

# A Guide for Referral Agencies

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**I**N a certain county, not too long ago, a State rehabilitation supervisor was describing the services of his office to a public health worker, who interrupted to say, "This is wonderful. When are you going to begin the program in this county?" The counselor, who had served this part of the State for several years, was naturally disconcerted that his program was so little known. The public health worker should have been equally embarrassed that she did not know about this source of help for handicapped people.

My own experience has taught me that one can never take for granted that others understand the uses they may make of his program. Full understanding does not come about until workers of different agencies have actually worked together in providing services. There seems to be no effective substitute for learning by doing.

## Vocational Rehabilitation Service

Rehabilitation agencies have legal responsibility for providing rehabilitation services to adults with physical or mental disabilities that handicap employment. Every State has a vocational rehabilitation service; in most instances, it is administered by the State board of vocational education or the State department of education. Exceptions are Massachusetts, South Carolina, New Jersey, and the District of Columbia, where independent rehabilitation agencies have been established. It should be noted that rehabilitation programs for the blind

are more often administered in State departments of public welfare or independent commissions for the blind. Vocational rehabilitation offices are found in all principal cities, and itinerant services are sometimes available in other areas.

Rehabilitation services in these agencies include diagnostic services (medical, social, psychological); medical treatment, including surgery, hospitalization, and medically supervised therapy; prosthesis; vocational training; placement services, including occupational tools and equipment; and job adjustment services. Maintenance may also be provided to assure the availability of other services. A means test is required for all except diagnostic services, counseling and guidance, vocational training, and placement. This test is generally much more liberal than that applied by State agencies to determine eligibility for public assistance.

Referral agencies should direct all handicapped adults to the vocational rehabilitation service, unless they are clearly ineligible. Rehabilitation agencies serve individuals with all types of disabilities and are in position to purchase the very best diagnostic and treatment services available. The personnel of these agencies are intimately acquainted with all community resources that can be mobilized to help handicapped people solve their problems.

Limitations may be encountered. Vocational rehabilitation agencies can accept only those handicapped for whom there is a "reasonable expectation of remunerative employment," and only those individuals that are of, or near, work age. The referral agency should allow the rehabilitation agency to determine whether a particular individual can be given vocational

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rehabilitation rather than attempt to decide this itself. Incidentally, State rehabilitation agencies have been expanding rapidly during the last few years, the national total of financial support having doubled in 3 years. This expansion has not been uniform throughout the Nation, but in most States the vocational rehabilitation agency is probably better prepared to serve the handicapped than ever before.

### **Crippled Children's Service**

The State crippled children's service is legally responsible for serving handicapped children, as the vocational rehabilitation service is for adults. Crippled children's services are, however, traditionally limited to certain categories of the handicapped, and the degree of coverage varies widely among the States. Children with orthopedic and plastic disabilities are served everywhere. Some States have programs for victims of rheumatic heart disease, cerebral palsy, and other disabling conditions. Crippled children's services are usually administered in State departments of public health, although in some States, departments of education and departments of public welfare are in control. Incidentally, the fact that the crippled children's service is administered by the public health department does not necessarily mean that public health employees in other divisions of the department have a thorough understanding of its services. Some people know more of what is going on in the next State than they do of what is going on in the next office.

In most of the States, crippled children's services are largely medical. Much of the medical service of crippled children's agencies is provided in outpatient diagnostic and treatment clinics. The specialized hospital is also widely used.

There is a growing tendency to provide educational services for crippled children, if they are supplied at all, in the regular public schools, and they are sometimes given by special schools for certain classes of handicapped children. Information about the local program for handicapped children and its coordination with medical services should be available from the school board. Many States now appropriate

funds to help local school districts develop and operate special classes for handicapped children. Your local superintendent of schools will know whether such aid is available in your State.

### **Assistance and Insurance**

Health workers should also be familiar with assistance and insurance programs for handicapped people. Nearly all States have public assistance agencies for the "permanently and totally disabled." Generally, these agencies work closely with vocational rehabilitation agencies. It is realized by everyone that it is far better, both for the handicapped individual and the Nation, that the individual rehabilitate himself than become a permanent recipient of public assistance.

Many handicapped persons have rights under the Federal old-age and survivors insurance program. A person 50 years of age, for instance, who has acquired social security credit for 5 years of work in the 10 years before onset of his disability, and who worked 1½ years in the 3 years before becoming disabled, may receive cash disability benefits if he is so severely disabled that he is unable to engage in any substantial gainful employment. If he is less than 50, he can have his earnings record frozen so that benefits he is entitled to at age 50, or on retirement at age 65, will not be reduced on account of loss of work credit due to his disability. Children, disabled before reaching age 18, of insured parents deceased after 1939 or receiving old-age insurance benefits, are also eligible for cash payments. Application should be made to the local offices of the Bureau of Old-Age and Survivors Insurance. In a vast majority of the States, the actual determination of disability is made by the vocational rehabilitation agency.

In every State employment service office, at least one employee gives special placement services to the handicapped. Unfortunately, these services are not uniformly effective throughout the country. The vocational rehabilitation service to which the handicapped person is referred provides rehabilitation services and works with the employment service when the individual is ready for a job.

## **Other Facilities**

In almost every medium-sized or large city additional facilities and services are available to handicapped persons. These are as varied as the communities themselves and are likely to be products of voluntary effort. They may be sponsored by local units of national health agencies such as the National Society for Crippled Children and Adults and the American Hearing Society, or they may be independent, nonprofit, community undertakings. Prominent among such facilities, and rapidly increasing in numbers, are rehabilitation centers and sheltered workshops.

Fortunate is the community that has a well-organized and effective rehabilitation center and sheltered workshop facilities. The rehabilitation center attempts to bring together the skills of professional rehabilitation workers for their effective application. It may be a comprehensive facility, offering medical, psycholog-

ical, social, and vocational services, or it may offer a narrower range of services. The physician, the counselor, the social worker, and therapists usually form the nucleus of this rehabilitation effort, which may be operated on an outpatient or inpatient basis, or both.

The sheltered workshop provides available employment opportunities for handicapped people who cannot fit into competitive employment or who cannot find jobs commensurate with their abilities. It may also provide a transitory adjustment service as a steppingstone to competitive employment. The current tendency is toward emphasis on transitional experience.

To a public health worker who wants to assist the handicapped, there is probably no better advice than "know your community." If he undertakes systematically to become acquainted with the rehabilitation programs of the community, he will feel rewarded for the experience.

## **New Treatment for Aged Disabled Veterans**

A rehabilitation program has been developed by the Veterans Administration for aged disabled veterans. Many of the treated patients, including victims of strokes, hardening of the arteries, and multiple sclerosis, might otherwise be destined to spend the remainder of their lives in hospitals. Prior to treatment, some were not able to leave their beds unaided or propel themselves in wheelchairs. Others were too confused to move about the hospital alone.

After specific medical and surgical treatment, the patients are placed on special rehabilitation wards, and, under guidance of a specialist in physical medicine and rehabilitation, are given individually planned treatment. Physical and corrective therapists build the patients' strength and coordination with exercises and teach them to walk and to perform their daily activities. Patients who have lost use of their limbs are fitted with braces. Under supervision of an occupational therapist, the elderly veterans work in arts and crafts to improve performance and their ability to adjust emotionally.

At the Veterans Administration Hospital in Fort Howard, Md., 50 out of 60 aged patients receiving rehabilitation treatment were discharged, and at the VA Hospital in Minneapolis, Minn., 25 of a group of 130 left to begin work; 40 others were discharged to their homes, and all except 10 showed significant permanent improvement.