

NWX-HHS-AOA-1

**Moderator: Kapua Hatch
December 17, 2014
2:30 pm CT**

Coordinator: Welcome and thank you for standing by. All participants will be in a listen-only mode for the duration of today's call.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the call over to Mr. Tim Muzzio. You may begin.

Tim Muzzio: Thank you. Good afternoon and welcome to the NIDRR ACL Stakeholders Meeting. My name is Tim Muzzio. Many of you know me. I'm the Director of Program Budget and Evaluation at NIDRR. I'll serve as moderator for this meeting.

The focus of this meeting, as you are aware, is on the transfer of NIDRR to ACL as directed by the Workforce Innovation and Opportunity Act of 2014 the status of that transfer as well as the vision and priorities of the newly combined agency.

The format of this teleconference is straightforward. We'll begin with a few remarks by Kathy Greenlee, Assistant Secretary for Aging and Administrator for ACL at the US Department of Health and Human Services.

Then we'll have a presentation by Sharon Lewis, the Principal Deputy Administrator for ACL and Senior Disability Policy Advisor to the Secretary of Health and Human Services.

Her remarks will be followed by remarks from John Tschida, Director of NIDRR currently housed in the US Department of Education but in process of transitioning to ACL.

Before we get started just a note to participants. As you have heard due to the large number of participants we'll be unable to take questions during the call.

However, I invited questions in advance of the meeting and shared those questions with Kathy, Sharon and John.

They will respond to many of these questions as they can make - as they make their remarks.

Afterwards we'll save time to address questions that have not been answered or picked up during the presentations.

But for those of you who provided the questions we had some excellent questions and I want to extend our sincere thanks for doing so.

Without further ado I'll turn the mic over to Assistant Secretary and Administrator, Kathy Greenlee. Kathy?

Kathy Greenlee: Thanks very much Tim. Welcome and thank you to everyone who is on the call this afternoon. Welcome to our new combined work together. More broadly we're very excited about the work.

Any sort of reorganization like this is disrupted by nature so we have a good working relationship with our colleagues. The Department of Ed and the staff are moving over and are moving with due diligence and speed to have this transfer happen and keep everything normal and status quo on the ground and with all of you who've been such good NIDRR stakeholders and grantees over the years.

I wanted to just start and introduce myself and this agency. And they're all kind of wrapped up together so I think that, you know, why I have two titles is one of the places I think we should start.

So I joined the Obama Administration in June 2009 where I was appointed by the President to be the Assistant Secretary for Aging.

The Assistant Secretary for Aging position was created back in 1992 as it's a presidentially appointed Senate confirmed position.

I came to Washington 5-1/2 years ago to run the administration on aging and did that for the first two or three years.

When I was in Kansas where I spent 18 years I was also the Secretary of Aging there. I simply quite naturally always did a lot of work with people with disabilities and their advocates in programs that serve people with disabilities as we all try to navigate long term supports and services.

So I had done prior work with people with disabilities, and when I came to Washington quite intentionally I met with Henry Claypool. That's my first meeting. Henry was the Director of the Office of Disability at HHS because I knew instinctively that we would be closely aligned as we did this work together.

So as we kind of navigated the first year or two being here as we were leading up to the passage of health reform Henry and I found ourselves covering for each other in meetings because we both were trying to be in the same places at the same time.

Many of the issues they were impacting older adults and people with disabilities with regard to health and with regard to long term supports and services were nearly identical, not always but there certainly was enough overlap that Henry and I tapped each other a lot to try to figure out how to be the best advocates we could for the populations.

So the ACA passed in 2010 as you know. We spent some time then preparing to move forward and try to formalize our relationship in a different sort of way.

It simply was not good enough to be on the phone with each other. We needed to find a way to combine the work.

So the timing of ACL I think very much coincides with how much the world has changed as a result of both the healthcare transformation at the national level and certainly by the move to managed care at the state level where states are using managed care as a mechanism to deal with their Medicaid budgets for the long term supports and services that they're providing at the state level.

So we created ACL by combining three different entities. We combined the Administration on Aging where I had been serving the Office on Disability where Henry Claypool was the director and the Administration for Developmental Disabilities.

And Sharon Lewis is here. She was the Commissioner of AIDD. We added it during the reorganization.

But AIDD was over at the Administration for Children and Families. And we came up with a structure that we describe as being what was possible and not necessarily perfect. And it's from that reason that I have two titles, Sharon has two titles.

As Assistant Secretary for Aging quite appropriately and by statute I report directly to the Secretary of Health and Human Services.

So the only way to create a new combined Federated agency was to find a way to both comply with the law and meet the needs that we had to work together.

We basically built an umbrella organization and put it on top of ourselves. So ACL is a large umbrella organization, and I am the Chief Executive Officer of the larger organization and in that capacity I'm the administrator.

We were very deliberate when we did this because there wasn't a different and better way. We did not ever consider and could not have considered adding disability to aging. They're different fields.

Although they have a lot in common, they have different histories, different populations and one should not be subservient to the other. So we needed a way to combine our partnership together.

We came up with the name Community Living because it most reflected the combination of all the people that we're serving regardless of age from children to older adults.

People want to live in communities where they have good lives, they have the ability to be engaged in their community in their lives, have the opportunity to work.

So we chose Community Living as kind of a purposeful but I think future looking aspirational title I guess is the way we described it.

The other thing that's important for people to know about ACL is we built this ourselves. This was self-generated by those of us who were doing the work who've spending careers as advocates who understood that we needed to do the work together.

No one asked us to do this. We did it ourselves. We want to be together. We want to find the opportunities. And we had from the very beginning complete support of leadership at Health and Human Services to be able to bring these together.

So it's the right time and it has been a phenomenal opportunity. There have simply been so many issues that have come up where we've been able to better leverage our knowledge, draw upon different stakeholder populations, find new opportunities.

I think the proof that this has been successful is comes at my conference table on a regular basis where I wonder how we ever did the work separately because there's simply such a common language and a common need.

I also want to talk about the fact that as we move these programs as you move from the Department of Education here that it's not just ACL that you get as a new home but the Department of Health and Human Services.

HHS is entirely different than the Department of Education in structure, so I want to talk about HHS a little bit because it helps explain kind of the autonomy that we have at ACL but also the opportunity that we have to reach more broadly into the department to find new partnerships for NIDRR, new partnerships for those of you on the phone.

HHS first of all is enormous, and I tell people I have never heard the same number twice. We have somewhere in the ballpark of 80,000 employees because we have really large independent agencies.

You all know these agencies. You may wonder where they all fit but they're all here. The National Institutes of Health, Centers for Disease Control, CMS is here, Medicaid and Medicare Services. I can never list them all and then health service Administration for Children and Families, certainly SAMHSA that many of us work with us. What have I missed?

Sharon Lewis: FDA.

Kathy Greenlee: FDA which is huge. These are all independent operating divisions, and we are an independent operating division as well. We have our own budgets, our own management structure. We make our own decisions.

But as a large department there are things we need to purchase in terms of services from the broader department, and those are related to infrastructure supports.

Many of these are also reflected in actually some of the questions that you all have.

We purchase a grants management system. We purchase IT services. We purchase personnel services.

Some of the, you know, kind of core functions of government are uniform across the department are certainly there's like two or three options across a department this big.

So we have what it takes to support NIDRR even though there are some differences in systems.

As we are working on the transition I would encourage you all to divide your questions may be into those two buckets.

Some of your questions reflect a concern or questions at least about the purpose of NIDRR, the vision, the mission. Others are about the logistics and the details.

Everything but what we're doing that reflects the mission are decisions that we're making by ourselves with the support of the department. The people around this table today are the ones who ultimately will make those decisions.

We think it's fabulous that NIDRR is a part of ACL.

It gives us research opportunity and an expanse the ACL never had. It's a completely new line of business. It's different than the program services that we run but it is a tremendous opportunity.

What we look to do in the future is to kind of get to know each other better, find ways to leverage what we're currently doing just here with us with us at ACL, find opportunities across the broader department where we can make connections as well.

So in that regard I just want to reassure everyone that there was no desire and there is no desire to change things but to embrace NIDRR and all that you do. Because we are among your biggest fans and now we're peers and colleagues in every respect of the word.

As I started talking to both the aging community and the various disability communities after we did the reorganization I found my own kind of language to use that has been helpful.

I see ACL as a multicultural organization, that we are here to serve the various cultures and people that are represented and older adults, children with disabilities, adults with disabilities of all types.

My own personal definition of multiculturalism is that we're all the same and we're all different and both of those things are true.

So how do we respect the different histories and differences in the people that we're working with?

We spent a lot of time talking. Sometimes we have different languages that we've had to kind of translate on what issues mean.

But this has been a wonderful, maybe one of the best things I've ever done in terms of professional career to find an opportunity to really be positive and innovative and engage in really building something that I think makes a difference in people's lives.

You are welcome here. We will address your concerns. And I hope that we can turn then quickly and find every opportunity and wear ourselves out with ideas because I think we have that much potential.

Let me turn this over to Sharon and have her talk about maybe her two titles and a little bit more about what we're working on in terms of your transition.

Sharon Lewis: Well good afternoon. Thank you for joining us today. We were so thrilled to see such a great turnout.

To build a little bit off of what Kathy was talking about in terms of the history in the structure I am Sharon Lewis.

I am also honored to carry two titles. As another friend of mine says that's not a title, it's a job description.

I am the Principal Deputy Administrator here at the Administration for Community Living as well as the HHS Secretary, Secretary Burwell's Senior Advisor on Disability Policy.

To Kathy's point we set up this structure in this manner in terms of the leadership of the organization to reflect the cultures that we've brought together and to reflect the fact that we needed to make sure that we had both

aging disability leadership sitting at the leadership table here at the Department of Health and Human Services.

Kathy and I work very closely as partners and colleagues and I think that it's safe to say that I've learned a lot about the core concerns of the aging community and I think Kathy's learned a lot about the core concerns of the disability community.

We see a tremendous amount of synergy. Because at the end of the day I think there are very few Americans -- at least I have yet to meet them -- who are interested in how do I ensure that I've an opportunity to spend significant parts of my life living in a nursing facility or separated from my families and friends or not being supported to do the things that are important to me in my life whether that be vocational or independent living or being able to manage your health and function at home or broadly in the community.

I think that we see a lot of those synergies. That's not to say that a young person with mobility needs is the same as an older adult who is experiencing dementia or is the same as a child with a developmental disability.

I think what we have found is the balance within the Administration for Community Living to acknowledge again that basic human and civil right to be a participating member of a broader community and at the same time have your support needs met regardless of the differences and distinctions.

That's really what we've tried to stand up here. We've done a lot in a couple of years.

I think that coming in I certainly and I think the Leadership Team here at HHS want to acknowledge and note that we feel like we've received a gift of a gem

within the federal government that NIDRR is and has been and will continue to be in being an incredible entity in part because of all the work that you do out in the field and because of the statutory basis that creates the entity and protects it and ensures that it plays a unique role in research and research to practice in the federal government as it relates to people with disabilities of all ages in multiple arenas.

The broad breadth of opportunities that NIDRR prioritizes will not be changed simply by moving over here to HHS.

To the contrary we think that there is an opportunity to take the learning and the knowledge that comes from NIDRR and the partnerships and the relationships across the country that exist within NIDRR and exist within the ACL networks including the aging networks, the developmental disability networks and now the independent living networks and find new and more nimble ways to bring research to practice as well as building on the learnings and building on dissemination opportunities, and finding ways to ensure that we're able to fulfill that mission for people with disabilities and older adults.

A couple of examples of the kinds of things that we see happening in many of these things were in the works long before WIOA came to bear.

When the - earlier in the administration certainly ACL and NIDRR and pre-ACL when we were AIDD and the Administration on Aging and the Office on Disability we saw a lot of opportunity to interact and support each other's work.

For example two years ago we establish a joint project that ACL and NIDRR put together on our RTC and community living.

I raised that particular example just because it's been a terrific model of collaboration and using current context and policy that's occurring both at the Department of Health and Human Services and at the Department of Education and the Department of Labor to inform a particular center and be able to develop research and policy program information that's been useful in a unique way.

We've also seen the opportunities have been created with some of the model systems. The TDI network has been working with the ACL networks to ensure that our aging and disability networks are aware of the best practices and the research that are occurring in the TBI network and to share those learnings more broadly on a variety of ways.

We've seen other examples where we've been able to turn to our partners over at NIDRR and say, you know, we are dealing with a current policy issue in multiple context.

Who are the experts in the country, where can we turn? Who is thinking about these issues and bring those connections into the current policy context? So we see a lot of synergy and a lot of opportunity here.

You know, and we are appreciative of the broad reach of the NIDRR grantees and, you know, some of the intersects.

We know that we have the university centers under the DD Act and there are some overlaps. But we also know that all of that work is unique.

We know that we're bringing in the spinal cord and injury network and at the same time we have the Paralysis Resource Center that is doing some

phenomenal work. And there are opportunities again to make sure that we're complementing all of the work.

The last thing I just wanted to answer quickly in terms of the questions before I turn it over to John is, you know, there have been a lot of questions that have come to us about what does this mean in terms of, you know, structure and cross disability and how do all these pieces fit together.

We want to be clear that we see NIDRR as its own entity. NIDRR comes to us as a unit that is very effective in its current structure and its current leadership and its current staff.

All of the staff are coming. All of the staff will continue to report. And John will talk a little bit more about what this looks like.

But NIDRR comes to us whole and complete. And in terms of the administration per community living organizational chart we anticipate that NIDRR will look much unchanged.

As directed by the statute will sit, and because we think it's important, will sit directly off of our immediate office and will work directly and sit at the leadership table of the Administration for Community Living.

So that I think is really important and will also allow us to make those connections and make sure that NIDRR has the opportunity to connect with the aging networks, the developmental disability networks, the independent living networks as well as the variety of other programs that are housed here at the Administration for Community Living.

So with that I will turn it over to John.

John Tschida: Thank you Sharon and thank you Kathy and thanks to the hundreds of interested callers who have joined us today, very impressed with the turnout and hope that we are being responsive to the concerns and questions that you've raised in advance of our conversation here.

I hope you're hearing what I'm hearing. And that's a very strong philosophical alignment between and among our organizations here.

There is no longer a NIDRR and an ACL. I think as Kathy said there is just us. And we're in the process of learning more about one another as both Kathy and Sharon have said leveraging our collective investment, coordinating our work.

We're actually in the process of forming some work teams around some of our common interests that Sharon has mentioned.

She talked about family support, I think talked a little bit about quality which is a strong personal interest of mine. There's a tremendous amount of good work going on within ACL already.

For those of you who have been to our Web site and have seen our FY 2015 grant forecast you'll also see that we a research and training center that we'll be funding over the next five years again in the quality and outcomes area so a strong philosophical alignment between our organizations, a firm belief in the expectation that those with disabilities across the lifecycle lead lives of community participation and inclusiveness.

NIDRR's roots as you know are in the Rehabilitation Act. While WIOA made several changes to our statutes, our enabling statute it didn't fundamentally change our mission.

Certainly that mission has expanded in some areas, a stronger focus on independent living. That's something that we take very seriously and have already reached out and will continue to reach out to that part of the stakeholder community in both developing our research agenda but making sure that we are being responsive to the intent of that statute.

There is additional language as a result of WIOA around wellness programming. And that's something that NIDRR has a history of funding and we will continue to fund. We think that's very consistent with the velocity of independent living and consistent with our current domain area of community living.

So all of the references in our statute to things like assisted technology, employment, specifically vocational rehab and rehabilitation more broadly will remain a focus of NIDRR.

Our strategic plan reflects our three domain areas of health and function, community living and employment as I mentioned again referring to our F15 grant forecast now that has been published. You'll see all of those domains reflected in our FY '15 priorities.

As we look to the future into FY '16 and beyond certainly we'll have internal conversations among the leadership here at ACL to look about at what our priorities are, the multiculturalism that Kathy mentioned in the area of aging, in the area of AIDD, in the areas of other disabilities and where should we be investing our scarce research dollars in the future?

Where are there opportunities to leverage internal interests? Where have we seen progression in the research as a result of historic investments where with some additional dollars we can either move to the next stage of research or we can move and advanced the policies, the practices, the products in the case of some of the development work or the SBIR work or those that are being developed in our research engineering centers to really get into the field quicker and again accelerate those things that are being developed and get them closer to the individuals with disabilities that we all want to see thrive in the community.

So a couple of logistic points that have been raised and the questions that I would like to address, the timing of the move and when might that happen? It's going to be a two-stage move.

The personnel will transfer first. And we're anticipating that that will happen in the next weeks or short months.

We know that things don't move quickly by federal standards but we are getting closer to the transition of personnel.

As Sharon has said we are anticipating that all of our personnel will be coming with us and we are excited about that.

The remainder of the NIDRR functions including our historic data archived electronic information all of the grants responsibilities we are moving as quickly as we can but also as responsibly as we can.

One of the first principles we established in this move was to preserve the integrity of the programs. That's something we all feel very strongly about.

We want to make sure that we have our IT systems in place, any training done that needs to happen as we transfer to a different grants management system for example. And we're anticipating that that will happen in about mid, late calendar year of 2015.

As I've mentioned our grant forecast is on the Web site in terms of the actual publication of priorities. We are hoping to do that in very short order.

Staff within NIDRR and ACL have been hard at work to transfer from an education template to and ACL and HHS templates.

Our priorities will be published by ACL not the Department of Education. We are working as quickly as we can to maintain a calendar that is reflective of our publication of priorities in the past. So we're excited to be getting very close on a couple of those priorities.

As many of you know we published a solicitation for members of our Rehabilitation and Research Advisory Council over a year ago.

That was deep in the selection and vetting of members process at the Department of Education when the WIOA law was passed.

We are moving as quickly as we can to set that committee up within the Department of Human Services. Kathy's signature is already on the documents so they are moving forward.

I see that committee as being critical not only to building the culture of research within ACL and bringing additional disability knowledge and competency to the broader HHS department but also as a way for us to be

responsibly responsive as an agency to use that advisory group to help us inform the development of future priorities to have that group assist us in the formulation of future strategic planning documents that by statute we are mandated to do every five years.

I look forward to the addition of three members that will be added as a result of the passage of WIOA, independent living representation, small business representation and provider representation so seeing that as critical as I said to being both relevant and responsive to our multiple stakeholders.

So again I want to thank all of you for participating in the call. We have tried to address some of your questions in our introductory comments. But now I will turn it back over to Tim Muzzio and he will ask us some additional questions that you folks have sent in.

Tim Muzzio: Okay. Before proceeding I might add that many of the questions we received asked about what's happening to the program in the coming years. John mentioned the grants forecast being online. If you have not seen that, the simplest way to get to it is to do some sort of search -- Google, Yahoo, whatever on "NIDRR/ACL 2015 Grant Competitions." It will probably be the very first thing that pops up. I know in Google it does pop up right away and that'll show you specifically what we're planning for 2015.

I'm going to try to group some questions together. I'll ask the first one of John, who may or may not be able to answer this one. You spoke about moving our priorities forward. We've had a couple of questions about some of the more specifics -- do we expect to follow the same peer review, any change in the criteria or anything along that line. Do you have any feedback for the listeners who have questions about that?

John Tschida: Now I think in the short term the criteria that we'll be using certainly won't be changing in the near future.

I did refer to our strategic plan that talks about our three domain areas and achieving balance in those three domain areas. I think you'll see our 2015 grant forecast moving in that direction.

Questions about employment and there were a few questions with asking specifically if we would continue our employment focus.

We do have three research and training centers next year in the employment area. One of them a strong personal interest to me is again in the policy area where we'll be looking at the interaction between Social Security, disability insurance program and the Affordable Care Act and what changes we're seeing there both in terms of incentives for individuals with disabilities who become employed and what results we're seeing in terms of employment outcomes and quality of employment for individuals with disabilities.

So again I think looking to the future in 2016 certainly we'll have strong feelings at NIDRR as to what we feel should be our priorities.

We're going to need the input of our research, now Research and Independent Living Aging Advisory Council, to inform those priorities.

And we're going to need to talk to the remaining leadership at ACL in informing those priorities as well.

So I think, again, we have strong philosophical alignment as to our ultimate goals, common interests across the research function and what's been happening here historically within the program and policy focus of ACL and

leveraging those synergies where we can and to the best advantage of the individuals that we all want to serve and serve well.

Tim Muzzio: Thank you. Sharon you might be able to respond to this one. We had several questions about independent living. One asks about the evaluation given that ACL already has an internal evaluation component. They were asking specifically about evaluation of independent living programs. Is that a role that the internal evaluation component of ACL can take on?

Sharon Lewis: The Center for Policy and Evaluation here within the Administration for Community Living the evaluation component of that unit here at HHS - I made at ACL is really focused on the specifics of program evaluations so the programs that are authorized under the Older Americans Act, the Developmental Disabilities Assistance and Bill of Rights act and now to some degree the Rehabilitation Act in terms of looking at program integrity and program evaluation, you know, specific and internal to ACL.

It is not a unit that will compete in any way with NIDRR evaluation activities more broadly of external programs of independent living or Medicaid or education or vocational rehabilitation or other initiatives independent of ACL. Really it is an internal mechanism for purposes of reporting on our own programs.

So I think, you know, to clarify on that, that's what that unit is.

Additionally in that unit we have a fantastic policy shop. And it's one of the benefits that we have created and becoming the administration for community living that I think that NIDRR and the other programs that are coming over from the Department of Education will benefit from in that we have folks that have extensive background and subject matter expertise in Medicare,

Medicaid independent living, employment that I think well I again serve to complement and enhance the work that gets done by the NIDRR staff.

Tim Muzzio: Thank you. Under the rehab act we have a Section 21 that's for minority serving institutions. It's to improve the capacity of minority institutions to compete for our programs and to improve services of people from minority populations with disabilities.

The question that was raised is how will the transfer of NIDRR to ACL change NIDRR's current efforts relative to Section 21 of the Rehabilitation Act amendment? That was by - that was suggested by Corey Moore of the RTC on capacity building for minority entities.

John Tschida: Good question. Certainly we take that statutory responsibility very seriously. And at NIDRR we've exceeded that threshold for the last several years.

I think we will continue to allocate funds in that area. We've done a great deal of capacity building. And that's a responsibility that we take very seriously. It's something I'd like to continue.

We had a great meeting in Atlanta just about a year ago now that was well attended by not just grantee organizations representing those institutions but potential grantee organizations and academic institutions really wanting to build capacity to assist in the diversification of our portfolio. I look forward to continuing to fund those important programs.

Tim Muzzio: It sounds like we'll have a good home here too for supporting efforts to improve services to minorities and to increase capacity of minority entities.

Let me turn to another question that came up on ICDR. After the transition to ACL what will become of the Inter-agency Committee on Disability Research? That question was from the National Center for Health Statistics, John Hough.

Sharon Lewis: Again I think this is another component of NIDRR that remains fundamentally the same. The ICDR the staffing will remain.

I think, you know, ACL has been a participating member of the ICDR and our representatives as well as our other federal partners.

I think the ICDR will continue to convene and determine its priorities in the same ways that it has in the past.

And again I think there's opportunity here for them, those connections to be rapidly made certainly here within the Department of Health and Human Services in, you know, consistent with the requirements of the committee. We don't see anything substantially changing.

Tim Muzzio: Okay, thank you. Here is one that I know we've talked a lot about and I would be interested in discussing. People out there ask us all the time about what our name is.

The question is, how do you refer to us? Are we NIDRR? Are we NIDILRR, are we the institute or whatever? Does anybody want to take that one on?

Sharon Lewis: Well, I think we've all...

Kathy Greenlee: Yes.

Sharon Lewis: Yes.

Kathy Greenlee: Yes we've all had the same question.

Sharon Lewis: We've all had that same question and we would welcome the input of the field. I think that some of you may have heard certainly I've said in public forums that when I try and say NIDILRR it makes me feel like I'm choking on some cough syrup. So I don't know that were real thrilled with that as an acronym.

While we that does not diminish the increased focus on independent living in any way. We're all grappling with this since NIDRR roles so nicely off the tongue and we've used it for so many years.

So we're toying with the notion of calling the research entity within the ACL The Institute because I think it gives it the (imperator) that it deserves and acknowledges its unique role within ACL. But, you know, we would love to hear from all of you on that.

Kathy Greenlee: Quite literally yes. Send us your suggestions. We can't say the acronym out loud and have it make any sense so, yes.

John Tschida: From a legal standpoint you will see the new acronym in all of our priorities coming forward from ACL when they are published.

We have started an internal dialogue within our staff just to on the front end of making a thoughtful transition from a communication standpoint and all of the rebranding of our products, reports and even email signatures.

So stay tuned. And as others have said we would very much welcome your input.

Tim Muzzio: Okay thank you. We have a rather vibrant SBIR program. And the SBIR program exists very differently over here in HHS.

Has there been discussion on what's the fate of the NIDRR SBIR program? Will it be absorbed into other HHS SBIR programs?

John Tschida: I know that there have been some preliminary meetings between the historic NIDRR staff and the SBIR representatives within the Department of HHS.

I think we want to make sure that we are coordinating those efforts. There will need to be additional conversations certainly before decisions are made. But it would certainly be our intent to preserve the integrity of that program.

Again the principle that we went back to, to preserve the integrity of all the NIDRR programs and certainly the SBIR program is one of our essential components.

So I do see that as something that we will continue going forward and looking forward to that thriving again in coordination with our new partners at HHS.

Tim Muzzio: Okay John. I'm going to answer one of the questions, actually one of the straightforward ones but...

Sharon Lewis: You can take hard ones too.

Tim Muzzio: No I want the easy ones. That's all I'm taking. Well we just received a budget and the question is what is NIDRR's budget for 2015?

And our budget is level funding from last year \$103,970,000.

John Tschida: And I think if I may for those of you who may be less familiar with us as an organization we do many of our grants on a three or five year cycle. So the amount of new dollars going out the door next year I believe is in the \$17 million neighborhood.

Tim Muzzio: Right, you're good John it's \$16,892,000. Again a lot of that can be found on our Web site in the Grants Forecast so we invite you to go there take a look at what's coming up this year.

Also I was handed a note I want to read before I forget about as we're getting close on time. If there are additional questions that we don't cover you can address them to wioa@acl.hhs.gov. I'll repeat that one more time wioa@acl.hhs.gov. Submit questions there and we'll do our best to get those questions to the right people. We're still working through a lot of issues but it is a way to put forth questions and make us more responsive to things that are going on.

I'm looking over the questions and there are some very specific ones that I think were covered more generally like what's going to happen in this field and what's going to happen in that field, what's going to happen to certain types of grants.

And I think a lot of that has been addressed generally and a real essence of what's happening can be found in the grants forecast. So I don't know if we really need to go into those questions.

John Tschida: And Tim if I may jump in here, there were as Tim said some very specific questions that frankly it's too early to be able to answer those.

We've been very focused on the actual nuts and bolts of the operational transition from the Department of Education to ACL and HHS.

We are certainly having a number of strategic conversations and both informal and formal education sessions between and among the staffs of our agencies.

But really in the relationship building phase, the knowledge acquisition phase learning at a more detailed level what each of us does and what's near and dear to each of our respective organizations.

So I don't say that to avoid any of these questions, and certainly people can reach out to the email address if you feel like we aren't specifically answering your question.

But these mergers are hard work and I don't say that in looking for sympathy. But we want this transition to be as seamless as possible for all of our multiple stakeholders especially our existing grantees to make sure that the reporting can still happen, and the checks can still be cut that our awards can still be made in a timely and efficient manner.

So know that we are having conversations at the leadership level on a number of these issues but is simply too early to answer some of these questions.

Tim Muzzio: The final question that I was going to put out to the panel -- you've had a chance to look over the questions we received, reflecting the concerns of the participants here and you have spoken to people in the field. Are there other

things that we've not discussed that you think should be addressed? Or, any closing type of remarks?

Kathy Greenlee: Well first of all thank you all if you're still sticking around on the phone to listen to us. I have an answer to - no question but I have an answer.

So I just wanted to talk about the next 12 months because a lot of the questions the grantees are asking are very much what will happen in their lives. And I wanted to just reciprocate and share what will happen in our lives here.

I apologize if this feels like insider baseball because that's not my intention. But we are in separate buildings. Having been through a reorganization now already when we created ACL I find tremendous value in having us located together that you can create better opportunities both formal and informal relationships among staff.

We place a high value here on staff morale and a good working atmosphere.

ACL prior to the reorganization with WIOA had already been planning to move to a new building here in Washington. We're on the south side of the mall.

And once we heard that we had new friends and colleagues. We have expanded. So by the end of calendar year '15 the staff who are working with NIDRR and IL, and AT were all coming will all move into the same building that we will be moving into.

We will all almost literally meet in the middle in the Switzer building if you're familiar with Washington which is close to the Humphrey building which is the headquarters of Health and Human Services.

There's a lot we can do, and the two phases that John is talking about as we move the staff as we move the grants the finances.

The third piece will I think in many ways will be my favorite which is when we can all work together quite literally and be in the same place. So that will also happen with us.

It will be helpful for the organization as we really build one ACL in the future. So thank you all. Sharon?

Sharon Lewis: I guess the one thing that I would just like to reiterate and I think if you take nothing away from this call please know that we are very excited and happy and really looking forward to the opportunity that the Workforce Innovation Opportunity Act has created to bring all of these entities together.

Our core principle as we go through this next phase of transition around minimizing disruption and allowing NIDRR to fulfill its mission and continue to do its good work is really the driving force behind everything that we are doing.

If as we move forward any of you are perceiving otherwise please let us know. Please know that we are accessible and available to address those concerns.

We're really looking forward to meeting many of you in person over the course of various meetings and gatherings.

Some of us have already been in the same room multiple times. At the end of the day we're very excited about what happens in this coming together of the various entities on behalf of people with disabilities across the country.

John Tschida: Finally I would say that you should expect more and more frequent information from our shop going forward as we get closer to uniting with our ACL colleagues.

I take my responsibility to be responsive very seriously. I've talked about multiple ways in which we're doing that at NIDRR and ways that we anticipate doing that in the future.

So please reach out if we haven't answered your questions today if there are additional thoughts that you might have as a result of the conversation that we've had here today.

We certainly want to be responsive to that and move forward as quickly as we can but as responsibly as we can in finalizing our transition to ACL. So thank you all.

Tim Muzzio: Kathy, Sharon and John thank you very much for your presentations. By way of follow-up I did want to note that we are working on posting a recording of this teleconference online for those colleagues of yours who were unable to attend.

We'll keep you informed of that. We'll send an email blast out through the methods we use to get information out on this one.

Finally I want to thank, I don't know how many actually participated in this teleconference but we had 500 registrants for this conference today. I want to thank you for your participation. I want to thank you for your questions. You raised some of the real issues that we're grappling with here.

There's enthusiasm, there's high expectations out there about this merger. And I know that Kathy, Sharon and John along with all of the staff of both ACL and NIDRR they're working hard to meet the expectations.

And along the way as John said we will do our very best to keep the community informed as we proceed through this transition. Once again thank you very much and have a pleasant rest of the afternoon.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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