

**Meeting of the
EXECUTIVE BOARD
NEW YORK STATE COMMISSION
FOR THE
BLIND AND VISUALLY HANDICAPPED
September 10, 2008**

In attendance were:

EXECUTIVE BOARD

Co-chairmen

Alan R. Morse, JD, PhD

Charles Richardson

Members

Tara Cortes, RN, PhD

Maria Garcia

Carena Collura

Karen Gourgey, EdD

Cantor, Dr. Mindy Jacobsen

Luis Mendez, Esq.

Julie Phillipson

Thomas A. Robertson

David Stayer, LCSW

Absent:

John Bartimole

Christina Curry

COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

Brian Daniels, Associate Commissioner

Peter Crowley, Assistant Commissioner

Joseph Nye, Liaison to the Board

The meeting was called to order at 8:45 AM.

Brian introduced the CBVH Director of Field Operations, Priscilla Roble, to offer some corrections to the minutes of the last executive board meeting. After she proposed a number of corrections, it was the sense of the board that that clarification of incorrect or misunderstood facts was important, and should be brought to our attention, but the minutes should only be corrected when they didn't accurately reflect the meeting content. Charlie asked that if members of the CBVH or OCFS recognized incorrect information being disseminated during our meetings, they should let us know at the time of the meeting. A motion was made by Tara, seconded, and carried that the minutes be accepted as presented. Brian agreed that minutes from all meetings, as approved by the Board, will be posted on the CBVH site, and that if CBVH wishes to comment, an appendix containing their clarification may accompany the minutes.

Alan then outlined the rest of the day as follows:

1. reports of the committees
2. a work plan
3. a detailed discussion of the licensure bill
4. a discussion of the quiet car bill
5. a discussion as to certain blindness skills needing to be acquired prior to entering the CBVH vocational rehabilitation path
6. a discussion of a blank slate approach to blindness and visual impairment along with the problems and solutions, as though we were designing a program where none existed, excluding any funding requirements, and then moving from that model to recommendations regarding what currently exists.
7. The meeting will end, as usual, with the public comment period.

COMMITTEE REPORTS

SOCIAL SERVICES COMMITTEE - David Stayer reported.

Committee members are David Stayer, Christina Curry, Julie Phillipson, and Luis Mendez.

David found that there were no specific statistics or standards on the blind, or homeless blind kept throughout the State so the committee's report includes a recommendation that communications be established between CBVH and the social service agencies in the various locales throughout the state.

The committee also recommends that the CBVH become involved with the transportation agencies in local areas in which CBVH clients are seeking employment. They feel that the means by which prospective employees who have completed vocational rehabilitation programs and are ready for employment get to and from their jobs cannot be left out of the vocational program. They recommend that the CBVH have liaisons with many local transportation agencies so they might work with authorities on behalf of prospective employees. Julie expressed their concern that the CBVH provide some type of transportation until a means of independent mobility can be established for the employee.

Karen told the Board about Project Action which is funded by National Easter Seals and deals with transportation to jobs, primarily for people on Welfare. She thought they might be helpful to the disabled as well.

Julie had looked into Project Action and said that they find it difficult to get local transportation authorities to work with them. She said that the better transportation systems can be found in urban areas, but that in rural localities, public transportation is limited with no way to stray or go farther than the fixed route allows. She gave the example that getting from one county to another might require three different transportation systems. Luis added that one of the greatest barriers to integration is transportation. He said that Paratransit often limits its scope to areas within $\frac{3}{4}$ of a mile beyond the fixed routes set for public transportation. Their argument for this is that their purpose is to be a parallel to public transportation for the disabled. He thinks that a possible recommendation might be the need for a broader and more flexible system that meets the needs of a wider population. It would need to be a suggestion specifically related to the blind and visually impaired.

Alan spoke with a blind or visually impaired attorney, John Gresham, who is very interested in transportation for the blind and/or visually impaired. Mr. Gresham hopes that this board might be helpful to him and offers his assistance if we can use it. He would like to see legislation that would require any public transportation to be fully accessible to the blind and visually impaired as well as people with other disabilities. In answer to Julie's question about what might constitute inaccessibility, Alan used the current taxis with the space between the front and back seats so small that a service dog would be unable to fit on the floor as an example. Tara gave, as further examples, the technology that could allow the price of the ride to be

spoken, and possible talking GPS systems that could be accessed by blind or visually impaired passengers on an on-going basis. Julie pointed to the ADA requirement that stops on buses be announced and said that although this may be the law, the actual practice does not follow it.

Luis said that there has been some discussion, in the Syracuse area, about possible tax credits and other incentives, such as transportation cooperatives, to companies, groups or individuals who would work on this issue. The cooperatives could be funded by subscriptions of members that would pay for vehicles and/or drivers and would take care of some basic needs where public transportation was not available.

Charlie asked whether any of the committees would be covering the voting issue. The technology committee had considered it but decided that its plate was full this year and would like to work on it next year. Charlie expressed the concern that votes recorded by the accessible machines wouldn't be counted on the day of the election, but later, with the absentee ballots. Karen thought that a policy, rather than a technology issue, but Tara asked if anything would be done about it within the time prior to the November fourth election. Tara suggested that the Executive Board do something to raise awareness of the plight of the blind and visually impaired electorate which feels that, if its votes can't be counted on the day of the election, along with the mainstream electorate, then the voting machines designed for it still represent discrimination. Some will bypass them in favor of bringing someone into the booth and voting in the usual manor. Bill Gettman's suggested that he could have the OCFS counsel and perhaps someone from the board of elections speak, via conference call, with members of the Executive Board about the status of voting and voting machines [several days later, a conference call was held with representatives from the state board of elections and everyone's issues were effectively addressed].

TECHNOLOGY COMMITTEE

Karen Gourgey reported.

Committee members are Karen Gourgey, Charlie Richardson and Mindy Jacobsen.

Karen told the Board that the directions and scope of the committee had been mapped out and could be found, in detail, in the minutes of the last meeting. She said that one of the main points the committee considered was finding creative ways to make the public aware that assistive technology exists. It is, therefore, strongly recommending, that the CBVH increase its outreach using the media (prices for some localities that will be included), and change the nomenclature on its web address to something that might be more easily remembered like VISION LOSS NEW YORK ("VISIONLOSSNY"). Another recommendation is that the legislature enact an equivalent statute to Section 508 of the federal Rehabilitation Act. The committee discussed possible recommendations regarding accessible appliances but found that the website of the American Foundation for the Blind (AFB) has an extensive section devoted to this issue. The committee recommends making the field aware of it. Another recommendation of this committee is that the CBVH create and maintain a database containing the rehabilitation, technology and other courses available to blind and visually impaired students throughout the state, along with descriptions length of courses, requirements, prerequisites etc, available so that students and professionals will know their choices. The committee also recommends that in addition to the current forms that are filled out when equipment is submitted on behalf of a

student, there be one (a regular part of the package) that gives him/her the opportunity to appeal should there be a disagreement between him/her and the consultant and/or the counselor. Luis asked whether or not the committee had considered an equipment re-use plan. Karen said that they had not, but would certainly look into it and recommend strengthening and publicizing it if it exists. Karen will also speak to an organization called Trade which is aware of used equipment for cross/disabilities.

A discussion then ensued concerning the funding available for non-vocational adaptive technology procurement and training. Mindy said that she had spoken with several states about their programs for senior citizens. In two of them, the answers to questions about computer training and braille were answered differently by state officials and counselors. The officials told her that both were available to senior citizens who felt they needed them, but the counselors said that no moneys were available for either. Her question was about evaluating the answers given to members during the research phase of the report, and it was decided to accept what the official said. Karen suggested that if there is a disconnect between policy and practice that comes to our attention, it should be noted in our report.

The discussion then turned to the policy of the CBVH with reference to providing computers, adaptive equipment, and/or braille/adaptive technology training. Brian told the board that if every older client wanted a computer, doing some quick math, he would estimate that 30 percent fewer seniors could be served. Alan asked how CBVH decided whether adaptive technology services might apply for a given older client. Brian answered that if they were 55 years or older, but had few needs, they would be served in CBVH'S ALP program. If their needs were greater, they would be served as part of the ALP III program, and the question of possible employment would be revisited several times during the senior's rehab. There is no age limit if a person chooses to work. There have been, though few and far between, clients working and receiving assistance in their 90's. Both Brian and Bill asked members to bring situations where seniors wanting to work have been denied those services to their attention so corrections could be affected.

Randolph Sheppard/Javits-Wagner O'Day

Charlie Richardson and Tom Robertson reported.

Tom thanked Bill Gettman for his assistance in obtaining the much needed information, which had been difficult to obtain prior to Bill's intervention. CBVH gave a designation to Industries for the Blind (IBNYS), the language and spirit of which the committee studied. The committee came away with the opinion that the IBNYS is not meeting its responsibilities. The preferred source program is designed to enhance employment opportunities for people who choose that as a career path. Once an item is approved for ibnys it becomes part of a list of items their agencies can sell. Tom explained that the law requires that the preferred source list be used by State agencies when purchasing items that appear on it. Adherence to the preferred source law is spotty at best -- several state agencies are not buying from IBNYS.

Tom said that, in addition to state agencies, others that receive state dollars, such as the public schools and state hospitals, could also be covered. It would then become the function of IBNYS to see that these agencies come into compliance. Karen asked if private agencies can, or

are, marketing themselves to local or state entities in order to get work. Tom said that they shouldn't have to but some are, for their own survival. He believes that if the law were being adhered to the agencies for the blind would have more work than they could handle. Every time a state agency buys something on the list from an outside company, a job for a blind person is jeopardized because one less item can then be manufactured or processed by the IBNYS agency. In response to Karen's question as to why this is happening, Tom conjectured that some small agencies might not know about the law, and some larger ones might have just decided to buy from other sources. He pointed out that there is no enforcement of the law. Tom said that we don't need a new law but that the existing one needs to be enforced.

Tom and Charlie will be studying the manner in which work is distributed to the various IBNYS agencies. They have noticed that, with reference to work assignments, some agencies are expanding while others are retracting. Quality control is not a problem as only about 1 percent of products are returned. At least one agency had to lay off visually impaired or blind employees and IBNYS isn't taking responsibility for employment related issues. The committee's observation is that 53 percent of the work goes to two small up-state agencies. That is to say 53 percent of 20 million dollars goes to those two agencies. If there is a strategic plan for growth, increased employment, better benefits etc, the committee has not received it. The committee needs to explore what the program will look like in ten years, and how it will meet the needs of, for example, people with multiple disabilities.

Charlie said that since he is deeply involved with, and chairs the elected body charged with the active participation and oversight of the program with the CBVH, he feels that he is too close to the trees to see the forest. Consequently, he asked Mindy, who knows many people in and outside the program to provide what might be a more objective report on Randolph Sheppard, also known as the Business Enterprise Program. Mindy has accepted this assignment.

Elder services

Tara reported. Committee members are David Stayer and Mindy Jacobsen.

The report is short as the committee hasn't met for approximately two months. It is concerned about standards of care particularly with reference to a given senior's attainable level of independence. Getting safely around the home should not be an acceptable goal when participation in the community might be possible and desirable. The senior who has experienced vision loss might not know the scope of possible outcomes he/she might achieve.

Another concern is the growing number of seniors losing vision and experiencing other serious health problems, but there is only a limited amount of dollars currently available for their rehabilitation. Funding will have to increase in the future if, even the level of services available today is to be maintained. Will a new model be required within the next five years?

VOCATIONAL REHABILITATION

Tara Cortes reported.

Members are: Tara Cortes, Charlie Richardson, Tom Robertson and Julie Phillipson.

The committee is considering the counselor relationship to agencies. How are jobs being found? Are we ambitious enough?

Tom added that as early as the first meeting of the committee, there was a realization that the levels and modes of rehabilitation training would need to be based on vision, the degree to which other disabilities effected the individual's independence, etc. The committee feels that, without data, being able to speak with consumers and service providers, the task of putting together a report of this nature is quite difficult -- something like pushing jello up a hill.

Tara suggested that it might be important to create a new model of service that takes into consideration the changing landscape of the older blind as well as those of the working age blind.

Luis remembered that the committee had established that there are some core principles from which a sense of direction might be distilled. Regardless of where an individual is in terms of life stage and age, there are some pre-requisite independent living, management and social skills that are essential to promoting effective rehabilitation. Throughout a youngster's education, skills of blindness and visual impairment need to be integrated with academics. Parents need to know about non-visual means of communication and other skills and these should be a part of the education model for blind and visually impaired children as well.

Julie emphasized the importance of mentoring by successful blind people in order to give students a sense of the scope of things they can do as well as the reality of their limitations.

The committee would like to see the relationship between the student and vocational rehabilitation counselor become one of constant communication and supportive counseling. They recommend that there be a system to determine actual outcomes in order for the CBVH to determine the effectiveness of its vocational rehab dollars. There has been some discussion of the fact that the counselors often come from a generic voc rehab counseling environment, and whether requiring additional in-service training in work on issues of sensory impairment, blindness and deaf-blindness, for example, might be beneficial.

Alan noted that the committee spoke often about standards, and measurable outcomes. He then told the Board about a series of studies that had come to his attention, that he had discussed with Brian Daniels and Bill Gettman. He told the Board about the first large scale randomized control trial Of low vision intervention – LOVIT – (which he wil distribute to the Board in a PDF document that Luis will scan into a WORD document for members using screen-readers). He feels that the results and the approach they took are useful in voc rehabilitation and other areas of our discussion. The study was done at the Chicago Veteran's Administration. They used a standardized protocol that would allow for measurable outcomes and could be used with blinded veterans. The sessions were 1-1/2 to 2 hours long. Participants were required to do substantial amounts of homework prior to coming to the next session. Rehabilitation took far less time and results were striking and significant.

Alan also noted that the Board often directs its comments to the CBVH which isn't responsible for problems within, for example, the Education system, Social Services, or Mental Hygiene, and they also serve blind and visually impaired people. It is important to establish linkages to the other agencies whose case loads include our population.

Mindy suggested that it will be important to develop educational materials for workers in other state departments that touch the lives of the blind and visually impaired. She thinks that part of the reason workers in other agencies automatically look to CBVH for ways to handle their blind or visually impaired clients is that they haven't a clue about how to communicate non-visually with them.

Alan said that, while this is happening on a small scale, through the Inter-Agency Counsel, at the Commissioner level, there seems to be a consensus among Board members that at the grass routes level, there might need to be some more education, so that lower level staff have a better idea about working with this population. Brian agreed and said that there are ongoing attempts to implement this suggestion. Karen pointed out the link between the education of the state agency personnel and the need expressed by the Technology committee for available accessible materials throughout their ranks. Alan said that there are few, if any, agencies that don't want to be sensitive to the needs of our population, but that there are financial constraints on all of them.

Tom commented that at its first meeting, the committee decided to identify certain skills with which they could assume fourteen-year-olds would enter the Voc Rehab system. Some of these included: age appropriate behaviors, social skills, and academic standards. If the school system fails these youngsters the Vocational Rehabilitation (VR) system is not prepared to deal with those failures, and there is a high likelihood that these young people will be unable to take their places in the world of employment. At this point in time, there is more money in the State Education (state ed) system than that which is available to VR, and with the addition of several new transition counselors at the CBVH, there ought to be a way to tweak the education system so that fourteen-year-olds coming into the VR program don't put un-necessary constraints on it.

Alan said that one of the points discussed by the Systems Integration Committee is that it is inappropriate for a child to be moved through the education system, based on academics, with little or no attention paid to the skills of blindness. There ought to be mile stones, at periodic set intervals that are expected in the same way academics are. Otherwise the kids are being socially promoted and set up for failure in the VR system. Carena pointed out that the Expanded Core Curriculum (available on the AER website) looks at areas such as socialization, assistive technology, orientation and mobility, career education, independent living, recreation and leisure, self determination, and visual efficacy skills. There is a big push right now for the Teachers of the Visually Impaired (TVI's) to incorporate the above-mentioned skills and there are lots of web sites available to assist them with this process. Two of these web sites belong to AFB and AER, respectively. Due to the fact that so many committees are concerned with this issue, there needs to be a strong recommendation from the Board that indicates that blindness skills training is equally as important as academic progress. The inclusion of AFB and AER material in our report could constitute the beginning of some substantial changes in the education of blind children. Carena indicated that she would include as much as she could find.

Julie cited, in the writing she did for the committee, the need for college age students to learn to perform some of the tasks now being carried out for them by the student disability offices, such as the procurement of books etc, which she averred would make them more independent. They will need to learn to manage their own resources, not only for college, but for life. Mindy concurred, relating the experience of a fellow member of the State Rehabilitation

Council (SRC) who is the director of a student disabilities office. She says that the office mediates between students, parents and the school, extends remedial assistance, in some cases, and much more, so that the students aren't learning simple skills such as note-taking or advocating for themselves. Luis said that if students had appropriate skill sets upon entering college, it wouldn't be necessary for student disability service offices to handle problems such as professors who don't or won't publish book lists in time for students to begin classes with their reading materials in an accessible medium. Alan reiterated that there is a need to establish developmental milestones and to focus on the outcomes rather than the processes and curricula for the teachers. The overall goal should be that by the time a student reaches college, he/she should have a prescribed skill set that includes knowing what professors and employers need to know and how to impart that information to them. Julie asked if there are programs in place for students transitioning from high school to college. The Lighthouse has a college prep program held at Columbia University that is opened to residents outside New York City. There is also a program held at the Vision Vacation Camp for the Blind that can house many students. (NOTE: VISIONS offers two extended weekend programs during the Summer -- one specifically geared toward transition and college age individuals, and one directed toward job seekers. Both are appropriate for college bound students as many of the classes are offered at both seminars.) The Jewish Guild for the Blind also conducts a college prep program during the Summer.

Maria suggested that age three, third grade, and at the transition to middle school would be natural places for testing skill sets. She feels that the fundamental issue surrounding the teaching of these independence skills is imparting to parents what their children really can accomplish and then giving them the tools to teach their kids. Parents need to learn how to be good advocates for their children so that the children can become good advocates for themselves. She has given this topic a great deal of thought, and, although a little unsure of the answers, believes that adult blind mentors need to play a significant role -- perhaps a mentor working with a family for an extended length of time. Mindy commented that the Children and Transition committee of the SRC has been suggesting, for some time, a mentoring program, subsidized by the CBVH, which, as of June, was almost ready to be implemented on a small scale. Karen asked whether the mentors would be paid and Brian said that they would not. Alan asked about the screening and training for the mentors and Brian said that the normal criminal background screening would take place. Alan asked whether there would be measurable outcomes and Mindy was not sure. David said that raising the expectations of a program can improve outcomes without costing anything. Karen was pleased that the AER mentioned vision efficacy skills and cautioned that the Board remember to include vision loss or low vision skills so that we don't unintentionally leave out a whole segment of the community, for, indeed, we want people to realistically learn to use whatever vision they have. Alan added that it will be important not to forget this part of the population during the identification process.

Alan said that when The Guild was designing their capitated program of rehabilitation services (CORE) for seniors demonstration project, they identified someone at the OCFS who is very capable and knowledgeable about research design and who might be helpful in directing a move toward evidence based practices. He reflected the hope of the Executive Board that the design of new CBVH programs will, in the future, incorporate sufficient research design elements to will enable us to know what programs or parts of programs are working, based on real measurable data.

Alan noted that one thing we will need to discuss is the means by which people of all

ages are identified and brought into the system and are informed of available services. Carena pointed out that blindness does not appear, either on the list of new born screenings or on the New York State Department of Health web site. Alan has alerted officials at the health department to this deficiency and they have agreed to try to include blindness in future ads and information. The hope is that this will be one step toward bringing blindness, which usually appears very high on the list of diseases feared most by Americans, into the mainstream of the thought processes of the health professions.

Luis said that if it is our hope to be able to apply some health dollars to the needs of blind and low vision service recipients, it will be important to attempt to change the thinking of health professionals, so that aids such as screen readers can be considered necessary to rehabilitation, (as are prosthetics) covered by insurance companies. Alan said that the Jewish Guild for the Blind, the Lighthouse and a number of other organizations have been working on this problem for some time, with CMS, Social Security, and others, but aids such as spectacles were intentionally left out of the original Medicare statute passed during the Johnson Administration and, although there has been some success, much still needs to be done and is outside the purview of this Board.

Tara said that she has taken a lot of criticism because of her assertion that blindness and/or visual impairment is a health issue -- the result of either a disease or an injury, -- and should therefore be eligible for some reimbursement through health care dollars, rather than exclusively charitable donations. She believes that rehabilitation services would not be denied for a cardiac condition, lung disease, or a hip injury and that blindness and visual impairment are equally life changing traumas. She implores the Board to position itself strongly in favor of this model in order to attain a place at the health care table. Luis said that services to the blind and visually impaired are rendered differently -- through education and training more than treatments typically used for other physical disabilities. But he says that if our discussion leaves us continuing to advocate for rehabilitation as a social entity we will need to carefully consider where we will be able to obtain rehab dollars. Alan said that the Jewish Guild began seeking funds through health care sources in the '70's and that across the country, there are only a few other agencies working with this model. He welcomes the Lighthouse's entrance on the scene, because of the consensus of opinion it begins to build in the field. He said that the hearing loss community has been able to bring many more dollars to itself by pulling together and fighting for that which worked best for the common good instead of letting philosophical opinions divide it, as the blindness and low vision community often does.

Luis believes that it is possible to find a way to access medical dollars while expanding the medical model to include the amount and level of teaching required for the rehabilitation of the blind and visually impaired, e.g. services such as adaptive technology training. Tara pointed out that social services are already a part of the medical model. She used a spinal cord injury to make the point that the purpose of rehabilitation, across the board, is to re-establish independence, safety, self confidence, etc, and that, while the rehabilitation required by people who experience vision loss includes the same components, it is not considered a medical necessity. Mindy expressed the concern that doctors prescribing vision rehabilitation might not have the background to identify the type and scope that a given individual might require. An otherwise well adjusted adult, for example, should not have to go to a doctor to get a mobility refresher course. Mindy might be able to support a medical model if the doctors were not responsible for prescribing the level and scope of rehab/therapy required, but rather simply

referring patients to the appropriate agencies wherein the expertise lies. Luis pointed out that factors such as additional health considerations and disabilities would need to be integral parts of a dual social-medical model. He said that the problem with which we still need to grapple is the need for a range of standards of rehabilitation practice and delivery systems that we can document, that would produce increased community independence, ability to care and provide for one's self etc, that could be classified as effective treatment plans. Tara said that the answers will come within some five years due to the electronic vision rehabilitation record developed by the Lighthouse, which has been purchased by the entire country of Canada and is being considered by New Zealand, Australia, and England. The system will make it possible to review the way in which rehabilitation has been provided, and the outcomes, so that specific data can be extracted that will indicate the information we will need to quantify standards. Alan said that the field of blindness tends to work with individuals, sort of "catch as catch can, but, in order to be able to consider treating rehab as a medical model, we will need to explore it scientifically, complete with hard, evidence based trials. Alan estimates that it will take considerably longer to establish an appropriate research database, perhaps as long as seven to ten years. Tara said that if the field expands its reach to other countries, the population available for the research becomes much larger. Karen pointed out that funding would be an issue to be considered. Alan said that the system has been one of self-perpetuating failure. Luis said that funding for the research is certainly a great concern, but that there is a pressing need for the field to be able to view itself from several different angles, with an eye toward accepting a certain amount of deviation from what is considered the norm. Alan added that another important consideration is finding the people who possess the skills to design, conduct, and evaluate the research, and are willing to do it. Required, as well, will be people who can lobby to get it through the local, state and federal legislative processes -- a long and arduous task to which we are coming late in comparison with other areas of care. Karen said that this is a fabulous and critical discussion and then added that it will be imperative that the fact of the low incidence of blindness, in comparison to other randomized studies that can sample much larger groups must be acknowledged from the start.

The morning session adjourned at 12:30 PM.

The afternoon session resumed at 1:30 PM.

Alan outlined the topics for the rest of the day:

- the licensure bill
- the Quiet Car bill
- the work plan for the rest of the year
- and the blank slate

He suggested that we give the blank slate some individual thought and discuss it at a later date. The framework with which we are to work is that we are creating services to people who are blind and have vision loss in a new state where absolutely nothing exists. We should include infants, toddlers, adolescents, young and older adults, vocational, non-vocational, high and low tech, and anything else that comes to mind, from the ground up.

THE WORK PLAN

Alan suggested that, since many committees turned to other considerations and responsibilities during the Summer, we should set a new deadline for ourselves to submit committee drafts to Alan and Charlie so they can be turned over to John for the final submission. He hopes to have something to review by the next meeting on December 2nd. He suggests that our recommendations be submitted with bullet points, followed by their explanation and evidence. They should have an introduction and a conclusion outlining the framework for the committee's recommendations. The members decided to try to have our reports in by November 1. Luis asked whether recommendations that would require legislation might be submitted and Alan answered that, undoubtedly, some would. He used the example of a possible state equivalent to section 508 of the federal Rehabilitation Act, and said that, for this year, we just needed to get our recommendations out there and that part of our discussions for next year will be their implementation.

LICENSURE

Alan began by telling the members that the State Senate had passed the current bill while the Assembly withdrew it from consideration. Mindy reiterated a question that had been asked before about what would be done with the outcome of the Board's discussion and Alan and Charlie replied that our opinion would be disseminated to the state legislature. Luis's position is that the responsibility of this board is to research licensure and certification fully and then to make a set of recommendations, some that might require legislation and others that could be handled by different governmental departments. He did not believe that it could be done within the time allotted for the discussion. Alan pointed out that when this topic was introduced at the last meeting, the Board decided to revisit it at this meeting. He felt that delaying our recommendations further might not enable us to have a say in their resolution since the legislature would be back in session and could, though relatively unlikely, take action on licensure. Luis suggested that the board ask that the legislature not act on any proposed legislation until we have had the opportunity to review credentialing systems around the country. Various members thought it improbable that the legislature would wait for our recommendation, that we could expect to have the final word on the issue, or that other interested parties would refrain from applying pressure to the legislature and await our research.

Karen said that there is some frustration because some members had hoped for a longer period of time to fully discuss this issue, and that although other members thought it important that the board submit a recommendation at the time, the memo in opposition was tendered without that discussion having taken place. Karen believes that there needs to be a credentialing system that carries the force of law for pragmatic reasons as well as for reasons of principal. She said that two positions have been posited: first, that a credentialing system might draw would be professionals into the field; and second that it might bring our services a little closer to becoming a part of the health care model. Luis wondered who would do the credentialing, what the nature of the credentialing would be, what type of professionals would be credentialed, and what range of expertise they would be required to have in order to receive these credentials. He said that while these questions would be handled in regulation, there doesn't seem to be any consensus in the field about them, and that, while there is this much dissent, the current, and unacceptable, status quo would continue to exist. Tara expressed the opinion that whether or not licensure would increase the number of professionals entering the field, (there are only some two thousand

[2000] orientation and mobility [o and m] instructors and a little over five hundred [500] vocational rehabilitation teachers [VRT'S] throughout the country and their numbers are shrinking) the type and level of funding necessary to create and maintain the required personnel would not be the responsibility of the proponents of licensure, but would become a financial issue for the legislators. She also feels that the question of adopting a health care model wouldn't have any bearing on whether licensure is necessary, because there are so many professions that are licensed but are not medical in nature. She said that, although the CBVH itself requires that these professionals have met either the NFB or ACB/REP national standards, it would be possible for an agency, if it so chose, to hire an unqualified o and m instructor or VRT who could be paid by the agency but not work with CBVH clients.

Alan articulated the difference between licensure and certification. He defined licensure as exclusionary -- only those who hold a license may perform the activity. Certification means that individuals who have fulfilled a certain minimum set of standards can be certified so multiple disciplines can perform the activity as long as they have been certified. He said that when a profession initially becomes licensed it does not initially have the authority or power to demand that others cease practice in that area. He conjectured that, over time, if people entered the field in large numbers and it became more powerful, it could exclude others such as Occupational Therapists (OT's), but he and several other members thought this scenario highly unlikely. Carena pointed out that in some schools and districts the TVI's can assist with o and m instruction, but if only licensed o and m instructors could teach orientation and mobility, there would be no back-up by TVI's possible.

Maria asked if, during the history of this discussion, certification has ever been proposed, and if not, why not. She questioned the agenda of the bill. In answer to Karen's question, Alan explained that not just anyone can certify an individual. He said that the state can, by statute, determine who can certify, and what the criteria are. The regulations promulgated by the Commission or the director of CBVH can include establishment of standards. The standards are almost never set forth in the statute, but rather in regulation, most commonly determined by departments and executives within the departments. Tara and Alan would be more comfortable with certification, particularly with reference to o and m instructors because they are the only ones who study that discipline and neither OT's nor general education teachers should be instructing blind students in this area.

Mindy said that a conscientious TVI began her cane instruction in around the fourth grade and that her acceptance of the cane and her need for it would have suffered had she been forced to wait until Dade County, where she attended school, hired an o and m instructor. She is not in favor of any legislation that would be exclusionary. Luis asked if TVI's were given any instruction in o and m. Carena answered that they studied it for two semesters. He wondered if an over-arching specialty in skills of visual impairment and blindness could be considered, with o and m or low vision possible as specific specializations and how we would get there from here. Alan summed up what he was hearing, saying that the Board seems to favor some kind of certification system (whether through CBVH or through State Ed) for o and m instructors. He feels differently about activities of daily living (ADL) instructors, TVI's, and VRT'S because they are already licensed in disciplines that cover these areas, and any sub-license or certification (as certified occupational therapy assistants, for example), would be demeaning to them. He says that OT's, can either become certified to teach the blind or visually impaired within their field, or, take courses in instruction to the visually impaired and blind.

Mindy asked about TVI's and Alan said that they are certified by the state, and licensed in New York City, but that people who want to teach adults don't want to take the education theory courses etc. Luis asked about VRT'S and Alan responded that, according to Hunter College, they are TVI's who work with adults. He said that the basic difference between TVI's and VRT'S is that TVI's specialize in education and work with children and adolescents, while the VRT'S work more with rehabilitation of adults. Karen asserted that vocational rehabilitation teaching is a worthy profession in its own right. She said that VRT'S bring a scope of experience and an attitude toward a newly blinded individual coming back to the life he/she might have thought lost, to our field that cannot be matched by an occupational therapist who has taken several courses. She feels strongly that this fact needs to be recognized by the Board. Luis agreed, making the point that non-visual communication requires the ability to translate visual concepts into a set of skills that match those used in the visual world. He wondered aloud, whether there was an evidence-based body of knowledge that would, either refute or prove this theory. Alan said that he meant no disrespect to VRT'S or TVI's, but that his point was that there is a way for them to be certified if they are willing to take the education programs offered by Hunter and/or Dominican Colleges. His understanding is that, for the most part, they choose not to do so. Carena told the Board that the courses required for becoming certified to teach adults are very different from those taken by teachers of children. She said that there are fifteen or twenty additional credits required, and that they are completely separate and apart.

Mindy was able to accept the fact that there is a need for Vocational Rehabilitation Teachers to be certified, along with the other categories of educators of the blind and visually impaired, but remained opposed to licensing them and thereby closing the field. She feels that, while high standards need to be maintained, the field needs to be opened enough to allow for new people with new ideas. She felt strongly that if VRT'S aren't currently certified, they should be, and that not just anyone who has taken some courses should be accepted as a VRT. Maria said that she would be able to vote against licensure, in favor of certification, if we can, at some point, submit recommendations as to what the criteria for that certification should be. Charlie observed that certification seems to be a middle ground with which all of the Board members can agree.

Carena questioned if a medical vs. a social model would make a difference, in terms of the necessary licensure and/or certifications, and Tara told us that it would not. She said that, licensure would not guarantee reimbursement by Medicare or other health care insurance, and that working with the demo project at the Lighthouse, VRT'S, OT's, and o and M's are part of the model and are reimbursed. The way it works is, once an optometrist or ophthalmologist writes a prescription of rehabilitation, a VRT or an OT devises the plan of care (depending upon the need of the particular individual) and all the professionals therein are reimbursed. Karen asked if the field were to move closer to a medical model of rehabilitation training, licensure would be a necessary step and Tara responded that it would not. She gave the example of social workers who have always been a part of the health care team, but until recently, have not been licensed. Karen's concern was that certification be mandatory -- required by the state.

The board agreed that our recommendation to the legislature would be for mandatory certification for any service paid for by the state. Karen moved that legislation be created that would mandate state certification for people providing services for persons who are blind or visually impaired, and that those persons be certified in the area of vision rehabilitation and

orientation and mobility. The motion was seconded by Tara. A lengthy discussion then took place concerning the wording of the motion and whether it should include Occupational Therapists. Several changes to the verbiage of the motion were suggested. In addition the question of whether OT's should also be certified was discussed. The general consensus was that members were in agreement about the necessity of certification for VRT'S and O and M's, but there was a serious difference of opinion about OT's, and that, for the present, we should ratify that upon which we can agree.

Maria moved that we vote on the licensure bill currently before the legislature. It was agreed that the vote, taken last Spring, via email, (nine against the current bill, two for it, with one abstention), should be accepted and the Board should move forward from that point. The move toward consensus then continued with the following substitute motion, proposed by Luis and seconded by Carena, in order to get something on the table that he believes is needed to strengthen services to people who are blind. Vocational Rehabilitation teachers and Orientation and Mobility instructors must be certified in the state of New York, in order to provide services to blind and/or visually impaired individuals. Alan asked that Luis allow an addition or amendment saying: Nothing in this is designed to preclude or limit any other profession's practice. Luis thought it a good amendment, pointing out social workers and TVI's as examples of other professions that regularly work with the blind and visually impaired. At Alan's request, Luis said that he would try to draft final language for the motion and circulate it prior to November 1st. He will be speaking with Alan and Charlie in an effort to get something to us that will be acceptable and will allow us to move forward.

QUIET CAR BILL

Alan hoped it would be easy to come to consensus because the main issue, when we last spoke about it, was the issue of time for compliance by car manufacturers. Karen said that her objection was that there was a difference between the federal and state bills and she would like to see the state version conform so that manufacturers would have ample time to do the necessary research. Alan asked, whether everyone could accept a change of language in the bill that would make it conform to the proposed federal legislation. Karen accepted that as a motion, seconded by David, and it was carried unanimously by the BOARD.

PUBLIC COMMENTS

Dave Gill spoke first. He is the parent of a blind child in New York. He said that he is a certified paramedic who also trains paramedics. He is certified by both New York State, and New York City, and had to receive certification from the state prior to being eligible for certification by the city. He said that, no matter how experienced a paramedic from another state, he/she would not be allowed to practice in this state without having first passed minimum standard tests and receiving certification. The same would be the case if said paramedic wished to practice in New York City, even though he/she had been certified by the state. Though Mr. Gill is a skilled and certified paramedic, he would not be allowed to practice in a hospital. He pointed out that the thing that gives him permission to work in his chosen profession is certification, governed by a strong law. He said that the power of the certification is in the law that governs it.

He then asked where complaints to CBVH should be addressed. The second part of his question was what the steps of recourse would be if the complaint, once lodged, were either to go unanswered, or answered unsatisfactorily. Alan responded that, while in the health system there is a well-ordered path that complaints take, he was not aware of such a system within CBVH. He thought it a good suggestion for the Board's consideration.

Carl Jacobsen spoke next. First, he asked that some effort be made to make it possible for the audience to hear the board members better. He pointed out that this was our third meeting and that the CBVH and OCFS has been represented at all of them. This helps to engender good communication and quick response. It is important also because he believes that there was some public perception that the Board was meant to reform or try to destroy the CBVH. The presence of other agencies such as, in the case of today's meeting, the Board Of Elections, or the Departments Of Transportation, Health, and/or Education, could have helped to dispel that myth. The board concurred and will do it in the future.

Carl has heard that a new mentoring program is being planned, but that there will be no financial compensation for the mentors. He noted that in this society, we tend to put our money where our values are and that the CBVH undervalues its mentors if they are not paid something.

He also has heard conjecture that the changes to the rehabilitation programs being discussed by the board would not cost anything beyond current expenditures. He believes that they will, but that the outcome will be greater, and well worth the while of the CBVH. He asserts that blindness skills are equally important as those required for employment and mobility.

Mr. Jacobsen implores the board to keep a strong mechanism available for raising the bar and continuing to ratchet it up. He then asked if copies of the audio files of these meetings might be made available to NFB and ACB for posting on their websites.

He pointed out the size and toughness of the piece of meat on which we are chewing and commended us on a job well done.

With no further comments, the meeting was adjourned at 3:10 PM.

Respectfully Submitted,
Mindy Jacobsen
Secretary