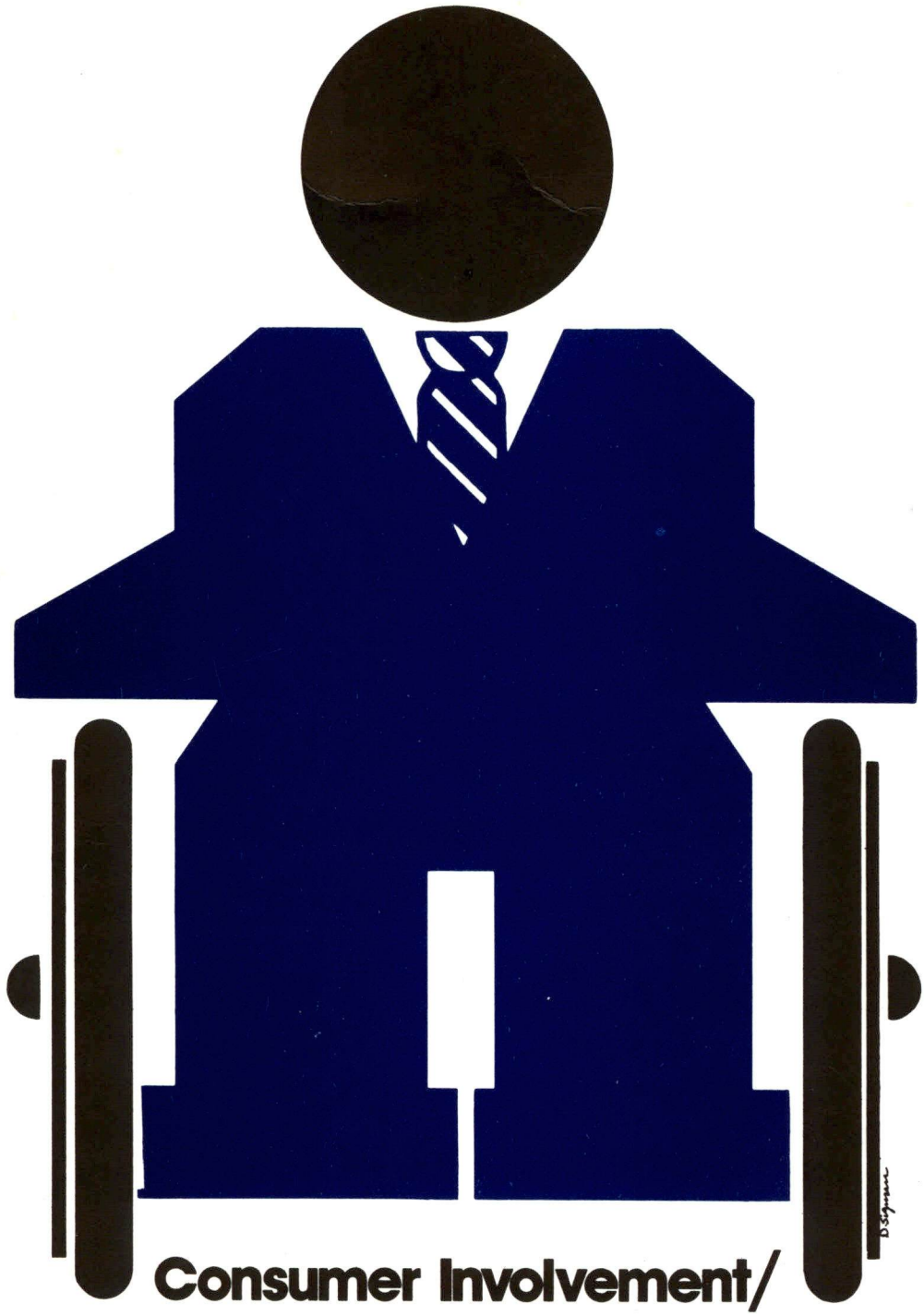

Consumer Involvement/ Policy Development Consultation:

A Resource Manual for Staff Development Personnel and Rehabilitation Trainers

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Consumer Involvement/ Policy Development Consultation

A Resource Manual for Staff Development Personnel and Rehabilitation Trainers

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Table of Contents

General Overview

Dramatic changes have and are taking place in rehabilitation in terms of priorities, programs, services and clientele. Some of these changes include services to the severely handicapped on a priority basis, Individualized Written Rehabilitation Program (IWRP), Affirmative Action, Post-Employment Services, Administrative Review and Fair Hearings, Client Assistance Projects, Consumer Involvement/Policy Development Consultation, and now Comprehensive Services.

The full impact of these developments in conjunction with the Rehabilitation Act of 1973 as amended have not been completely assessed and may not be for some time to come.

One of the major developments included in the Act of 1973 and the subsequent amendments concerns the expanded role of the consumer of rehabilitation services. Although state agencies have always advocated consumer involvement, recent legislation now mandates formal participation by recipients of services.

There are a number of essential factors for implementing consumer involvement/policy development consultation (CI/PDC). These include:

1. Administrative commitment to the concept of CI/PDC.
2. Proper attitudes and commitment on the part of agency staff.
3. Elimination of defensive attitudes by both agency and consumers.
4. Attitudes of a willingness to listen, to change, to share information of a common mission by both consumers and agencies.
5. Continuous effort to inform and educate the public, including consumers, in reference to agency policy, procedures, regulations, limitations/restrictions, services.
6. An ongoing evaluation of the effectiveness of consumer involvement/policy development consultation by the state rehabilitation agency.

The purpose of this manual is to serve as a basic resource document for staff development, rehabilitation trainers, university-based rehabilitation training programs, regional rehabilitation continuing education programs, and others who conduct or will conduct training in the areas of consumer involvement and/or policy development consultation. It is not intended to be an all inclusive training packet but rather to serve as a resource guide from which training programs can be developed.

In no way can a manual on CI/PDC be all inclusive, for new programs are being implemented, new materials are being developed, and better ways for consumer involvement are being found. Hopefully, however, this manual will serve as a base upon which trainers can build more effective training programs. It should be used in conjunction with other materials in the field plus the experience gained by state agencies as they attempt to expand the role of the rehabilitation consumer.

Initially, the answers to the many questions may be nebulous until a viable working relationship is established between consumers and agency. Making this transitional period less difficult is the primary objective of this manual.

SECTION I
Definition of Terms

Definition of Terms

Several terms are encountered frequently in the area of consumer involvement/policy development consultation:

A. Severely Handicapped

1. One who has a severe physical or mental disability which seriously limits his/her functional capacities (mobility, communication, self-care, self-direction, work tolerance, or work skills) in terms of employability.
2. One whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.
3. One who has one or more physical or mental disabilities resulting from amputation, arthritis, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple skeletal disorders, neurological disorders (including stroke or epilepsy) or paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, and end-stage renal disease, or another disability or combinations of disabilities determined on the basis of an evaluation of rehabilitation potential to cause comparable substantial functional limitations (Federal Register, November 1975; 1361.1:12; (1), (2), (3).

B. Consumer

1. Any person who has, is, or might use the service of the rehabilitation agency.
2. Recipients of vocational rehabilitation services or, as appropriate, their parents, guardians, or other representatives.
3. Providers of vocational rehabilitation services.
4. Others active in the field of vocational rehabilitation. (Public Law 93-112, 1973).

C. Consumer Group

A group of consumers who have joined together for the general welfare of their membership.

D. Consumer Representative/Advocate

An individual who represents a particular constituency, their interest and perspective, who is elected or appointed by them, and is accountable to them.

E. Consumer Involvement

The intentional and systematic effort by consumers and rehabilitation workers to communicate and cooperate with each other to further rehabilitation efforts. It may be in the form of a one-to-one relationship (i.e., client-counselor), or group interactions (between consumer advisory boards and administrative personnel). These relationships should include all types of consumers at all levels of the rehabilitation system (Second IRI, **Consumer Involvement**, 1975).

F. Policy Development Consultation

A formal program for receiving and considering the views of recipients of vocational rehabilitation services, providers of such services, and others active in the field of vocational rehabilitation in establishing and carrying out program policies. (Program Regulation Guide, RSA-PRG 76-7, October 15, 1975).

G. Rehabilitation Process

The flow of goods and services on behalf of the handicapped for the purpose of bringing the handicapped person to an optimum level of community participation (Bartel, n.d.).

SECTION II
Legislation & Regulations

Legislation and Regulations

Legislation and Regulations related to CI/PDC refer to the individual consumer and consumers as groups. The two categories, however, are not mutually exclusive. Each has an effect on the other.

A. Individual Consumer Involvement (Regulations, Legislation)

1. Individualized Written Rehabilitation Program (IWRP); Regulations and Legislation:

   a. **Statutory provision:** the Individualized Written Rehabilitation Program with its emphasis on the individual's participation, his/her rights and remedies, on objectives and measurement of achievement, on review of progress.

   b. **Citation:** Rehabilitation Act, as amended, or as stated. Section 102.

   c. **Regulation 45 CFR:** Section 1361.39

   d. **Federal Register (November 1975)** has complete provisions for the IWRP. The following is a synopsis of these provisions:

      (1) The IWRP must be written at the time, or shortly after the time, the client is certified for extended evaluation or declared eligible for rehabilitation services.

      (2) The report is detailed and constantly updated.

      (3) The report must be shared with and agreed upon by the client, parent or guardian, or a duly authorized representative.

      (4) A copy of the report with any subsequent amendments will be given to the client. This way, all parties involved will have a schedule of what is to occur, when objectives should be reached, who is responsible, and how the program is to be financed.

      (5) The IWRP shall be developed **jointly** by the appropriate state agency staff member and the handicapped individual or, as appropriate, his parent, guardian, or other representative.

   e. **Other Provisions of the IWRP (Federal Register, November 1975)**

      (1) The long-range vocational goals and the intermediate objectives to be obtained in the process of reaching the long-range goals.

      (2) The vocational rehabilitation services which will be provided to reach the long-range goals and the terms and conditions for the provision of such services.

      (3) The projected dates each of these services will be initiated and completed.

      (4) A schedule and methodology for periodic review and evaluation of the intermediate objectives and the long-range goals and a record of such reviews and evaluations.

      The State Plan shall provide that the IWRP shall be reviewed as often as necessary, but **at least on an annual basis**, at which time each handicapped individual or, as appropriate, his/her parent, guardian, or other representative will be afforded an opportunity to review such programs, and, if necessary, jointly redevelop its terms.

      (5) The views of the client, parent, guardian, or representative concerning the goals, objectives, and vocational rehabilitation services being provided.

      (6) The terms and conditions for the provision of vocational rehabilitation services, including:

         (a) the responsibilities of the handicapped individual in implementing the IWRP

         (b) the extent of client participation in the cost of services if the state elects to condition provisions of any services on the financial need of the client

         (c) the extent to which the individual is eligible for similar benefits under any other program

(7) An assurance that the client has been informed of his/her rights and that he/she understands the procedures for seeking remedy through administrative review and/or fair hearing.

(8) An assurance that the client is aware of a client-assistance project in those states and/or areas where they have been established.

(9) The basis on which the client has been determined to be rehabilitated.

(10) Any plans which may have been agreed to for the provision of post-employment services after the suitable employment goals have been achieved and the basis on which such plans have been developed.

2. **Ineligibility Procedures:**

a. The rationale for determining ineligibility shall be recorded as an amendment to the IWRP.

b. A certification of ineligibility shall be executed.

(1) The state plan shall provide that whenever it has been determined beyond any reasonable doubt that an individual is ineligible for vocational rehabilitation services, either because he does not have a physical or mental disability which constitutes a substantial handicap to employment or because it has been determined beyond any reasonable doubt that he cannot be expected to benefit in terms of employability from vocational rehabilitation services, there shall be a certification, dated and signed by an appropriate state agency staff member.

(2) Certification of ineligibility will include the specifications of reasons for the determination of ineligibility and will be made only after full consultation with the individual or, as appropriate, his/her parent, guardian, or other representative, or after affording a clear opportunity for such consultation.

c. The state agency shall notify the individual in writing of the action taken and shall inform the individual of his rights and the means by which he may express and seek remedy for any dissatisfactions, including the state agency's procedures for administrative review and fair hearings under 1361.46.

d. When appropriate, the individual shall be provided a detailed explanation of the availability of the resources within a client-assistance project established under Part 1362; and referral shall be made to other agencies and facilities.

e. The handicapped individual has a right to a periodic review (at least annually) of the action taken. This review must be in full consultation with the handicapped person unless:

(1) the individual has refused such review

(2) the individual is no longer present in the state

(3) his/her whereabouts are unknown

(4) his/her medical condition is rapidly progressive or terminal

3. **Termination Procedures:**

If services are to be terminated under an IWRP from either an active case-load status or from extended evaluation because an individual is not capable of achieving a vocational goal, specific steps must be taken. These steps are listed in Section 1361.39, **Federal Register**, November 1975. Termination procedures include ineligibility procedures mentioned earlier.

4. **Termination Without Consultation:**

The decision for closure without consultation is permissible if:

a. the client refuses further services and/or consultation.

b. the client moves out of the state or his/her whereabouts are unknown.

c. the client's medical condition is rapidly progressive or terminal.

B. Policy Development Consultation (Group Involvement)

1. Affirmative Action: Employment of the Handicapped

   a. **Statutory provisions:** an Affirmative Action plan for employment oppportunity and advancement of handicapped individuals which must apply to both state vocational rehabilitation agencies and to rehabilitation facilities receiving assistance under Title I of the Act.

   b. **Citations: Section 101 (a) (6).**

   c. **Regulation 45 CFR: Section 1361.15**

   d. **The Federal Regulation 1361.15 (c)** states:

      The State Plan shall further provide that the state agency will develop and implement a plan to take affirmative action to employ and advance in employment qualified handicapped individuals. Such plan shall provide for specific action steps, timetables, and complaint and enforcement procedures necessary to assure such affirmative action. The State Plan shall further comply with the requirements concerning nondiscrimination of handicapped individuals specified in regulations developed pursuant to Section 504 of the Act.

2. Policy Development Consultation (PDC)

   PDC requires consumer input into policy and decision making of rehabilitation agencies:

   a. **Statutory provision:** policy consultation by the state or local agency to "take into account, in connection with matters of general policy arising in the administration of the plan the views of individuals and groups thereof who are recipients of vocational rehabilitation services or, in appropriate cases, their parents or guardians, working in the field of vocational rehabilitation and providers of vocational rehabilitation services."

   b. **Citation:** Section 101 (a) (18)

   c. **Regulation 45 CFR:** Section 1361.19

   d. **Section 1361.19** (Federal Regulations), Policy Development Consultation states:

      (1) The State Plan shall provide that the state agency, or as appropriate, the state agency and any sole local agency will review the opinions of individual consumers and consumer groups in developing and implementing policy.

      (2) The State Plan shall further provide that the state agency will maintain a written record of the methods to be used in obtaining consumer views. Also, the state agency will ensure that such records are available to the public.

   e. **Client-Assistance Projects:** The client-assistance projects were established to supplement the procedure for an aggrieved client to petition for administrative review and fair hearing Their primary purpose is to give the consumer a greater voice throughout his/her rehabilitation program.

      (1) **Statutory provision:** client-assistance projects, with special funding, to provide client-assistance counselors to inform and advise all applicants and clients in the project area of all available benefits and, on their request, to assist such clients in their relationships with state agencies.

      (2) **Citation:** Section 102, 112

      (3) **Regulation 45 CFR:** Section 1362.45

      (4) **Section 1362.45** of the Federal Regulations provides definitions of specific terms:

         (a) "Client" or "client applicant" means an individual who:

            i.) is seeking vocational rehabilitation services from the state agency;

            ii.) is receiving vocational rehabilitation services from the state agency;

iii.) has been receiving vocational rehabilitation services from the state agency; but the provision of such services has been terminated without his/her concurrence, and he/she is seeking assistance in connection with the termination of such services.

(b) "Counselor" means a client-assistance worker who is functioning in the capacity of an ombudsman.

(c) "Project area" means the geographical or administrative area served by project counselors and designed in a manner to facilitate client or client-applicant accessibility to the project.

(5) **Section 1362.45 of the Federal Regulations:** Other relevant information pertaining to client-assistance projects:

(a) **Purpose:** pursuant to the requirements of Section 112 (a) of the Act, grants may be made under Section 112 for the purpose of establishing, in no less than seven nor more than twenty geographically dispersed regions, client-assistance pilot projects to provide counselors who will inform and advise all clients and client-applicants in the project area of all available benefits under the Act and who will, upon request of such clients or client applicants, assist them in their relationships with the projects, programs, and facilities providing services to them under the Act.

(b) **Project Awards:** a project may be awarded only to state agencies which shall directly administer such projects.

(c) **Matching requirements:** no minimum share will be required of grantees.

(d) **Allowable cost:** Federal assistance may be available for costs specified in Section 1362.8 (except for provision of vocational rehabilitation services) and may also be available for the costs of client or client-applicant travel as necessary to achieve project objectives.

(e) **Project period:** a project may be approved for a period not to exceed three years.

(f) **Counselor responsibilities:** counselors employed within projects under this section will be responsible for:

i.) interpreting the vocational rehabilitation services to clients or client applicants;

ii.) advising clients or client-applicants of benefits available to them under such program;

iii.) otherwise assisting such individuals in their relationships with projects, programs, and facilities providing vocational rehabilitation services under the Act; and

iv.) advising state agencies of identified problem areas in the delivery of vocational rehabilitation services to handicapped individuals and suggesting methods and means of improving state performance.

(6) **Special Considerations,** as outlined in Section 1362.45 of the Federal Regulations:

(a) No employee is to be receiving benefits from rehabilitation.

(b) Project director is to have access to policy-making and administrative personnel.

(c) All clients of the project are to receive adequate client assistance.

(d) Assistance is to be sought from institutions of higher learning.

(e) Effectiveness of the project is to be evaluated.

SECTION III

Actions Required of State Rehabilitation Agencies

Actions Required of State Agencies

A. Overview

To meet congressional mandates, state rehabilitation agencies must:

1. Assess current practices regarding consumer involvement
2. Develop a program which meets legal requirements
3. Describe the program in writing
4. Make the written description available to the public
5. Provide the staff and funds necessary to implement the program.

B. Required Elements of the Program

1. Solicit input from Consumers/Consumer Groups
   a. Recipients of Vocational Rehabilitation Services
   b. Recipients' parents, guardians, or representatives (when appropriate)
   c. Representatives of consumer self-help organizations
   d. Other individuals or organizations active in consumer advocacy
   e. Providers of Rehabilitation Services
2. Solicit input: How?
   a. With an **orderly, organized** method
   b. On a **continuing** basis

C. Required Elements of the Written Plan

1. List methods used
   a. to secure input
   b. for selecting individual consumer representatives
   c. for selecting consumer groups representatives
   d. for evaluating input
   e. for notifying advisers of results
2. Send a copy of this written plan
   a. to the public (newspapers, radio/tv, direct mail, etc.)
   b. to all consumer organizations
   c. to providers of vocational rehabilitation services
   d. to regional office of the Rehabilitation Services Administration
   e. to any other public/private rehabilitation agency designated by the state.
3. Send the following to all consumer representation:
   a. Relevant state agency manuals or sections
   b. State laws and regulations
   c. Federal laws and regulations
   d. Any other helpful, relevant information (Information relevant to their responsibilities as advisers)
4. Provide any orientation or training needed by selected consumer representatives
   a. to ensure their proper understanding of all materials received.
   b. to ensure their understanding of the state agency's operations.
5. Provide facilities, professional staff, and secretarial help as needed
   a. for all meetings of selected advisers
   b. for committee meetings

c. for panel meetings
d. for state or regional forums
e. for state or regional meetings
f. for any other meetings or means listed in the written plan

SECTION IV

Models of Consumer Involvement/ Policy Development Consultation

Models for Consumer Involvement/Policy Development Consultation

A. Introduction

1. There are several CI/PDC models agencies may choose to follow:
   a. Each model should be evaluated in terms of appropriateness for the agency. The agency should:
      (1) Study characteristics of each model.
      (2) Let the consumer advisers state their opinions on each model.
      (3) Have a reasonable trial period (optional).
      (4) Adopt the best model(s) that will meet the legal requirements.
   b. **No one method** works for every state agency. Choose the method or methods best for yours.
2. One staff person should have responsibility for CI/PDC:
   a. He/she will be a representative from the State Rehabilitation Agency's administrative structure.
   b. Getting the program started will be this individual's responsibility.
   c. This person will give the program the time it deserves.
   d. He/she will provide leadership for the program.
   e. This staff member will be a catalyst-advocate for agency, for consumer.

B. The Models

1. Consumer Advisory Committee
   a. Make sure there is a balanced and adequate representation from all consumer groups and providers of Vocational Rehabilitation Services.
   b. Most state agencies have used this method and feel comfortable with it.
   c. Regional and/or District Advisory Committees:
      (1) These committees are in addition to the state advisory committee.
      (2) They deal with local policy and administrative matters.
      (3) Supervisors of the district or regional offices can serve the adviser position(s) for these committees.
      (4) Selected members from these committees could be sent as delegates to the state advisory committee.
      (5) The State Consumer Advisory Committee/State Agency must assess and address issues presented to them by the Regional Committees. Feedback must be provided to ensure their continued involvement in CI/PDC.
2. Forums and Open Meetings
   a. A series of meetings conducted at scheduled intervals in the state capital (or other parts of the state).
   b. An **adequate** and **balanced** representation of all consumer groups and providers of Vocational Rehabilitation Services is required.
   c. The written State Plan should explain how to obtain a balanced and adequate representation.
   d. All participants should be notified and sent materials well in advance of scheduled meetings so that:
      (1) They can review all proposed programs, program changes, current practices, etc.
      (2) They can present items (in advance) to be included in the agenda.

e. Next to Advisory Committees, State Agencies have utilized forums the most. As a result, they feel comfortable with this method.

3. Opinion/Attitude Surveys
   a. Advantages:
      (1) Surveys can reach large numbers of people in a relatively short period of time.
      (2) It is economical, if done by telephone or mail.
      (3) Sometimes, it is the **only** way to obtain the desired information.
   b. Disadvantages:
      (1) This method permits neither an exchange of views nor the in-depth deliberations that can take place in the other models.
      (2) Great skill is required in preparing the survey questions and statements to reduce to a minimum different interpretations of the questions.
      (3) The follow-through in informing those polled of the survey results may require considerable effort (depending upon the number and location of the people polled).
   c. In all probability this approach should not be used on a permanent basis, since the other methods are more effective and involve direct contact between consumers and state agencies.
4. Other Models
   a. Closed-circuit television
   b. "Hot Lines" (Telephones)
   c. Your own ideas
   d. Expect new and different approaches in the future.

SECTION V
Consumer Rights & Responsibilities

Consumer Rights and Responsibilities

A. Consumer Rights

1. Client Orientation: Exploration of roles, expectancies, responsibilities, and counselor/client relationships.
2. Local level Advisory Groups: Understanding of the role and function of the local rehabilitation office, agency staff, and services.
3. Agency Training Activities: Consumers participating in training programs should be provided with adequate information; be encouraged to participate in program planning; be reimbursed for travel, per diem, and other expenses.
4. State Office Level: Policy development consultation can only be provided by clients who are well informed, trained, and provided adequate resources. This is especially true in areas of budgeting, priorities, programs, services, etc.
5. In summary, consumer advisers must have access to information to which they are entitled and to agency policy, procedures, regulations, and limitations.
6. **Consumers must be trained.**

B. Consumer Responsibilities

1. Responsibilities to the state agency and to their constituents.
2. Recognizing and understanding the legal mandate and budgetary limits of the state agency to which they are providing policy development consultation.
4. Willingness to work with the state agency constructively and consistently over a sufficiently long period to effect desired changes;
4. Devoting whatever time and effort is required to gain a clear and comprehensive understanding of the policies and procedures of the state agency.
5. Dealing with problems as issues and not in a personal or vindictive manner;
6. Willingness to be concerned with a broad range of issues and to view program proposals when indicated in terms of benefiting all disabled people and not necessarily one group of handicapped people;
7. Keeping their constituency informed about state agency policies and programs and their role in the development and implementation of these policies and programs.

C. Consumer Organizations' Responsibilities

1. The consumer organizations must recognize and understand the legal mandate or mission of the agency with which it is dealing.
2. Policy and procedures of the agency must be understood by the consumer.
3. Consumer organizations, as represented by leaders, must be willing to work with an agency constructively and consistently over a sufficiently long period to effect the desired changes.
4. Representation from a consumer organization should be broad enough to meet the needs of its constituency.
5. Problems must be dealt with as issues, not in a personal or vindictive manner.
6. The consumer organization must keep its members informed about agency responsibilities and policies.

SECTION VI

Advantages of Consumer Involvement/ Policy Development Consultation

Advantages of Consumer Involvement/Policy Development Consultation

A. Advantages of CI/PDC for the Consumer

1. Consumers will become more familiar with the mission and regulations governing the agency.
2. Consumers will be able to guide their constituents to the agencies which can most appropriately deal with their specific problems.
3. Consumers have initiated many projects designed to help themselves (e.g. New Options, the Center for Independent Living (CIL), Berkeley, California). As one of the pioneers, CIL initiated self-help groups, peer counseling, consumer advocacy, and other programs for consumer assistance. As a result of the efforts of CIL, similar projects are being developed and operated by consumer groups across the country.

B. Advantages of CI/PDC for the State Agency

1. Greater efficiency
2. Fewer clients will be mis-directed to agencies that cannot meet their needs
3. Consumers can become "agency" advocates
4. Legislative changes (due to consumer advocacy)
5. Fund-Raising enhanced due to positive consumer advocacy and involvement
6. Will keep staff informed on contemporary problems of the handicapped
7. Improves client-counselor relationships
8. Feedback from clients
9. Evaluation tool that can augment the quota and cost-analysis methods now used
10. Receive new insights and ideas which can lead to innovation
11. Builds morale of agency staff: Agency personnel are frequently better motivated after working directly with consumers. Being able to see the results of services and developing meaningful rapport will increase a sense of purpose and dedication on the part of agency workers.
12. Increased client morale due to increased self-esteem and the opportunity to contribute.
13. Consumers may become rehabilitation professionals: Such professionals provide valuable insight for agencies.
14. A proper CI/PDC program will include feedback not only from clients and service providers but from all segments of the population.

SECTION VII
Staff Training

Staff Training

A. Who Should be Trained in Consumer Involvement/Policy Development Consultation?

1. Upper and Middle Management
2. First-Line Supervisors
3. Counselors
4. Consumers
5. Support Personnel (vocational evaluators, instructors, adjustment specialists, psychologists, physical and occupational therapists, etc.)
6. Clerical Staff

B. Training Topics

1. What is consumer involvement? Policy development consultation?
2. Agency policy and procedures
3. Legislation and regulations
4. Implementation
5. Advantages of CI/PDC
6. Models
7. Agency and Consumer Responsibilities and Rights

C. Training Resources

1. In-Service Training (State, Regional, and Local)
2. Training by First-Line Supervisors
3. Agency Directives
4. New Staff Orientation
5. University/College-Based Rehabilitation Training Programs
6. Regional Continuing Education Programs in Rehabilitation
7. Rehabilitation Facility Training Programs
8. Research and Training Centers
9. Training Efforts By Other Agencies

The trainer will have to choose which topics and issues are addressed according to how much time he has and the objectives of the training program.

D. As Mentioned in a Previous Section, Consumers, Consumer Advocates, and Consumer Representatives should be Represented as Both TRAINERS and TRAINEES.

References

Arkansas Rehabilitation Services, Program Planning and Evaluation. **Policy Development Consultation.** June 1975.

Bartels, Elmer C. **Consumer Involvement in the Rehabilitation Process.** Mimeographed, n.d.

Fay, Frederick. **Rehabilitation and the Measurement of Its Results: Consumers Respond to Results in Rehabilitation.** Tufts University/Research and Training Center, n.d.

Department of Health, Education, and Welfare; Rehabilitation Services Administration. "Policy Development Consultation," **Program Regulation Guide.** RSA-PRG 76-7, Oct. 15, 1975.

Department of Health, Education, and Welfare; Rehabilitation Services Administration. "Policy Development Consultation," **Rehabilitation Services Manual.** 1975.

Fifth Institute on Rehabilitation Issues. **The Role of Vocational Rehabilitation in Independent Living.** University of Arkansas/Arkansas Rehabilitation Research and Training Center, Arkansas Rehabilitation Services, 1978.

Second Institute on Rehabilitation Issues. **Consumer Involvement: Rehabilitation Issues.** University of Arkansas/Arkansas Rehabilitation Research and Training Center, Arkansas Rehabilitation Services, 1975.

Third Institute on Rehabilitation Issues. **Post-Employment Services in Rehabilitation.** University of Arkansas/Arkansas Rehabilitation Research and Training Center, Arkansas Rehabilitation Services, 1976.

U.S. Congress. **Rehabilitation Act of 1973.** Pub. L. 93-112, 93rd Cong., Report 93-391. Washington, D.C.: U.S. Printing Office.

U.S. Congress. **Rehabilitation Act: Amendments of 1974.** Pub. L. 93-516, 93rd Cong.

Appendices

Appendix A

Consumer Advisory Committees*

Organizing an Advisory Council

Since, in all probability, most states will elect to follow the advisory council model, the outline which follows contains factors which state agencies might want to consider.

I. **Origin and Purpose**

II. **Members**

- A. Membership Composition
- B. Membership Requirements
- C. Membership Terms
- D. Vacancies
- E. Ex-officio Members

III. **Meetings**

- A. Regular Meetings
- B. Quorum

IV. **Officers**

- A. Elective Officers
- B. Duties and Responsibilities of Officers
  1. Chairman
  2. Vice Chairman
  3. Recording Secretary
- C. Time for Elections
- D. Voting Methods

V. **Procedures for Adoption, Revisions and Additions**

VI. **Rules of Order**

Structure of the Committee

A consumer-involvement group must be as flexible as necessary to meet the needs of the agency. Groups or forums can be established on the state, regional/district, or local level, whichever best meets the established goals and objectives.

Specific Considerations

1. **Membership**

   Membership should be open to all clients and agency personnel (local, regional/district, or state). Others should be included, i.e., advocates, representative providers, and interested individuals. Terms and numbers of membership should be designated in the bylaws.

2. **Meetings**

   Depending on needs, meetings may be scheduled every month, three months, etc. Twice annually seems to be preferred. Site: centrally located, free/non-profit facilities.

3. **Organization**

   A temporary chairman should conduct the first few meetings until members become acquainted. An election of officers should then follow with bylaws written soon after.

4. **Responsibility**

   Members should be encouraged to assume as much responsibility as practical, e.g., planning for meetings, chairing special task groups, scheduling special programs, intergroup meetings.

Subcommittees

1. **Transportation Committee**

   Function is to arrange transportation to meetings for clients and to see that those who are eligible are reimbursed for transportation and babysitting costs.

2. **Communications Committees**

   a. Newsletter: Function is to write newsletter and see that it gets to print shop in time to be mailed out with checks.

   b. Minutes: Function is to write up minutes of meetings and see that they get distributed.

   c. Public Relations: Function is advising the public and other agencies about client involvement.

3. **Refreshments Committee**

   Function is to see that refreshments are available at meetings.

4. **Program Committee**

   Each meeting will have time allotted for a brief program. The function of this committee is to set up these programs and assure that they are relevant and reflect the interest of the members.

5. **Liaison Committee**

   Function is recruiting new members for client involvement and reminding clients who have been to previous meetings of upcoming meetings.

6. **Resources Committee**

   Function is to be responsible for getting staff to serve on a rotating basis as agency resource personnel to discuss personal problems with clients.

*Arkansas Rehabilitation Services, Program Planning and Education. Policy Development Consultation, June 1975.

Appendix B

Potential Difficulties*

This section discusses difficulties that are often cited in the development of consumer-involvement groups and offers suggestions for dealing with these problems.

1. **Apathy**
   a. Work on projects which are vital and interesting to the clients.
   b. Give clients specific jobs as committee members.
   c. Encourage members to express their feelings and opinions; "gripe sessions" can be productive.
   d. Invite clients who are angry with the agency.
   e. Invite local, state and Federal officials to speak at meetings.
   f. Have workshops for workers and clients to improve communication skills.
   g. Announce meetings in newspaper and over radio, television, and other media.
   h. Have some clients help write a newsletter and send out newsletters with checks.
   i. Encourage client members to invite friends who are interested.
   j. **Don't** let agency workers dominate meetings, neither in number nor in voice.
2. **Transportation**
   a. Advise clients that they can receive the stipulated reimbursement for their transportation costs.
   b. Get other workers to help transport members to a central place where you can pick them up.
   c. Have nonclient members help with transportation.
   d. Try to meet in a central and convenient location.
   e. Try to utilize local civic, voluntary, and service groups.
3. **Lack of Clearly Defined Goals and Projects**
   a. Let members pick projects.
   b. Start work right away by assigning task groups, subcommittees, special projects, etc.
   c. Projects which have been undertaken by some local groups:
      (1) produce television spots to educate the public. Use one client and one worker to write and take part in each spot.
      (2) support appropriate legislation.
      (3) conduct pre-employment classes with the assistance of the local vocational rehabilitation office, employment security division, etc.
      (4) publish newsletters for recipients that discuss new policy changes, community activities, etc.
      (5) find out what public hearings in the state legislature are of particular interest to clients and have them attend and testify.
4. **How to Identify, Contact, and Involve Clients**
   a. Have clients invite others.
   b. Set up a table and posters to invite clients and answer their questions concerning client involvement.
   c. Put up posters in vocational rehabilitation waiting rooms, at the health department, and at community centers.
   d. Give each client, during intake, a brochure explaining client involvement.

e. Use radio and television spots.

f. Hold community forums which give information about services and invite those attending to help set up a client-involvement group.

5. **Day Care for Children of Members**

   a. Let members know babysitting costs can be reimbursed.

   b. Set up babysitting co-ops.

   c. Bring the children along and use volunteer babysitters at the meeting place.

6. **Other Suggestions**

   a. Some groups have an "adviser" who is very helpful in:

      (1) writing proposals, letters to legislators, etc.

      (2) facilitating the flow of the meeting.

      (3) serving as a resource person.

      (4) helping the group relax.

   b. Have client members come to the agency for "Orientation." Here they may be introduced to workers, given a brief description of services, and given the opportunity to ask questions about these programs.

   c. Don't feel **you** have to worry about solving all problems. Discuss them with the clients interested in the involvement group and let them work out solutions.

   d. Feel free to ask your involvement committee's regional contact person for assistance.

*Commonwealth of Virginia, Client Involvement Committee (May 8, 1974).