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THE VOCATIONAL REHABILITATION ACT OF 1973 AND SERVICES FOR THE SEVERELY HANDICAPPED DEAF

Moderator: Mr. Craig Mills, Director Division of Vocational Rehabilitation, Florida
Panel Members:

1. Mr. Tony Ruscio, Assistant Regional Representative for Vocational Rehabilitation Services, Social and Rehabilitation Service, Boston, Massachusetts
2. Mr. Henry Warner, Jr., Assistant Regional Representative for Rehabilitation Services, Social and Rehabilitation Service, Atlanta, Georgia
3. Mr. Dale C. Williamson, Associate Regional Commissioner for Rehabilitation Services, Social and Rehabilitation Service, San Francisco, California
4. Mr. Gerald V. Mann, Regional Rehabilitation Representative, Social and Rehabilitation Service, Seattle, Washington

The moderator introduced the panel members by indicating that each one held a key position in federal regional offices in carrying out the provisions of the Vocational Rehabilitation Act of 1973. It was pointed out that all had shown some particular interest in services for deaf people and had been active in working with the states in their regions in developing programs for the deaf.

Mr. Mills gave a brief summary of the stormy legislative history of the Vocational Rehabilitation Act of 1973 and pointed out that the early versions of the vetoed bill included a special section authorizing regional centers for evaluating and serving deaf people who had not been able to achieve their full potential. Despite the great need for such specialized facilities, that part of the Act was deleted after the Presidential veto and was not included in the final bill that passed.

In reviewing PL 93-112 there is not a great deal that refers specifically to deaf people or services especially for the deaf. It does refer to interpreter services as a legitimate vocational rehabilitation service. But this was also in the previous legislation. A new listing includes telecommunication as a rehabilitation service which may stimulate the use of teletypewriters and other communication equipment for the deaf.

Rather than specific references to new services for the deaf, the moderator indicated that the most significant provision in the bill may be the new emphasis on priority services for severely handicapped people and the listing of the deaf among the examples cited in the law of severely handicapped people. To begin the discussion on this point, the definition of "severe handicap" in the new Act was read. Severe handicap is defined as "the disability which requires *multiple services* over an *extended period of time* and results from amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, and other spinal cord conditions, renal

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failure, respiratory or pulmonary dysfunction, and any other disability specified by the Secretary in the regulations.

The moderator posed this question to the panel: "Since deafness is specifically mentioned in the new definition of severely handicapped, how do you think this will help deaf people in getting VR services?"

Panel members responded by saying first that state VR agencies were going to have to give serious attention to serving severely disabled people. This means a substantial change in the priorities for many states who have given considerable emphasis to serving public offenders, public assistance recipients, and other people with behavioral disorders under federal priorities. While these people may have been severely job handicapped, many of them did not have severe physical or mental disabilities.

Some panel members felt this might help point to a new interest in serving deaf people who would require multiple services over an extended period of time. Since many deaf people had been passed over as "handicap too severe" or "not feasible for rehabilitation" state VR agencies might be willing to consider them now under this new emphasis on severely disabled.

The moderator noted that the new definition lists many disabilities that all of us would concede are usually severe handicaps to employment. He asked the panel if state VR agencies really gave priority to serving people with all those severe disabilities, will it make it more difficult for deaf people to compete for services?

Panel members felt this might be possible if deaf people and organizations interested in the deaf did not come forward and press for VR services for the deaf. They felt that now is a good time to point out the need for an adequate VR program for the deaf and to encourage state administrators to provide the funds, personnel and facilities to assure that severely handicapped deaf people had an adequate opportunity to be served along with other severely disabled people.

One panel member indicated that this emphasis on severely disabled in the new Act gave us an opportunity to attack what Dr. Boyce Williams has called the two great evils of rehabilitation programs for deaf people: namely, paternalism and tokenism. He felt we could use this new priority on severely handicapped to promote a whole new effort on broad and adequate services for the deaf.

It was pointed out that state VR programs will probably get pressure from organizations representing practically every disability included in the list. They will all be expecting something new and better in the way of services for the handicapped group they represent. So it will be important to offer help and to urge a high priority in developing services for the deaf.

The moderator asked the panel whether they expected to see a very substantial change in the kinds of handicapped people being served by state VR agencies by next year.

Panel members noted that the Congress did not ask states to discontinue services to people now on the rolls or now being served. But the Congress did expect that new cases being accepted would reflect the new emphasis on severely disabled. So as the old cases complete their services and leave the case loads, and as more severely disabled people are accepted, it should demonstrate a very noticeable trend by next year.

The Rehabilitation Services Administration has released a coding system on severely disabled so that states could report on the number of cases meeting that criteria in January, 1974. Thereafter, reports from the states will use this coding system and it will be possible to tell what progress is being made in serving a higher percentage of people who are severely handicapped.

The next question by the moderator was on "Client Involvement." He noted that Title I of the new Act calls for an individualized written program for each person

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served by state VR agencies. This calls for the handicapped person or his parent or guardian to be involved jointly in the development of the plan and to have it reviewed each year. He asked how this might affect deaf people.

The panel members were quick to respond that this might be one of the strongest features in the new Act in helping deaf people get adequate VR services. They pointed out that because of the communication problem deaf people did not always understand what was being done for them or done to them. This new requirement would call for real involvement of the deaf person in the development of a rehabilitation program for him. This would mean that someone on the VR staff had to have the ability to communicate with him, or that the agency would have to provide interpreter service so that the deaf client could fully understand.

All agreed that it was the obligation of the VR agency to be able to communicate with the deaf person in a competent manner. This should not be the responsibility or burden of the deaf person.

Again it was pointed out that State Associations of the Deaf and State Registries of Interpreters for the Deaf could provide a valuable service in assisting state VR agencies in getting competent interpreters and in finding qualified staff members who had adequate communication skills.

The moderator asked the panel if they anticipated that there would be any more intense diagnostic evaluation of the low achieving deaf person who appears to be marginal in terms of vocational rehabilitation potential.

Generally, the panel members felt that the mandate in the new Act to serve severely handicapped people certainly included the undereducated deaf persons and the multiply handicapped deaf. They pointed out that there were not many facilities in the country with space available to serve these severely handicapped deaf. There was discussion on several of the research and demonstration projects for the deaf which had been very successful, but which had to close after the project was completed and no local or state funds were available to keep them going.

The provision in the new Act for an 18 month extended evaluation period for severely disabled with marginal potential, might be used as a basis for trying rehabilitation services on more marginal or low achieving deaf people.

At the end of the presentation by the panel there was brief discussion on the provisions in the new Act for training, research and demonstration, innovation and expansion grants, and rehabilitation facilities. Generally these are about the same as in the previous legislation, and much will depend upon whether the administration requests funds for these provisions. It also depends upon whether the Congress appropriates funds to carry out these provisions. It was generally agreed that these provisions in the law should be used to carry out the mandate to serve severely disabled people and that services for severely handicapped deaf should be included in these.

The remainder of the time was devoted to a lively series of questions from the floor.

One questioner asked about the problem of terminating federal funds on a special project for the deaf which had been so successful and was just at the peak of its effectiveness when the grant period ended.

Panel members pointed out that this had happened in many such research and demonstration projects or expansion grant projects over the country. These included projects for other disabilities as well as the deaf. Such grants were never intended to be permanent funding but were supposed to include a provision that local support would be provided to keep the activity going if it proved successful. Some states began new activities with expansion grant funds and then continued them as a part of the regular program. Some good demonstration projects had to close because no adequate plan was ever developed to get community support on a permanent basis.

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Another questioner from the audience asked what was going to happen if the severely disabled were served for longer periods of time and the number of rehabilitations went down.

The panel and the moderator agreed that the number of rehabilitations were going to go down if the severely disabled were served with the same resources we have now or with small increases in the appropriations which did not cover the increased cost of doing business during an inflationary period. But it was pointed out that the Congress had not mandated an increased volume of people served or rehabilitated. It had, on the other hand, mandated a priority on services to the severely disabled. If this means fewer people served, more expensive services and services over a longer period of time, then we need to face up to this as being a goal of the VR program rather than numbers.

There was also a question on long and short term training. The panel was asked what the current RSA policy is with regard to training programs to train counselors and others to work with deaf people.

The panel members explained that the Congress had retained all the statutory authority for training in the new VR Act. So, if funds are appropriated for training and if the administration is willing to release the funds, there is an adequate legal basis for continuing the training programs. This does not mean that every individual training program that now exists will be continued. While RSA is still operating on the announced plan to phase out training programs next year, they have also indicated that further study has revealed a need to combine certain types of training of highly specialized rehabilitation personnel. These would include rehabilitation counselling, counselling of the deaf, certain programs to train personnel to work with the blind, and personnel for work evaluation programs and facilities. On this basis it would appear that there is a possibility that some of the specialized training programs for personnel to work with the deaf may be continued.

A question was asked with regard to state agencies using their funds to help pay for training of personnel.

The panel indicated that state agencies would receive substantial grants this year for in-service training, and would have funds available to train staff of the agency in keeping with state priorities. States could join together, if they were willing to do so, to support some type of joint regional training activity. These funds could not be spent to train people who are not employed by the agency.

It was pointed out by the panel and the moderator that the proposed federal budget for next fiscal year contains a substantial reduction in training funds and calls for the elimination of in-service training grants to the states. The money would be shifted to Title I, basic grants to the state agencies, to be used for case service and administration. It would be possible under the law for the states to continue to use some of these funds for in-service training, but this budget recommendation would tend to promote the use of the funds for case services rather than for training. The Congress has not yet acted on this proposed budget.