

Title Seven also establishes the State Independent Living Councils as a key administrative part of the independent living programs.

These "Silks" - as some people call them - often work closely with the State Rehabilitation Councils.

With that basic structure in mind, it is worth looking more closely at Title One and a few of its subsections.

At the front of Title One is a set of definitions and policy principles, similar to the preamble.

After that is some language about required funding for the programs - which seems minor at first, but which makes a huge difference.

Other titles in the Rehab Act simply say Congress will appropriate necessary funds to carry them out.

Title One says Congress will appropriate the same amount as the year before plus a cost of living increase.

This makes the amount of funding for Title One mandatory - Congress cannot reduce - or eliminate - the funding unless it changes the law.

The funding for all other titles is discretionary - which means Congress can reduce or eliminate them if needed.

The next section, Section 101, requires that each state develop a State Plan, describing how it will provide

VR services to its citizens and naming the Designated State Unit - or D-S-U - to carry out the plan on a day-to-day basis.

The State Plan acts as a contract between the State and Federal governments about the delivery of VR services.

This section of the Act also requires that the state plan address Order of Selection (if necessary), the training of VR personnel under a Comprehensive System of Personnel Development - also called "C-S-P-D" - and the Individualized Plan for Employment forms - or "I-P-E"s - that counselors and consumers in that state will use.

Section 102 discusses eligibility and the I-P-E.

Section 103 outlines the elements of VR service to individuals and groups.

Section 105 establishes the State Rehabilitation Councils, or "S-R-C" s.

It outlines the specific composition of S-R-C membership, the duties of the council, and the resources available to it.

Section 106 requires R-S-A to create a set of Standards and Indicators, which state agencies and R-S-A will use to measure progress towards program goals.

Section 107 outlines the monitoring responsibilities of R-S-A to ensure that state agencies are complying with the Rehab Act. It also outlines the available penalties and appeals process for states judged non-compliant.

Section 112 requires states to establish a Client Assistance Program, or "Cap." And, as mentioned,

Section 121 provides an alternative VR system for Native Americans.

Taken together, Title One and the other Titles of the Rehab Act represent the accumulated wisdom of more than eighty years experience helping and promoting people with disabilities to achieve basic independence.

The Act creates a public rehabilitation system that is, at it's core, flexible, individualized, and comprehensive, focused on doing whatever it takes. Carl Suter, Director of the Council of State Administrators of Vocational Rehabilitation, says it is a model for other laws around the world.

Carl Suter: I think that what we have with this law is - there's nothing we can't do on behalf and with a consumer in order to help them achieve their goals, their ambitions for success in becoming self sufficient. You know, there's not a cap on services, there's not a limitation on what you can or can't buy. And that's really unique. And, I think, is one of the things that makes our program so unique is that it is so individually tailored.

### Module 3: Principles and Policies

The Rehab Act lays out the basic principles to which all projects and programs that the Act funds will comply.

Several important sets of policies flow from these principles, so it is important to review their implications.

The first principle is respect for people with disabilities, particularly in regard to individual dignity, personal responsibility, self-determination, and the pursuit of meaningful careers based on informed choice.

The second principle is respect for the privacy, rights, and equal access of people.

The third principle is the inclusion, integration, and full participation of individuals in all activities and programs that the Rehab Act funds.

The fourth principle is the inclusion of a person's representative for support if the person with a disability asks, wants, or needs that person included.

The final principle is support for individual advocacy, systemic advocacy, and community involvement.

Reading farther into the Rehab Act, we reach Title One, which provides the foundation of the public rehabilitation system.

This section establishes - or authorizes - the state VR programs and their funding, and outlines the responsibilities of the agencies that administer the program in each state.

But before it does that, Title One spells out another set of policy principles specifically for the public rehabilitation system.

These are the principles the VR agencies are to follow as they assess, plan, develop, and provide VR services to help people with disabilities prepare for - and achieve - employment.

The first principle says VR agencies will presume that people with disabilities - including those with the most significant disabilities - are capable of being employed - or, as the Act puts it, of achieving employment outcomes.

The agencies will also presume that providing individualized VR services will improve each person's ability to find a job.

The second principle says that an agency has to provide opportunities for a person with a disability to find employment in integrated settings - which means the workplace is typical for the community and involves regular contact with non-disabled people.

The third principle says that people with disabilities must be active and full partners in the VR process from the moment they apply for services - even before a VR counselor determines if they are eligible or not.

This means that informed, meaningful choice starts with application, not eligibility.

The person applying for VR services must be involved in the decisions about getting assessments to find out if they are eligible.

If the counselor determines that the person is eligible for services, the person must be an active and full partner making informed decisions about selecting an employment outcome, choosing services to reach that outcome, choosing service providers, and deciding how to obtain the services.

The fourth principle says that families and other natural support systems can be important parts of the VR process.

If the person with a disability wants or needs to include them in the process, those natural supports should be used.

The fifth principle says that the VR process works better at helping people reach employment outcomes and objectives when the V-R counselors and other staff are trained and qualified for their jobs.

The sixth principle says that VR agencies must involve people with disabilities and their representatives when developing and implementing policies.

The agency must consider them full partners in the VR program and include them in a regular and meaningful way.

The seventh and final principle says VR agencies must use accountability measures that promote and support the goals and objectives of the VR program.

The principle singles out one goal for definite inclusion in the measures - providing VR services to people with the most significant disabilities.

These seven principles - presumed employability and benefit from services, integrated employment, partnership in decision-making, natural support systems, trained service staff, partnership in policy-making, and accountability - lay the foundation for how the public rehabilitation system will operate.

As described earlier, the Rehab Act establishes RSA to monitor, advise, and support the public rehabilitation system.

To guide its work, RSA has developed a set of six Policy Principles that echo and elaborate those from the Rehab Act.

The first policy says that all people with disabilities - including those with the most significant disabilities - can work in competitive, high-quality jobs in integrated settings in the community.

They can also live full and productive lives as part of their community.

The second policy says that some of the major barriers to employment for people with disabilities are people's biases and misunderstandings.

These include misunderstandings about the abilities, capacities, commitment, creativity, interests, and ingenuity of people with disabilities.

These attitudinal barriers can exist in the minds of the general public, VR service providers, or people with disabilities themselves.

Policy three says that people with disabilities can make informed choices about their own lives and take responsibility for the results.

This includes making informed choices about employment options, types of services they need to reach their employment goals, and which service providers to use.

Policy four says that the primary goal of VR agencies and the public rehabilitation system is empowering people with disabilities so they can make informed choices about their professional and personal lives.

The VR agencies support consumers' decision-making by providing information, skills training, education, confidence, and support services.

Policy five says that the VR program should be flexible enough to provide services with the least administrative burden possible while still allowing accountability.

And policy six says that, when rehabilitation service providers collaborate with community-based organizations that represent people with disabilities, the collaboration enhances the quality of VR services and improves employment outcomes.

These interlocking sets of principles and policies clearly show the commitment of the public rehabilitation system to provide a comprehensive and flexible network of supports that respects the dignity of people with disabilities.

In addition, real world experience has prompted RSA to elaborate further on several key policy issues - High-Quality Employment Outcomes, Competitive Employment Outcomes, Informed Choice, and Program Accountability.

In the past, there have been varying definitions of what type of job would represent successful employment for a VR consumer.

The Rehab Act and RSA policy say that an Employment Outcome is the career goal spelled out in the person's Individualized Plan for Employment - or IPE.

The counselor and the person with a disability choose this goal as a team, and they should make the decision based, primarily, on the person's Primary Employment Factors - the person's interests, strengths, resources, priorities, concerns, abilities, and capabilities.

This policy applies even to situations where the person with a disability already has a job but needs

VR help to advance in it as a career.

Both the Act and RSA Policy put a high priority on Competitive Employment as the best, or "optimal," employment outcome.

Competitive employment means that the salary for the job is at least minimum wage, and that the salary and benefits are equal to those the employer gives people without disabilities doing the same type of job.

And finally, competitive employment means the job is in an integrated setting - in a typical setting for jobs in that community and the person with a disability interacts regularly with people who do not have disabilities.

RSA has emphasized the issue of informed choice with a special Policy Directive on the subject.

This directive says that, in addition to providing opportunities for informed choice, State VR programs must also provide any information, support, and assistance that the person needs to make an informed choice.

The agencies must provide these opportunities and resources throughout the entire VR process.

This specifically includes decisions about the employment goal, what V-R services the person needs, which service providers to use, what settings to use for the services and the final employment, and how to procure the services.

Agencies should provide the resources both to people with disabilities whom the agency has approved for services and to people who have applied for services.

How does one measure how well an agency is doing in complying with these policies and principles?

Section 106 of the Rehab Act requires RSA to create a set of evaluation standards and performance indicators that do that.

These indicators form the official report card to judge how a state agency is performing.

The standard that measures employment outcomes has six elements, or Performance Indicators: Performance Indicator 1.1 is the number of people achieving an employment outcome - or Status 26 closures in traditional V-R terms - in the state for the current year compared to last year.

Performance Indicator 1.2 is the percent of people who reached Status 26 out of all the people who got services from the agency this year.

Performance Indicator 1.3 is the percent of people reaching Status 26 whose jobs are considered competitive employment.

It is one of three that RSA considers Primary Indicators - the ones most important for the program.

Performance Indicator 1.4 is the percent of people reaching Status 26 who had a significant disability.

It is also a Primary Indicator.

Performance Indicator One Point Five is the average hourly pay of people reaching Status 26 compared to the average for the state's general population.

It is the third Primary Indicator.

And Performance 1.6 is the number of people who were living, primarily, off their own salary when they first came to VR for services compared to the number living off their own salary when they exit VR.

In other words, how many people has the agency helped become financially self-supporting who used to depend on Social Security Disability Income or some similar source of money?

RSA requires that each agency meet or exceed expected performance levels on four of these six indicators, including at least two of the three Primary Indicators.

If an agency does not meet this standard, it must work with RSA to develop a Program Improvement Plan.

These indicators are one way that RSA helps the public VR program focus on high-quality employment outcomes instead of simply the number of services provided or the number of people who found a job.

One can think of these RSA policies as the real-life expression and implementation of the philosophies spelled out in the Rehab Act.

Both the Rehab Act and the RSA policies represent the cumulative experience of more than 80 years providing vocational rehabilitation services to Americans with disabilities.

The emphasis placed on human dignity, on individual self-determination, and on program accountability and flexibility are not just idealistic philosophies of social reformers.

They are the result of practical experience about what works to help more people with disabilities reach economic self-sufficiency in their local community.

### Module 4: The Role of SRCs

So, according to the Rehab Act, what is the role of a State Rehabilitation Council?

An SRC acts as a voice of consumers and other stakeholders in the public rehabilitation system.

The council advocates for the VR program to both the State VR agency and to the public at large.

It is important to understand that an SRC doesn't act as a critic of the VR agency.

It works in partnership with the agency toward a common goal - maximizing employment and independent living for people with disabilities.

Geoff Peterson, Chair of the SRC of Colorado VR, struggles to find the ideal relationship between his SRC and State Agency.

Geoff Peterson: You know, in the Rehabilitation Act it's sort of gone from being an advisory committee to being a partner.

I'm not sure exactly what that means. I'm not sure anybody does know exactly what that means. But I think, within each state, the State Agency and the SRC is going to have to define for themselves what that partnership is.

It's something we've been working on ever since that change went into effect.

Sometimes we're pretty close to partnership; sometimes we get a little further away from that. But, you know, I think the idea of partnership is key.

Narrator: Besides requiring this partnership, the Rehabilitation Act spells out the responsibilities and structure of SRCs in Section 105. It says they must have at least 15 members - although usually there are more - and the majority must be people with disabilities.

The members must represent a cross section of people with disabilities, related service agencies, disability advocates, and community businesses people.

In states with a separate VR agency for blindness, there may also be a separate SRC for that agency.

Tina Treasure, with the SRC for Oregon VR, finds the diversity of perspectives important, especially inclusion of a business perspective:

Tina Treasure: I think that's important because I think that VR partners not only include the SRC but employers.

They actually have two groups of people that they serve.

One are the clients, people with disabilities, and the other is the employer community.

The employer community brings the reality of what clients and VR counselors face in terms of misunderstanding of disability, fear on the part of employers, and an insight into how we can change that.

Narrator: The SRC meets at least 4 times a year, but may meet more often if it needs to.

At these meetings, the members review and evaluate the activities of the state rehabilitation agency.

This includes evaluating the agency's services, outcomes, policies, reports - anything that effects how the agency supports and responds to people with disabilities.

Based on this, committee members help the agency judge how well it is carrying out its responsibilities.

If the state agency decides to change any policies or procedures about VR services, it has to consult the SRC beforehand for a response.

Although the SRC and the State VR agency work as partners, the SRC will not always agree with everything the agency proposes.

This kind of feedback can sometimes be difficult for an agency to hear.

But Frank Lloyd, the Director for Nebraska VR, has come to realize how valuable it is.

Frank Lloyd: I think the thing that state agencies and directors in particular, need to be careful of is not to be defensive about criticism because ultimately, members of that rehab council and all VR staff want to have a good program, a quality program, that's consistent with the values and the principles of the law. I mean we all want the same thing, and so the issues arise in the "how do we achieve that?"

Narrator: Each year the SRC works with the state agency to develop performance goals and priorities for the agency.

At the end of the year, the SRC helps the agency review how effectively it performed towards meeting those goals and priorities.

SRC members also help the state agency amend its official Plan for VR services from the previous year, or develop a new Plan when necessary.

The State agency has to submit that Plan, plus any review comments from the SRC, to RSA each year.

If the agency disagrees with the comments from the SRC, it must include an explanation with its submission to RSA.

Stephanie Parrish Taylor is the Director for Oregon VR, but she has also served on the other side of the relationship, as chair of the Oregon Commission for the Blind. She says sometimes disagreements come with the territory.

Stephanie Taylor: And quite frankly I would be highly suspicious of a council in an agency relationship where there WEREN'T differences of opinion. I think that if you, you know, have a really good representation of people on your SRC, you're going to have differences of perspective and differences of opinion. And I think that's healthy.

Narrator: Every three years, the SRC and the agency cooperate on a comprehensive statewide assessment to see what kinds of VR services people with disabilities in that state need.

The SRC also conducts a review of both the effectiveness of the program - its services, functions, and employment outcomes - and of consumer satisfaction with the program.

If necessary, the Rehab Act gives SRCs the power to hold special hearings or other types of meetings.

SRC members use these information sources as a reality check to help the state agency meet its goals and priorities.

Marcia Cooper is Chair of the SRC for Maine's Division of Voc Rehab.

She sees this direct public input as a vital part of the process:

Marcia Cooper: The individuals and families of people with disabilities usually have the best solutions to solve problems. Because often we presume or make assumptions on what people need and what's best - with all the good intentions in the world. But we're not necessarily addressing what people truly want and consider priorities. And considering that money is always an issue, and respect is always an issue, we really, really need... to hear people.

Narrator: And finally, each year the SRC submits its own report on the agency's operations to the State Governor and to RSA.

According to Geoff Peterson, this report helps the SRC as well RSA

Geoff Peterson: A lot of the SRC work gets done in individual committees. We have, I think, three standing committees right now. And so, sometimes, being involved in that committee, members can loose, sort of, sight over what the rest of the SRC is doing in the other committees. And so it kind of brings all these different activities together and makes a whole out of it, so that people can sit back and say, "Well we really HAVE accomplished a lot."

Narrator: All of these responsibilities can be a lot for new council members to take in.

Jan LaBelle, Chair of the Florida SRC, remembers how confusing it can be:

Jan LaBelle: Probably the thing I say most to new council members on our council is ask questions and don't be afraid to ask questions, because nobody comes on to a council and joins the council understanding the entire big picture. And it can be very intimidating and daunting, and I think that if you feel that way, it means you're taking it seriously. And that's a really good thing.

There's acronyms and all kinds of terminology that I had not had first hand experience. A lot of the terminology was inside the agency or inside the VR system and the VR world and very, very foreign to me. And you hate to always raise your hand and say "Could you please not use an acronym?" Or "what is that?" But if you don't, you're really not going to be able to be an active participant.

Narrator: By promoting the creation of SRCs, the Rehab Act forces state agencies in two important directions.

First, each agency must get local, external perspectives on how it does its job.

Second, because of the diverse composition of the SRCs, each agency has to reach out to other service providers, community groups, and state agencies.

Jan LaBelle: And so I think that we sit at more tables than vocational rehabilitation does. And by our day jobs, we are exposed to far more things.

And I feel like the Rehab System needs to not have blinders on and needs to reach out anywhere and everywhere possible to employment networks and to parent organizations, to self-advocate / self-determinization groups, and, probably most importantly, to other state agencies.

Narrator: Geoff Peterson agrees, and says SRC members should take their job very seriously:

Geoff Peterson: If you're going to be on the SRC, you really need to make a commitment to be there to speak up; to disagree, to agree; to add your voice to this.

And I think if the SRC looks at that as a serious business, it's going to have much more effect on its dealings with Voc Rehab, will be a much more effective body in helping Voc Rehab do its job. It's an important thing that they do.

Narrator: The intent of the Rehabilitation Act is to create a public rehabilitation system that is both consumer oriented and consumer driven.

For practical purposes, the state must manage the day-to-day operation of the VR program.

But it is vital that consumers and advocates have an effective voice in this system at the highest levels.

The SRCs ARE that voice. They embody the essential partnership needed to make sure State VR services are truly consumer-focused.