



CONSORTIUM FOR CITIZENS
WITH DISABILITIES

**The Consortium for Citizens with Disabilities
Appropriations Recommendations for
Fiscal Year 2007 for the Departments of Labor,
Health and Human Services, Education, and
Housing and Urban Development**

INTRODUCTION

The Consortium for Citizens with Disabilities is a Coalition of national consumer, advocacy, provider and professional organizations headquartered in Washington, D.C. Since 1973, the CCD has advocated on behalf of people of all ages with physical and mental disabilities and their families. CCD has worked to achieve federal legislation and regulations that assure that the 54 million children and adults with disabilities are fully integrated into the mainstream of society.

CCD does this by:

- Identifying and researching public policy issues, developing testimony and policy recommendations and encouraging innovative solutions to public policy concerns;
- Educating members of Congress in an effort to improve public policies and programs that foster independence, productivity, integration and inclusion of people with disabilities; and
- Encouraging people with disabilities and their families to advocate for themselves and coordinating grass roots efforts to support these advocacy efforts.

CCD's Vision

The Consortium for Citizens with Disabilities (CCD) envisions an American society in which all individuals, aided by an enabling government, have the freedom and opportunity to exercise individual decisions concerning their own lives, welfare and personal dignity.

CCD envisions a society in which communities are fully accessible to all individuals with disabilities and their families, where they are included and fully participate in all aspects of community life.

In CCD's vision of society, individuals with disabilities exercise their full rights and responsibilities.

CCD's Mission

To achieve this vision the CCD engages in advocacy efforts for national public policy that:

- Ensure the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society;
- Enhance the civil rights and quality of life of all people with disabilities and their families; and
- Reflect the values of the Americans with Disabilities Act

The State of the Nation -- Disability in the U.S.

At the dawn of the 21st Century, a number of laws stand to protect, provide for, and assist people with disabilities. Some are longstanding entitlements, such as Social Security cash benefits and Medicaid and Medicare health care and long term services and supports. Some provide for innovative approaches, such as the Assistive Technology Act of 1998. Some protect and provide services for children and families, such as Child Abuse Prevention and Treatment Act.

Other laws stand to protect rights. The Individuals with Disabilities Education Act (IDEA) protects the rights of children with disabilities to obtain a free and appropriate public education. The Fair Housing Amendments Act (FHA) protects against discrimination in Housing. The Air Carrier Access Act (ACAA) protects against discrimination in air transportation. The Rehabilitation Act protects against discrimination in employment, training and any program that receives federal funding; and the Help America Vote Act (HAVA) ensures full access to participation in the electoral processes of our country.

The Americans with Disabilities Act (ADA), written largely by people with disabilities, is the most comprehensive federal civil-rights statute protecting the rights of people with disabilities to date. It affects access to employment; state and local government programs and services; places of public accommodation and telecommunications. The legal and political roots of the ADA are deep in the civil rights movement, and its legal precedent lies in two great civil rights statutes, the Civil Rights Act of 1964 and Title V of the Rehabilitation Act of 1973.

Sadly, the promises of these and many more laws that address rights and services for children and adults with disabilities often remain unfulfilled.

The 2000 U.S. Census found that there are more than 54 million Americans with disabilities. The percentage of people with disabilities is larger than any single ethnic, racial, or cultural group in the U.S. At 19.3 percent, the number of people with disabilities exceeds the next largest group – Latinos (14.9 percent) – by a fairly wide margin.

The 2000 U.S. Census also found that at least 16 percent of the people in each defined ethnic, racial, and cultural group also self-identified as having disabilities: 24.3 percent of both African Americans and American Indians/Alaska Natives, 20.9 percent of Latinos, 18.5 percent of Caucasians, and 16.6 percent of Asians reported disabilities.

According to the National Organization on Disability (NOD), in 2004, more than a quarter (26 percent) of adults with disabilities live on family incomes at or below the federal poverty level, three times as many as Americans without disabilities (9 percent).

The Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC) reported in 2005 that the median household income of working-age people with disabilities increased from \$34,200 in 2003 to \$34,300 in 2004, in the U.S. while the median household income of working-age people without disabilities increased from \$58,400 in 2003 to \$60,000 in 2004.

In addition, people with disabilities who are African American or Latino have even lower income levels than people with disabilities who are Caucasian. The 2003 average household income for Latinos with disabilities was \$19,000, and for African Americans with disabilities, \$10,000.

The National Organization on Disability also reports that better education is a significant factor in raising the employment and income levels of people with disabilities and that under-educating and segregating students with disabilities often produces unemployed adults, existing on government benefits because they are unprepared for the job market. Nonetheless, students with disabilities remain twice as likely to drop out of high school (21 percent versus 10 percent of students without disabilities), and only 9.5 percent graduate from college, compared to 28.5 percent of people without disabilities.

Although employment rates vary based on the severity of a person's disability, only 35 percent of people with disabilities are employed, in contrast to 78 percent of all working-age.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 2.2 million adolescents ages 12 to 17 (9 percent) experienced at least one major depressive episode in the past year. These adolescents were more than twice as likely to have used illicit drugs in the past month than their peers who had not experienced a major depressive episode (21.2 percent compared with 9.6 percent).

SAMHSA also reported in 2005 that one-fifth of all students receive some type of school-supported mental health services during the school year. Elementary, middle, and high schools all cite social, interpersonal, or family problems as students' most frequent mental health problems. Mental health problems are broadly defined in the new publication, "School Mental Health Services in the U.S., 2002-2003." (SAMHSA, 11/22/05)

An estimated \$100 million of taxpayers' money is spent on detention of youth awaiting community mental health services. (House Government Reform Committee Report, July 7, 2004)

An estimated 17 million adults ages 18 and older (8.0 percent) reported experiencing at least one major depressive episode during the past year. (SAMHSA Advisory, 11/18/05)

According to *Priced Out in 2004: The Escalating Housing Crisis Affecting People with Disabilities*, the national average rent for a modest one-bedroom housing unit climbed to a record high of \$676 in 2004 – more than the entire monthly income of people with disabilities who rely on the federal Supplemental Security Income (SSI) program to pay for housing and other basic needs. Between 2002 and 2004, the cost of rental housing rose from 105.5 percent to 109.6 percent of monthly SSI payments – pricing people with disabilities completely out of the rental housing market.

Finally, some 8 million working-age Americans with disabilities receive federal benefits of \$50 billion annually from Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Although most express that they want to be employed, 99.5 percent of those receiving benefits would lose this income if they earned more than \$700 a month. The federal government estimates that if just 1

percent of people currently on SSDI went to work and no longer needed government benefits, \$3.5 billion would be saved.

Still, federal resources for critical programs to support the independence and productivity of children and adults with disabilities in the United States erodes year after year; and more, not fewer, children are deprived of all of the best in a free, appropriate public education. More, not fewer, people with disabilities find it hard to get and keep gainful employment. More, not fewer, families are financially devastated by the lack of assistance with excessive health care expenses for their family member with a disability. And more, not fewer, communities are diminished by the lack of inclusion of and participation from some of their most valuable citizens, those with disabilities.

It is in the context of these facts, and on behalf of people with disabilities everywhere, that the Consortium for Citizens with Disabilities makes the following recommendations for Fiscal Year 2007 appropriations for selected programs relevant to people with disabilities in the Departments of Labor, Health and Human Services, Education, and Housing and Urban Development.

Note: After the title of each program is the CCD-recommended funding level.

DEPARTMENT OF LABOR (DOL)

Workforce Investment Act

Adult Employment – \$987.9 million – These grants provide financial assistance to states and territories to design and operate training and employment assistance programs for adults. This is a major funding source for the One-Stop system. The President’s budget would cut this primary job training program 17 percent. It is already difficult for persons with disabilities to get served by this system. Cutbacks would make it even more difficult.

Pilots, Demonstration, Research – \$151.0 million – These nationally administered programs serve segments of the population that have special disadvantages in the labor market.

Youth Activities – \$1.1 billion – These grants support a wide range of activities and services to prepare low-income youth for academic and employment success, including summer employment.

Office of Disability Employment Policy – \$47.5 million – This Office provides leadership to eliminate employment barriers to people with disabilities. It works within DOL and in collaboration with other Federal agencies to develop and implement research and pilot projects that examine specific areas of policy inquiry in employment, training, retraining, retention, and employment support services.

Work Incentives Grants – \$20.7 million – These funds provide competitive grants to improve access to and coordination of information, benefits, and services to enable individuals with disabilities to return to work.

Health Resources Services Administration (HRSA)

Within DHHS, The Health Resources Services Administration (HRSA) provides national leadership, program resources, and services to improve access to competent, quality health care which may prevent diminished health that can lead to disability. The programs in the agency, including the Maternal and Child Health Bureau (MCHB), address access to needed health care of vulnerable populations including people with disabilities and chronic health conditions. Health care issues of infants and children are addressed through HRSA. Issues related to clinical preventive services are addressed through programs such as the “Universal Newborn Hearing Screening” and the Special Projects of Regional and National Significance (SPRNS) part of the MCH Block Grant are important programs for training health care professionals to serve people with disabilities and special health care needs and to address issues like rural health care and access to specialists. In addition, public health programs for injury prevention are important public health issues.

Maternal and Child Health Block Grant – \$724.0 million – The Maternal and Child Health Block Grant exists to improve the health of all mothers and children based on health status goals and national health objectives established by the DHHS. It also addresses access to needed health care of vulnerable populations including people with disabilities and chronic health conditions. The program has operated as a federal-state partnership since the Social Security Act was passed in 1935 and Title V initiated support of state efforts to extend and improve health and welfare services for mothers and children. Later it expanded to include other vulnerable populations. Title V programs do the following:

- Reduce infant mortality and incidence of disabilities among children;
- Increase the number of children appropriately immunized against disease;
- Increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services;
- Provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children with special health care needs; and rehabilitation services for blind and disabled children under 16 years of age who are eligible for Supplemental Security Income; and
- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs.

Developmental Disabilities Act programs – The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402) programs focus on the needs of the estimated 4.5 million individuals with developmental disabilities. Developmental disabilities (DD) are severe, life-long disabilities attributable to mental and/or physical impairments, manifested before age 22, that result in substantial limitations in three or more areas of major life activities.

Basic State Grants – Councils on DD – \$84.5 million – The State and Territorial Councils on Developmental Disabilities advise governors and other policymakers on how to enhance systems to build coordinated, comprehensive family and consumer-centered community services and supports, and state agencies on the use of available and potential

resources to meet the needs of individuals with developmental disabilities. Councils work to allow individuals to live, work and recreate in their communities.

Protection and Advocacy Program for individuals with Developmental Disabilities (PADD) – \$45.0 million – The Protection and Advocacy Program for individuals with Developmental Disabilities (PADD) was the first P&A program authorized by Congress, as part of the Developmental Disabilities Assistance and Bill of Rights Act in 1975. As disability policy has moved away from institutions to the community, PADD advocacy has played a major role in the de-institutionalization movement. However, tens of thousand of individuals with developmental disabilities continue to reside in state-operated or privately-owned congregate residential facilities, among them, 1,600 children under the age of 21.

Researchers in the field of developmental disabilities recently reported there has been a slowing of the trend toward deinstitutionalization. Since the PADD program has been an extremely effective tool in the move to the community (which the President continues to call for in his New Freedom Initiative), increased PADD funding could help stem this tide. Unfortunately, in his FY 2007 budget proposal, President Bush once again proposes level funding for the PADD program. In reality, this is a cut and will lead to the PADD program being less able to respond to the critical needs of people with developmental disabilities. The PADD program received a PART score of Adequate. Therefore, its effectiveness should be reinforced.

University Centers for Excellence in DD (UCEDDs) – \$37.0 million – CCD recommends \$37 million for University Centers for Excellence in Developmental Disabilities (UCEDDs) which will allow for the statutorily required CPI adjustment required to each of the existing 64 Centers, support additional training initiatives, as well as to establish four additional Center grants, two in states that currently have unserved and underserved populations and two which will specialize in minority health disparities and education issues. This network of University Centers provides direct services and supports to people with developmental disabilities, their families, and communities. This includes state-of-the-art diagnosis, evaluation, support services for children and adults in health care, cognitive development, behavior disorders, education, daily living, and work skills. However in some states – such as California and Georgia - the size, scope or location of the current UCEDD is inadequate to reach the growing population of people with developmental disabilities and the ever increasing disparate needs of this population. The network also must be expanded to address our nation's growing health disparities issues related to minority populations. Currently, there is no UCEDD that focuses on health issues for people with disabilities who are minorities. With the proposed increase in FY 2007, two UCEDDs would be added to the network which would focus on research and services for African Americans, Latino Americans, and Native Americans and two in states to address unserved and underserved populations.

Projects of National Significance – \$22.6 million (including Family Support) – Projects of National Significance (PNS) address particular national needs, such as Education, Housing, Medicaid and Transportation.

Family Support – \$22.6 million (including Projects of National Significance) – The Family Support Program promotes a comprehensive state system of family support services for families of children with disabilities so that families can stay together and individuals can live in the community.

Traumatic Brain Injury (TBI) State Grants -- \$15.0 million – Nationally there are 1.4 million brain injuries per year, with an estimated societal cost of more than \$60 billion per year, including direct care and lost productivity. Research indicates that 50,000 individuals die as a result of Traumatic Brain Injury each year in the United States and an additional 80,000 survive with residual long-term impairments. Today more than 5.3 million Americans are living with a TBI-related disability. TBI can strike anyone at any time – from falls, vehicle crashes, sports injuries, violence, and other causes. The Traumatic Brain Injury Act, originally passed in 1996 and reauthorized in 2000, is designed to promote sound and coordinated public policy in brain injury prevention, research, education, treatment, and community-based services and supports for individuals with TBI and their families. Among various activities authorized under the Act, HRSA makes grants to states to coordinate, expand and enhance service delivery systems in order to improve access to services and supports for persons with TBI and their families. Such services include work re-entry, school transitioning, consumer and professional training, interagency and private sector collaboration, as well as measuring program outcomes. Despite increasing numbers of soldiers returning from war with head injuries, increasing numbers of children being identified as disabled due to head injuries, and the release of an Institute of Medicine (IOM) Report stating the importance of the program to brain injury survivors and their families, the Administration's FY 2007 budget eliminates the TBI State Grant program. The CCD recommends that Traumatic Brain Injury State Grants be funded at \$15 million.

Protection and Advocacy for Traumatic Brain Injury (PATBI) Program – \$6.0 million – The Traumatic Brain Injury (TBI) Act was re-authorized as part of the Children's Health Act of 2000 (P.L.106-310). As part of the TBI Act, Congress created a protection and advocacy program for individuals with brain injuries. This allowed every state to have a TBI Protection and Advocacy program (PATBI) funded at a minimum of \$50,000 per state. In FY 2005, Congress funded the program at \$3.0 million. With this minimal funding, the PATBI program provided protection and advocacy services, information and referral services, and training to more than 50,000 individuals. A review of the program by the Institute of Medicine (IOM) found that, although the program was too new to assess its impact, it has placed a much-needed focus on TBI in the protection and advocacy system, and is part of a larger program that is of vital importance to individuals with brain injuries and their families.

The President's FY 2006 budget recommended eliminating the PATBI program. Both House and Senate Appropriations Committees restored this important funding. However, PATBI was funded at the FY 2005 level of \$3 million and then faced an across-the-board cut -- leaving only \$2.97 million to address an ever growing need. The cuts were particularly difficult given the rise in head injuries at home and in Iraq. Once again, in his FY 2007 Budget Proposal, the President calls for zeroing out funding for this critical program. The Administration's proposal would make it impossible to address the needs of returning soldiers who are facing life-altering challenges because of TBI. The CCD recommends a funding increase of \$3 million for a total FY 2007 appropriation of \$6 million.

Universal Newborn Hearing Screening -- \$9.0 million -- In April of 2000, HRSA awarded the first state Universal Newborn Hearing Screening grants. Approximately 1-3 infants per thousand

are born with significant hearing loss. Technology is currently available to conduct cost-efficient, physiological screening on a universal basis prior to hospital discharge. In 1993, less than 5 percent of all infants were screened for hearing loss prior to hospital discharge. Today the percentage is more than 65 percent and increasing rapidly. Most established programs are able to screen more than 95 percent of all newborns prior to discharge. Typically, 1-3 percent of those screened require referral for diagnostic evaluation. There is clear evidence that the implementation of universal newborn hearing screening substantially lowers the age at which children with congenital permanent hearing loss are identified. Children who are identified early and receive intensive early intervention perform as much as 20-40 percentile points higher than children who do not receive such intervention on school related measures (reading, arithmetic, vocabulary, articulation, percent of the child's communication understood by non-family members, social adjustment and behavior) than children who do not receive such intervention.

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) promotes health and quality of life by prevention and control of injuries, and disability. The CDC addresses issues related to specific physical and mental impairments such as epilepsy and health issues related to toxic environments which can diminish health. Also, the Agency promotes healthy lifestyles that prevent chronic health disorders and life threatening injuries that may be precursors disability. The CDC programs conduct and support research that develops and presents scientific evidence regarding all aspects of public health.

Birth Defects, Developmental Disabilities and Health – \$137.6 million – The National Center on Birth Defects and Developmental Disabilities (NCBDDD) promotes the health of babies, children, and adults, and enhances the potential for full, productive living. The Center's work includes identifying the causes of birth defects, researching birth defects, helping women to have healthy pregnancies, helping children to develop and reach their full potential, and promoting health and well-being among people of all ages with disabilities.

Chronic Disease Prevention – \$417.4 million – the National Center for Chronic Disease and Prevention and Health Promotion is at the forefront of the nation's effort to prevent and control chronic disease such as heart disease, diabetes, epilepsy, and cancer. The Center conducts studies to better understand the causes of the diseases, supports programs to promote healthy behaviors, and monitors the health of the nation through surveys. Critical to the success of these efforts are partnerships with state health and education agencies, voluntary associations, private organizations, and other federal agencies. Together, the centers and its partners are working to create a healthier nation.

Environmental Health – \$153.0 million – Persons exposed to toxins in the environment may suffer adverse health consequences that could lead to disability. One program associated with environmental health is the Environment Tracking Network which documents links between environmental hazards and chronic diseases that can lead to disability. This program also supports environmental health programs that include prevention of asthma, childhood lead poisoning, and emergency responses to chemical and radiological exposures. All of these conditions can diminish health and lead to disability.

Preventive Health and Health Services Block Grant – \$133.6 million – The Preventive Health Service Block grants provide states with funds for preventive health services. These funds can be

used to achieve progress toward the priorities and objectives of the U.S. Public Health program "Healthy People 2010." These goals include improved behavioral lifestyles such as appropriate physical activity; nutrition; control of substance abuse; prevention of chronic and mental health disorders; and access to clinical preventive services. "Healthy People 2010" identifies areas of public health to prevent diminished health status that can lead to disability. The Preventive Health Block Grant contributes to many objectives of the U. S. Public Health Service Act.

Injury Prevention and Control – \$142.8 million – Estimates are that there are approximately 5 million persons injured each year resulting in 150,000 deaths. Many injuries are permanent and diminish health that eventually can lead to disability. More than 10 percent of all disability is caused by injuries. The risk of injury is so great that most persons sustain a significant injury at sometime during their life. This widespread human damage too often is taken with the erroneous belief that injuries happen by chance. The Center for Disease Control and Prevention indicates that many injuries are not "accidents" or random, most injuries are predictable and preventable. This program in CDC provides state grants for all aspects of injury prevention and control.

Epilepsy Program – \$8.0 million – The CDC epilepsy program is making valuable progress in research, epidemiology and surveillance, early detection, improved treatment, public education and expansion of interventions to support people with epilepsy and their families and communities. Despite this progress, the President has eliminated the funding for this small but powerful program. The program is a partnership with the CDC to develop and implement programs based on the recommendations of Living Well with Epilepsy II. The program supports activities such as the First Responders Program which trains police, firefighters, and EMTs to recognize and treat seizures, the School Nurse Program which trains thousands of school nurses across the nation in how to recognize and treat students in the school environment with epilepsy, and the Seniors and Seizures program, the latest program addressing the needs of the fastest growing population of people having seizures – often for the first time. The CCD recommends that the program be fully restored and funded at \$8 million.

Traumatic Brain Injury (TBI) Registries and Surveillance – \$9.0 million – The Centers for Disease Control and Prevention provides funding to help states establish and maintain statewide registries and surveillance systems to determine incidence, cost, causes, contributing factors, and other data necessary for TBI prevention, developing service delivery, and linking individuals with traumatic brain injury and families to services.

National Institutes of Health (NIH)

The CCD recommends an overall funding level for the National Institutes of Health (NIH) of \$29.8 billion. The NIH uncovers new knowledge that may ameliorate or prevent diminished health that can lead to disability. The application of this new knowledge can lead to better healthcare for everyone including persons with disabilities. The research from NIH fosters sound, sustained advances in the sciences underlying medicine, public health, and social services. Research activities related to disability issues include those associated with human development, focusing on neurological and sensory communication disorders, mental health issues and disability risk factors such as alcohol and tobacco. The Congress should specifically authorize NIH to use appropriated funds for use for planning activities for and implementation of the National Children's Study. We believe the Congress should appropriate sufficient funds for both development and ongoing implementation.

National Institute of Child Health & Human Development (NICHD) – \$1.3 billion – The National Institute of Child Health and Human Development, created by Congress in 1962, supports and conducts research on topics related to the health of children, adults, families, and populations. NICHD addresses such health topics as reducing infant deaths; improving the health of women and men; understanding reproductive health; learning about growth and development; examining problems of birth defects and mental retardation; and enhancing function and involvement across the life span through medical rehabilitation research. NICHD provides core funding for the national network of Developmental Disabilities Research Centers, the world's largest concentration of scientific expertise in the fields of intellectual and developmental disabilities.

National Institute on Deafness & Other Communication Disorders (NIDCD) – \$412.7 million – NICHD supports scientific discovery to understand both normal processes and those processes that disrupt or devastate human communication systems. NIDCD supports a wide range of research, including the development of augmentative and assistive communication technologies, biomedical imaging, nanotechnology and linguistics. NIDCD supports scientists at all points of their careers, from high school to senior scientists and broadly disseminates research results to the public and to medical and health professionals.

National Institute of Neurological Disorders and Stroke (NINDS) – \$1.6 billion – More than 600 disorders affect the nervous system. Common disorders such as stroke, epilepsy, Parkinson's disease, and autism are well-known. Many other neurological disorders are rare – known only to the patients and families affected, their doctors, and scientists who look to rare disorders for clues to a general understanding of the brain as well as for treatments for specific diseases. Neurological disorders strike an estimated 50 million Americans each year, exacting an incalculable personal toll and an annual economic cost of hundreds of billions of dollars in medical expenses and lost productivity. NINDS conducts and supports research on brain and nervous system disorders.

National Institute of Mental Health (NIMH) – \$1.5 billion – The National Institute of Mental Health is the leading federal agency supporting basic biomedical and behavioral research related to mental illness. An overwhelming body of scientific research demonstrates that: (1) mental illnesses are diseases with clear biological and social components; (2) treatment is effective; and (3) the nation has realized immense dividends from five decades of investment in research focused on mental illness and mental health.

National Institute on Drug Abuse (NIDA) – \$1.0 billion – An estimated 23 million Americans struggle with serious substance abuse problems for which treatment is needed. Drug abuse leads to lost productivity, transmission of communicable diseases, domestic violence, drug abuse, and diminished health that can lead to disability. Drug abuse is up among American teenagers and there has been increased use, abuse and dependence of methamphetamine (1.4 million Americans had used the drug in the year 2004). Effective research is need in the area of drug abuse to prevent diminished health that can lead to disability.

National Institute on Alcohol Abuse and Alcoholism (NIAA) – \$457.7 million – Alcohol abuse is up among young Americans. Addiction to alcohol can have a devastating impact on individuals and their families, which may diminish health and lead to disability. Thus, there is need for research for prevention and treatments of alcohol addiction. One needed area of alcohol

research is its co-occurrence with drug abuse and mental illness. The CDC indicates that 28 percent to 30 percent of Americans have an alcohol substance abuse and/or mental health problems and one in three adults have co-occurring disorders, which complicate treatments. Therefore, funding of the NIAAA is an important research initiative to understand the complexities for prevention and treatments associated with drug abuse.

Social Services Block Grant (SSBG) – \$2.4 billion – The Title XX Social Services Block Grant provides a myriad of services and supports for individuals with disabilities in numerous states. Many states use SSBG funding to fill major gaps in their systems that serve vulnerable people. The CCD recommendation is intended to restore Title XX funding no longer available to states since the beginning of this decade.

Child Care & Development Block Grant (CCDBG) – \$2.6 billion – At its current rate of funding, the Child Care and Development Block Grants serves one out of every seven eligible children. Forty-five percent of mothers with an infant with a disability do not return to work because they cannot find appropriate child care. CCDBG funds are the only federal source of support for child care tuition for low income children, including children with disabilities. The block grant also supports essential research and training activities designed to increase the supply of quality, affordable care for children with and without disabilities.

Head Start – \$7.3 billion – More than 132,000 preschool children with disabilities receive their special education services at a Head Start Program. This comprehensive early education and care program supports more than 1,054,700 low income children and their families. It is a critical partner to the Individuals with Disabilities Education Act in helping young children with disabilities enter school ready to learn.

Child Abuse Prevention and Treatment Act – \$142.0 million – Without adequate family support, children with disabilities, are almost four times more likely to be victims of neglect, be physically abused, experience emotional abuse, or be sexually assaulted than children without disabilities. In addition, child maltreatment has been shown to be a significant cause of serious disability in children. The National Center on Child Abuse and Neglect determined that 36.6 percent of the substantiated cases of maltreatment in a 1993 study sample caused disabilities. Other studies have shown that significant proportions of children in foster care may have serious health and developmental problems. In particular, we must ensure that funding is dedicated to community-based child abuse and neglect prevention activities, such as respite, that can keep families out of protective services system and avoid more costly foster care.

National Family Caregiver Support Program – \$162.0 million – The enactment of the Older Americans Act Amendments of 2000 (Public Law 106-501) established the National Family Caregiver Support Program (NFCSP). The program serves family caregivers of older adults (age 60 years and older); and grandparents and relative caregivers of children not more than 18 years of age (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities). The program calls for all states to offer five direct services that best meet the range of caregivers' needs, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;

- Individual counseling, organization of support groups, and caregiver training to assist caregivers in making decisions and solving problems relating to their roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Grants to States to Remove Barriers to Voting – \$25.0 million – The accessibility grants funds under Help America Vote Act of 2002 (HAVA) provide states with assistance to make federal elections accessible to citizens with disabilities. These funds may be used by states and units of local government to make polling places accessible, provide individuals with disabilities information and outreach regarding the accessibility of the voting process, and train election officials, poll workers and election volunteers on how to best promote the access and participation of individuals with disabilities in elections. For the last four fiscal years grants appropriated to states under HAVA have been inadequate to counteract decades of inaccessibility which have led to the entrenched disenfranchisement of individuals with disabilities. The CCD recommends funding of the grant program to \$25 million to ensure that individuals with disabilities can participate in the democratic process.

Protection and Advocacy for Voting Access (PAVA) – \$10.0 million – The goal of the Help America Vote Act of 2002 (HAVA) was to make major improvements in voting systems across the country. As part of HAVA, Congress acknowledged the unique obstacles faced by people with disabilities and authorized funding for the Protection and Advocacy for Voting Access program. Individuals with disabilities have faced innumerable problems as they attempt to exercise their right to vote. These problems include the inaccessibility of many polling places to people with physical disabilities; the lack of private and independent voting for many individuals with a variety of disabilities; the failure to provide voting and registration materials in accessible formats to people with sensory disabilities; and the outright denial of the right to register and vote based on false assumptions about the competence of people with cognitive or psychiatric disabilities. The unique role of PAVA programs under HAVA provides them the opportunity to assist voters with disabilities trying to exercise their right to vote, as well as lend their expertise to election officials who are trying to comply with HAVA and other statutes relating to individuals with disabilities. The PAVA program is administered through the Department of Health and Human Services, Administration on Developmental Disabilities. The President's FY 2006 budget recommended level funding of \$4.96 million for this program. Congress, however, made cuts which resulted in a FY 2006 funding level of \$4.83 million – a decrease at a time when the need for this advocacy is growing. In his FY 2007 budget proposal, the President once again requested level funding for the PAVA program. In reality, level funding is a cut that will have a negative impact on the program's ability to do its job of ensuring the enfranchisement of people with disabilities -- and it is an election year. The CCD recommends a funding increase of \$5.17 million for a total FY 2007 appropriation of \$10 million.

Substance Abuse and Mental Health Service Administration (SAMHSA)

The Substance Abuse and Mental Health Service Administration (SAMHSA) builds on resilience and facilitates recovery for people with or at risk of mental illness. These programs advance public health and social services that ameliorate and prevent issues associated with mental health which can lead to disability. The agency provides for programs that address issues of both children and adults. There are provisions for research and demonstration projects that can address mental health issues of regional and national significance. The Center for Mental Health Services (CMHS) promotes improvements in

mental health services that enhance the lives of adults who experience mental illnesses and children with serious emotional disorders; fills unmet and emerging needs; bridges the gap between research and practice; and strengthens data collection to improve quality and enhance accountability.

Children’s Mental Health Services – \$109.7 million – Established in 1993, the Children’s Mental Health Services Program provides six-year cooperative agreements to public entities for developing comprehensive home and community-based mental health services for children with serious emotional disturbances (SED) and their families. The program assists states, political subdivisions of states, American Indian and Alaska Native tribes, territories, and the District of Columbia to implement systems of care that are child-centered, family-driven, and culturally competent. Studies have shown that systems-of-care improve the functioning of children and youth with SED, and significantly reduce unnecessary and expensive hospitalizations.

Community based services provided through these systems-of-care initiatives include: diagnostic and evaluation services; outpatient services provided in a clinic, school or office; emergency services; intensive home-based services; intensive day-treatment; respite care; therapeutic foster care; and services that assist the child in making the transition from children’s services to adult services. Often, services and supports for children with serious emotional disturbance and their families who are involved with more than one child-serving system are uncoordinated and fragmented. Typically, the only options available are outpatient therapy, medication, or hospitalization. Frequently there are long waits for these services because they are operating at capacity, making them inaccessible for new clients, even in crisis situations. The national evaluation data provide evidence that children and youth enrolled in systems-of-care experience noticeable improvements on both emotional and behavioral measures.

PATH Homeless Formula Grant – \$57.1 million – The Projects for Assistance in Transition from Homelessness (PATH) formula grant program is a critical resource for states and localities in reaching people with mental illness who experience chronic homelessness. PATH provides funding to states, localities and non-profits to support individuals who are homeless (or are at risk of homelessness) and have a serious mental illness and/or a co-occurring substance abuse disorder. Federal PATH funds, when combined with state and local matching funds are the only resources available in many communities to support the range of services needed to effectively reach and engage individuals with severe mental illness and co-occurring substance abuse disorders. In addition to the outreach and engagement services funded by PATH, local communities also need assistance in funding ongoing services in permanent supportive housing targeted to individuals exiting chronic homelessness, including permanent housing financed through HUD’s McKinney-Vento Homeless Assistance Act. A focus on ending chronic homelessness is critically important to addressing the enormous economic and social costs associated with individuals who stay homeless for long periods and impose enormous financial burdens on communities as they cycle through hospital emergency rooms, jails, shelters and the streets.

Protection and Advocacy for Individuals with Mental Illness (PAIMI) – \$40.0 million – In 1986, Congress authorized the PAIMI program in the Protection and Advocacy for Individuals with Mental Illness Act. PAIMI is funded through the SAMHSA. The program originally was established to provide protection and advocacy services to individuals with mental illness, who were or had recently resided in institutional settings. In 2000, Congress greatly expanded the PAIMI mandate to include all individuals with significant mental illness, including people living

in the community in all settings. Unfortunately, as the PAIMI mandate has expanded, funding for the program has shrunk. In FY 2005 Congress funded the PAIMI program at \$34.3 million, a decrease from 2004. Unfortunately, FY 2006 funding was further decreased to \$34 million. In his FY 2007 budget proposal, President Bush again requested \$34 million. Level funding, in reality, is a cut that will limit the ability of PAIMI programs to serve a growing population made larger by recent natural disasters and war injuries. In late 2004, it was reported that 20 percent of returning Iraq veterans seeking VA care have done so for mental health issues. The needs of these returning veterans must be considered as funding decisions are made about the PAIMI program. The CCD recommends a funding increase of \$6.0 million, for a total FY 2007 appropriation of \$40 million.

Mental Health Block Grant – \$451.2 million – The Community Mental Health Services Performance Partnership Block Grant is the principal federal discretionary program supporting community-based mental health services for adults and children services. The Block Grant is a flexible source of funding that is used to support new services and programs, expand or enhance access under existing programs, and leverage additional state and community dollars. The Block Grant is vital because it gives states critical flexibility to: (1) fund services that are tailored to meet the unique needs and priorities of consumers of the public mental health system in that state; (2) hold providers accountable for access and the quality of services provided; and (3) coordinate services and blend funding streams to help finance the broad range of supports, including medical and social services, that individuals with mental illnesses need to live safely and effectively in the community.

Projects of Regional & National Significance – \$285.9 million – The Center for Mental Health Services (CMHS) addresses priority mental health care needs of regional and national significance by developing and applying best practices, providing training and technical assistance, providing targeted capacity expansion, and changing the service delivery system through family, client-oriented and consumer-run activities. CMHS employs a strategic approach to service development. The strategy provides for three broad steps: (1) developing an evidence base about what services and service delivery mechanisms work; (2) promoting community readiness to adopt evidence-based practices; and (3) supporting capacity development.

The Children's Health Act (P.L. 106-310), enacted in October 2000, re-authorized most of CMHS' system-improvement activities, and it authorized new programs, many of which are included in CMHS' Programs of Regional and National Significance. PRNS allow state and local mental health authorities to access information about the most promising methods for improving the performance of programs. The Administration's budget proposal would cut funding for the PRNS by roughly \$35 million or nearly 13 percent. The proposed PRNS budget would cut funding for the Youth Violence Prevention program by almost 20 percent, or \$18 million. PRNS includes the programs in its Knowledge Development and Application Program (KDA), its Targeted Capacity Expansion Program (TCE), as well as a number of other programs.

Individuals with Disabilities Education Act (IDEA)

IDEA Part B State Grants – \$16.9 billion – This figure represents the FY 2007 funding level as authorized by the IDEA Amendments of 2004. This appropriation would put this historically underfunded program back on the glide path to fully fund IDEA Part B as promised to states, school systems and parents when the law was originally enacted over 30 years ago.

IDEA Preschool Grants – \$841.0 million – Again, this recommendation represents a substantial increase over the FY 2006 appropriation. Despite the growth in the numbers of children each year served by the preschool program, funding for this program has been stagnant for at least 5 years and was cut in 2005 and 2006. When it was first created in 1986, the federal special education preschool program aspired to provide \$1500 per child. At the current funding level, states receive only about \$500 to provide a free, appropriate public education for preschoolers with disabilities.

IDEA Part C Early Intervention – \$680.0 million – This recommendation represents a substantial increase over the FY 2006 appropriation due to the new requirements for newborn, infant and toddler screening and evaluations by and referrals to Part C programs as a result of the 2004 reauthorization of CAPTA and the 2005 reauthorization of IDEA

IDEA Part D National Programs

State Personnel Development – \$55.7 million – This amount will assist states in meeting the acute special education teacher and related personnel shortages in practically every state and help school systems obtain and retain special education personnel that meet the new "highly qualified" standards in No Child Left Behind.

Technical Assistance and Dissemination – \$57.6 million – This increase will spur the additional activity necessary to better implement the 2004 Amendments to IDEA and the No Child Left Behind provisions related to students with disabilities, in particular the new so-called 1 percent and 2 percent rules on assessments.

Personnel Preparation – \$108.7 million – The rationale for this increase is essentially the same as for State Personnel Development. The special education manpower needs are immense.

Parent Information Centers – \$28.6 million – These Centers have the important role of informing and training parents of special education students about the new IDEA Amendments and the final regulations to implement those amendments which are due to be released later this year.

Technology and Media – \$42.6 million – These programs deserve a small increase, not a cut as requested by the Bush Administration.

Transition Initiative – \$5.5 million – Transition is one of the most critical activities in special education. These services help prepare students in advance for post-high school life, whether they wish to go to college, get a job, or undertake vocational training.

Research and Innovation (Institute on Educational Sciences -- IES) -- \$92.4 million – The federal research and innovation agenda in special education was recently vested to the new IES. It is vital that research and innovation in special education keep pace with the challenges of the 2004 Amendments to IDEA, the NCLB and new methods to identify and educate students with all types of disabilities.

Rehabilitation Services Administration (RSA)

Vocational Rehabilitation (VR) State Grants – \$3.1 billion – The Administration continues to request only the minimum amount required by law for this program. The increase recommended will serve a large number of individuals with disabilities who remain on waiting lists and provide the range of services need by individuals with the most significant disabilities. This program is not simply another employment training program. It provides assessments, pre-vocational training, assistive technology, job placement consistent with the strengths and abilities of individuals who are disabled, and follow-along training to assist in job retention.

The Client Assistance Program (CAP) – \$13.0 million – The Client Assistance Program (CAP) was authorized by the 1984 amendments to the Rehabilitation Act of 1973. The CAP program was established so that the rights of individuals with disabilities who are clients of the vocational rehabilitation (VR) system are protected. Given the focus of the President's New Freedom Initiative on community living, The CAP role continues to expand as the programs attempt to assist more and more individuals with disabilities to negotiate changing employment and training systems. More than 60 percent of individuals with disabilities are un-employed. This extremely high unemployment rate harms not only people with disabilities, but also the overall economic and fiscal health of the nation. CAP is funded through the Department of Education, Rehabilitation Services Administration. In FY 2005, Congress funded CAP at \$11.9 million – a funding level lower than the FY 2004 appropriation, due to an across-the-board cut. Last year, another round of across-the-board cuts resulted in an FY 2006 budget of \$11.782 million. Level funding – combined with across-the-board cuts to domestic programs – has had a detrimental effect on CAP's ability to serve all those who need services. Unfortunately, the President's FY 2007 budget proposal funds CAP at its FY 2006 level. Level funding is – for all intents and purposes – a cut because the program is not able to keep up with growing costs. This will lead to a cut in services as more and more people with disabilities seek employment. The CCD recommends a funding increase of \$5 million, for a total FY 2007 appropriation of \$16 million.

Rehabilitation Training – \$42.7 million – This program makes grants to state units and other public and nonprofit entities, including institutions of higher learning, to help ensure that adequate skilled personnel are available to provide rehabilitation services to persons with disabilities. Chronic underfunding of this program has caused agencies to deal with staffing shortages which have translated into case loads far higher than appropriate for the individualized training needed by persons with disabilities.

Special Demonstration and Training Programs – \$28.1 million – This program awards competitive grants to community rehabilitation programs, designated state units, and other public

and nonprofit entities for the development of innovative programs to help individuals with disabilities achieve vocational outcomes. Continued changes in configuration of jobs make it necessary to invest in the development of new methods and resources to achieve vocational outcomes.

Recreation – **\$3.0 million** – These small grants are to provide individuals with disabilities with recreational activities and related experiences to aid in their mobility, socialization, independence, and community integration.

Protection and Advocacy of Individuals Rights (PAIR) – **\$22.0 million** – The Protection and Advocacy of Individuals Rights (PAIR) program is authorized as part of the Rehabilitation Act. The PAIR program was developed to help protect the rights of all those people with disabilities who are ineligible for the two basic protection and advocacy programs – those for children and adults with developmental disabilities (PADD) and for individuals with mental illness (PAIMI). More people with disabilities are eligible for PAIR than any other federal protection and advocacy program.

PAIR-eligible individuals include those with physical disabilities, such as spinal cord injury and amputations; sensory disabilities, such as blindness and deafness; and neurological impairments, such as multiple sclerosis and muscular dystrophy. The population of these individuals is growing because of advances in health care. In addition, many of the 16,420 soldiers who have been wounded so far in the conflict in the Middle East -- many of whom now have multiple disabilities – also are eligible for PAIR advocacy assistance. Congress funded PAIR in 2005 at \$16.6 million—less than the previous year’s funding because of an across-the-board cut. In 2006, a Presidential recommendation of level funding, accompanied by Congressional across-the-board cuts, resulted in another cut to the PAIR program leaving only \$16.489 million. In his FY 2007 Budget Proposal, President Bush once again proposed level funding for this program. Level funding, in reality, is a cut and will limit the efforts of PAIR to address the needs of individuals with a wide range of disabilities, including the many soldiers returning with a wide range of physical disabilities. The CCD recommends a funding increase of \$5.52 million, for a total FY 2007 appropriation of \$22 million

Projects with Industry (PWI) – **\$50.0 million** – The purpose of the PWI program is to create and expand job and career opportunities for individuals with disabilities in the competitive labor market by engaging talent and leadership of private industry as partners in the rehabilitation process. Under the PWI program, grants are provided on a competitive basis to employers and profit making and non-profit organizations. Successive Presidential budgets have recommended 0 funding based on the assumption that these programs would be integrated into Rehabilitation Act programs. However, no funding increase has been proposed in the basic rehabilitation program. Additional funding is needed to insure that all states and major population areas have PWI’s available to help place persons with severe disabilities into competitive community jobs.

Supported Employment – **\$50.0 million** – This program makes formula grants to assist state in developing collaborative programs with appropriate public and private nonprofit agencies to offer supported employment services for individuals with disabilities. Successive Presidential budgets have provided zero funding for the program with the justification that the basic state grant program can provide supported employment services. Unfortunately, these same budgets

have recommended no increase in the basic state grant program to cover integration of these programs.

Migrant and Seasonal Farm Workers – \$2.3 million – This funds a number of projects that work specifically with migrant and seasonal farm workers with disabilities to provide them with vocational rehabilitation services. While very small, this program meets a need that is unlikely to be addressed by the larger programs.

Independent Living – State Grants – \$25.0 million;
Centers for Independent Living – \$82.9 million;
Services for Older Blind Individuals – \$36.5 million

Independent Living State Grants, Centers for Independent Living and Services for Older Blind Individuals provide a wide variety of services to assist individuals, often those who have recently encountered a disabling condition, that are not available through any other single source. This is particularly true for the Independent Living and Services for Older Blind Individuals program. Program service requirements have increased over time, and new initiatives for community living make it even more important that increased resources be devoted to this program.

State Assistive Technology Programs – \$29.0 million – The Assistive Technology Act of 1998, as amended, was reauthorized, unanimously endorsed by the House and the Senate, and signed into law by President Bush in October 2004. Over the past 16 years the programs funded under the Act have had a significant impact on the lives of people with disabilities who depend on assistive technology. The 2004 amendments to the AT Act constitute the third major programmatic change in the AT Programs since its inception in 1988. Every state and US territory receives funding under the AT Act to provide services to people with disabilities and other targeted individuals including family members, guardians, employers, educators, therapists, policy-makers, and health care providers. Programs required under the reauthorized Act include equipment demonstrations, equipment loans, equipment recycling or reutilization, financial loan support, information and referral, technical assistance and training, and policy coordination. The AT Programs have a direct impact on the ability of individuals to identify and acquire appropriate assistive technology devices and services. They have also had a direct impact on ensuring that other federally funded programs that are obligated to provide assistive technology devices and services to people with disabilities are actually supporting the acquisition of appropriate devices and services rather than purchasing inappropriate devices and services that go unused or are abandoned. The President's FY 2006 Budget proposed zero funding for the AT Act, but Congress, recognizing the value and impact of the program, restored funding. The reauthorized legislation proposed a minimum level funding for each state AT Program of \$410,000 to provide services required under the Act. Currently, only 10 of the 56 programs funded under the Act are funded at or above the minimum.

The national technical assistance project and the national internet site provide guidance and assistance to state programs and other targeted individuals. The CCD appropriation recommendation for FY 2007 takes into account the changes in the 2004 reauthorization of the act which eliminated separate state programs to deliver alternative financing services. There was one year's "bridge" funding to the separate alternative financing programs for FY 2006 which is not included in the FY 2007 recommendation.

Protection and Advocacy for Assistive Technology (PAAT) Program – \$6.0 million – The Assistive Technology Act of 1998, as amended, also authorizes the Protection and Advocacy for Assistive Technology program (PAAT). The PAAT program is funded through the Department of Education, Rehabilitation Services Administration. PAAT has been a major force in ensuring that children and adults with disabilities can get access to critically needed assistive technology in a variety of settings – school, home, and at work. Congress funded the PAAT program at \$4.42 million in FY 2005. The President’s FY 2006 budget requested no funds for the Assistive Technology Act program. However, recognizing the important role of assistive technology in the lives of individuals with disabilities, the Congress restored funding for PAAT at \$4.5 million. Across-the-board cuts resulted in a final FY 2006 PAAT appropriation of \$4.455. Unfortunately, in his FY 2007 budget proposal, President Bush again proposed eliminating the PAAT program despite its role in providing information, assistance, and training to thousands of individuals with disabilities. Policymakers promoting the use of health information technologies should not forget the very real effect that assistive technology can have on the quality of life experienced by individuals with disabilities – from the basic act of communicating to the use of assistive devices for complex work activities. The CCD recommends a funding increase of \$1.6 million, for a total FY 2007 appropriation of \$6 million.

National Institute on Disability and Rehabilitation Research -- \$120.0 million – This institute carries out a comprehensive program of rehabilitation research. Through grants and contracts, it supports the conduct and dissemination of research aimed at improving the lives of people with disabilities. The development and utilization of new technologies in a wide variety of areas makes it necessary to advance funding for application of these technologies to the needs of individuals with disabilities.

Demonstration Projects-Disability (Higher Ed.) – \$10.0 million – Students with disabilities are far less likely than their non-disabled peers to participate in post-secondary education. This program is the only program in the Higher Education Act that is exclusively dedicated to increasing the participation and success of students with disabilities in higher education. Through model demonstrations, technical assistance, and professional development, these grants enhance the effectiveness of administrators, faculty and staff in meeting the needs of students with disabilities in higher education. Though modest, this investment is critical in supporting the educational success of students with disabilities and ensuring their access to higher education.

National Council on Disability (NCD) – \$3.7 million – The National Council on Disability conducts vital research studies on key disability policy issues. Results of these studies are utilized by the Congress and the Administration, as well as by the disability community to advance national disability policy to improve the lives of the more than 54 million children and adults with disabilities in the United States. The CCD fiscal recommendation would restore the NCD to its funding level for 2005, adjusted for inflation.

Helen Keller National Center – \$11.7 million – The Helen Keller National Center provides services, training, and technical assistance to professional and allied personnel at its national headquarters and at the regional level to improve the provision of direct services to individuals who are deaf and blind. Program funding should be increased to provide services to a population who often require some of the most intensive levels of service.

American Printing House for the Blind – \$20.0 million – In the most recent census taken by the American Printing House for the Blind, 57,983 blind and visually impaired students were registered. APH is requesting a \$20 million appropriation for fiscal year 2007. The majority of these funds will be allocated toward instructional materials for registered students. The remaining funds will be used for Advisory Services and Educational and Technical Research.

SOCIAL SECURITY ADMINISTRATION (SSA)

Limitation on Administrative Expenses – \$9.5 billion – The Limitation on Administrative Expenses (LAE) account provides resources for SSA to administer the Old Age, Survivors, And Disability Insurance (OASDI) and Supplemental Security Income (SSI) programs, and certain health insurance and Medicare prescription drug functions. The proposed budget includes a 4.2 percent increase in SSA’s administrative budget. However, due to fixed costs such as salaries, this amount may not be sufficient to maintain the same amount of employee work years in 2007 as it has in 2006. The problem is exacerbated by the fact that SSA received \$300 million less than the President requested for FY 2006. Further, SSA’s role in implementing the Medicare Part D prescription drug program may be taking its toll. SSA’s only responsibility is to take applications for the Part D low income subsidy. But with the enormous confusion and need for information about the Medicare drug program, many individuals have turned to SSA for general assistance with the program. As a result, SSA’s 800 number has had higher than normal busy rates, and field offices have had much higher than normal traffic. The combination of a lower administrative budget and higher public contact about the drug program means that other SSA work activities may be reduced. The proposed budget does include earmarked spending for CDRs in 2007. It also is unclear how the lower than expected 2006 budget and increased Medicare work will impact the Commissioner’s plan to change the disability claims process, expected to be finalized in the first six months of 2006.

While CCD has recommended the full \$9.496 billion that the President has requested, we consider this a minimum. We recommend that SSA receive sufficient funding so that it can: (1) sustain recent progress; (2) fully address its post-entitlement workload, including the timely processing of earnings reports; (3) remain current with the processing of continuing disability reviews and SSI redeterminations, which is critical to maintaining the integrity and accuracy of the disability programs; and (4) adequately undertake new workload responsibilities added by Congress.

Protection and Advocacy for Beneficiaries of Social Security (PABSS) Program – \$14.0 million – The Ticket to Work and Work Incentives Improvement Act (TWWIIA) was enacted into law in 1999 with the goal of providing health care, employment preparation, and placement services to individuals with disabilities. As part of the Act, Congress authorized the Social Security Administration (SSA) to make payments to Protection and Advocacy agencies (P&As) to provide information and advocacy services to Social Security beneficiaries who want to work. The Social Security Administration began to fund the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program in May, 2001

Since that time, the PABSS program has provided individuals with disabilities with the information, advice, advocacy, and other services they need to secure, maintain, or regain employment. Congress funded the PABSS program at \$7 million per year from 2001-2006. Recently, Secretary of Labor Chao said “the President’s New Freedom Initiative recognizes the tremendous contributions and potential of persons with disabilities and promotes greater job opportunities in high growth sectors of the economy,

such as healthcare and advanced manufacturing.” While this is an admirable goal of the Administration, there are millions of Social Security beneficiaries with disabilities who need additional help just to get basic employment with adequate benefits. The PABSS program assists these individuals. The President’s FY 2007 proposes to level-fund the program at \$7 million. In reality, level funding is a cut and does not reflect the goals of the New Freedom Initiative. The CCD recommends a funding increase of \$7 million, for an FY 2007 funding level of \$14 million.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Section 811 Supportive Housing for Persons with Disabilities – \$236.6 million – The Section 811 Supportive Housing for Persons with Disabilities program provides affordable and accessible housing for people with severe disabilities, including physical disabilities, developmental disabilities, and chronic mental illnesses as well as for all people with disabilities who currently live in institutions, nursing homes, homeless shelters, or who remain at home with aging parents because there is no housing available for them. Section 811 is the only federal program that funds the production of affordable and accessible units for persons with severe disabilities. The Administration’s FY 2007 budget, proposes a mere \$118.8 million, slashing the program by 50 percent for a second consecutive year. This cut would virtually end the program’s production component. This proposed funding level will only support renewal of existing tenant-based and project-based subsidy commitments and 150 new units. This is a cut of almost \$120 million from the FY 2006 appropriation which provided essential funding to produce over 1,000 new units of supportive housing. The CCD recommendation is for funding level to that appropriated in FY 2006.

Section 8 Tenant Based Rental Assistance – \$15.9 billion – Section 8 provides rent subsidies that make housing affordable for the lowest-income Americans, in homes of their choice. Section 8 pays rent for nearly 300,000 people with disabilities. Since April of 2004, the number of people housed through Section 8 has declined, at the same time that project-based housing has gone off line with the expectation that Section 8 would pick up the slack. As a result, the number of households receiving assistance has declined by nearly 100,000. The Administration has requested increased funding that would rectify this shortfall and preserve the program as a central source of housing for people with disabilities. The CCD concurs with the Administration’s funding recommendation.

McKinney-Vento Homeless Assistance Act – \$1.5 billion – HUD’s homeless programs under the McKinney-Vento Homeless Assistance Act provide funding for state and local governments and nonprofits for housing and services for homeless people. Because of strong support for this program, over the last five years it has funded over 50,000 new units of permanent supportive housing, targeted to homeless people with disabilities. The Administration has requested an increase of \$209 million, which would be sufficient to fund existing obligations and also to provide an additional 12,000 units of supportive housing, a proven cost-effective intervention. The CCD concurs with the Administration’s funding recommendation.

KEY DISABILITY ENTITLEMENT PROGRAMS

In addition to those programs that are funded via the Congressional appropriations process, people with disabilities are also served by two major entitlement programs, Medicaid and Medicare. Between the two, they provide a virtual “lifeline” to people with disabilities and health care, long-term services and supports, and other assistance necessary to help people live and thrive in their communities. Below are brief descriptions of each of these vital programs.

Medicaid

Medicaid, which is financed and administered jointly by the federal government and the states, is the most valuable resource for children and adults with disabilities to access health and long-term supports and services in the community. The nation’s largest program serving the needs of low-income Americans with disabilities, Medicaid serves 9.4 million people with disabilities. Roughly three-fourths of Medicaid recipients with disabilities are considered “mandatory beneficiaries” as recipients of Supplemental Security Income benefits (SSI). People with disabilities above SSI income and resource levels are “optional” beneficiaries. Medicaid offers certain mandatory services, such as hospital, physician, and nursing home services. States can also choose to offer optional services, including prescription drugs; physical therapy and related services; diagnostic screening and preventive services; home and community based services (under waiver authority); case management services; prosthetic devices; personal care services; rehabilitative services; dental care; and vision care, Intermediate Care Facilities for people with mental retardation and related conditions (ICF/MR), and hospice care. At a minimum, states must offer mandatory services to the mandatory eligibility groups. Generally, when states add optional services or populations to their Medicaid plans, they must make available to any eligible person any of the services the individual needs (except for people who are categorized as medically needy or who are receiving services under a waiver).

The Administration’s FY 2007 Budget contains several legislative proposals that combined, would reduce net federal Medicaid expenditures by \$5.1 billion over the next ten years. These reductions represent a significant cost shift to states which will ultimately harm beneficiaries with disabilities. For example, the Administration’s FY 2007 budget proposes to reduce federal funding for Targeted Case Management Services (TCM). TCM is a critical Medicaid service that is essential to the ability of states to meet key policy goals for Medicaid, such as moving people with disabilities out of costly institutions and into cost-effective and more appropriate community-based alternatives. Therefore CCD opposes proposals that would reduce federal funding for Medicaid.

Medicare

Approximately 6.5 million people with disabilities under age 65 receive Medicare benefits. To qualify, an individual must meet the Social Security Administration’s standard for long-term, serious disability. Most Medicare beneficiaries with disabilities under age 65 have worked but have become disabled and now receive Social Security Disability Insurance (SSDI) payments. Most people with disabilities under age 65 must wait two years from when they are determined to be eligible before their Medicare coverage becomes effective. Other Medicare beneficiaries with disabilities become eligible as “Disabled Adult Children” (i.e. they receive SSDI and Medicare due to the retirement, death, or disability of a parent. “Dual Eligibles” are those who receive both Medicare and Medicaid benefits.

The Administration proposes significant (\$36 billion over five years) cuts to Medicare, largely through fee freezes or reductions to hospitals and other providers, as a way of further reducing entitlement spending. CCD believes that with so many major improvements critically needed in the Medicare

program, these proposals are misplaced. Congress should be focused on fixing the problems with implementation of the Part D drug benefit, extending reasonable treatment of Medicare beneficiaries whose outpatient therapy needs exceed the caps set to apply in full force next year, averting a significant decrease in the physician fee schedule, and modifying the "in the home" restriction under the durable medical equipment benefit so that people requiring wheelchairs are not confined to the four walls of their homes. CCD believes that further restrictions in funding to the Medicare program would be ill-advised at this time