

**Response To The Executive Board  
Of The  
Commission for the Blind and Visually  
Handicapped**

**December 30, 2009**

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## RESPONSE TO THE REPORT OF THE EXECUTIVE BOARD OF THE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

January 2010

### Introduction

The Executive Board of the New York State Commission for the Blind and Visually Handicapped (hereinafter “Commission” or “CBVH”) was created by the Governor and state Legislature in 2007 to examine services provided to legally blind or visually impaired New Yorkers by CBVH and other state agencies and to make recommendations to enhance or improve services, where needed. The members of the Board are appointed by the Governor and Legislative leaders and are representative of the ethnic and geographic diversity of the State. A majority of the members of the Board are legally blind.

This report is made in satisfaction of the Commission’s obligation pursuant to the Unconsolidated Laws §8701-c to issue an annual report to the Governor, Temporary President of the Senate, Speaker of the Assembly, Senate Finance Committee and Assembly Ways and Means Committee, which contains an evaluation of the current status of any Executive Board recommendations implemented by the Commission and their impact on services and programs for blind and visually impaired persons.

The Executive Board issued their first report on August 12, 2009. Due to the limited time available to act upon the report’s recommendations, CBVH has chosen to detail the status of current programs which relate to the recommendations, and to inform the Board of the Commission’s current practices. Some Board recommendations were made regarding programs that have been and continue to be the practice of CBVH. Others were forwarded to the State Education Department (SED), the Department of Health (DOH) and the Department of Transportation (DOT). Their responses are included and the SED and DOH responses are attached in the appendices. Still other recommendations were discussed at Executive Board meetings during 2008 and CBVH was able to begin implementation prior to the Board issuing its report. In addition, several of the recommendations are Executive Board Initiatives that require legislation and need to be followed up by the Board. The report has been made available to legislators and state agencies.

CBVH acknowledges and thanks the New York State Department of Health, the New York State Education Department and the New York State Department of Transportation for their contribution to this response.

## EXECUTIVE BOARD RECOMMENDATIONS

### A. VISION REHABILITATION

1. Vocational rehabilitation counselors who work with blind or low-vision clients should be afforded training opportunities that focus on this population. Counselors who also work with clients who have other disabilities in addition to blindness and/or limited vision should also be afforded additional training opportunities to work with such clients.

#### RESPONSE:

**Currently, CBVH receives in-service training funds from the Rehabilitation Services Administration (RSA) that are used specifically for this purpose. Training is provided on an ongoing basis on topics such as low vision, medical aspects of disability, and job placement. OCFS/CBVH has extensive training resources that include the use of satellite training, teleconferencing, distance learning, classroom training and specialized training for those who require intensive one-on-one training. In addition, CBVH partners with the Technical Assistance and Continuing Education Center (TACE) at the University at Buffalo for staff in-service training and annually co-sponsors the Vision Rehabilitation and Employment Conference. From June 1, 2008 to May 31, 2009, CBVH staff filled 700 training slots in 44 different training programs.**

2. CBVH should advocate for and assist in developing blindness-specific elective courses in graduate programs. These courses would be offered to students of vocational rehabilitation counseling, and they would focus on the needs of people who are blind or have severely limited vision. In general, graduate programs do not currently offer blindness-specific elective courses.

#### RESPONSE:

**CBVH maintains a particularly close relationship with the graduate rehabilitation counseling program at the University at Buffalo. The CBVH Associate Commissioner has visited with all of the first year students in a classroom setting and has maintained communications with students and the program director since. CBVH offers paid internships to students in each graduate rehabilitation program in the state. CBVH anticipates employing several graduate rehabilitation counseling student interns from University at Buffalo and Hofstra University this year.**

3. Stipends should be offered to graduate students who enter programs in Rehabilitation Teaching and Orientation and Mobility Instruction to make these programs more attractive.

**RESPONSE:**

**Hunter College of CUNY receives funds from the RSA and the Lavelle Fund for the Blind to conduct a Master's Degree program in Rehabilitation Teaching / Orientation and Mobility. The amount of funding available dictates the amount (if any) of stipends available to students. Tuition support is available to qualified students.**

4. Financial incentives should be provided to employers in order to encourage related service staff to attend an approved university program to become Rehabilitation Teachers and/or Orientation and Mobility Instructors.

**RESPONSE:**

**CBVH assisted several contractor agencies in training professional rehabilitation teachers through the Lighthouse program in New York City. CBVH paid half the cost of tuition, travel and per diem for the duration of the programs. Through American Recovery and Reinvestment Act (ARRA) funding, CBVH will contract with Hunter College to conduct outreach and a distance learning class for Orientation and Mobility Instructors and Vision Rehabilitation Therapists in the upstate regions of New York. In addition, ARRA funds will be used to recruit students to the Hunter programs from the underserved areas of New York City.**

5. Financial mechanisms (such as Medicaid waivers) and legislation that would permit third-party reimbursement for rehabilitation teaching and orientation and mobility instruction should be explored and developed.

**RESPONSE:**

Please see DOH response in **Appendix A**.

6. A program should be implemented and funded that would identify professionals with a foundation in rehabilitation—such as occupational and physical therapists—and provide them with financial incentives in order to stimulate interest in obtaining additional training to enhance their competency in working with individuals with vision loss.

**RESPONSE:**

**Colleges and Universities that offer vision rehabilitation programs attempt to recruit individuals with rehabilitation backgrounds into their programs. The**

**Master's degree programs will train people from any background provided they meet the qualifications for admissions.**

## **B. VOCATIONAL REHABILITATION**

1. A public relations effort needs to be developed to inform the public about the availability of vocational rehabilitation services in New York.

### **RESPONSE:**

**Using ARRA funds, CBVH is contracting with a professional marketing firm to develop a three year plan for Outreach and Education to the general public, employers, eye care professionals and specific un-served/underserved populations. The marketing plan will include a logo and branding message for CBVH, specific strategies to apply to the identified target populations (images, language, means of delivery). The plan will also include strategies to market the private provider network.**

2. The process of rehabilitation should begin as soon as a diagnosis of irreversible vision loss is made. Beginning rehabilitation as soon as possible will help address immediate emotional, safety and personal care needs, and to minimize the risk that vision loss will ultimately result in prolonged social isolation, chronic emotional and/or physical health problems and/or unnecessary dependence.

### **RESPONSE:**

**One of the goals to which CBVH strives is for potential consumers to be contacted within four (4) weeks of referral. According to the CBVH Vocational Rehabilitation Services Manual (pg. 2.01.01), "within four weeks of receiving the referral information, CBVH will make a good faith effort to inform the individual of application requirements and to gather information necessary to initiate an assessment for determining eligibility." The Comprehensive Services Contract Manual (pg. 2) states "within 30 days of the receipt of a referral for an assessment or a service, the contractor must notify the CBVH referring counselor of the start date of the assessment or service...if the referral is accepted, the contractor must provide a start date of services for the consumer that is no longer than 45 days from the date the referral was received by the Contractor."**

3. Continuing educational opportunities regarding vocational rehabilitation should be provided to eye care professionals. Such educational opportunities should focus on the therapeutic need to make early referrals to rehabilitation, encourage clients to avail themselves of these services, and promote a more positive approach to the process of adjusting to vision loss and rehabilitation. To accomplish this goal, better communication needs to be established between ophthalmologists, optometrists and CBVH.

**RESPONSE:**

**Using federal stimulus funds, CBVH will contract with a professional marketing firm to develop a three year plan for Outreach and Education to the general public including eye care professionals. In addition, the Glens Falls Association for the Blind conducts a statewide biannual low vision training and conference. This event targets the Optometric community but is open to all interested eye care professionals. Past workshops have included Detection and Diagnosis of Retinal Disease Invisible to Ophthalmoscopy, Update on Uveitis, What's New In Retinal Disease.**

4. Eye care professionals should be mandated to report, refer and register people who become legally blind. (See Section VII, Recommendation 4, which discusses the need for a statewide database/registry.)

**RESPONSE:**

**Current New York State law already requires eye care professionals to report individuals who are legally blind. Section 8704 of the Unconsolidated Laws requires that every health and social agency, nurse, optometrist and physician report to the commission in writing, providing the name, age and residence of each blind person. The Register of the Blind is maintained by CBVH.**

5. Access to rehabilitation services for older New Yorkers should be increased. Older New Yorkers who encounter total or partial loss of vision should have access to programs which are sufficient to maintain personal independence, promote safety, prevent social isolation and the risk of emotional and/or physical health problems in order to retain and/or seek paid and/or voluntary employment and to prevent loss of skills that the individual deems important to retain a sense of well being and social integration.

**RESPONSE:**

**Several projects being initiated with ARRA funds focus on expanding services and increasing capacity of service providers to meet the needs of this population. CBVH is expanding the number of older individuals to be served in the Adaptive Living Program; purchasing CCTVs for at least 500 senior centers and residences; providing e-learning opportunities through the American Foundation for the Blind to enable vision therapy providers and mobility instructors to understand unique aspects of working with older persons; and training the State Office for the Aging network of volunteers and ombudsman to understand basic accommodations for individuals who are blind and the process of obtaining services through local providers.**

6. Ideally—if loss of vision is congenital, or occurs early in life—participants in vocational rehabilitation programs should have achieved concrete competency skills before they enter the vocational rehabilitation program. These include social and cultural skills, good time management and organizational skills, problem solving and self advocacy skills, reading and writing skills (Braille or large print) and use of appropriate technologies as effectively as their sighted peers. If loss of vision occurs in adolescence or adulthood, the individual should be provided with an extended opportunity and the appropriate services to acquire and/or reacquire these skills and competencies as soon as a diagnosis of irreversible loss of vision is made. Regardless of when vision loss occurs, the individual should be given adequate instruction time in skills unique to blindness and/or low vision. The amount of time should be determined based on demonstrated level of achievement rather than on a specified or predetermined number of hours.

**RESPONSE:**

**Please see SED response in Appendix B.**

7. Whether the vocational rehabilitation process starts during high school or later in life, clients should be provided with and encouraged to avail themselves of opportunities to be exposed to a variety of work and social environments and to mentors and role models as a means of fostering self confidence and network building skills and relationships. Specifically, prior to finalizing vocational rehabilitation goals, vocational rehabilitation clients should be provided with an opportunity to participate in a simulated program to experience the college and/or work environment and learn techniques such as working with readers and/or technology in a college or work environment, becoming comfortable in working with colleagues and supervisors and identifying and solving vision related issues that may arise. These pre-vocational work experiences can enable both clients and their counselors and mentors to determine the skills and attributes that the client will have to develop to be assured of an increased likelihood of success. Such work experience should be made available to provide an opportunity to learn to hire, train and manage sources of assistance such as readers and to negotiate the thorny issue of when and how to request reasonable accommodations and to identify and solve work-related problems.

**RESPONSE:**

**Rather than develop a work simulation program, CBVH offers consumers the opportunity to participate in programs to experience college and/or work. CBVH works closely with contract agencies to provide programs for consumers who are planning to go to college and programs for consumers who are interested in obtaining employment. Work experiences are viewed as essential components to vocational rehabilitation plans because they provide a safe environment for consumers to learn skills essential to college and work performance. In addition, CBVH has been developing a residential pre-college program that will likely be mandatory for all consumers who want CBVH sponsorship for college.**

8. Participants at all levels of the vocational rehabilitation process must have access to appropriate equipment to provide a way for them to practice the skills they are acquiring or reacquiring and to manage everyday basic tasks. Equipment and supplies should be made available as soon as the person enters a rehabilitation program so that, from the first session, the individual can be taught tasks using equipment and supplies that foster desired rehabilitation outcomes.

**RESPONSE:**

**CBVH consumers receive an assessment of skills as they enter either the Vocational Rehabilitation or Adaptive Living Programs. Based on the evaluation, rehabilitation teachers and orientation and mobility specialists plan lessons and acquire the equipment needed to conduct those lessons. Once a piece of equipment is introduced, for example a liquid level indicator, that piece of equipment is given to the consumer so that they are able to apply new skills in daily practice**

C. CERTIFICATION

**This recommendation requires follow-up by the Executive Board.**

D. SOCIAL SERVICES

1. With input and guidance from the Executive Board and the SRC, the Commission must review, and if necessary revise, its needs assessment program and methodology to gather data on the current service needs of blind and deaf-blind New Yorkers, as well as individuals who are blind with additional disabilities. This effort should also examine the extent of homelessness, abuse and neglect of New Yorkers who are blind or severely visually impaired. Barriers to employment and services—such as transportation related issues outside of New York’s two major cities—should also be documented, as well as service delivery capacity and access issues.

**RESPONSE:**

**The Rehabilitation Services Administration (RSA) recently issued a model for the Statewide Needs Assessment. CBVH is in the process of drafting this needs assessment and will be seeking input from the Executive Board as this project proceeds. The Board will also have the opportunity to provide input once the draft is completed.**

2. Every effort needs to be made to assure that all material and outreach efforts—whether from the Commission or other State, local or private service providers who serve New Yorkers who are blind or deaf-blind—be made available in an accessible format

tailored, to the greatest extent possible, to the individual's needs. Prompt implementation of this recommendation is critical if outreach efforts to this community are to have maximum impact. Access to information will enable New Yorkers who are blind or deaf-blind to be better informed about and take advantage of services and opportunities that may be available.

One suggested approach is to empower the Commission to be electronically linked with other social service providers so that, when a case is opened, an assessment can be made to determine what services the client may be eligible for, and, subject to a client's consent, a referral for services made—regardless of whether or not they will be involved in the Commission's program. If possible, the referral and application process for different services should be handled by a case manager (either a Commission employee or contractor) who is familiar with blindness and can provide assistance in obtaining those services.

CBVH is strongly encouraged to continue enhancing its efforts to assure that all materials disseminated by the Commission are fully accessible to the blind and deaf-blind. This is especially critical during the initial contact with a new client. Lack of accessible materials could serve to reinforce the sense of isolation and dependence that often accompanies the onset of loss of vision potentially hampering the Commission's rehabilitation efforts at the outset. If necessary, consideration should be given to establishing a presumptively eligible category that could facilitate provision of low cost, low tech and/or loner equipment and accessible materials to new clients at the initial interview when advisable.

#### **RESPONSE:**

**At the time of initial contact with the consumer, CBVH policy requires counselors and contractors to ask consumers to identify their preferred format. From that point, all correspondence is prepared in the consumer's preferred format. CBVH policy also requires that counselors utilize a certified interpreter during both the initial interview and the closure interview for those consumers with hearing loss or have limited English proficiency. The Commission recently entered into an agreement with Accessible FormNet so that all forms are accessible to individuals with visual impairment. Brochures are available in regular and large print. Braille and audio tape versions are available upon request.**

**CBVH has worked with other State agencies in making training and outreach materials available. CBVH is always available to assist agencies in their efforts to provide accessible materials to their constituents.**

**CBVH has concerns over the cost, logistics and the possibility of confidentiality breaches in linking with other social service providers. This recommendation requires further study and clarification in order to be acted upon by CBVH.**

3. CBVH should continue to enhance its efforts to develop and provide sensitivity training opportunities for staff to learn to deal with cultural differences. Many blind and visually impaired people are documented immigrants who need help with learning

English. These individuals also often need help with both verbal and written Braille and language skills, and they should also be taught to use basic adaptive equipment. If undocumented persons who are blind are in school, consideration should be given to providing such individuals with basic services such as skills for daily living and cane travel skills so they are able to take care of themselves in a safe and effective manner. The available data indicate that many current and potential CBVH clients are likely to come from Hispanic and African ancestry. CBVH should continue to develop and implement affirmative efforts to reach out to these populations in ways that assure receptivity to services.

**RESPONSE:**

**CBVH has and will continue to provide diversity training for all staff. CBVH is currently working with the OCFS Special Projects Office in instituting the Disproportionate Minority Representation (DMR) program. During 2010, we anticipate that 145 CBVH staff and 122 staff from our contractor agencies will participate in training, develop community plans and develop culturally and linguistically competent outreach materials in accessible formats. The purpose of this project is to reduce under-utilization of CBVH services in Black, Hispanic, and other multi-cultural communities, and promote heightened public awareness of the many services and supports CBVH provides for persons with visual disabilities. Vocational Rehabilitation and Independent Living services are available to documented immigrants who meet the eligibility criteria for those programs, including for vocational rehabilitation and the ability to complete their Individualized Plan for Employment while they are in the United States. Undocumented youth receive state funded vision services.**

**CBVH also subscribes to Language Line, which provides over-the-phone interpretation 24 hours per day, seven days per week. Language Line provides interpreter services for more than 150 languages.**

**E. TRANSPORTATION**

1. Public transportation must be better funded to meet the needs of everyone who uses it, especially the blind and disabled consumer. Unfortunately with many millions of dollars being cut to the budgets of transit companies around the state, access to affordable transportation is decreasing. More reductions to public transportation are projected for the near future, while at the same time, ridership of both fixed route and paratransit buses are dramatically increasing. The legislature is strongly urged to reverse this trend and increase funding and support public transportation, and provide funding for both operational and capital expenses.

**RESPONSE:**

**This recommendation requires follow-up by the Executive Board.**

2. Providers of public transportation and community agencies providing client-based transportation should be encouraged to coordinate resources so that more effective use of vehicles and scheduling can be achieved on a system-wide basis. If necessary, legislation should be explored to eliminate potential legal barriers, such as insurance related coverage limitations, that may inhibit such cooperation and coordination.

**RESPONSE:**

**In 2002, the New York State Legislature created the Most Integrated Setting Coordinating Council (MISCC) to ensure that people of all ages with physical and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs. The MISCC established a Transportation Committee which includes a member of CBVH staff. The Committee's primary mission is to promote and advocate for the accessibility, reliability and affordability of transportation alternatives for individuals with disabilities. In 2009, the MISCC Transportation Committee requested input from each state health and human service agency to identify and quantify transportation services provided directly or contracted for as part of program delivery/eligibility. The MISCC Transportation Plan for 2010 focuses on the following initiatives:**

**A. "Mobility Manager" – Establish a Mobility Manager/Health and Human Service Transportation Coordinator within each county across systems/networks to maximize choice and capacity.**

**B. Develop recommendations on specific para-transit training opportunities, targeted areas of enforcement of existing state and federal para-transit regulations, and consistent improvements to policies and accessibility of the system.**

**C. Collaborate with other state agencies and consumer advocates to review pedestrian access policies and assist in the development of a plan to address deficiencies and enforcement issues.**

**D. Identify recommendations to target specific areas of enforcement and target significant issues of the existing Americans with Disabilities Act (ADA) requirements for pedestrian facilities.**

**CBVH has offered to initiate dialogue between the Executive Board and the MISCC Transportation Workgroup.**

3. The Legislature should immediately enact legislation requiring that hybrid vehicles sold in New York State are equipped with audible devices that warn all pedestrians of their presence. Blind people must rely on sounds to alert them to obstacles in their path and approaching hazards such as oncoming automobiles. Silent hybrid vehicles pose a significant barrier to the ability of blind and severely visually impaired New Yorkers to function independently. The Board urges the legislature to prevent this barrier from occurring in the first place by creating a minimum standard of sound that can be easily heard by the blind. As hybrid and other types of electric vehicles proliferate on our

roads, blind people will face an increased chance of being injured or killed, and other segments of the general population will be affected such as runners, bicyclists, children and those who simply are not aware and who depend on sounds to alert them of an oncoming vehicle. If the Legislature fails to address the problems posed by hybrid and electric vehicles in the near future, all blind people in New York State should be statutorily declared unconditionally eligible for para-transit since blind and severely visually impaired New Yorkers will be effectively rendered unable to travel independently.

**RESPONSE:**

**This recommendation requires follow-up by the Executive Board.**

**F. VISION AND AGING**

We recommend that programmatic responsibility and funding for rehabilitation services provided to New Yorkers with vision limitation of 20/70 or less (i.e., weaker) be transferred to the Commission. The Commission has developed the expertise to develop and provide services to this population. This transfer would also serve to put in place a service delivery structure that promotes a continuum of services as New Yorkers progress through stages of gradual vision loss.

**RESPONSE:**

**NYS Education Department, Vocational and Educational Services for Individuals with Disabilities (VESID) receives federal funding in order to provide services to NYS residents who have visual impairment but are not legally blind. CBVH defers to the state Legislature for action to this response.**

**G. EARLY CHILDHOOD AND EDUCATION**

1. Early Intervention services for a child with a visual impairment should be initiated immediately after identification of vision loss and provided by teachers and therapists with specific knowledge about blindness. Their work should be with the parent as well as

the child so that training is incorporated within the home environment to ensure continuation and fluidity of service.

**RESPONSE:**

**Please see DOH response in Appendix A.**

2. Students who are visually impaired should attend an integrated preschool program, whenever possible, to provide adequate opportunities for socialization. This need is documented by the longitudinal study that was provided by VESID with the aid of MGT of America Inc. (2007): “Preschool cohort students who had received services in more integrated preschool settings required significantly less teacher assistance in the third grade general education classroom than students in the comparison (students who received therapy services at home) cohort on learning tasks related to language and literacy development, personal and social development, cognitive and academic development and physical development”. The current continuum of services provided through the Department of Health does not support the integration of service within a preschool program. Children with vision loss need opportunities to relate, play and interact with their sighted peers.

**RESPONSE:**

**Please see DOH response in Appendix A and SED response in Appendix B.**

3. A comprehensive parent-education program should be developed. Lack of continuity from program to program also presents serious difficulties for young children. Professionals enter a child’s life at specific times with an emphasis on short-term goals specific to the immediate timeframe. There is a compelling need for one person to understand and speak to long-term goals. The most direct and cost effective strategy to address this is a comprehensive parent education program. An effective parent-education program would have the following components:

- Parent(s) and caregiver(s) are treated as the client along with the child.
- Every skill and tool from cane travel, Braille, technology and skills of daily living are required training for the parent and caregiver of every blind/VI child from infancy to adulthood. The education of parents should include instruction in the development of a rich and engaging environment that stimulates, develops and encourages their child’s independent exploration of her/his environment.
- Advocacy skills training and Individualized Education Plans (IEP) development, with an emphasis on understanding and articulating clear definable goals, are an integral part of parent education.
- Blind role models and mentors in the lives of blind children can significantly alter existing perceptions regarding blindness and help to develop age appropriate expectations of for blind and visually impaired children.

**RESPONSE:**

**CBVH district offices periodically conduct workshops for parents on a number of topics, including adaptive technology, cortical blindness, learning to advocate for their child, various eye conditions and multi-handicapping conditions. Teachers and rehabilitation professionals are also invited to attend these forums. Children's Consultants hold periodic small group meetings for parents on various topics, which are not well attended. Some of the CBVH contract agencies provide training workshops for parents and caregivers, but they are also often not well attended. CBVH Children's Consultants work as closely as possible with parents and caregivers and are able to provide appropriate resources when requested. Expansion of parent education programs, whether by CBVH, SED or DOH, requires considerably more funding than is presently available and requires further study.**

4. A statewide database should be created to register and track every individual with a visual impairment across the age span, beginning with the post-natal period and proceeding through old age. Such a database would allow for proper resource planning as well as determining the needs of New York's blind and visually impaired population. All physicians who identify visual impairment should be required to report vision loss to the Department of Health. The first step in a reporting process must include a vision evaluation for every child in New York State within the first 3 months with screenings thereafter at 6 to 12 months of age; 3 years of age; 5 years of age; and every 2 years thereafter until age 18.

This statewide database that registers and tracks every child with a visual impairment for the start of the continuum of service will be increased with the information being logged by the DOH and recommendations for EI services to start immediately.

A tracking system will also allow information to pass with the child from infancy to adulthood with services being tracked to allow both a smooth continuum of service without duplication.

Mandated reporting will increase the reliability of true data within the state of New York with the result being an increase in financial dedication for the persons served.

**RESPONSE:**

**As mentioned previously in this response, CBVH has concerns over the cost, logistics and the possibility of confidentiality breaches in linking with other social service providers. This recommendation requires further study and clarification in order to be acted upon by CBVH.**

**Please see DOH response in Appendix A**

5. A Learning Media Assessment should be completed every two years for students with progressive disorders or those likely to change to ensure that the individuals' needs are continuing to be met. A Learning Media Assessment addresses which technology—such as Print, Braille, Auditory and objects or any combination thereof—is the most efficient way for a student to learn academic information. Due to changes with eye conditions such as degeneration and/or the continuing evaluation of how successful the individual is, continued Learning Media Assessments are necessary. For example, some students may not be able to benefit from either Braille or print, and may primarily use auditory mediums, tactile symbols, real objects, or other tactual mediums for learning.

The Functional Vision Exam (FVE) continues to be a vision-based assessment, which addresses blink reflex, depth perception, visual fields (in addition to other areas) and how the vision of the individual is used to interact with their environment. A good FVE will combine all of the components including the visual history to make recommendations acknowledging the use and limitations of the visual system alone. The Functional Vision Exam when used alone centers its perspective and consistently places children on a visual learning track and fails to acknowledge the need to provide children with the necessary skills to be successful students, as the reading load increases and font sizes decrease. The model also fails to consider the consequences of decreasing visual acuity as a child matures.

All students that are classified as visually impaired in addition to the general education or special education receive instruction in the following areas referred to as the Expanded Core Curriculum which include:

- Both Braille and, where appropriate, after a functional vision assessment, large print instruction
- Compensatory skills that permit access to the general curriculum (such as communication skills, study skills and concept development)
- Independent living skills
- Orientation and mobility skills
- Recreation and leisure skills
- Assistive technology
- Social interaction skills
- Career education
- Sensory efficiency (including visual tactual and auditory skills), and
- Self-determination (problem recognition, problem solving and self advocacy skills).

**RESPONSE:**

**Please see DOH response in Appendix A and SED response in Appendix B.**

## H. TECHNOLOGY

1. Access to Governmental Information. We recommend that CBVH conduct an internal review to assure that all of its documents—including informational pieces, applications for service, applications for employment and all reports whether internal or external—are fully accessible to people who are blind or visually impaired. Following this, we recommend that the Governor issue an Executive Order mandating such a review by all state agencies and authorities, and that the Commission suggest and coordinate resources for those who need assistance in conducting the review and remedying their accessibility problems. CBVH coordinates and supports the dissemination of assistive technology to clients who can benefit from it. It is therefore well-positioned to identify resources to assist other state agencies whose Web sites and online resources such as forms are not easily accessible to people with significant vision loss. However, without the explicit support and mandate of the Governor there is no reason to think that the status quo will change or that the level of accessibility of government resources will improve.

### **RESPONSE:**

**CBVH staff are in the process of reviewing New York State Agencies for website accessibility using JAWS and Window Eyes. To date, websites for the Governor's Office, the New York State Legislature, State Education Department, Department of Health, Office of Temporary and Disability Services, Office of Alcohol and Substance Abuse Services, Elections Board, Office for the Aging, and the Department of State have been reviewed and are remarkably accessible. The common element missing from most websites are tags, styling and formatting issues.**

2. Legal Basis for Access. We recommend that the Board make an inquiry to the Office of the Attorney General of New York State as to whether the level of access to government programs and services mandated by the State Civil Rights Law parallels that of Section 508 of the Federal Rehabilitation Act of 1973 as amended. We further recommend that if the answer is not unequivocally affirmative, the Board urge the legislature to draft a bill to remedy the situation.

### **RESPONSE:**

**This recommendation requires follow-up by the Executive Board.**

3. Outreach. CBVH's liaison to the board reported in a recent e-mail that, in 2007, CBVH provided services to more than 12,000 individuals—an impressive number. However, CBVH also estimates that in 2000, there were approximately 110,000 non-institutionalized NYS residents who were legally blind, meaning that a significant majority of blind NYS residents are not being served. Reasons for this disparity between

estimated population and persons served are many. One major issue is the lack of awareness in the general public regarding the Commission and the multitude of critical services it can offer. The Commission as a supporter and facilitator of training, employment and independent living for people who are legally blind, is perhaps the largest single provider of assistive technology to this population in the state of New York. Thus, if CBVH is not known to the majority of New Yorkers, most people who are legally blind may well be unaware of the potential of assistive technology to improve their lives, to say nothing of the other essential services that CBVH provides.

We recommend that CBVH secure the services of an ad agency to devise and implement a marketing campaign throughout New York State. We recommend strongly that consideration be given to identifying a well known public figure to act as spokesperson for the value of assistive tech and the Commission itself. The campaign should appear on radio and TV as well as print media. It needs to be *heard* as well as seen throughout the state. We acknowledge that the cost of advertising is significant. It is far cheaper to increase outreach, however, than to pay public assistance and/or nursing home expenses throughout the lives of un-served or underserved individuals. The campaign should feature both an easily-remembered toll free number and domain name for the CBVH Web site. An example of the latter might be VisionLossNY.gov.

#### **RESPONSE:**

**Using Federal Stimulus Funds, CBVH will contract with a professional marketing firm to develop a three year plan for Outreach and Education to the general public, employers, eye care professionals and specific un-served/underserved populations. The marketing plan will include a logo and branding message for CBVH along with specific strategies to apply to the identified target populations (images, language, means of delivery). The plan will also include strategies to market the private provider network along with CBVH. CBVH plans to provide additional funding through vocational rehabilitation funds to implement the recommendations as prioritized by CBVH. In addition, CBVH has submitted for a website domain name change to visionlossny.gov.**

4. Training: CBVH supports the provision of training in the use of assistive technology for its clients. All CBVH candidates for assistive tech are required to be evaluated at one of the CBVH Assistive Technology Centers. Once these evaluations are complete, however, there is a patchwork of training resources from which to choose. Consumers and their counselors in some areas of the state have many choices, while in other areas, consumers tell us that they have little or no choice regarding training resources. It is possible that there is a lack of awareness of existing resources. It is certainly true that traveling to training resource centers is a significant challenge for many. It is critical, therefore, that consumers and counselors alike have readily available information that is comprehensive, clear and current.

The Board recommends the establishment of a training database to be maintained by CBVH. The database will house essential information for each training facility and private vendor within the state. Updated at least twice a year, it should include courses

taught, the length of each course, and competencies the student might expect to acquire upon course completion. Programs that require tuition outside of CBVH sponsorship should be invited to list costs for participants. The database will include listings for those cleared by CBVH to provide in-home training for clients. This resource needs to be fully accessible and available for perusal by either clients or counselors. When the data base comes online, CBVH should provide training in its use to agency professionals and interested consumers, as well as its own counseling staff.

**RESPONSE:**

**CBVH has begun the process of developing such a database with as much information available to the consumer as possible. When completed, the database will be available on the CBVH website.**

5. Appeals. CBVH relies on its service providers to recommend the specific makes and models of assistive technology to be purchased for individual clients. In practice there appears to be no mechanism for a client to register a disagreement with the recommendation of the technology provider. The Committee recommends that the Provider Report form used to make the recommendation include a section where the client registers her/his understanding of and agreement with the recommendation. In cases where the client wishes to question the recommendation, a section is provided for the client to register disagreement, as well as the reason for it and alternate recommendations with rationale. We recommend that this section of the form include a statement that the Commission will consider any alternative recommendation made by the consumer. Finally, we recommend that this form be issued to the consumer in accessible form during the evaluation process.

**RESPONSE:**

**CBVH has created a workgroup in order to better address the assistive technology needs of consumers and is charged with reframing existing policy to address the assistive technology needs of consumers.**

6. Software and Equipment Distribution. It has come to the attention of this Board that large disparities exist in the practices and recommendations governing purchase and distribution of equipment and software for CBVH clients. We have received reports from students who say that they have to use equipment for postsecondary education that is sometimes as much as ten years out of date. We have also determined that there is a statewide misperception regarding the CBVH policy for equipment distribution, particularly as it relates to the introduction of new software applications on computers purchased by CBVH. It appears that the equipment/software recommended by some of the Assistive Technology Centers for students attending postsecondary institutions is insufficient to meet their academic needs. Lastly, CBVH in most cases distributes assistive technology and computer equipment to students as they are ending high school. This is understandable, since departments of education provide a level of assistive technology support to their legally blind students. However, adults wishing to complete

their GED may often find themselves ineligible for the very equipment that would support them in pursuit of their academic goals.

We recommend that CBVH immediately begin a comprehensive statewide review of the policies and practices related to the distribution, upgrading, and repair of computers and assistive technology, with an eye toward modifying them to reflect the needs of 21<sup>st</sup> century consumers. As a part of this expedited review, we strongly recommend that CBVH be in conversation with secondary and postsecondary educational institutions, in order to gain a grasp of the technical requirements these institutions have for all their students. We further recommend that at the conclusion of this review, modified policies be disseminated to all stakeholders, including the Executive Board, CBVH counselors, consumers, disability services professionals at postsecondary institutions and rehab professionals at private agencies, beginning with those who staff the Assistive Technology Centers. The Board holds this as an extremely high priority recommendation.

## **RESPONSE:**

**In response to this recommendation, CBVH has created a workgroup to review and reform existing technology policy.**

7. Assistive Technology for Persons Not Receiving Employment Services from CBVH. This group primarily includes senior citizens who do not have a specific employment goal. They receive services under the Adaptive Living Program or ALP. Some receive relatively low-intensity adaptive services, namely those in ALP 2 and 2E. Other than low vision aids, it is the Board's understanding that persons in ALP 2 and 2E do not currently have the opportunity to receive assistive technology. More intensive services are provided to persons in the ALP 3 program. These individuals often have the goal of independent household management and are designated as homemakers. In order to qualify for this increased service level, they must have needs in three of the following four areas: food management, child or other family care, home maintenance, or financial management. CBVH has a very limited history of authorizing assistive technology training or purchase under this program.

The Board recommends that CBVH reexamine the types of services and purchases available under the adaptive living program, with emphasis on the place that assistive technology might have for some clients/consumers in the area of financial management or in any of the other areas. Assistive technology need not be an elaborate computer system but might simply be an electronic device that can be helpful with storing phone numbers, recipes, addresses, or allowing the sending and receiving of e-mail.

The Board recommends that beginning with those in ALP 3, serious consideration be given to offering participants in these programs the opportunity for an assistive technology assessment to determine whether there is training and equipment that might enable greater independence, efficiency, safety, and quality of life. As an interim strategy the Board recommends that CBVH consider increased use of the regional Technology Related Assistance For Individuals With Disabilities (TRAID) Centers administered through the Commission on Quality of Care And Advocacy for Persons With Disabilities. These centers are charged with providing information, demonstrations,

and even loan of assistive tech equipment to persons with disabilities, including those who are blind or visually impaired.

**RESPONSE:**

**Federal Older Blind funds, supplemented by state contributions, are intended to serve many eligible state residents with more limited rehabilitation services. CBVH's policy has remained one of emphasizing ALP services including low vision examinations, mobility and rehabilitation teaching as the priorities. Because of the limited funding, and the costly nature of more complex adaptive equipment, CBVH prefers to maintain the current structure and spirit of its ALP Program. As discussed with the Executive Board's Technology Committee last spring, CBVH maintains its commitment to explore alternative resources with the Board. This includes pursuit of further Board justification and input to recommend the type of equipment that could have a positive impact on those served through ALP, accounting for the inevitable decrease in the number of older blind residents receiving these more limited vision rehabilitation services.**

8. Accessibility of Home Appliances. The prevalence of computer-controlled home appliances has created huge problems for people with low vision and particularly people who are totally blind. Washing machines, microwaves, stoves, and other basic appliances now have controls that are non-tactile and that provide no accessible confirming feedback, even if one places an identifying marker on the controls. The American Foundation for the Blind maintains a guide to accessible home appliances as a part of its Web site.

The Board recommends that CBVH offer training to its counselors and rehab professionals in its provider agencies in the use of this important information source. The Board further recommends that the State of New York require that all appliances be accessible in any housing or apartment facility funded by the state. The Board finally suggests that the Governor consider publicly recognizing and honoring those companies that have made and continue to make efforts to build accessible home appliances.

**RESPONSE:**

**CBVH distributed the link to the AFB Access World Appliance Accessibility Guide website to all professional staff. The section that would mandate state funded housing to have accessible appliances is deferred to the state Legislature for any action which they deem appropriate.**

## I. RANDOLPH-SHEPPARD AND PREFERRED SOURCE PROGRAMS

1. The CBVH should develop, with the active participation of the elected Board of blind vendors, a five-year plan to expand the BEP to properties now covered under law and not utilized by the Program.

### **RESPONSE:**

**CBVH, while working closely with the Committee of Blind Vendors, recently re-established sites that were previously vacated by the program. CBVH will continue to work cooperatively with the Committee in order to establish new properties.**

2. A concerted effort should be made within the blind community and clients of the CBVH to acquaint them with the opportunities existing within the BEP.

### **RESPONSE:**

**CBVH Counselors inform all consumers about the Randolph-Sheppard Program and a description of the program is distributed to consumers at intake.**

3. Dialogue should begin and continue with other state agencies throughout the country to determine what might be done to increase BEP opportunities. Many states are reporting that their program participants are generating greater income than New Yorker participants. The factors and methods for achieving that positive outcome should be evaluated and incorporated into New York's program, including enactment of legislation, if necessary, to remove barriers to program participation and expansion.

### **RESPONSE:**

**The director of the CBVH Business Enterprise Program participates on a shared list serve with other state agency BEP directors for the purpose of information sharing. The question of income disparity for BEP operators has been posed to the list serve and no response has been received at this time. There is speculation that some State's average salary for BEP operators is inflated due to Department of Defense contracts.**

4. CBVH should look at all options under current legislation for the sale and marketing of blind-made Preferred Source products, including moving the function under its direct control while other acceptable options are explored.

**RESPONSE:**

**A recent review by OCFS Audit and Quality Control of the Industries for the Blind (IBNYS) programs revealed that the Letter of Designation (LOD) that establishes IBNYS as the primary product development and marketing organization for the program required updating. CBVH, with input from the affiliate agencies and IBNYS, has updated the LOD and is now awaiting signature by the Commissioner of OCFS.**

5. CBVH should conduct a review of all preferred source member programs and evaluate their strengths, weaknesses and needs with a goal of ensuring a growing program, rich with preferred source employment opportunities for CBVH consumers.

**RESPONSE:**

**The Assistant Commissioner of CBVH recently interviewed all affiliate directors to determine their needs and to identify the steps that IBNYS is taking to address these needs. The recently completed LOD will require IBNYS to maintain their strategic plan; a section of which pertains to the needs and capabilities of all of the affiliate agencies.**

6. Using American Recovery and Reinvestment Act funding, CBVH should provide capital funds, as it has in the past, to member agencies to increase the scope of preferred source product lines.

**RESPONSE:**

**CBVH is proud of its association with the preferred source program, IBNYS and the affiliate agencies. However, the RSA has determined that most Industries settings are not considered integrated employment. Therefore, CBVH is unable to use ARRA funding for this purpose.**

7. CBVH should meet at least quarterly with member agencies to be active in the management and growth of the Preferred Source program.

**RESPONSE:**

**In order to maintain an open dialogue with all affiliates and IBNYS, CBVH will visit each IBNYS affiliate agency at least once per year for the purpose of reviewing compliance issues within the preferred source program.**

8. CBVH should create more employment opportunities in the preferred source program for the multi-disabled. The current statute speaks to the “repackaging” of products, as allowable, under the preferred source, which if properly managed could result in a greatly expanded pool of employment opportunity’s for potential employees.

**RESPONSE:**

**CBVH will work cooperatively with IBNYS and the affiliate agencies in order to develop opportunities for individuals who have multiple disabilities with legal blindness.**

9. CBVH should encourage strengthening of the preferred source legislation, with the goal of ensuring full compliance under the statute.

**RESPONSE:**

**CBVH will work cooperatively with IBNYS and the affiliates to develop strategies within the IBNYS strategic plan for promotion of the preferred source program.**

## Appendix A

### **New York State Department of Health’s Comments and Suggested Edits Regarding the Report of the Executive Board of the Commission for the Blind and Visually Handicapped**

#### Introduction

##### *Vision Impairment in New York*

**“The leading causes of visual impairment are diabetic retinopathy, cataract glaucoma, and age-related macular degeneration (AMD).”** (pg. 4)

**“Diabetes, a condition that increases in prevalence with aging, is one of the leading causes of blindness in the United States.”** (pg. 4)

**DOH Comments:** DOH agrees that people with diabetes have a higher risk of blindness than people without diabetes. In fact, diabetes is the leading cause of new cases of blindness among adults. DOH estimates the total cost for New Yorkers with diabetes was over \$12.8 billion in 2006. (This includes lost productivity valued at \$4.18 billion).

Statistics from 2004 indicate New York State (NYS) Medicaid (MA) spent approximately \$5.5 billion for the nearly 284,000 fee-for-service members with diabetes. The specific data quoted in this report – with respect to the number of individuals and costs associated with servicing a population where visual impairments are directly linked to the diagnosis of diabetes – would require further study to confirm.

The NYS MA program reimburses for medically necessary care, services and supplies for the diagnosis and treatment of diabetes and continues to conduct quality improvement initiatives to increase the quality of life for New Yorkers with diabetes. NYS MA diabetes coverage includes a range of items and services. Examples of these include: physician visits, blood glucose monitors, test strips and lancets, insulin and insulin pens, prescription and non-prescription drugs, hemoglobin A1C blood tests, optometry and ophthalmology services.

In addition, to help off-set the complications associated with diabetes (such as blindness and visual impairments), effective March 2009, NYS MA covers diabetes self-management training services for MA beneficiaries diagnosed with diabetes when such services are ordered by appropriate clinicians. Self-management training services are provided by a NYS licensed, registered, or certified health care professional, who is also

certified as an educator by the National Certification Board for Diabetes Educators. Self-management training services help instruct the individual to care for themselves and reduce the incidence of secondary complications, such as mentioned in this report.

## I. Vision Rehabilitation

### *Recommendations:*

5. **“Financial mechanisms (such as Medicaid waivers) and legislation that would permit third-party reimbursement for rehabilitation teaching and orientation and mobility instruction should be explored and developed.”**  
(pg. 13)

**DOH Comments:** The Federal government permits states flexibility in operating Medicaid programs through Federal waivers and demonstration programs. These include the Section 1115 Research and Demonstration projects that test policy innovations that further the objectives of the Medicaid program; the Section 1915(b) Managed Care/Freedom of Choice Waivers that allow states to implement managed care delivery systems; and the Section 1915(c) Home and Community Based Services (HCBS) that allow long-term care services to be delivered in community settings.

Currently, New York State’s extensive 1915(c) HCBS waiver system serves over 90,000 individuals with disabilities across thirteen HCBS waivers in eight different target group categories, at a cost of over \$4 billion. The number of individuals enrolled in each of New York’s HCBS waiver system varies from a few hundred children with complex health care needs to over 60, 000 adults and children with developmental disabilities. HCBS waiver programs, while not specifically targeting individuals who are blind and visually impaired, do serve these individuals as often one disability may present with co-occurring disability diagnoses.

The 1915(c) waivers offer a variety of services to consumers and the number of services that can be provided is determined by each state. These programs may provide a combination of both traditional medical services (i.e. dental services, skilled nursing services) as well as non-medical services (i.e. case management, environmental modifications, adaptive equipment). For instance, with appropriate approval and Medicaid eligibility status, the waiver service “assistive adaptive technology” may include augmentative communication (used by individuals who are blind or visually handicapped) such as:

- Direct selection, alpha-numeric, scanning, and encoding communicators;
- Voice, light or motion activated electronic devices; and/or
- Dining and meal preparation aids, devices or appliances.

This is just one of the many services offered through NYS waiver programs. Other waiver services include, but are not limited to, day habilitation services which may include other therapies, supported employment services, and consolidated supports and services whereby individuals are offered the opportunity to self-direct their supports and services. As mentioned earlier, each of these waiver programs serves a specific targeted population. As such, should NYS decide to create a waiver specifically for the blind and visually impaired, the State would need to design a new waiver and seek CMS' approval.

## VII. Early Childhood and Education

### *Recommendations:*

1. **“Early Intervention services for a child with visual impairment should be initiated immediately after identification of vision loss and provided by teachers and therapists with specific knowledge about blindness.”** (pg. 28)

**DOH Comments:** No specific comments.

2. **“Students who are visually impaired should attend an integrated preschool program, whenever possible, to provide adequate opportunities for socialization.”** (pg. 28-29)

**DOH Requested Text Change:** The second to last sentence of this section is inaccurate. Please change text to: “The current continuum of services provided through the **State Education Department** does not support the integration of service within a preschool program.” (pg 29)

**DOH Explanation for Change:** The Preschool Special Education Program (3-4 years old) and Special Education System (5-21 years old) are overseen by the State Education Department (SED), not DOH. This recommendation relates to assuring that students with visual impairment are appropriately integrated with their typically developed peers. DOH oversees the Early Intervention Program for infants and toddlers, which precedes these SED programs.

3. **“A comprehensive parent-education program should be developed.”** (pg.29)

**DOH Comments:** No specific comments.

4. **“A statewide database should be created to register and track every individual with a visual impairment across the age span, beginning with the post-natal period and proceeding through old age.”** (pg. 30)

**DOH Comments:** Current regulations (10 NYCRR 69-4.3) already require physicians, and others, to refer children with vision impairment (and any other suspected disability) to the local early intervention official for an evaluation to determine eligibility for the Early Intervention Program. Absent situations where a parent refuses a referral, all children diagnosed with vision impairment under the age of three should be enrolled in the Early Intervention Program. Therefore, the need for a separate stand-alone registry for children in this age group is questionable, especially in light of the ongoing work around integrated electronic health records and health information technology. Also, it is questionable whether DOH would be the best choice to maintain such a proposed registry. The Commission for the Blind and Visually Handicapped might be better suited for this task, as the Commission serves individuals with vision impairments of all ages.

This recommendation also calls for a vision evaluation within 3 months of life, with screenings thereafter at 6-12 months, 3 years, 5 years and every two years thereafter until age 18 (pg. 30). DOH requests clarification regarding this specific recommendation, as the Department cannot determine if this specific recommendation is consistent with current guidelines for vision screening and assessment from the American Academy of Pediatrics (Bright Futures). (Bright Futures recommends vision screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than five years. Up to age three years, Bright Futures recommends a vision screening – described as a risk assessment with appropriate action to follow – be performed at each well visit. Bright Futures indicates that traditional vision testing cannot be performed until the child is able to cooperate, thus placing traditional vision screening at 3, 4, 5 and 6 year old visits with tests subsequently every two years.)

It is also unclear as to who would be providing and administering the recommended evaluation and screenings. Would these be part of routine primary care received within a child’s medical home by a physician or would other types of community screening models be used, for instance, in a day care settings/schools and administered by a nurse or another clinician?

5. **“A Learning Media Assessment should be completed every two years for students with progressive disorders or those likely to change to ensure that the individuals’ needs are continuing to be met.”** (pg. 31)

**DOH Comment:** DOH defers to the State Education Department for comment.



## Appendix B

THE STATE EDUCATION DEPARTMENT  
THE UNIVERSITY OF THE STATE OF NEW YORK ALBANY, NY 12234

PRESIDENT OF THE UNIVERSITY  
AND COMMISSIONER OF EDUCATION

September 30, 2009

Gladys Carrion, Esq.  
Commissioner  
NYS Office of Children and Family Services  
Capital View Office Park  
52 Washington Street  
Rensselaer, NY 12144

Dear Commissioner Carrion:

Thank you for the opportunity to review the draft 2010 Report of the Executive Board of the Commission for the Blind and Visually Handicapped (CBVH) to the New York State (NYS) Governor and Legislature. There are three broad themes referenced in the Report that particularly align with the State Education Department's (SED's) priorities and may warrant additional emphasis, including:

- Enhanced services to students with visual impairments as they transition from school to adult life.
- Enhanced pre-service academic training opportunities for rehabilitation teachers, teachers of the visually impaired, mobility instructors and vocational rehabilitation counselors.
- Enhanced services for the use of assistive technology that augments learning and performance in the workplace.

Transition from school to adult life:

The Report references a need to strengthen the role of CBVH's children consultants in the acquisition of pre-vocational skills. In this regard, the Board might consider including specific reference to the need for additional resources and collaboration between CBVH and local Committees on Special Education (CSEs) in the delivery of transition services as part of the individualized education program and as required under the Individuals with Disabilities Education Act (IDEA) and the Rehabilitation Act. Some of the activities designed to prepare students for college and employment, as described on page 18, could be incorporated into students' transition plans.

Shortage of mobility instructors, rehabilitation teachers and vocational rehabilitation counselors and teachers of the visually impaired:

The Report highlights personnel shortages of orientation and mobility instructors, as well as rehabilitation teachers and proposes several incentives to attract personnel into these fields. These incentives appear warranted, particularly with regard to rehabilitation teachers. As noted in the National Federation of the Blind's report "The Braille Literacy Crisis in America", Braille reading is highly correlated with success in employment and in academic achievement, yet fewer students are successfully learning Braille due in part to the shortage of instructors.

The Board's Report makes only a cursory reference to similar shortages in the field of vocational rehabilitation. Given the important role credentialed vocational rehabilitation counselors play in the effective transition from school to adult life, SED would respectfully suggest the Board place additional emphasis on the State's need to support incentives to attract additional students into the field of vocational rehabilitation. Our Office of Vocational and Educational Services for Individuals with Disabilities (VESID) reports a significant shortage of certified vocational rehabilitation counselors. In the past three years, the number of New York graduate programs offering core accreditation in vocational rehabilitation counseling degrees has gone from six programs to three, significantly limiting the pool of certified counselors in the State.

We would recommend that the report also provide attention to the personnel shortage of Teachers of the Visually Impaired. While SED provides funding to two NYS colleges to recruit candidates, offer coursework leading to certification for Teachers of the Visually Impaired and provide tuition stipends to students, the participation in these pres-service programs is very limited.

The report calls for the legislature to mandate the establishment of standards and develop a process for certification of individuals seeking to provide rehabilitation services and orientation and mobility instruction to New Yorkers who are blind or visually impaired. We have consulted with the Association and the legislature for a number of years relating to this legislation. We will continue to collaborate and provide technical perspective in these discussions to assist in developing a solution that clarifies both the need and the best way to address that need, whether it be with licensing or alternative enforceable standards.

#### Access to assistive technology:

SED fully concurs with the Board's observation that access to assistive technology, particularly computer technology, should constitute a priority. SED has State law and regulations to ensure that all students with disabilities have access to instructional materials in alternative formats. It has funded Helen Keller Services for the Blind as a conversion site for Braille and large print for materials provided through the National Instructional Materials Accessibility Center (NIMAC). While we have resources and policy to ensure school-age instructional materials are provided in alternative formats, college textbook conversion to accessible formats has remained an area of concern. Disabled Student Service Coordinators across the State consistently identify the need for technical assistance and additional capacity to accomplish textbook conversions for students who are blind and visually impaired. As such, the Board might consider noting the importance of access to assistive technology and instructional materials in alternative formats at the postsecondary level. This may represent an opportunity for enhanced linkages between institutions of higher education (IHEs) and CBVH technology centers.

#### Early Childhood and Education:

For this section of the report, my comments reflect the need for clarification in the draft report. Recommendation 2 under section VII. Early Childhood and Education should be clarified to indicate that students with visual impairments should attend integrated preschool programs, whenever "appropriate" (as opposed to "possible"). We also recommend that the statement that "the current continuum of services provided through the Department of Health does not support the integration of service within a preschool program" be deleted as, while the Department of

Health does provide Early Intervention Services to toddlers ages 0-3, the responsibility for preschool special education is that of public school systems and the continuum of special education services does support and encourage the placement of preschool students in integrated settings.

On page 30, second bullet of the draft report, the term "individualized education plans (IEP)" should be replaced with "individualized education programs (IEP)." On page 32, the report states that "All students that are classified as visually impaired, in addition to the general education or special education receive instruction in the following areas..." This statement is unclear. The areas listed on page 32 would be considered a component of a student's special education services when such services are recommended in the student's IEP, although every service may not be educationally necessary for each student.

Thank you for the opportunity to comment on the Executive Board's important efforts to evaluate services available to New York's youth who are blind or visually impaired. As requested, we have identified Michael Peluso of VESID to serve as our agency liaison on this issue.

Sincerely,

A handwritten signature in cursive script that reads "Carole Huxley". The signature is written in black ink and is positioned above the typed name and title.

Carole F. Huxley  
Interim Commissioner of Education

cc: Rebecca H. Cort  
Debra Brown Johnson  
Michael Peluso

Current Status and Accomplishments  
CBVH

A. Vision Rehabilitation

1. Training of CBVH Staff
  - **CBVH applies for and receives in-service training funds from the RSA in order to train staff in disability and blindness related issues.**
2. Blindness specific elective courses in VRC preparation programs
  - **CBVH Associate Commissioner presented to students at the University at Buffalo VRC program. CBVH offers paid internships available in CBVH district offices.**
4. Financial incentives for employers for related service staff to attend O&M/VRT programs.
  - **CBVH has assisted and will continue to assist provider partners in training related staff to become Vision Rehabilitation Therapists. CBVH will sponsor upstate O&M and VRT training with ARRA funds.**

B. Vocational Rehabilitation

1. Public relations effort to inform public about VR services
  - **Using ARRA funds, CBVH is contracting with a professional marketing firm to develop a three year plan for outreach and education to the general public.**
2. Process of rehabilitation should begin as soon as a diagnosis is made.
  - **CBVH strives to contact potential consumers within four (4) weeks of referral.**
3. Better communication between ophthalmologists, optometrists and CBVH.
  - **Using ARRA funds, CBVH will contract with a professional marketing firm to develop outreach and education activities to the general public including eye care professionals.**
4. Eye care professionals should be mandated to report, refer and register people who become legally blind.
  - **Current New York State law requires eye care professions to report individuals who are legally blind to CBVH. CBVH maintains the register of the Blind.**
5. Access to rehabilitation services for older New Yorkers should be increased.
  - **CBVH is using ARRA funds to focus on expanding services and increasing capacity of service providers to meet the needs of the elderly population.**
7. Clients should be provided with and encouraged to avail themselves of opportunities to be exposed to a variety of work and social environments and to mentors and role models as a means of fostering self confidence and network building skills and relationships.
  - **CBVH consumers participate in work experiences and pre-college programs that are considered essential components to vocational rehabilitation plans.**

**CBVH is in the process of developing a residential pre-college program which may become mandatory for CBVH sponsorship for college.**

8. Participants at all levels of the vocational rehabilitation process must have access to appropriate equipment.

- **Consumers are issued low tech equipment as it is introduced by instructors.**

D. Social Services

1. Review needs assessment process

- **CBVH is revising its model based on the recently issued RSA model for statewide needs assessments**

2. A. All material and outreach efforts be made available in accessible format

- **CBVH policy requires counselors to provide all materials in the consumers preferred format. CBVH assists other state agencies in transcribing training materials into Braille and other formats.**

B. CBVH electronically linked to other social service providers.

- **Recommendation requires further study and clarification.**

3. Sensitivity training for CBVH staff in order to deal with cultural differences.

- **CBVH has and will continue to provide diversity and cultural sensitivity training to all staff. CBVH is in the process of implementing the Disproportionate Minority Representation (DMR) program. All CBVH staff and 122 staff from contractor agencies will participate.**
- **CBVH subscribes to Language Line that provides over the phone interpreter services in over 150 different languages.**

E. Transportation

2. Public transportation and community agencies should be encouraged to coordinate resources

- **The Most Integrative Setting Coordinating Council, transportation committee has listed the establishment of a mobility manager as a priority in the 2020 plan. The mobility manager would be responsible for coordinating transportation within each county across systems and networks to maximize choice and capacity.**
- **CBVH has offered to initiate dialogue between the Executive Board and the MISCC Transportation Committee.**

G. Early Childhood and Education

3. Comprehensive Parent Education Programs

- **CBVH has conducted district office workshops for parents on a variety of subjects.**
- **Children's Consultant conduct periodic small group meeting with parents.**
- **Workshops and meetings are poorly attended**
- **Further study and funding needed to expand programs**

4. Statewide database to register and track individuals with visual impairment

- **CBVH concerns with cost, logistics and confidentiality.**
- **Additional clarification and study needed.**

## H. Technology

1. Access to Government Information
  - **CBVH staff reviewing state agency websites. Websites found remarkably accessible – missing elements are tagging, styling and formatting issues.**
3. Securing and ad agency to device and implement a marketing campaign.
  - **Using ARRA funding, CBVH will contract with a professional marketing firm to develop a three year plan for outreach and marketing to the general public.**
4. Database of assistive technology instructors on CBVH website
  - **CBVH is in the process of developing a database of assistive technology instructors for inclusion on the CBVH website**
- 5 & 6. Technology Appeals Process Included on Evaluation Form – Software and Equipment Distribution
  - **CBVH has created a workgroup to review and reform existing technology policy.**
7. Assistive technology for persons not receiving employment services from CBVH
  - **Because of the limited funding and the costly nature of adaptive equipment, CBVH prefers to maintain the current structure of the ALP program.**
  - **CBVH seeks board input to recommend the type of equipment that could have a positive impact accounting for the inevitable decrease in the number of older blind residents receiving services.**

## I. Randolph-Sheppard and Preferred Source Programs

1. Develop plan to expand BEP opportunities
  - **CBVH recently established sites that had been abandoned by the program and will continue to work to establish new properties.**
2. Concerted effort to acquaint blind community with BEP.
  - **CBVH counselors inform all consumers about the program. Literature is given to all consumers at intake.**
3. Dialogue with other states in order to increase opportunities. Other states report higher wages than New York State.
  - **Director of BEP communicates with other state directors via a list serve. Question posed to the list serve with no responses to date.**
4. CBVH should examine all options for the sale and marketing of blind made preferred-source products.
  - **IBNYS reviewed by OCFS Audit and Quality Control**
  - **Letter of designation is being updated**
5. Conduct review of all preferred source member programs
  - **Assistant Commissioner of CBVH recently interviewed all affiliate directors**
  - **IBNYS required to maintain their strategic plan as it pertains to the needs and capabilities of all affiliates**
6. Provide ARRA funds to affiliate agencies to increase product lines
  - **RSA ruling determined that most Industries settings are not considered integrated employment.**
  - **CBVH is unable to use ARRA funds for this purpose**
7. CBVH should meet at least quarterly with member agencies

- **CBVH will visit each IBNYS affiliate agency at least once per year for the purpose of reviewing compliance issues.**
  - 8. Create more employment opportunities in the preferred source program for the multi-disabled.
    - **CBVH will work with IBNYS and affiliates in order to develop opportunities for individuals who have multiple disabilities with legal blindness.**
  - 9. Encourage strengthening of the preferred source legislation
- CBVH will work with IBNYS and affiliates to develop strategies for promotion of the preferred source program.**