State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program

Fiscal Year 2014

(October 1, 2013 – September 30, 2014)
State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program
West Virginia Department of Education and the Arts - Division of Rehabilitation State Plan for Fiscal Year 2014 (submitted FY 2013)

Preprint - Section 1: State Certifications

1.1 The West Virginia Division of Rehabilitation Services is authorized to submit this State Plan under Title I of the Rehabilitation Act of 1973, as amended [1] and its supplement under Title VI, Part B, of the Rehabilitation Act [2].

1.2 As a condition for the receipt of federal funds under Title I, Part B, of the Rehabilitation Act for the provision of vocational rehabilitation services, the West Virginia Division of Rehabilitation Services [3] agrees to operate and administer the State Vocational Rehabilitation Services Program in accordance with the provisions of this State Plan [4], the Rehabilitation Act, and all applicable regulations [5], policies and procedures established by the secretary. Funds made available under Section 111 of the Rehabilitation Act are used solely for the provision of vocational rehabilitation services under Title I of the Rehabilitation Act and the administration of the State Plan for the vocational rehabilitation services program.

1.3 As a condition for the receipt of federal funds under Title VI, Part B, of the Rehabilitation Act for supported employment services, the designated state agency agrees to operate and administer the State Supported Employment Services Program in accordance with the provisions of the supplement to this State Plan [6], the Rehabilitation Act and all applicable regulations [7], policies and procedures established by the secretary. Funds made available under Title VI, Part B, are used solely for the provision of supported employment services and the administration of the supplement to the Title I State Plan. Yes

1.4 The designated state agency and/or the designated state unit has the authority under state law to perform the functions of the state regarding this State Plan and its supplement. Yes

1.5 The state legally may carry out each provision of the State Plan and its supplement. Yes

1.6 All provisions of the State Plan and its supplement are consistent with state law. Yes
1.7 The (enter title of state officer below)Yes

Director West Virginia Division of Rehabilitation Services

... has the authority under state law to receive, hold and disburse federal funds made available under this State Plan and its supplement.

1.8 The (enter title of state officer below)...Yes

Director West Virginia Division of Rehabilitation Services

... has the authority to submit this State Plan for vocational rehabilitation services and the State Plan supplement for supported employment services.

1.9 The agency that submits this State Plan and its supplement has adopted or otherwise formally approved the plan and its supplement. Yes

State Plan Certified By

As the authorized signatory identified above, I hereby certify that I will sign, date and retain in the files of the designated state agency/designated state unit Section 1 of the Preprint, and separate Certification of Lobbying forms (Form ED-80-0013; available at http://www.ed.gov/fund/grant/apply/appforms/ed80-013.pdf) for both the vocational rehabilitation and supported employment programs.

Signed? Yes

Name of Signatory Donna L. Ashworth

Title of Signatory Acting Director

Date Signed (mm/dd/yyyy) 05/20/2013

Assurances Certified By

At the request of RSA, the designated state agency and/or the designated state unit provide the following assurance(s), in addition to those contained within Section 2 through 8 below, in connection with the approval of the State Plan for FY 2014

Comments:

Signed?

Name of Signatory

Title of Signatory
Date Signed (mm/dd/yyyy)

* The signatory of the assurance with the authority to execute and submit the State Plan will maintain a signed copy of the assurance(s) with the signed State Plan.

Section 1 Footnotes

[1] Public Law 93 112, as amended by Public Laws 93 516, 95 602, 98 221, 99 506, 100-630, 102-569, 103-073, and 105-220.


[3] All references in this plan to "designated state agency" or to "the state agency" relate to the agency identified in this paragraph.

[4] No funds under Title I of the Rehabilitation Act may be awarded without an approved State Plan in accordance with Section 101(a) of the Rehabilitation Act and 34 CFR part 361.

[5] Applicable regulations include the Education Department General Administrative Regulations (EDGAR) in 34 CFR Parts 74, 76, 77, 79, 80, 81, 82, 85 and 86 and the State Vocational Rehabilitation Services Program regulations in 34 CFR Part 361.

[6] No funds under Title VI, Part B, of the Rehabilitation Act may be awarded without an approved supplement to the Title I State Plan in accordance with Section 625(a) of the Rehabilitation Act.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* APPLICANT'S ORGANIZATION

West Virginia Division of Rehabilitation Services

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix:   * First Name:   Donna   Middle Name:   

* Last Name: Ashworth   Suffix:   

* Title: Acting Director

* SIGNATURE: [Signature]   * DATE: 5/20/19
2.1 Public participation requirements. (Section 101(a)(16)(A) of the Rehabilitation Act; 34 CFR 361.10(d), .20(a), (b), (d); and 363.11(g)(9))

(a) Conduct of public meetings.

The designated state agency, prior to the adoption of any substantive policies or procedures governing the provision of vocational rehabilitation services under the State Plan and supported employment services under the supplement to the State Plan, including making any substantive amendments to the policies and procedures, conducts public meetings throughout the state to provide the public, including individuals with disabilities, an opportunity to comment on the policies or procedures.

(b) Notice requirements.

The designated state agency, prior to conducting the public meetings, provides appropriate and sufficient notice throughout the state of the meetings in accordance with state law governing public meetings or, in the absence of state law governing public meetings, procedures developed by the state agency in consultation with the State Rehabilitation Council, if the agency has a council.

(c) Special consultation requirements.

The state agency actively consults with the director of the Client Assistance Program, the State Rehabilitation Council, if the agency has a council and, as appropriate, Indian tribes, tribal organizations and native Hawaiian organizations on its policies and procedures governing the provision of vocational rehabilitation services under the State Plan and supported employment services under the supplement to the State Plan.
3.1 Submission and revisions of the State Plan and its supplement. (Sections 101(a)(1), (23) and 625(a)(1) of the Rehabilitation Act; Section 501 of the Workforce Investment Act; 34 CFR 76.140; 361.10(e), (f), and (g); and 363.10)

(a) The state submits to the commissioner of the Rehabilitation Services Administration the State Plan and its supplement on the same date that the state submits either a State Plan under Section 112 of the Workforce Investment Act of 1998 or a state unified plan under Section 501 of that Rehabilitation Act.

(b) The state submits only those policies, procedures or descriptions required under this State Plan and its supplement that have not been previously submitted to and approved by the commissioner.

(c) The state submits to the commissioner, at such time and in such manner as the commissioner determines to be appropriate, reports containing annual updates of the information relating to the:

1. comprehensive system of personnel development;
2. assessments, estimates, goals and priorities, and reports of progress;
3. innovation and expansion activities; and
4. other updates of information required under Title I, Part B, or Title VI, Part B, of the Rehabilitation Act that are requested by the commissioner.

(d) The State Plan and its supplement are in effect subject to the submission of modifications the state determines to be necessary or the commissioner requires based on a change in state policy, a change in federal law, including regulations, an interpretation of the Rehabilitation Act by a federal court or the highest court of the state, or a finding by the commissioner of state noncompliance with the requirements of the Rehabilitation Act, 34 CFR 361 or 34 CFR 363.

3.2 Supported Employment State Plan supplement. (Sections 101(a)(22) and 625(a) of the Rehabilitation Act; 34 CFR 361.34 and 363.10)

(a) The state has an acceptable plan for carrying out Part B, of Title VI of the Rehabilitation Act that provides for the use of funds under that part to supplement funds made available under Part B, of Title I of the Rehabilitation Act for the cost of services leading to supported employment.

(b) The Supported Employment State Plan, including any needed annual revisions, is submitted as a supplement to the State Plan.
Preprint - Section 4: Administration of the State Plan

4.1 Designated state agency and designated state unit. (Section 101(a)(2) of the Rehabilitation Act; 34 CFR 361.13(a) and (b))

(a) Designated state agency.

1. There is a state agency designated as the sole state agency to administer the State Plan or to supervise its administration in a political subdivision of the state by a sole local agency.

2. The designated state agency is a state agency that is not primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and includes a vocational rehabilitation unit as provided in paragraph (b) of this section. (Option A was not selected/Option B was selected)

3. In American Samoa, the designated state agency is the governor.

(b) Designated state unit.

1. If the designated state agency is not primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities, in accordance with subparagraph 4.1(a)(2)(B) of this section, the state agency includes a vocational rehabilitation bureau, division or unit that:

   A. is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and is responsible for the administration of the designated state agency's vocational rehabilitation program under the State Plan;
   
   B. has a full-time director;
   
   C. has a staff, at least 90 percent of whom are employed full-time on the rehabilitation work of the organizational unit; and
   
   D. is located at an organizational level and has an organizational status within the designated state agency comparable to that of other major organizational units of the designated state agency.

2. The name of the designated state vocational rehabilitation unit is West Virginia Division of Rehabilitation Services

4.2 State independent commission or State Rehabilitation Council. (Sections 101(a)(21) and 105 of the Rehabilitation Act; 34 CFR 361.16 and .17)

The State Plan must contain one of the following assurances.

(a) The designated state agency is an independent state commission. (Option A was not selected/Option B was selected)
(b) The state has established a State Rehabilitation Council that meets the criteria set forth in Section 105 of the Rehabilitation Act, 34 CFR 361.17 and the designated state unit.

1. jointly with the State Rehabilitation Council develops, agrees to and reviews annually state goals and priorities and jointly submits to the commissioner annual reports of progress in accordance with the provisions of Section 101(a)(15) of the Rehabilitation Act, 34 CFR 361.29 and subsection 4.11 of this State Plan;

2. regularly consults with the State Rehabilitation Council regarding the development, implementation and revision of state policies and procedures of general applicability pertaining to the provision of vocational rehabilitation services;

3. includes in the State Plan and in any revision to the State Plan a summary of input provided by the State Rehabilitation Council, including recommendations from the annual report of the council described in Section 105(c)(5) of the Rehabilitation Act and 34 CFR 361.17(h)(5), the review and analysis of consumer satisfaction described in Section 105(c)(4) of the Rehabilitation Act and 34 CFR 361.17(h)(4), and other reports prepared by the council and the response of the designated state unit to the input and recommendations, including explanations for rejecting any input or recommendation; and

4. transmits to the council:
   A. all plans, reports and other information required under 34 CFR 361 to be submitted to the commissioner;
   B. all policies and information on all practices and procedures of general applicability provided to or used by rehabilitation personnel in carrying out this State Plan and its supplement; and
   C. copies of due process hearing decisions issued under 34 CFR 361.57, which are transmitted in such a manner as to ensure that the identity of the participants in the hearings is kept confidential.

(c) If the designated state unit has a State Rehabilitation Council, Attachment 4.2(c) provides a summary of the input provided by the council consistent with the provisions identified in subparagraph (b)(3) of this section; the response of the designated state unit to the input and recommendations; and, explanations for the rejection of any input or any recommendation.

4.3 Consultations regarding the administration of the State Plan. (Section 101(a)(16)(B) of the Rehabilitation Act; 34 CFR 361.21)

The designated state agency takes into account, in connection with matters of general policy arising in the administration of the plan and its supplement, the views of:

(a) individuals and groups of individuals who are recipients of vocational rehabilitation services or, as appropriate, the individuals' representatives;

(b) personnel working in programs that provide vocational rehabilitation services to individuals with disabilities;
(c) providers of vocational rehabilitation services to individuals with disabilities;

(d) the director of the Client Assistance Program; and

(e) the State Rehabilitation Council, if the state has a council.

4.4 Nonfederal share. (Sections 7(14) and 101(a)(3) of the Rehabilitation Act; 34 CFR 80.24 and 361.60)

The nonfederal share of the cost of carrying out this State Plan is 21.3 percent and is provided through the financial participation by the state or, if the state elects, by the state and local agencies.

4.5 Local administration. (Sections 7(24) and 101(a)(2)(A) of the Rehabilitation Act; 34 CFR 361.5(b)(47) and .15)

The State Plan provides for the administration of the plan by a local agency. No

If "Yes", the designated state agency:

(a) ensures that each local agency is under the supervision of the designated state unit with the sole local agency, as that term is defined in Section 7(24) of the Rehabilitation Act and 34 CFR 361.5(b)(47), responsible for the administration of the vocational rehabilitation program within the political subdivision that it serves; and

(b) develops methods that each local agency will use to administer the vocational rehabilitation program in accordance with the State Plan.

4.6 Shared funding and administration of joint programs. (Section 101(a)(2)(A)(ii) of the Rehabilitation Act; 34 CFR 361.27)

The State Plan provides for the state agency to share funding and administrative responsibility with another state agency or local public agency to carry out a joint program to provide services to individuals with disabilities. No

If "Yes", the designated state agency submits to the commissioner for approval a plan that describes its shared funding and administrative arrangement. The plan must include:

(a) a description of the nature and scope of the joint program;

(b) the services to be provided under the joint program;

(c) the respective roles of each participating agency in the administration and provision of services; and

(d) the share of the costs to be assumed by each agency.

4.7 Statewideness and waivers of statewideness. (Section 101(a)(4) of the Rehabilitation Act; 34 CFR 361.25, .26, and .60(b)(3)(i) and (ii))
This agency is **not** requesting a waiver of statewideness.

**(a)** Services provided under the State Plan are available in all political subdivisions of the state.

**(b)** The state unit may provide services in one or more political subdivisions of the state that increase services or expand the scope of services that are available statewide under this State Plan if the:

1. nonfederal share of the cost of these services is met from funds provided by a local public agency, including funds contributed to a local public agency by a private agency, organization or individual;

2. services are likely to promote the vocational rehabilitation of substantially larger numbers of individuals with disabilities or of individuals with disabilities with particular types of impairments; and

3. state, for purposes other than the establishment of a community rehabilitation program or the construction of a particular facility for community rehabilitation program purposes, requests in Attachment 4.7(b)(3) a waiver of the statewideness requirement in accordance with the following requirements:

   A. identification of the types of services to be provided;

   B. written assurance from the local public agency that it will make available to the state unit the nonfederal share of funds;

   C. written assurance that state unit approval will be obtained for each proposed service before it is put into effect; and

   D. written assurance that all other State Plan requirements, including a state's order of selection, will apply to all services approved under the waiver.

**(c)** Contributions, consistent with the requirements of 34 CFR 361.60(b)(3)(ii), by private entities of earmarked funds for particular geographic areas within the state may be used as part of the nonfederal share without the state requesting a waiver of the statewideness requirement provided that the state notifies the commissioner that it cannot provide the full nonfederal share without using the earmarked funds.

### 4.8 Cooperation, collaboration and coordination. (Sections 101(a)(11), (24)(B), and 625(b)(4) and (5) of the Rehabilitation Act; 34 CFR 361.22, .23, .24, and .31, and 363.11(e))

**(a)** Cooperative agreements with other components of statewide work force investment system.

The designated state agency or the designated state unit has cooperative agreements with other entities that are components of the statewide work force investment system and replicates those agreements at the local level between individual offices of the designated state unit and local entities carrying out the One-Stop service delivery system or other activities through the statewide work force investment system.

**(b)** Cooperation and coordination with other agencies and entities.
Attachment 4.8(b) (1)-(4) describes the designated state agency's:

1. cooperation with and use of the services and facilities of the federal, state, and local agencies and programs, including programs carried out by the undersecretary for Rural Development of the United States Department of Agriculture and state use contracting programs, to the extent that those agencies and programs are not carrying out activities through the statewide work force investment system;

2. coordination, in accordance with the requirements of paragraph 4.8(c) of this section, with education officials to facilitate the transition of students with disabilities from school to the receipt of vocational rehabilitation services;

3. establishment of cooperative agreements with private nonprofit vocational rehabilitation service providers, in accordance with the requirements of paragraph 5.10(b) of the State Plan; and,

4. efforts to identify and make arrangements, including entering into cooperative agreements, with other state agencies and entities with respect to the provision of supported employment and extended services for individuals with the most significant disabilities, in accordance with the requirements of subsection 6.5 of the supplement to this State Plan.

(c) Coordination with education officials.

1. Attachment 4.8(b)(2) describes the plans, policies and procedures for coordination between the designated state agency and education officials responsible for the public education of students with disabilities that are designed to facilitate the transition of the students who are individuals with disabilities from the receipt of educational services in school to the receipt of vocational rehabilitation services under the responsibility of the designated state agency.

2. The State Plan description must:

A. provide for the development and approval of an individualized plan for employment in accordance with 34 CFR 361.45 as early as possible during the transition planning process but, at the latest, before each student determined to be eligible for vocational rehabilitation services leaves the school setting or if the designated state unit is operating on an order of selection before each eligible student able to be served under the order leaves the school setting; and

B. include information on a formal interagency agreement with the state educational agency that, at a minimum, provides for:

i. consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to postschool activities, including vocational rehabilitation services;
ii. transition planning by personnel of the designated state agency and the educational agency for students with disabilities that facilitates the development and completion of their individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act;

iii. roles and responsibilities, including financial responsibilities, of each agency, including provisions for determining state lead agencies and qualified personnel responsible for transition services; and

iv. procedures for outreach to students with disabilities as early as possible during the transition planning process and identification of students with disabilities who need transition services.

(d) Coordination with statewide independent living council and independent living centers.

The designated state unit, the Statewide Independent Living Council established under Section 705 of the Rehabilitation Act and 34 CFR 364, and the independent living centers described in Part C of Title VII of the Rehabilitation Act and 34 CFR 366 have developed working relationships and coordinate their activities.

(e) Cooperative agreement with recipients of grants for services to American Indians.

1. There is in the state a recipient(s) of a grant under Part C of Title I of the Rehabilitation Act for the provision of vocational rehabilitation services for American Indians who are individuals with disabilities residing on or near federal and state reservations. No

2. If "Yes", the designated state agency has entered into a formal cooperative agreement that meets the following requirements with each grant recipient in the state that receives funds under Part C of Title I of the Rehabilitation Act:

   A. strategies for interagency referral and information sharing that will assist in eligibility determinations and the development of individualized plans for employment;

   B. procedures for ensuring that American Indians who are individuals with disabilities and are living near a reservation or tribal service area are provided vocational rehabilitation services; and

   C. provisions for sharing resources in cooperative studies and assessments, joint training activities, and other collaborative activities designed to improve the provision of services to American Indians who are individuals with disabilities.

4.9 Methods of administration. (Section 101(a)(6) of the Rehabilitation Act; 34 CFR 361.12, .19 and .51(a) and (b))

(a) In general.
The state agency employs methods of administration, including procedures to ensure accurate data collection and financial accountability, found by the commissioner to be necessary for the proper and efficient administration of the plan and for carrying out all the functions for which the state is responsible under the plan and 34 CFR 361.

(b) Employment of individuals with disabilities.

The designated state agency and entities carrying out community rehabilitation programs in the state, who are in receipt of assistance under Part B, of Title I of the Rehabilitation Act and this State Plan, take affirmative action to employ and advance in employment qualified individuals with disabilities covered under and on the same terms and conditions as set forth in Section 503 of the Rehabilitation Act.

(c) Facilities.

Any facility used in connection with the delivery of services assisted under this State Plan meets program accessibility requirements consistent with the provisions, as applicable, of the Architectural Barriers Rehabilitation Act of 1968, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act of 1990 and the regulations implementing these laws.

4.10 Comprehensive system of personnel development. (Section 101(a)(7) of the Rehabilitation Act; 34 CFR 361.18)

Attachment 4.10 describes the designated state agency's procedures and activities to establish and maintain a comprehensive system of personnel development designed to ensure an adequate supply of qualified state rehabilitation professional and paraprofessional personnel for the designated state unit. The description includes the following:

(a) Data system on personnel and personnel development.

Development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs and personnel development with respect to:

1. Qualified personnel needs.

   A. The number of personnel who are employed by the state agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;

   B. The number of personnel currently needed by the state agency to provide vocational rehabilitation services, broken down by personnel category; and

   C. Projections of the number of personnel, broken down by personnel category, who will be needed by the state agency to provide vocational rehabilitation services in the state in five years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.
2. Personnel development.

A. A list of the institutions of higher education in the state that are preparing vocational rehabilitation professionals, by type of program;

B. The number of students enrolled at each of those institutions, broken down by type of program; and

C. The number of students who graduated during the prior year from each of those institutions with certification or licensure, or with the credentials for certification or licensure, broken down by the personnel category for which they have received, or have the credentials to receive, certification or licensure.

(b) Plan for recruitment, preparation and retention of qualified personnel.

Development, updating on an annual basis, and implementation of a plan to address the current and projected needs for qualified personnel based on the data collection and analysis system described in paragraph (a) of this subsection and that provides for the coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare and retain personnel who are qualified in accordance with paragraph (c) of this subsection, including personnel from minority backgrounds and personnel who are individuals with disabilities.

(c) Personnel standards.

Policies and procedures for the establishment and maintenance of personnel standards to ensure that designated state unit professional and paraprofessional personnel are appropriately and adequately prepared and trained, including:

1. standards that are consistent with any national- or state-approved or recognized certification, licensing, registration, or, in the absence of these requirements, other comparable requirements (including state personnel requirements) that apply to the profession or discipline in which such personnel are providing vocational rehabilitation services.

2. To the extent that existing standards are not based on the highest requirements in the state applicable to a particular profession or discipline, the steps the state is currently taking and the steps the state plans to take in accordance with the written plan to retrain or hire personnel within the designated state unit to meet standards that are based on the highest requirements in the state, including measures to notify designated state unit personnel, the institutions of higher education identified in subparagraph (a)(2), and other public agencies of these steps and the time lines for taking each step.

3. The written plan required by subparagraph (c)(2) describes the following:

   A. specific strategies for retraining, recruiting and hiring personnel;
B. the specific time period by which all state unit personnel will meet the standards required by subparagraph (c)(1);

C. procedures for evaluating the designated state unit's progress in hiring or retraining personnel to meet applicable personnel standards within the established time period; and

D. the identification of initial minimum qualifications that the designated state unit will require of newly hired personnel when the state unit is unable to hire new personnel who meet the established personnel standards and the identification of a plan for training such individuals to meet the applicable standards within the time period established for all state unit personnel to meet the established personnel standards.

(d) Staff development.

Policies, procedures and activities to ensure that all personnel employed by the designated state unit receive appropriate and adequate training. The narrative describes the following:

1. A system of staff development for professionals and paraprofessionals within the designated state unit, particularly with respect to assessment, vocational counseling, job placement and rehabilitation technology.

2. Procedures for the acquisition and dissemination to designated state unit professionals and paraprofessionals significant knowledge from research and other sources.

(e) Personnel to address individual communication needs.

Availability of personnel within the designated state unit or obtaining the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

(f) Coordination of personnel development under the Individuals with Disabilities Education Act.

Procedures and activities to coordinate the designated state unit's comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Act.

4.11. Statewide assessment; annual estimates; annual state goals and priorities; strategies; and progress reports.

(Sections 101(a)(15), 105(c)(2) and 625(b)(2) of the Rehabilitation Act; 34 CFR 361.17(h)(2), .29, and 363.11(b))

(a) Comprehensive statewide assessment.
1. Attachment 4.11(a) documents the results of a comprehensive, statewide assessment, jointly conducted every three years by the designated state unit and the State Rehabilitation Council (if the state has such a council). The assessment describes:

A. the rehabilitation needs of individuals with disabilities residing within the state, particularly the vocational rehabilitation services needs of:

i. individuals with the most significant disabilities, including their need for supported employment services;

ii. individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this State Plan; and

iii. individuals with disabilities served through other components of the statewide work force investment system.

B. The need to establish, develop or improve community rehabilitation programs within the state.

2. For any year in which the state updates the assessments, the designated state unit submits to the commissioner a report containing information regarding updates to the assessments.

(b) Annual estimates.

Attachment 4.11(b) identifies on an annual basis state estimates of the:

1. number of individuals in the state who are eligible for services under the plan;

2. number of eligible individuals who will receive services provided with funds provided under Part B of Title I of the Rehabilitation Act and under Part B of Title VI of the Rehabilitation Act, including, if the designated state agency uses an order of selection in accordance with subparagraph 5.3(b)(2) of this State Plan, estimates of the number of individuals to be served under each priority category within the order; and

3. costs of the services described in subparagraph (b)(1), including, if the designated state agency uses an order of selection, the service costs for each priority category within the order.

(c) Goals and priorities.

1. Attachment 4.11(c)(1) identifies the goals and priorities of the state that are jointly developed or revised, as applicable, with and agreed to by the State Rehabilitation Council, if the agency has a council, in carrying out the vocational rehabilitation and supported employment programs.
2. The designated state agency submits to the commissioner a report containing information regarding any revisions in the goals and priorities for any year the state revises the goals and priorities.

3. Order of selection.
   If the state agency implements an order of selection, consistent with subparagraph 5.3(b)(2) of the State Plan, Attachment 4.11(c)(3):

   A. shows the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services;
   B. provides a justification for the order; and
   C. identifies the service and outcome goals, and the time within which these goals may be achieved for individuals in each priority category within the order.

4. Goals and plans for distribution of Title VI, Part B, funds.
   Attachment 4.11(c)(4) specifies, consistent with subsection 6.4 of the State Plan supplement, the state's goals and priorities with respect to the distribution of funds received under Section 622 of the Rehabilitation Act for the provision of supported employment services.

(d) Strategies.

1. Attachment 4.11(d) describes the strategies, including:
   A. the methods to be used to expand and improve services to individuals with disabilities, including how a broad range of assistive technology services and assistive technology devices will be provided to those individuals at each stage of the rehabilitation process and how those services and devices will be provided to individuals with disabilities on a statewide basis;
   B. outreach procedures to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities in accordance with subsection 6.6 of the State Plan supplement, and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program;
   C. as applicable, the plan of the state for establishing, developing or improving community rehabilitation programs;
   D. strategies to improve the performance of the state with respect to the evaluation standards and performance indicators established pursuant to Section 106 of the Rehabilitation Act; and
   E. strategies for assisting other components of the statewide work force investment system in assisting individuals with disabilities.
2. Attachment 4.11 (d) describes how the designated state agency uses these strategies to:

A. address the needs identified in the assessment conducted under paragraph 4.11(a) and achieve the goals and priorities identified in the State Plan attachments under paragraph 4.11(c);

B. support the innovation and expansion activities identified in subparagraph 4.12(a)(1) and (2) of the plan; and

C. overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the State Vocational Rehabilitation Services Program and State Supported Employment Services Program.

(e) Evaluation and reports of progress.

1. The designated state unit and the State Rehabilitation Council, if the state unit has a council, jointly submits to the commissioner an annual report on the results of an evaluation of the effectiveness of the vocational rehabilitation program and the progress made in improving the effectiveness of the program from the previous year.

2. Attachment 4.11(e)(2):

A. provides an evaluation of the extent to which the goals identified in Attachment 4.11(c)(1) and, if applicable, Attachment 4.11(c)(3) were achieved;

B. identifies the strategies that contributed to the achievement of the goals and priorities;

C. describes the factors that impeded their achievement, to the extent they were not achieved;

D. assesses the performance of the state on the standards and indicators established pursuant to Section 106 of the Rehabilitation Act; and

E. provides a report consistent with paragraph 4.12(c) of the plan on how the funds reserved for innovation and expansion activities were utilized in the preceding year.

4.12 Innovation and expansion. (Section 101(a)(18) of the Rehabilitation Act; 34 CFR 361.35)

(a) The designated state agency reserves and uses a portion of the funds allotted to the state under Section 110 of the Rehabilitation Act for the:

1. development and implementation of innovative approaches to expand and improve the provision of vocational rehabilitation services to individuals with disabilities under this State Plan, particularly individuals with the most significant disabilities, consistent with the findings of the statewide assessment identified in Attachment 4.11(a) and goals and
priorities of the state identified in Attachments 4.11(c)(1) and, if applicable, Attachment 4.11(c)(3); and

2. support of the funding for the State Rehabilitation Council, if the state has such a council, consistent with the resource plan prepared under Section 105(d)(1) of the Rehabilitation Act and 34 CFR 361.17(i), and the funding of the Statewide Independent Living Council, consistent with the resource plan prepared under Section 705(e)(1) of the Rehabilitation Act and 34 CFR 364.21(i).

(b) Attachment 4.11(d) describes how the reserved funds identified in subparagraph 4.12(a)(1) and (2) will be utilized.

(c) Attachment 4.11(e)(2) describes how the reserved funds were utilized in the preceding year.

4.13 Reports. (Section 101(a)(10) of the Rehabilitation Act; 34 CFR 361.40)

(a) The designated state unit submits reports in the form and level of detail and at the time required by the commissioner regarding applicants for and eligible individuals receiving services under the State Plan.

(b) Information submitted in the reports provides a complete count, unless sampling techniques are used, of the applicants and eligible individuals in a manner that permits the greatest possible cross-classification of data and protects the confidentiality of the identity of each individual.
Preprint - Section 5: Administration of the Provision of Vocational Rehabilitation Services

5.1 Information and referral services. (Sections 101(a)(5)(D) and (20) of the Rehabilitation Act; 34 CFR 361.37)

The designated state agency has implemented an information and referral system that is adequate to ensure that individuals with disabilities, including individuals who do not meet the agency's order of selection criteria for receiving vocational rehabilitation services if the agency is operating on an order of selection, are provided accurate vocational rehabilitation information and guidance, including counseling and referral for job placement, using appropriate modes of communication, to assist such individuals in preparing for, securing, retaining or regaining employment, and are referred to other appropriate federal and state programs, including other components of the statewide work force investment system in the state.

5.2 Residency. (Section 101(a)(12) of the Rehabilitation Act; 34 CFR 361.42(c)(1))

The designated state unit imposes no duration of residence requirement as part of determining an individual's eligibility for vocational rehabilitation services or that excludes from services under the plan any individual who is present in the state.

5.3 Ability to serve all eligible individuals; order of selection for services. (Sections 12(d) and 101(a)(5) of the Rehabilitation Act; 34 CFR 361.36)

(a) The designated state unit is able to provide the full range of services listed in Section 103(a) of the Rehabilitation Act and 34 CFR 361.48, as appropriate, to all eligible individuals with disabilities in the state who apply for services. No

(b) If No:

1. Individuals with the most significant disabilities, in accordance with criteria established by the state, are selected first for vocational rehabilitation services before other individuals with disabilities.

2. Attachment 4.11(c)(3):

   A. shows the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services;

   B. provides a justification for the order of selection; and

   C. identifies the state's service and outcome goals and the time within which these goals may be achieved for individuals in each priority category within the order.

3. Eligible individuals who do not meet the order of selection criteria have access to the services provided through the designated state unit's information and referral system...
established under Section 101(a)(20) of the Rehabilitation Act, 34 CFR 361.37, and subsection 5.1 of this State Plan.

5.4 Availability of comparable services and benefits. (Sections 101(a)(8) and 103(a) of the Rehabilitation Act; 34 CFR 361.53)

(a) Prior to providing any vocational rehabilitation services, except those services identified in paragraph (b), to an eligible individual or to members of the individual's family, the state unit determines whether comparable services and benefits exist under any other program and whether those services and benefits are available to the individual.

(b) The following services are exempt from a determination of the availability of comparable services and benefits:

1. assessment for determining eligibility and vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology;

2. counseling and guidance, including information and support services to assist an individual in exercising informed choice consistent with the provisions of Section 102(d) of the Rehabilitation Act;

3. referral and other services to secure needed services from other agencies, including other components of the statewide work force investment system, through agreements developed under Section 101(a)(11) of the Rehabilitation Act, if such services are not available under this State Plan;

4. job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services;

5. rehabilitation technology, including telecommunications, sensory and other technological aids and devices; and

6. post-employment services consisting of the services listed under subparagraphs (1) through (5) of this paragraph.

(c) The requirements of paragraph (a) of this section do not apply if the determination of the availability of comparable services and benefits under any other program would interrupt or delay:

1. progress of the individual toward achieving the employment outcome identified in the individualized plan for employment;

2. an immediate job placement; or

3. provision of vocational rehabilitation services to any individual who is determined to be at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.
(d) The governor in consultation with the designated state vocational rehabilitation agency and other appropriate agencies ensures that an interagency agreement or other mechanism for interagency coordination that meets the requirements of Section 101(a)(8)(B)(i)-(iv) of the Rehabilitation Act takes effect between the designated state unit and any appropriate public entity, including the state Medicaid program, a public institution of higher education, and a component of the statewide work force investment system to ensure the provision of the vocational rehabilitation services identified in Section 103(a) of the Rehabilitation Act and 34 CFR 361.48, other than the services identified in paragraph (b) of this section, that are included in the individualized plan for employment of an eligible individual, including the provision of those vocational rehabilitation services during the pendency of any dispute that may arise in the implementation of the interagency agreement or other mechanism for interagency coordination.

5.5 Individualized plan for employment. (Section 101(a)(9) of the Rehabilitation Act; 34 CFR 361.45 and .46)

(a) An individualized plan for employment meeting the requirements of Section 102(b) of the Rehabilitation Act and 34 CFR 361.45 and .46 is developed and implemented in a timely manner for each individual determined to be eligible for vocational rehabilitation services, except if the state has implemented an order of selection, and is developed and implemented for each individual to whom the designated state unit is able to provide vocational rehabilitation services.

(b) Services to an eligible individual are provided in accordance with the provisions of the individualized plan for employment.

5.6 Opportunity to make informed choices regarding the selection of services and providers. (Sections 101(a)(19) and 102(d) of the Rehabilitation Act; 34 CFR 361.52)

Applicants and eligible individuals or, as appropriate, their representatives are provided information and support services to assist in exercising informed choice throughout the rehabilitation process, consistent with the provisions of Section 102(d) of the Rehabilitation Act and 34 CFR 361.52.

5.7 Services to American Indians. (Section 101(a)(13) of the Rehabilitation Act; 34 CFR 361.30)

The designated state unit provides vocational rehabilitation services to American Indians who are individuals with disabilities residing in the state to the same extent as the designated state agency provides such services to other significant populations of individuals with disabilities residing in the state.

5.8 Annual review of individuals in extended employment or other employment under special certificate provisions of the fair labor standards act of 1938. (Section 101(a)(14) of the Rehabilitation Act; 34 CFR 361.55)

(a) The designated state unit conducts an annual review and reevaluation of the status of each individual with a disability served under this State Plan:

1. who has achieved an employment outcome in which the individual is compensated in accordance with Section 14(c) of the Fair Labor Standards Act (29 U.S.C. 214(c)); or
2. whose record of services is closed while the individual is in extended employment on the basis that the individual is unable to achieve an employment outcome in an integrated setting or that the individual made an informed choice to remain in extended employment.

(b) The designated state unit carries out the annual review and reevaluation for two years after the individual's record of services is closed (and thereafter if requested by the individual or, if appropriate, the individual's representative) to determine the interests, priorities and needs of the individual with respect to competitive employment or training for competitive employment.

(c) The designated state unit makes maximum efforts, including the identification and provision of vocational rehabilitation services, reasonable accommodations and other necessary support services, to assist the individuals described in paragraph (a) in engaging in competitive employment.

(d) The individual with a disability or, if appropriate, the individual's representative has input into the review and reevaluation and, through signed acknowledgement, attests that the review and reevaluation have been conducted.

5.9 Use of Title I funds for construction of facilities. (Sections 101(a)(17) and 103(b)(2)(A) of the Rehabilitation Act; 34 CFR 361.49(a)(1), .61 and .62(b))

If the state elects to construct, under special circumstances, facilities for community rehabilitation programs, the following requirements are met:

(a) The federal share of the cost of construction for facilities for a fiscal year does not exceed an amount equal to 10 percent of the state's allotment under Section 110 of the Rehabilitation Act for that fiscal year.

(b) The provisions of Section 306 of the Rehabilitation Act that were in effect prior to the enactment of the Rehabilitation Act Amendments of 1998 apply to such construction.

(c) There is compliance with the requirements in 34 CFR 361.62(b) that ensure the use of the construction authority will not reduce the efforts of the designated state agency in providing other vocational rehabilitation services other than the establishment of facilities for community rehabilitation programs.

5.10 Contracts and cooperative agreements. (Section 101(a)(24) of the Rehabilitation Act; 34 CFR 361.31 and .32)

(a) Contracts with for-profit organizations.

The designated state agency has the authority to enter into contracts with for-profit organizations for the purpose of providing, as vocational rehabilitation services, on-the-job training and related programs for individuals with disabilities under Part A of Title VI of the Rehabilitation Act, upon the determination by the designated state agency that for-profit organizations are better qualified to provide vocational rehabilitation services than nonprofit agencies and organizations.

(b) Cooperative agreements with private nonprofit organizations.

Attachment 4.8(b)(3) describes the manner in which the designated state agency establishes cooperative agreements with private nonprofit vocational rehabilitation service providers.
Section 6: Program Administration

6.1 Designated state agency. (Section 625(b)(1) of the Rehabilitation Act; 34 CFR 363.11(a))

The designated state agency for vocational rehabilitation services identified in paragraph 1.2 of the Title I State Plan is the state agency designated to administer the State Supported Employment Services Program authorized under Title VI, Part B, of the Rehabilitation Act.

6.2 Statewide assessment of supported employment services needs. (Section 625(b)(2) of the Rehabilitation Act; 34 CFR 363.11(b))

Attachment 4.11(a) describes the results of the comprehensive, statewide needs assessment conducted under Section 101(a)(15)(a)(1) of the Rehabilitation Act and subparagraph 4.11(a)(1) of the Title I State Plan with respect to the rehabilitation needs of individuals with most significant disabilities and their need for supported employment services, including needs related to coordination.

6.3 Quality, scope and extent of supported employment services. (Section 625(b)(3) of the Rehabilitation Act; 34 CFR 363.11(c) and .50(b)(2))

Attachment 6.3 describes the quality, scope and extent of supported employment services to be provided to individuals with the most significant disabilities who are eligible to receive supported employment services. The description also addresses the timing of the transition to extended services to be provided by relevant state agencies, private nonprofit organizations or other sources following the cessation of supported employment service provided by the designated state agency.

6.4 Goals and plans for distribution of Title VI, Part B, funds. (Section 625(b)(3) of the Rehabilitation Act; 34 CFR 363.11(d) and .20)

Attachment 4.11(c)(4) identifies the state's goals and plans with respect to the distribution of funds received under Section 622 of the Rehabilitation Act.

6.5 Evidence of collaboration with respect to supported employment services and extended services. (Sections 625(b)(4) and (5) of the Rehabilitation Act; 34 CFR 363.11(e))

Attachment 4.8(b)(4) describes the efforts of the designated state agency to identify and make arrangements, including entering into cooperative agreements, with other state agencies and other appropriate entities to assist in the provision of supported employment services and other public or nonprofit agencies or organizations within the state, employers, natural supports, and other entities with respect to the provision of extended services.

6.6 Minority outreach. (34 CFR 363.11(f))
Attachment 4.11(d) includes a description of the designated state agency's outreach procedures for identifying and serving individuals with the most significant disabilities who are minorities.

6.7 Reports. (Sections 625(b)(8) and 626 of the Rehabilitation Act; 34 CFR 363.11(h) and .52)

The designated state agency submits reports in such form and in accordance with such procedures as the commissioner may require and collects the information required by Section 101(a)(10) of the Rehabilitation Act separately for individuals receiving supported employment services under Part B, of Title VI and individuals receiving supported employment services under Title I of the Rehabilitation Act.
7.1 Five percent limitation on administrative costs. (Section 625(b)(7) of the Rehabilitation Act; 34 CFR 363.11(g)(8))

The designated state agency expends no more than five percent of the state's allotment under Section 622 of the Rehabilitation Act for administrative costs in carrying out the State Supported Employment Services Program.

7.2 Use of funds in providing services. (Sections 623 and 625(b)(6)(A) and (D) of the Rehabilitation Act; 34 CFR 363.6(c)(2)(iv), .11(g)(1) and (4))

(a) Funds made available under Title VI, Part B, of the Rehabilitation Act are used by the designated state agency only to provide supported employment services to individuals with the most significant disabilities who are eligible to receive such services.

(b) Funds provided under Title VI, Part B, are used only to supplement and not supplant the funds provided under Title I, Part B, of the Rehabilitation Act, in providing supported employment services specified in the individualized plan for employment.

(c) Funds provided under Part B of Title VI or Title I of the Rehabilitation Act are not used to provide extended services to individuals who are eligible under Part B of Title VI or Title I of the Rehabilitation Act.
Preprint - Section 8: Provision of Supported Employment Services

8.1 Scope of supported employment services. (Sections 7(36) and 625(b)(6)(F) and (G) of the Rehabilitation Act; 34 CFR 361.5(b)(54), 363.11(g)(6) and (7))

(a) Supported employment services are those services as defined in Section 7(36) of the Rehabilitation Act and 34 CFR 361.5(b)(54).

(b) To the extent job skills training is provided, the training is provided on-site.

(c) Supported employment services include placement in an integrated setting for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of individuals with the most significant disabilities.

8.2 Comprehensive assessments of individuals with significant disabilities. (Sections 7(2)(B) and 625(b)(6)(B); 34 CFR 361.5(b)(6)(ii) and 363.11(g)(2))

The comprehensive assessment of individuals with significant disabilities conducted under Section 102(b)(1) of the Rehabilitation Act and funded under Title I of the Rehabilitation Act includes consideration of supported employment as an appropriate employment outcome.

8.3 Individualized plan for employment. (Sections 102(b)(3)(F) and 625(b)(6)(C) and (E) of the Rehabilitation Act; 34 CFR 361.46(b) and 363.11(g)(3) and (5))

(a) An individualized plan for employment that meets the requirements of Section 102(b) of the Rehabilitation Act and 34 CFR 361.45 and .46 is developed and updated using funds under Title I.

(b) The individualized plan for employment:

1. specifies the supported employment services to be provided;

2. describes the expected extended services needed; and

3. identifies the source of extended services, including natural supports, or, to the extent that it is not possible to identify the source of extended services at the time the individualized plan for employment plan is developed, a statement describing the basis for concluding that there is a reasonable expectation that sources will become available.

(c) Services provided under an individualized plan for employment are coordinated with services provided under other individualized plans established under other federal or state programs.
Attachment 4.2(c) Input of State Rehabilitation Council

Required annually by all agencies except those agencies that are independent consumer-controlled commissions.

Identify the Input provided by the state rehabilitation council, including recommendations from the council's annual report, the review and analysis of consumer satisfaction, and other council reports. Be sure to also include:

- the Designated state unit's response to the input and recommendations; and
- explanations for the designated state unit's rejection of any input or recommendation of the council.

The West Virginia State Rehabilitation Council members provided the following input for the 2014 State Plan.

The West Virginia Division of Rehabilitation Services (WV DRS) is to be commended on your continuing growth and tremendous opportunities that have transpired over the past two (2) years. During this transitional period, the agency continued to remain focused and dedicated to assuring the services and programs of the agency remained steady and outcome driven. The West Virginia State Rehabilitation Council (WV SRC) also remains committed to helping ensure that people with disabilities can identify and achieve their employment goals. The Council is a diverse group of individuals comprised of West Virginians who represents many backgrounds, including business, labor & industry, Client Assistant Program (CAP), Community Rehabilitation Programs (CRPs), other services providers, Vocational Rehabilitation counselors, Workforce Investment Board, West Virginia Department of Education, consumers and consumer advocates.

The WV SRC is proud of the national recognition we have achieved for our unique partnership with not only the WV DRS and with other valued partners, but especially with the West Virginia Statewide Independent Living Council (WV SILC). These steadfast partnerships are the core of our mission and vision. WV DRS shares openly agency data regarding programs, services, policy, fiscal status or other pertinent issues. The agency consistently provides valuable updates making presentations to the full membership during every Council meetings or as needed any other time. We appreciate the WV DRS liaison to our Council, Michael Meadows, who is considered a valuable asset, informed resource and contributor by our members.

The WV SRC would like to commend the agency for their consistent strategies and creativity in meeting the standards and indicators set by the Rehabilitation Services Administration (RSA). West Virginia continues to be one of the few states to achieve this feat. Senior Manager of State Plan and Program Evaluation Pisnu Bua-lam assures that all members have a clear understanding of what this means to the agency and allows time for members to ask questions. Once again, WV DRS has exceeded these goals.

The WV SRC is pleased to present the following comments for the State Plan 2013 - 2014 to the WV DRS:
Recommendation 1: The agency is to be commended on their efforts to inform the general public of the office locations ensuring the continuum of agency services and programs.

The Council recommends the agency continue utilizing newspaper inserts and public broadcasting as a means to keep primarily the business community along with the public aware of the available services in all areas of the state.

DRS Response: DRS agrees with the recommendation to continue efforts to inform the general public and the business community about DRS services. In federal fiscal year (FY) 2014, DRS plans to continue to utilize television and radio advertisements statewide. DRS will also continue to place advertisements in magazines and newspapers, including those focused on the business community. Additional outreach efforts for FY 2014 will include the sponsoring of community events. These activities are contingent upon available funding.

Recommendation 2: Currently, the agency has VR counselors with offices located in four (4) of the largest high schools in West Virginia. There continues to be uncertainties that once students are preparing to leave the secondary school system and move forward into higher education that students, parents and their advisors/counselors, may not be fully aware of services available through DRS.

Reaching students prior to their junior and senior years is imperative in establishing an IEP outlining available options and securing those programs and services are in place as the student transitions into their next phase of life.

The WV SRC recommends working with four (4) to six (6) additional high schools to establish VR offices on the campus of those selected schools to provide more assistance to those students and their families in an effort to gain applicants for services at an earlier age.

DRS Response: DRS agrees that it is important for transitioning youth with disabilities to begin the vocational rehabilitation (VR) process as early as appropriate. In support of this aim, DRS remains committed to agency Goal and Priority 8 (adopted in FY 2013, see attachment 4.11(c)(1)) to improve services to transitioning youth. In FY 2014, DRS will continue this commitment with strategies that will enable DRS to develop Individual Plans for Employment (IPEs) for transitioning youth prior to exiting the school system.

Additionally, DRS agrees that it is important to ensure that all students, parents, and their advisors/counselors are aware of DRS services prior to exiting the school system. DRS has sixty-one (61) vocational rehabilitation counselors serving transitioning youth, including a counselor assigned to each high school in the state. DRS counselors have itinerant offices at each high school and make regular site visits to provide outreach, services, and counseling and guidance. To ensure all students are aware of DRS services, these transition counselors present information about the VR process, DRS services, and eligibility requirements to 11th grade classrooms during the first semester of the school year. The VR Transition Survey is administered after the presentation to all students to help identify those that could benefit from VR services. DRS will assess the possibility of establishing VR offices in additional high schools, where appropriate and agreed upon jointly by both parties.
Recommendation 3: The need to educate students and their families regarding available WV DRS services and programs is challenging. Effective, good communication is a key factor. With the demographics and cultural background of West Virginia, effective communication must be innovative.

The WV SRC recommends that WV DRS request middle and senior high schools as well as institutions of high education have:

* a continuing article in the various schools’ newsletters for educating individuals on services and programs that are available; and,

* design a one page handout to be included with registration packets disseminated to students at the beginning of each school year.

DRS Response: DRS agrees that effective, good communication is a key factor in ensuring students and their families are aware of DRS services and programs. Currently, DRS has a counselor assigned to each high school in West Virginia as well as 43 liaisons assigned to institutions of higher education around the state. Counselors provide outreach materials, including a specialized brochure for transition students. The brochures have the agency’s website address where additional information about the DRS Transition program is available. DRS will explore different methods of information dissemination to secondary schools and institutions of higher education. Additionally, DRS will consult with state education and school officials regarding the use of newsletters and registration packets to inform students and their families about DRS services.

Recommendation 4: Approximately 45% of the agency’s consumers are transitioning youth ages of 24 and under. This is a 62% increase in the number of applicants for transitioning youth between 2007 and 2012. WV DRS has concentrated on making transition a priority and establishing partnerships within the secondary school system and institutions of higher education. There is also good communication within the institutions of higher education.

The formation of a committee to assist in the development of a plan to educate institutions of higher education throughout West Virginia could strengthen these relationships. This committee comprised of WV DRS staff, WV SRC members, educators and other pertinent parties should survey those bodies for their awareness and then provide assistance in enhancing communication and relationships so that students needing the services can be better served.

In this continuing quest to assure that students with disabilities, parents and their advisors/counselors, are cognizant of the services and programs offered through WV DRS, the Council recommends this committee be implemented to enhance the relationship with the institutions of higher education to assure students are knowledgeable of all services, programs, technology and adaptations to reach their employment outcomes upon completing their education.

DRS Response: DRS agrees with the importance of quality relationships with higher education institutions in better serving transitioning youth with disabilities. Transitioning youth have
comprised a large portion of DRS’ consumers for many years, and DRS is pleased with the 62% increase in transitioning youth applicants between FY 2007 and FY 2012. DRS works with institutions of higher education in many ways to form partnerships and better serve transitioning youth with disabilities. DRS currently has 43 liaison counselors assigned to institutions of higher education including colleges, universities, and vocational/technical centers. DRS staff members will also present at the 2013 West Virginia Association of Student Financial Aid Administrators Conference to increase awareness and knowledge of DRS services to higher education staff members statewide. To ensure DRS transition counselors are aware of changes in higher education, a representative from the West Virginia Higher Education Policy Commission will once again present at the annual DRS Transition Conference.

DRS will explore this recommendation to assess the potential benefits and impact of a committee comprised of DRS staff, SRC members, educators, and other pertinent parties. DRS will also explore additional methods of information dissemination such as the use of its higher education liaisons and email list-servs.

Recommendation 5: To assist in providing continuing education to WV DRS counselors and school personnel, the agency has partnered with the Department of Education to establish a strong link between WV DRS and the school system. This link will continue to serve as a vital component in the referring of students at a younger age having an informed understanding of community based services offered by WV DRS.

The WV SRC recommends this component be continued to strengthen knowledge of policies, referral processes as well as emerging trends and practices on an annual basis.

DRS Response: DRS agrees with the Council’s recommendation to continue to strengthen the link between the agency and the public school system, as this link is considered vital to the continued referral of transitioning youth with disabilities. DRS has always maintained a strong connection and working relationship with the State’s Department of Education, as well as the county-level Boards of Education, maintaining Memorandums of Understanding with each. DRS also maintains a strong relationship with the Coordinator for Transition Services with the State Office of Special Education.

DRS’s dedication to transitioning youth and early referral is evidenced in Goal and Priority 8 [Improve services to transitioning youth with disabilities (TY)] and the established benchmark for that goal and priority [acquiring a baseline of the percentage of IPEs developed before a secondary student (at time of application) exits the school system], found in Attachment 4.11(c)(1).

Additionally, the agency has a strong, dedicated, and active TY community of practice that continues, with collaboration with the public school system and CRPs, to review coordination of services, DRS and WV Department of Education policies, appropriate VR referrals, and services available to TY within the various districts. Also, DRS has established a Transition Advisory Committee, comprised of the Program Specialist over the School Transition Program and a DRS TY Counselor from each district. This committee assists in the development of transition-related
policy and training activities. The counselors also act as liaisons between the state and district offices to provide feedback and possible emerging practices.

Recommendation 6: Community Rehabilitation Programs (CRPs) help to bridge services gaps throughout the State assuring uniformity, clarification of services for the clients and sharing of best practices. The Council continues to commend WV DRS for their commitment toward a statewide partnership with the CRPs.

The Council recommends that WV DRS maintain their strategy to:

* annually review a procedures manual for WV DRS and CRPs to assure quality services are achieved in the process of providing rehabilitation services;

* look at ways to condense the overwhelming paperwork for CRPs and counselors in the referral process;

* determine ways to streamline and improve the fee structure for payment to CRPs; and,

* mandate all new counselors be required to visit CRPs in their service areas for a first hand opportunity to understand the services, programs, opportunities and obstacles those CRPs offer.

DRS Response: DRS agrees that CRPs are a valuable resource for West Virginians with disabilities. In FY 2013, all DRS-acknowledged CRPs applied for vendor status under the new DRS Standards for CRPs. DRS has two CRP Program Specialists that conduct site visits to ensure adherence to these new standards and address any issues that CRP or DRS staff may have regarding service provision. Communication meetings between DRS and CRP staff provide opportunities for suggestions regarding procedures and standards.

Prior to implementing the new Standards for CRPs, statewide meetings were held with both DRS and CRP staff. Both groups of staff requested some type of uniformity with the paperwork. Again, most of this paperwork had been developed. However, the use of the paperwork was not enforced. The reasoning for it being enforced was to address statewide concerns by both CRPs and DRS staff that not enough ongoing communication was occurring between CRPs and DRS staff once a case was referred.

It was also apparent that case documentation of this activity was lacking. The referral and plan development requires that DRS staff complete a one page referral form (CRP 24) and then the CRP, with input from the counselor and consumer, develop the CRP plan (CRP 20 and/or 30 depending on the service being requested). Anytime processes and paperwork are enforced where they were not before, instituting it can feel “overwhelming” as opposed to doing no or little paperwork. Without some type of paper documentation, it would be difficult to follow the services requested along with developing an understanding of what services are to be provided.

In comparison to some of the other funding source’s paperwork requirements, the paperwork required for the referral and plan development phase is more simple and concise. DRS has been providing and will continue to provide technical assistance and training to help those involved.
with the process. The agency believes it has already become less “overwhelming” and will continue to be less of a problem as it becomes more routine for those involved. It should also be noted that the typical paperwork involved with most other DRS services is not as involved as the paperwork required for CRPs services. However, these services are more intense and require the proper follow up and involvement from both counselors and CRP staff. This recommendation has been addressed in previous years. Reviewing the paperwork and researching other forms being utilized for similar services is on-going and changes will be made when and if deemed necessary.

As a result of statewide meetings with DRS and CRP staff along with input from the CRP Advisory Council, DRS is now reimbursing CRPs for some services during the provision of those services instead of at their completion. This allows the CRP to cover their costs and it also requires that they track the consumer’s progress on a regular basis to ensure that the proper services are being provided and the consumer is having positive results. DRS realizes that the fee structure also requires more ongoing monitoring of the consumer’s service by the DRS counselor which also helps address the communication concerns that were also brought up in the statewide meetings. It also requires that the counselor along with the consumer determine what services are needed rather than placing this decision solely on the CRP.

These changes are approximately four years old and there will be growing pains with learning the new system. However, the questions have become less and less with time. As a result of some of the recommendations made by staff, the agency has changed its Client Authorization Payment System (CAPS) to now allow the counselor to do one authorization and bill down from that authorization rather than doing a separate authorization for each milestone. The agency has also changed community based assessment from a milestone payment to an hourly payment per DRS staff recommendations. DRS will continue to receive input and make changes as deemed necessary.

DRS agrees that it is beneficial for counselors to visit CRPs in their service areas. New counselors receive individualized training from one of the CRP Program Specialists. DRS agrees that new counselors should visit CRPs in their service area to gain familiarity with available services and CRP staff members. DRS will begin this approach as part of new counselor training in FY 2014.

Recommendation 7: The partnership between WV DRS and CRPs continues to strengthen and should be in the forefront for those individuals needing this specialized service. To document successes, opportunities for development and obstacles facing the CRPs, an internal survey has been developed for defining areas of improvement, challenges and achievements.

The Council recommends the results of this internal survey of CRPs be:

* made available for review on the WV DRS website for public information; and,

* results shared with the WV SRC, CRP Advisory Council, and CRPs and WV DRS staff during their district meetings.
DRS Response: The State Plan and Program Evaluation unit of DRS is currently examining and analyzing the results of the CRP survey, which serves as a follow-up assessment of the FY 2012 Comprehensive Statewide Needs Assessment activities. The agency agrees with the Council’s recommendation that the results of the survey be made available to the public and shared with the various VR stakeholders, including the Council. However, due to reasons of confidentiality, DRS cannot publicly provide a full report of the results. Therefore, DRS will develop an executive summary of the report, which will be shared with the stakeholders.

Recommendation 8: The Council realizes that WV DRS has made major efforts to provide equal access for services and programs to all citizens with disabilities. The Council appreciates the outreach efforts which have been done and encourages WV DRS to continue and expand these efforts throughout the State.

The WV SRC recommends seeking out such venues and continuation of participation in community based events to increase awareness of WV DRS services and programs available for people with disabilities using the Geographic Information Systems (GIS) and other social media.

DRS Response: The West Virginia Division of Rehabilitation Services is committed to serving all individuals with disabilities who are eligible for DRS services, including individuals who are members of minority groups, and welcomes the interest and assistance of the State Rehabilitation Council for these efforts.

DRS continues statewide outreach to all individuals with disabilities who are interested in preparing for, getting, keeping, or returning to employment in the integrated labor market. DRS has transitioned this effort from a state-office project team into activities and resources focused on minority outreach as a priority for routine operations in all districts of the Field Services program.

To support this approach, DRS convened a forum of leaders across a broad spectrum of the state’s minority communities to solicit feedback regarding the reputation of DRS within the minority community and to gather recommendations for methods likely to prove relatively more efficacious for minority outreach. DRS also has invested heavily in training Field Services management and staff to enhance appreciation for diversity and multicultural competency, including both a series of district-level events and presentations at a statewide conference in FY 2012.

DRS continues state-level support for minority outreach, such as providing management information and evaluation research products regarding performance trends in serving individuals with disabilities who are members of minority groups and will continue working to ensure that public information products provided to Field Services offices reflect the agency’s appreciation for and value of diversity. These activities are being augmented by a range of ongoing initiatives at the district and branch office levels of the Field Services program. Following are some examples:
• Engaging churches, ministerial associations, and other faith-based community organizations to enhance public awareness and establish mutually responsive relationships across a broad spectrum of leaders within minority community;

• Cooperating with employers who have significant minority representation within their workforces;

• Continuing additional site visits in communities with significant minority populations;

• Participating in multicultural events, ethnic festivals, and events for transitional youth to provide information about DRS programs and services;

• Collaborating with municipal Human Rights Commissions and civic groups to establish and maintain working relationships with leaders and other influential partners within minority communities;

• Conducting routine supervisory reviews of open cases and pre-service closures to ensure appropriateness of case development for minority group members; and

• Coaching Rehabilitation Counselors and Rehabilitation Services Associates regarding best practices and lessons to be learned in serving minority group members.

DRS also continues to utilize GIS technology along with its case management system to increase awareness of DRS services in potential unserved and/or underserved minority areas. GIS simplifies the process of identifying these minority areas and helps the agency fulfill this priority cost-effectively. DRS will continue to explore ways to expand and improve the usage of GIS to help the agency successfully provide equal access to services for all persons with disabilities.

Recommendation 9: Service gaps remain in seeking out any minority populations in West Virginia. The agency strives to provide all citizens in West Virginia with the opportunity to seek and secure services from WV DRS. Vast endeavors by the agency have been made to reach these residents.

The WV SRC recommends the agency continue participating in minority outreach through mailings, partaking in community events, mass media articles and any means of developing more awareness of the services available through WV DRS.

DRS Response: The West Virginia Division of Rehabilitation Services maintains a commitment to serving individuals with disabilities from minority backgrounds.

DRS continues statewide outreach to all individuals with disabilities who are interested in preparing for, getting, keeping, or returning to employment in the integrated labor market. To maintain its commitment of performing thorough minority outreach, DRS will continue to provide targeted mailings of program information to households in communities with significant minority populations which appear potentially unserved or underserved. Enhancing public awareness is ongoing. DRS has continuously purchased radio and television advertisements and
has sponsored community sporting events. DRS will also continue to augment these activities with a broad range of initiatives at the district and branch office levels of the Field Services program.

DRS also continues to utilize geographic information systems (GIS) technology along with its case management system to increase awareness of DRS services in potential unserved and/or underserved minority areas. GIS simplifies the process of identifying these minority areas and helps the agency fulfill this priority cost-effectively. DRS will continue to explore ways to expand and improve the usage of GIS to help the agency successfully provide equal access to services for all persons with disabilities.

Additionally, DRS foresees benefit in expanding its approach toward information dissemination to include mailing of brochures or newsletters describing DRS and the services offered by the agency to partners in the statewide workforce system, secondary schools, and institutions of higher education. DRS will explore this approach and assess its potential in aiding individuals from minority backgrounds to gain access to DRS services.

Recommendation 10: Limited public transportation and the geographic layout of West Virginia have continued to be a major obstacle which restricts many residents of the state from attending public forums. WV DRS and the WVSRC have in the past conducted forums in metropolitan areas. To solicit input for WVDRS and the State Plan, the WV SRC recommends the agency’s website be refined so individuals can make comments regarding the State Plan.

To generate opportunities for additional input, the Council recommends continuation of conducting multiple public forums every three (3) years to collect data for the agency’s comprehensive needs assessment with WV DRS, WV SRC and Statewide Independent Living Council jointly orchestrating the meetings as a means of collecting information from the disability community or on the agency’s website.

DRS Response: The agency shares the State Rehabilitation Council’s interest in assuring opportunities for participation by interested citizens in providing input/recommendations for the state rehabilitation program.

The agency agrees that using the Internet is a valuable and beneficial way to receive public input. The agency’s website has been developed with that in mind and hosts several ways in which the public can contact DRS and provide feedback, including a general online contact form, a Community Needs Survey, and a website feedback form. The general online contact form is frequently utilized to request information about services and other programs, as well as for general comments or complaints. The Community Needs Survey solicits information for input and program improvements, with specific questions relating to community services that are needed and/or improvements that DRS needs to make.

In FY 2012, DRS had radio stations throughout the state air a 30-second public service announcement in an attempt to solicit, through the DRS website, input on the needs of individuals with disabilities in West Virginia. One-hundred announcements each were made at 55 radio stations over a period of five weeks for a total of 5,500 announcements statewide.
In FY 2013, DRS continued to purchase advertisements on public radio and television stations to provide outreach and direct the public to the agency’s website for additional information and opportunities for input.

DRS also continues to upgrade its website in regards to accessibility and consumers’ ability to provide input regarding Vocational Rehabilitation services.

DRS held public meetings in Charleston, WV and Morgantown, WV in early June 2012 to address the 2013 State Plan and held similar public meetings in Charleston, WV and Morgantown, WV in May 2013 to address the FY 2014 State Plan and proposed policy changes. DRS continues to welcome the opportunity to work jointly with both the SRC and Statewide Independent Living Council in conducting additional public meetings when appropriate.

Recommendation 11: The agency has developed a sound program serving persons who are blind or visually impaired. There has been a substantial increase in the numbers of persons who are receiving community based services while living and working in their own communities.

The WV SRC recommends WV DRS continue the expansion of services designed to meet the needs of those who are blind or visually impaired by:

* increasing the number of staff to accommodate this program as permitted to provide community based training services to visually impaired WV DRS consumers;

* providing the WV DRS counselors with the technical assistance needed to make determinations of the client’s needs;

* continuing to work with the West Virginia Optometric Association to ensure all West Virginians are aware of the WV DRS program;

* securing additional optometrists with information about the services offered through VR and how to access those programs;

* developing a list of optometrists statewide specializing in low vision driving to all VR offices for ease of communication;

* working with all senior centers throughout West Virginia to reach more seniors with visual impairments and provide services to help them remain independent;

* continuing to work with rural health care and medical groups throughout the state to provide the best possible services to our consumers, and,

* offering brochures for awareness to be placed in offices of those persons offering services to persons who are blind or visually impaired.

DRS Response: DRS is encouraged by the continued development and success of community-based services for individuals who are blind/visually impaired (VI) and will continue to
implement strategies to achieve agency Goal and Priority 7 (Increase the number of blind/VI consumers by 5% each year and expand services to blind/VI consumers statewide). Several of the FY 2014 strategies DRS will be utilizing address the recommendations above.

DRS periodically reviews staffing patterns and rehabilitation program service delivery to ensure effectiveness and efficiency in the provision of community-based services. In FY 2013, DRS increased the capacity and availability of community-based services by adding three additional Visually Impaired In-Home Skills Training staff.

DRS will continue to provide technical assistance to counselors to determine blind/VI consumer needs. DRS counselors will also receive training regarding service delivery for consumers in areas such as orientation and mobility (O&M), computer access, and Daily Living Skills, as needed. O&M Specialists will also assist DRS specialty counselors in serving blind/VI consumers at the local level.

DRS will continue to work with the WV Optometric Association to ensure West Virginians are aware of DRS services and programs. In FY 2014, DRS will sponsor education and training at a meeting of the WV Optometric Association regarding DRS services and the Low Vision Driving program. This will also provide an opportunity to enlist additional optometrists and aid in the development of a statewide list of optometrists specialized in low vision driving.

Recommendations regarding working with all senior centers throughout West Virginia to provide services to help seniors remain independent falls under the auspices of the Older Blind Independent Living Grant. Exceptions include provision of services to seniors who are eligible for rehabilitation services and who want to go to work or continue working.

DRS will continue to work with rural health care and medical groups throughout the state. DRS counselors are an excellent local-level resource to connect with these groups as well as other entities that provide services to individuals who are blind/VI. DRS counselors will continue to provide informational brochures in these offices to ensure awareness of DRS services.

Results of the Fiscal Year (FY) 2013 Public Meetings, Comments, and Responses to the Proposed FY 2014 State Plan Goals and Priorities, State’s Strategies, and Order of Selection Attachments

The West Virginia Division of Rehabilitation Services (DRS) sought public input on draft attachments of the FY 2014 State Plan and proposed changes to several sections of the DRS Client Services Manual (CSM). West Virginians with disabilities and other vocational rehabilitation stakeholders were encouraged to review and comment on the documents. To ensure opportunities for public input, DRS held two public meetings in May 2013 and received comments from April 19 to May 13, 2013 via mail, fax, phone, and email. Information regarding two public meetings and the public comment period was announced using the DRS website, the West Virginia State Register, communications to stakeholders, and publicly-posted flyers. The following FY 2014 State Plan attachments and DRS CSM sections were posted on the WVDRS website for public review and comments:
* FY 2014 State Plan Attachment 4.11(c)(1) Goals and Priorities
* FY 2014 State Plan Attachment 4.11(d) State’s Strategies
* FY 2014 State Plan Attachment 4.11(c)(3) Order of Selection
* CSM Section 2100, Determining Significance of Disability
* CSM Section 2400, Intake and Case Management
* CSM Section 2504, Special Considerations for Eligibility
* CSM Section 3600, Rehabilitation Training
* CSM Section 3802.5, Specialty Consultations
* CSM Section 4304.4, Vehicle Purchase

Public Meetings and Comments

DRS held public meetings on May 1, 2013 at the DRS Branch Office in Charleston, WV and on May 2, 2013 at the DRS Branch Office in Morgantown, WV. The meetings were held in fully-accessible conference rooms with sign language interpreters in attendance; both meetings began at 5:30pm and lasted over one hour. Meeting attendees were asked to sign in and note any agency affiliation. DRS personnel reviewed each document prior to seeking comments or questions from attendees. DRS requested comments in writing or through several alternate comment submission options (i.e., mail, phone, fax, and email).

There were 30 attendees including DRS personnel at the public meeting in Charleston and 25 attendees at the meeting in Morgantown. There were a total of nine comments submitted during the comment period. These comments addressed proposed policy changes to CSM Sections 2100, 3600, 3800, and 4300. However, there were no additional comments regarding the draft attachments of the FY 2014 State Plan submitted to DRS during the comment period.

This screen was last updated on May 21 2013 1:34PM by Pisnu Bua-Iam
Attachment 4.7(b)(3) Request for Waiver of Statewideness

Identify the types of services to be provided by the program for which the waiver of statewideness is requested.

The waiver request should also include:

- a written assurance from the local public agency that it will make available to the designated state unit the non-federal share of funds;
- a written assurance that designated state unit approval will be obtained for each proposed service before it is put into effect;
- a written assurance that all state plan requirements will apply to all services approved under the waiver.

This agency has not requested a waiver of statewideness.

The West Virginia Division of Rehabilitation Services does not request the waiver of statewideness for any types of services provided by the agency.

This screen was last updated on Jun 23 2009 10:06AM by Pisnu Bua-lam
Attachment 4.8(b)(1) Cooperative Agreements with Agencies Not Carrying Out Activities Under the Statewide Workforce Investment System

Describe interagency cooperation with and utilization of the services and facilities of agencies and programs that are not carrying out activities through the statewide workforce investment system with respect to

- Federal, state, and local agencies and programs;
- if applicable, Programs carried out by the Under Secretary for Rural Development of the United States Department of Agriculture; and
- if applicable, state use contracting programs.

Cooperation with Agencies That Are Not in the Statewide Workforce Investment System and With Other Entities

The West Virginia Division of Rehabilitation Services (DRS) maintains cooperation and coordination with various agencies and entities. This attachment describes DRS association with agencies or entities that are not in the statewide workforce investment system, education officials, private non-profit vocational rehabilitation service providers, and supported employment and extended services providers for individuals with the most significant disabilities.

DRS continues relationships with many agencies and organizations that are not in the statewide workforce investment system and whose functions, in some capacity, involve the provision of services to individuals with disabilities. The association with other organizations occurs with varying degrees of involvement depending upon joint initiatives that may be planned and/or that may occur within any given year. Generally, DRS representatives may be included in advisory functions for other agencies, as are other agencies with the strategic planning that occurs within DRS. At present, examples of some DRS collaborative efforts are:

- DRS and the West Virginia Association of Rehabilitation Facilities (WVARF) maintain a special relationship in informational communication, support, technical assistance, and through West Virginia’s Committee for the Purchase of Commodities and Services from the Handicapped (State Use law). The State Use law created a central non-profit agency (CNA) to coordinate contract sales to the state. WVARF was designated as the CNA by the DRS Director. The legislation also created a Governor’s Committee for the Purchase of Goods and Services from the Handicapped and gave that body rule-making authority for the program. According to the latest statistics, 898 individuals with disabilities were employed through the State Use program at an average hourly wage of at least $7.87.

- A DRS representative is actively involved with the West Virginia State Mental Health Planning Advisory Council in the monitoring and oversight of behavioral health services in the state. The DRS representative participates in quarterly Council meetings and serves on various sub-committees.
- DRS representatives participate with the West Virginia Developmental Disabilities Council. DRS maintains a close working relationship with the staff and members of this Council and has provided support and received effective feedback for its work.

- DRS representatives maintain involvement (as non-members) with the West Virginia Medical Services Fund Advisory Council, an advisory body to the West Virginia Office of Medical Services which administers the state’s Medicaid program, by attending quarterly meetings. Through this affiliation, DRS is made aware of changes occurring within the Medicaid system and can disseminate updated information.

- DRS has a good working relationship with the Department of Veterans Affairs (VA) at the district level, which allows direct referrals of appropriate veterans from VA facilities to its rehabilitation technology unit for assistive technology and rehabilitation engineering services. Furthermore, DRS maintains liaisons for all VA offices in WV.

- Although DRS does not maintain a formal agreement with the U.S. Department of Agriculture (USDA) through the office of the Under Secretary for Rural Development, it provides rehabilitation services as necessary to eligible migrant and seasonal farm workers with disabilities. Another available resource is the WV AgrAbility Project, a USDA-funded program established to assist farmers and farm families who need to find ways to accommodate their disabilities in order to remain active in agriculture.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.8(b)(2) Coordination with Education Officials

- Describe the designated state unit's plans, policies, and procedures for coordination with education officials to facilitate the transition of students with disabilities from school to the receipt of vocational rehabilitation services, including provisions for the development and approval of an individualized plan for employment before each student determined to be eligible for vocational rehabilitation services leaves the school setting or, if the designated state unit is operating on an order of selection, before each eligible student able to be served under the order leaves the school setting.

- Provide information on the formal interagency agreement with the state educational agency with respect to
  - consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including VR services;
  - transition planning by personnel of the designated state agency and educational agency that facilitates the development and completion of their individualized education programs;
  - roles and responsibilities, including financial responsibilities, of each agency, including provisions for determining state lead agencies and qualified personnel responsible for transition services;
  - procedures for outreach to and identification of students with disabilities who need transition services.

Coordination with Education Officials

The West Virginia Division of Rehabilitation Services (DRS) has cooperative agreements with the West Virginia Department of Education (WVDOE) Office of Special Programs, local education agencies, and the West Virginia Schools for the Deaf and the Blind. The cooperative agreements between DRS and WVDOE, both at the state and the local levels, assure that each student with a disability in the state who needs special education, vocational education, and/or vocational rehabilitation services is identified and that the appropriate services, including transition services, are made available to the individual. The cooperative agreements cover:

1. Determination of DRS responsibility;
2. Student/consumer referrals;
3. Joint development of the Individualized Educational Program (IEP) and the Individualized Plan for Employment (IPE);
4. Services;
5. Coordinated planning and payment of services;
6. Confidentiality of information;
7. Local agreements;

8. General supervision; and

9. Dispute resolution.

By the end of FY 2013, DRS projects that more than 7,250 youth with disabilities will receive services and approximately 850 will be rehabilitated into employment. Youth are represented in various categories of mental and physical disabilities.

DRS assigns 61 rehabilitation counselors to work with the 55 local education agencies and the West Virginia Schools for the Deaf and Blind. Thirty (30) of these counselors are assigned to exclusively provide services for public schools. DRS offices are located in some of the state’s largest schools. Counselors visit every high school in the state to initiate rehabilitation services needed for transition from school to work. This allows the counselor to develop a collaborative relationship and assist the student in identifying goals, services, and service providers related to employment options prior to transition.

School rehabilitation counselors also are invited to participate in IEP meetings. During these meetings the counselor describes DRS services, policies, and procedures as appropriate. The DRS counselor determines the student’s eligibility and order of selection category utilizing information generated from the school, the student, and DRS. Prior to or shortly after the student’s IEP transition meeting occurs, IPE development begins so both the student and counselor have an idea of what rehabilitation services will be necessary to meet the student’s vocational goal. Therefore, if the student needs additional training or assessment prior to vocational goal determination, this information is already collected so that planned rehabilitation services may begin. IPE development and approval for students with disabilities, including those able to be served if DRS is on an order of selection, will begin as early as appropriate during the transition process, but before the student determined to be eligible leaves the school setting.

Each county school system is financially responsible for providing appropriate special education and related services to all eligible students with a disability (ages 3 to 21) enrolled in that county’s public school system. Transition needs focusing on the student’s program of study and postsecondary goals must be identified for each eligible student with a disability beginning with the IEP in effect when the student turns age 16 (or younger if determined appropriate). Transition services, including interagency linkages, if appropriate, must be identified by age 16. If reasonable accommodations can be made, students with disabilities shall have equal access to services that are normally provided by public schools for students without disabilities.

Financial responsibility rests with DRS for vocational rehabilitation services needed by transitioning youth with disabilities, ages 16 to 21, who have left school by way of graduation or who have otherwise exited the school system. DRS will provide services that are legally their responsibility for those transitioning youth who are approaching or are of working age and who are determined to be eligible for services by DRS.
Information about the DRS school program is widely disseminated to education professionals, as well as students and their parents. An updated fact sheet and new brochure explaining DRS transition services is available. DRS has negotiated an agreement with the West Virginia Higher Education Policy Commission for its consumers who attend in-state public colleges and universities. The agreement describes the financial responsibility of DRS and the appropriate public institution of higher education, provides procedures to resolve interagency disputes, and coordinates policies and procedures to ensure timely delivery of vocational rehabilitation services.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.8(b)(3) Cooperative Agreements with Private Nonprofit Organizations

Describe the manner in which the designated state agency establishes cooperative agreements with private non-profit vocational rehabilitation service providers.

Cooperative Agreements with Private Non-Profit Vocational Rehabilitation Service Providers

The state network of Community Rehabilitation Programs (CRPs) is critical to the effective and efficient delivery of vocational rehabilitation services to individuals with significant disabilities. At present, there are 58 DRS-acknowledged parent company CRPs in West Virginia located at 86 service sites.

DRS maintains working relationships with non-profit CRPs in West Virginia that provide supported and direct employment, community-based assessment, and/or work skills assessment. CRPs also provide employment readiness services such as life skills and work adjustment, job site training, and extended employment assessment. While respecting freedom of choice, DRS encourages work center programs to expand community-based programs for these individuals.

Any CRP meeting the DRS acknowledgment process will be permitted under a written Vendor Acknowledgment to bill for services provided to DRS consumers. In order to become a DRS-acknowledged vendor, an applicant must request, complete, and return a Vendor Acknowledgment Packet. Upon receipt of the completed packet, a recommendation to acknowledge or not acknowledge will be made to the DRS Director.

The Vendor Acknowledgment Packet contains an application for Vendor Acknowledgment to provide supported employment services, an annual data summary that provides the agency’s name, address, contact information, a checklist of those DRS services they will be providing, and a Vendor Acknowledgment form addressing conditions of and payment for services rendered to DRS consumers.

A signed Vendor Acknowledgment indicates that the vendor agrees to follow conditions set forth regarding standards, anti-discrimination, indemnification, and conditions/standards of operation. The acknowledgment is good for one year.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.8(b)(4) Arrangements and Cooperative Agreements for the Provision of Supported Employment Services

Describe the efforts of the designated state agency to identify and make arrangements, including entering into cooperative agreements, with other state agencies and other appropriate entities in order to provide the following services to individuals with the most significant disabilities:

- supported employment services; and
- extended services.

Evidence of Collaboration Regarding Supported Employment Services and Extended Services

The West Virginia Division of Rehabilitation Services (DRS) continues to concentrate efforts on educating interested parties regarding the process of becoming a non-traditional provider source for supported employment services. A variety of supported employment provider choices are needed, particularly due to the rural nature of the state.

DRS continues to focus on providing technical assistance and coordinating training for vendors of supported employment services, DRS staff members, and staff members of other public and private agencies. DRS keeps current on changes and advances in supported employment through documented research, literature, and reviews of best practices.

DRS continues to work with George Washington University to provide the Community Rehabilitation Program (CRP) Employment Services Training and Certificate Program as appropriate. This program is endorsed by the Association of Community Rehabilitation Educators (ACRE) under the sponsorship of George Washington University’s Region III Technical Assistance and Continuing Education (TACE) Center. The target audience is community rehabilitation professionals who work directly with employers including job placement specialists, job developers, employer/business liaisons, job coaches, transition personnel, and state agency personnel.

Previously, the TACE Center held a 2-day conference entitled “Transition Partnership: Paving the Way for the Future.” This conference brought together CRPs and school rehabilitation counselors/staff members to discuss the needs of transitioning youth and how CRPs can provide services to meet those needs. In March of 2012, these teams were revisited with training provided to DRS school counselors and West Virginia Department of Education transition staff on the first day then CRP staff joining the second day. The goal is to ensure that they continue in each district.

Other agencies with which DRS collaborates for the provision of time-limited supported employment services are:

1. West Virginia Developmental Disabilities Council funds;
2. West Virginia Title XIX--Home and Community-Based Waiver Program for intellectual/developmental disabilities (I/DD) recipients; and

3. Social Security Administration work incentives programs.

In implementing school-to-work transition services for individuals exiting the school system, DRS collaborates with family resource networks.

To enhance communication between DRS and CRPs, electronic communication is used where possible. FAX machines and e-mail assist DRS in communicating with other CRPs.

Through a combined effort with other disability organizations, $100,000 was appropriated by the West Virginia Legislature for supported employment follow–along services (extended supported employment services). DRS serves as the fiscal agent for these funds.

DRS has created program guidelines governing the use of state-appropriated funds for extended services under the supported employment program created by state statute in 1993. The sole use of the state funds attached to this program is to provide extended services for individuals not eligible from any other funding source. All providers of supported employment services may access these funds for individuals who are eligible under the guidelines. At the end of FY 2012, DRS had sponsored 223 individuals in the extended supported employment program so they could maintain and retain their jobs within the community. This figure represents the cooperative efforts of 21 CRPs.

Agreements between DRS and all acknowledged providers of supported employment services document collaboration for extended services. Each agreement details the time-limited and extended services that DRS will secure through the vendor.

Extended services specified in the agreement will be provided by the vendor and include, at minimum, monitoring two hours per month, no more than eight at the job site of each individual unless the individual can be better served through off-site monitoring. If off-site monitoring is determined to be appropriate, it must, at a minimum, consist of two hours per month with the individual and at least one contact with the employer during those hours. The vendor also agrees to provide other support services as needed and specified in the Individualized Plan for Employment.

In addition to the basic vendor agreement identifying the time-limited and extended services to be mutually provided by DRS and the vendor, DRS has attempted to collaborate with other agencies and organizations to provide funding for extended services.

These sources of extended supported employment services are:

1. West Virginia Title XIX--Homes and Community-Based Waiver Program for I/DD recipients;

2. DRS program funds for persons receiving extended services at DRS-acknowledged CRP work centers; and
3. Social Security Administration programs such as Impairment Related Work Experience and Plan for Achieving Self Support for approved Social Security recipients.

DRS continues its efforts to expand the number of acknowledged vendors of supported employment services, particularly in areas underserved and unserved within the current system. As of April 2013, the number of supported employment service providers was 58, an increase of 20 providers since FY 2006.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.10 Comprehensive System of Personnel Development

Data System on Personnel and Personnel Development

1. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs with respect to:

   - the number of personnel who are employed by the state agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;
   - the number of personnel currently needed by the state agency to provide vocational rehabilitation services, broken down by personnel category; and
   - projections of the number of personnel, broken down by personnel category, who will be needed by the state agency to provide vocational rehabilitation services in the state in 5 years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.

Procedures and Activities Regarding the Establishment and Maintenance of a Comprehensive System of Personnel Development

The West Virginia Division of Rehabilitation Services (DRS) is committed to providing a comprehensive system of personnel development (CSPD) that complies with Section 101(7)(A) of the Rehabilitation Act Amendments of 1998. Members of the State Rehabilitation Council are afforded the opportunity to review and comment upon this entire attachment, particularly the DRS plan for recruitment, preparation, and retention of qualified personnel, DRS personnel standards, and staff development needs and activities.

Provisions of this attachment should assist in recruiting and retaining qualified staff members to ensure skilled personnel are available to provide rehabilitation services to individuals with disabilities. Furthermore, these endeavors will help ensure an improved level of competence and expand and improve vocational rehabilitation services for individuals with disabilities, especially those with significant disabilities, allowing them to reach employment.

The Human Resources Unit is primarily responsible for performing DRS personnel administration activities in keeping with guidance from the West Virginia Division of Personnel (WVDOP), Rehabilitation Services Administration, Social Security Administration, and other appropriate bodies. The DRS Staff Development Unit administers the in-service training grant program.

Under the support of these two units, the following narrative describes the DRS CSPD and policies, procedures, and activities relating to the establishment and maintenance of standards to ensure that personnel, needed within DRS, are appropriately and adequately prepared and trained for DRS operations.
Statistics and information utilized for personnel planning are maintained in several databases within the Human Resources Unit. Staffing and salary information is available from the State of West Virginia Financial Information Management System (FIMS). FIMS allows DRS administrators to review salary, pay grade, job title, reporting unit, and personal employee information. Such information is available to DRS Assistant Directors and District Managers who use it for planning, hiring negotiations, and pay equity. Information about DRS retirees also may be obtained from FIMS.

The Human Resources Senior Manager periodically (at least monthly) maintains and provides statistical data to the DRS Director. The data is a list of the number of individuals under various classifications who are employed by DRS in the provision of rehabilitation services. This includes a ratio of the number of counselors to the number of consumers served each year. DRS estimates the ratio of consumers served (14,219) to the number of counselors (128) will be 111 in FY 2014.

Each year the DRS Director receives a summary report that estimates and projects the number of such personnel that will be needed during the next five-year period. In March 2013, DRS had 128 counselors in various offices across the state. Of the 128 counselors, DRS had 75 Rehabilitation Counselors, 35 Senior Rehabilitation Counselors, and 18 Certified Rehabilitation Counselors. The DRS believes its existing counselors and field staff members are needed to provide services to consumers who are currently in the DRS system.

DRS had several unfilled positions as of March 2013: fourteen (14) Rehabilitation Counseling positions, five (5) Senior Rehabilitation Counselor positions, and three (3) Certified Rehabilitation Counselor positions. Each unfilled position is being used to expand the number of field counselors when needed.

DRS expects to see an decrease in the number of consumers in its caseload system, from an estimated 15,500 individuals in FY 2013 to a projected 14,000 individuals in FY 2018. DRS administrators believe that the expected future caseload size will be managed by existing counseling personnel and the gradual filling of the 22 vacant counselor positions over the next five years. Additionally, DRS employs 39 Rehabilitation Services Associates (RSAs) to assist Counselors with their caseloads, in order to more efficiently meet the needs of the increasing numbers of consumers.

DRS projects that it will need at least 128 counseling positions to adequately serve future consumers in FY 2018. Of the 128 counseling positions, there should be 74 positions for Rehabilitation Counselors, 33 positions for Senior Rehabilitation Counselors, and 21 positions for Certified Rehabilitation Counselors.

The following information presents a range of the number of counselors projected to leave DRS employment after becoming eligible for early retirement under the West Virginia Public Employees Retirement System by FY 2018. Of the 23 persons who will be eligible, there will be 10 Rehabilitation Counselors, 8 Senior Rehabilitation Counselors, and 5 Certified Rehabilitation Counselors.
Counselors. DRS continues to experience a gradual retirement of counselors and other personnel. The agency expects this trend will continue over the coming years.

<table>
<thead>
<tr>
<th>Row</th>
<th>Job Title</th>
<th>Total positions</th>
<th>Current vacancies</th>
<th>Projected vacancies over the next 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rehabilitation Counselors</td>
<td>75</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Senior Rehabilitation Counselors</td>
<td>35</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Certified Rehabilitation Counselors</td>
<td>18</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Fiscal</td>
<td>14</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Administrative Services</td>
<td>9</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Field Services</td>
<td>147</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>7</td>
<td>Support Services</td>
<td>67</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>Information Technology (IT)</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Other (e.g., voc. instructors, tech. analysts)</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on personnel development with respect to:

- a list of the institutions of higher education in the state that are preparing vocational rehabilitation professionals, by type of program;
- the number of students enrolled at each of those institutions, broken down by type of program; and
- the number of students who graduated during the prior year from each of those institutions with certification or licensure, or with the credentials for certification or licensure, broken down by the personnel category for which they have received, or have the credentials to receive, certification or licensure.

Information from Institutions of Higher Education
DRS annually collects information from higher education institutions that provide training to prospective rehabilitation personnel. Based on information provided by West Virginia University (WVU) and Marshall University, WVU reports 54 students enrolled in the Rehabilitation Counseling graduate program and 19 graduates in the 2012-2013 period. For the Counseling graduate program, WVU reports 58 enrolled students and 21 graduates in the 2012-2013 period. For the Social Work graduate program, WVU reports an enrollment of 300 students and 105 graduates in the 2012-2013 period.

The report from Marshall University shows 178 students and 47 graduates in Counseling graduate programs. It also reports 107 students and 34 graduates in Psychology graduate programs.

DRS has not sponsored any counselors or staff members to pursue a graduate degree since 2004. However, DRS has sponsored rehabilitation counselors in graduate level rehabilitation counseling courses.

<table>
<thead>
<tr>
<th>Row</th>
<th>Institutions</th>
<th>Students enrolled</th>
<th>Employees sponsored by agency and/or RSA</th>
<th>Graduates sponsored by agency and/or RSA</th>
<th>Graduates from the previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2012-2013 WVU Rehabilitation Couns. Grad. Prog.</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>2012-2013 WVU-Counseling Grad. Program</td>
<td>58</td>
<td>0</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>2012-2013 Marshall U. Counseling Grad. Program</td>
<td>178</td>
<td>0</td>
<td>0</td>
<td>47</td>
</tr>
<tr>
<td>4</td>
<td>2012-2013 WVU Social Work Grad. Prog.</td>
<td>300</td>
<td>0</td>
<td>0</td>
<td>105</td>
</tr>
<tr>
<td>5</td>
<td>2012-2013 Marshall U.-Psychology Grad. Prog.</td>
<td>107</td>
<td>0</td>
<td>0</td>
<td>34</td>
</tr>
</tbody>
</table>

Plan for Recruitment, Preparation and Retention of Qualified Personnel

Describe the development (updated on an annual basis) and implementation of a plan to address the current and projected needs for qualified personnel including, the Coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare, and retain personnel who are qualified, including personnel from minority backgrounds and personnel who are individuals with disabilities.
DRS Recruitment Efforts

DRS will continue its efforts to recruit and advance employees of traditionally under-represented groups such as people with disabilities, seniors, women, and members of racial or ethnic minority groups.

In its effort to recruit qualified counselors, DRS maintains an active relationship with the West Virginia University (WVU) Master’s Program in Rehabilitation Counseling. DRS has a long history of a successful program of paid internships with students enrolled there.

DRS Re-training Efforts for Existing Rehabilitation Professionals

As stated above, DRS makes no exceptions to the state standard when hiring new rehabilitation counselors. Therefore, the agency provides for existing personnel to receive the training necessary to meet requirements of the state standard.

DRS is in full compliance with the CSPD requirement and its standard to employ only rehabilitation counselors who possess a master’s degree in rehabilitation counseling or a counseling-related field, including a minimum of one graduate course with a primary focus in theories and techniques of counseling. The agency has partnered with West Virginia University’s online e-campus program in graduate rehabilitation counselor education to provide this training. Eleven DRS counselors completed an eight-week online class in Counseling Theories and Techniques in September 2009. Since this time, there has been no further need as all newly hired counselors have already had this course. DRS will, however, continue to send counselors through this online course at WVU on an as-needed basis, and will ensure that all counselors hired without this master’s level class will complete the course in their first year of employment with DRS.

As part of its non-discriminatory employment practices, DRS ensures that all personnel are selected for employment without regard to race, color, national origin, gender, age, or disability. The DRS affirmative action plan is updated annually and the agency has formally adopted this policy of non-discriminatory employment practices.

Personnel Standards

Describe the state agency's policies and procedures for the establishment and maintenance of personnel standards to ensure that designated state unit professional and paraprofessional personnel are adequately trained and prepared, including:

1. standards that are consistent with any national or state-approved or -recognized certification, licensing, registration, or, in the absence of these requirements, other comparable requirements (including state personnel requirements) that apply to the profession or discipline in which such personnel are providing vocational rehabilitation services; and
2. to the extent that existing standards are not based on the highest requirements in the state applicable to a particular profession or discipline, the steps the state is currently taking and the steps the State Plans to take in accordance with the written plan to retrain or hire personnel within the designated state unit to meet standards that are based on the highest requirements in the state, including measures to notify designated state unit personnel, institutions of higher education, and other public agencies of these steps and the timelines for taking each step.

Be sure to include the following:

- specific strategies for retraining, recruiting, and hiring personnel;
- the specific time period by which all state unit personnel will meet the standards;
- procedures for evaluating the designated state unit’s progress in hiring or retraining personnel to meet applicable personnel standards within the established time period;
- the identification of initial minimum qualifications that the designated state unit will require of newly hired personnel when the state unit is unable to hire new personnel who meet the established personnel standards;
- the identification of a plan for training newly hired personnel who do not meet the established standards to meet the applicable standards within the time period established for all state unit personnel to meet the established personnel standards.

DRS Standards for Qualified Rehabilitation Professionals

To ensure a high standard of competency and credentials for its qualified rehabilitation professionals, DRS has established job classifications. The lowest standard for Rehabilitation Counselors requires a master’s degree in rehabilitation counseling, counseling and guidance, social work, or closely related behavioral science field. In accordance with the July 2008 RSA recommendation regarding minimum educational requirements for rehabilitation counselors, DRS continues to work with the WVDOP to revise rehabilitation counselor job classifications. The revised lowest standard for Rehabilitation Counselors requires a master’s degree in rehabilitation counseling or counseling-related field and a minimum of one graduate course in theories and techniques of counseling. Senior Rehabilitation Counselors require: (1) a master’s degree in rehabilitation counseling or counseling-related field; (2) a minimum of one graduate course in theories and techniques of counseling; and (3) two years of full-time or equivalent part-time paid professional experience in vocational rehabilitation counseling. Certified Rehabilitation Counselors require: (1) a master’s degree in rehabilitation counseling or counseling-related field; (2) a minimum of one graduate course in theories and techniques of counseling; (3) current national certification as a Certified Rehabilitation Counselor or Certified Vocational Evaluator or current West Virginia licensure as a Licensed Professional Counselor; and (4) at least three years of full-time or equivalent part-time paid professional experience as a rehabilitation counselor.

DRS strives to recruit graduates of accredited master’s degree programs in rehabilitation like the one at WVU, but it does not require the Certified Rehabilitation Counselor (CRC) credential as the minimum qualification for a new counselor. Graduates of accredited master’s degree programs in rehabilitation counseling are eligible for certification by the Commission on...
Rehabilitation Counselor Certification (CRCC), which sets the national standards for quality rehabilitation counseling services in the U.S. DRS encourages the achievement of CRC by existing counselors and gives special preference to applicants with the CRC credential and qualified applicants with disabilities and from minority backgrounds.

The DRS standard is specific to rehabilitation counselors only and is consistent with registration requirements of WVDOP—the DRS state hiring authority. WVDOP administers and scores unassembled examinations to potential rehabilitation counselor candidates.

Hiring Qualified Rehabilitation Professionals

Individuals not meeting the above personnel standards for rehabilitation professionals are ineligible to interview for vacant rehabilitation counseling positions. Classification specifications for each position utilized by DRS are available through the WVDOP website: http://www.state.wv.us/ADMIN/PERSONNEL/JOBS/. The standard does not permit grandfathering.

When employing new rehabilitation counselors, DRS makes no exceptions to its standard and provides the training necessary to meet requirements of the state standard only to existing personnel. These efforts are described later in this attachment.

Should qualified candidates be unavailable, the DRS Director, Assistant Directors, Human Resources Manager, and the Unit or District Manager may re-assess staffing/consumer needs and re-assign qualified employees to assume duties of the vacant position. Qualified DRS retirees may also be re-hired on a contractual/intermittent basis until permanent qualified employees can be hired.

The career ladder for advancement within the rehabilitation counseling ranks requires additional experience and credentials as well as increased responsibilities. A master’s degree in rehabilitation counseling or a counseling-related field and a minimum of one graduate course in theories and techniques of counseling is the agency’s lowest standard to employ entry-level rehabilitation counselors. It must be noted however, that West Virginia’s predominantly rural nature and less competitive state salary makes recruitment of master’s level rehabilitation counselors quite difficult in some areas.

DRS Requirements for Qualified Rehabilitation Paraprofessionals

In order to more efficiently meet the needs of its consumers, DRS upgraded several clerical positions to paraprofessional status. A Rehabilitation Services Associate must be a high school (or equivalent) graduate and have at least four years of full-time or equivalent part-time paid experience in paraprofessional or responsible clerical office support work, which requires familiarity with casework procedures and delivery of direct consumer services in a state vocational rehabilitation services agency. A bachelor’s degree from an accredited four year college or university may be substituted for the required experience. The WVDOP specification for the Rehabilitation Services Associate position may be accessed at http://www.state.wv.us/ADMIN/PERSONNEL/JOBS/.
A Rehabilitation Services Associate assists qualified rehabilitation counselors in several ways: providing information about the rehabilitation process and services available to interested applicants and members of the general public; obtaining information needed to complete the application process; initiating vocational diagnostic interviews; arranging medical, psychological, and vocational evaluations for DRS consumers; and assisting consumers in applying for student financial aid.

DRS employed 39 Rehabilitation Services Associates as of April 2013. These paraprofessionals are assigned to DRS offices throughout West Virginia. To ensure statewide coverage, at least one is located within each DRS district.

System of Staff Evaluation

DRS requires that each permanent employee receive an annual job performance evaluation. Work performance of probationary employees is reviewed upon completion of the third and sixth (and for certain job classifications, twelfth) months during a probationary period. This evaluation system enables DRS to monitor the job performance of all staff members and identify areas of weakness and skill deficiencies that need training or remediation, as well as areas of strong performance. The evaluation also provides a systematic method of determining training needs for all staff members.

Staff Development

Describe the state agency's policies, procedures, and activities to ensure that all personnel employed by the designated state unit receive appropriate and adequate training in terms of:

1. a system of staff development for professionals and paraprofessionals within the designated state unit, particularly with respect to assessment, vocational counseling, job placement, and rehabilitation technology; and
2. procedures for the acquisition and dissemination to designated state unit professionals and paraprofessionals significant knowledge from research and other sources.

Staff Development and Training Activities

The last training needs assessment was conducted in May 2010 for the five year Federal In-service Training Grant period of 2010-2015. The purpose of the needs assessment was to collect information regarding the current needs and trends of training for DRS staff members across the state. The majority of the training needs are met through local training and the agency’s annual State Training Conference.

The selection of DRS participants for training activities is based upon documented organizational, unit, or individual training needs. Training programs will be provided for all classes and types of staff members on an internally-assessed priority basis. Particular emphasis is placed on programs addressing assessment, vocational counseling, job placement, policy and
procedure, ethics, and rehabilitation technology. DRS does not discriminate in the selection of trainees for these programs based on age, sex, religion, disability, and national or ethnic origin.

DRS is committed to utilizing only institutions or training facilities that are accessible programmatically and architecturally free of other barriers with respect to trainees with disabilities. In addition, DRS will ensure that program materials are accessible in the most appropriate format for all participants with disabilities (assistive communication devices, interpreters, large print, audio tapes, Braille material, etc.). The technology to ensure these accommodations is available through various support units within DRS. Moreover, to promote equal access for individuals with disabilities in facilities of higher education, DRS houses a rehabilitation counselor on campus at Marshall University.

DRS also maintains strong cooperative and collaborative relationships with institutions of higher education, particularly those receiving funds from the Rehabilitation Services Administration to train rehabilitation professionals. This is to ensure that personnel needed within DRS are appropriately and adequately prepared for employment.

Quality Assurance (QA) program staff members train new consumer-serving personnel on casework and consumer services issues. This approach ensures that all rehabilitation counselors and paraprofessionals receive standardized and accurate training. QA staff members conduct regular case record reviews to ensure compliance with federal, state, and agency casework standards. Any deficiencies identified from the reviews are addressed through appropriate training.

DRS actively supports staff members by offering training activities that enable them to reach the objective of "qualified rehabilitation professional." Technical Assistance and Continuing Education (TACE) Center provides an online training course to prepare counselors for the CRC several times a year. DRS regularly sponsors counselors for this eight-week course.

All Staff Development Unit-sponsored programs provide continuing education credits that assist DRS CRCs, Licensed Professional Counselors, and members of other certified groups to maintain or obtain their certification. DRS has received approval authority from the CRCC to provide CRC continuing education credits for training programs meeting CRCC criteria.

DRS is one of eight state agencies represented on the Interagency Collaborative Team (ICT) of WorkForce West Virginia. As the ICT identifies ways to more effectively serve citizens seeking employment and employers who need trained and qualified workers, DRS involvement ensures that people with disabilities are given due consideration.

DRS actively supports and assists WorkForce West Virginia in honoring the commitment of seamless access to employment services for all citizens. Formal agreements among DRS and its WorkForce partners specify how DRS will contribute needed expertise, share costs, and otherwise support the WorkForce West Virginia infrastructure.

In FY 2012, 65 DRS managers and supervisors attended 13 management training events to meet the requirements for the West Virginia Division of Personnel Policy 18, which mandates
specialized training for all supervisors and managers. New managers and supervisors are required to take eight classes in the first two years. All appropriate DRS staff members attended these required courses.

In order to meet the ongoing leadership needs of the agency, the Emerging Leaders Program was developed and implemented in November, 2010. The Emerging Leaders Program focuses on the essential skills and knowledge of future leaders. It consists of nine monthly sessions focusing on (1) Rehabilitation Act and Amendments and the History; (2) Governmental and Public Relations; (3) Fiscal Services; (4) Strategic Planning and the State Plan; (5) Consumer Services Management; (6) Traits of Leadership; (7) Living within State Government with Regards to Personnel; (8) Getting along in State Government: IT, Communications, and Procurement; and (9) Rehabilitation Programs and Community Rehabilitation Programs. This variety of topics enables participants to develop stronger interpersonal communication skills and become more effective at influencing policy and people. Thirteen graduated from this program in November 2011. In FY 2014, this program will be under review and revised to address the most current agency issues.

In September 2012, over 150 rehabilitation staff members participated in the agency’s annual State Training Conference. A half-day statewide preconference session was held to provide quality assurance training based on the results of the 2012 Quality Assurance Review. The remainder of the conference provided general sessions on client readiness for change, prison to work, compassion fatigue, substance abuse, and using the ACT for vocational planning. This conference helps ensure that all staff members are connected to the overall mission and vision of the agency.

In 2012, 8 different training sessions were approved for CRC credits totaling 37.25 clock hours.

DRS staff confront the challenge of refining and improving their skills and knowledge while dealing with the current explosion of knowledge, technology, and treatment modalities. The agency will continue to make intensive efforts to provide ongoing information that will ensure the skills of DRS employees are responsive to the needs of the people they serve.

**Personnel to Address Individual Communication Needs**

Describe how the designated state unit has personnel or obtains the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

**Personnel to Address Individual Communication Needs**

Describe how the designated state unit has personnel or obtains the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who
have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

Personnel to Address Individual Communication Needs

West Virginia does not have large populations of ethnic groups who speak a language other than English. Consequently, DRS has not experienced difficulties making its programs accessible and available statewide. The agency’s main language accessibility needs concern people who are deaf, and each DRS district is staffed with a specialist counselor providing full access to programs and services for people who have deafness or hearing impairments.

DRS continues to work with the West Virginia Commission for the Deaf and Hard of Hearing to train and certify interpreters in order to strengthen the network of providers for people who are deaf, hard of hearing, or deaf-blind. Numerous workshops and seminars are conducted to increase the number of interpreters, improve their communication skills, and provide better statewide coverage. These coordinated efforts will continue as needed.

DRS also ensures that its employees and consumers with blindness or visual impairments receive information and materials in their preferred mode of communication through various accommodations. Upon request, various DRS support units provide such services as assistive communication devices, large print and/or Braille materials, audiotapes, and electronic (computer) copies.

Coordination of Personnel Development Under the Individuals with Disabilities Education Improvement Act

Describe the procedures and activities to coordinate the designated state unit’s comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Improvement Act.

Coordination of Personnel Development Under the individuals with Disabilities Education Improvement Act

Describe the procedures and activities to coordinate the designated state unit’s comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Improvement Act.

DRS will continue to coordinate its system of personnel development with the West Virginia Department of Education’s (WVDOE) personnel development under IDEA/No Child Left Behind Act of 2001. This coordination will include collaborative efforts to share information, liaison activities, and cooperative training endeavors for DRS school counselors, teachers, and WVDOE employees, particularly those assigned to the Office of Special Education.
The DRS state level liaison attends WVDOE training functions related to special education and disseminates information about education policy or law changes to DRS school counselors as needed. School counselors also receive information during their annual meeting. DRS school counselors also participate in cross-training efforts that occur on the local level through Regional Education Services Agencies. In some areas of the state, DRS school counselors and managers participate in local interagency planning groups where training issues are discussed and planned.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.11(a) Statewide Assessment

Provide an assessment of the rehabilitation needs of individuals with disabilities residing within the state, particularly the vocational rehabilitation services needs of:

- individuals with most significant disabilities, including their need for supported employment services;
- individuals with disabilities who are minorities;
- individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and
- individuals with disabilities served through other components of the statewide workforce investment system.

Identify the need to establish, develop, or improve community rehabilitation programs within the state.

RESULTS OF THE COMPREHENSIVE STATEWIDE ASSESSMENT OF THE REHABILITATION NEEDS OF INDIVIDUALS WITH DISABILITIES AND THE NEED TO ESTABLISH, DEVELOP, OR IMPROVE COMMUNITY REHABILITATION PROGRAMS

COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT

To comply with provisions of Title I, Section 101, State Plans, of the Rehabilitation Act Amendments of 1998, the West Virginia Division of Rehabilitation Services (DRS) and the West Virginia State Rehabilitation Council (WVSRC) conducted a three-year comprehensive statewide assessment of the vocational rehabilitation (VR) services needs of individuals with disabilities in West Virginia. The WVSRC-DRS Joint Committee on Needs Assessment was established in Fiscal Year (FY) 2012 to oversee the needs assessment activity. Joint committee members including those selected by WVSRC and DRS personnel were fully committed to the needs assessment study and want to ensure successful completion of its objectives.

Three major objectives of the comprehensive statewide needs assessment study included examination of the rehabilitation needs of (1) individuals with significant and most significant disabilities, including their needs for supported employment services; (2) individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the VR program; and (3) individuals with disabilities served through other components of the statewide workforce investment system. The role of community rehabilitation programs (CRPs) as service providers was reviewed to address the need to establish, develop, or improve CRPs in West Virginia.

To maintain effective and comprehensive service delivery programs for West Virginians with disabilities, the needs assessment identified various service needs of individuals with significant and most significant disabilities. Some needed services such as transportation, housing, and personal assistance are beyond the scope of the state VR program and thus, require coordination and cooperation among a diverse range of public and private agencies and other organizations serving West Virginians with disabilities. The needs assessment recognized the service
providers’ perceptions of the needs of consumers with disabilities, including rehabilitation services associates, counselors, supervisors and managers of DRS, CRPs, Consumer Affairs Conference attendees, Workforce Investment Board members/directors, and WorkForce WV staff throughout West Virginia.

As part of the WVSRC-DRS Joint Committee on Needs Assessment, the State Plan and Program Evaluation (SPPE) Unit conducted the needs assessment study for the agency in conjunction with WVSRC, which was fully involved from inception to the reporting of the results. The statewide needs assessment activities included: (1) identification of the VR related service needs of consumers with significant disabilities; (2) a survey of VR field rehabilitation services associates/counselors/supervisors/managers on their perceptions of consumers’ needs; (3) interviews and site visits with WorkForce WV staff and Workforce Investment Board members; (4) a survey of Consumer Affairs Conference attendees; (5) a survey of WV Statewide Independent Living Council members and the three Centers for Independent Living in West Virginia; (6) surveys of Community Rehabilitation Programs; (7) assessment of access to DRS services for consumers with disabilities from minority backgrounds; (8) input from respondents to the DRS radio advertisement via an online survey; and (9) consumer satisfaction surveys of DRS consumers including transitioning youth DRS consumers.

As part of the intake process for VR services, a question regarding service needs was posed to a potential DRS consumer at the time of application. The reported service needs were then recorded in the DRS electronic case management system. In FY 2012, SPPE staff members conducted a qualitative analysis of the reported service needs of 3,621 persons with disabilities of various age and disability groups statewide. Included in these active cases with expressed VR service needs across the state were 295 persons with significant disabilities from minority backgrounds, 114 individuals aged 65 or older, and 1,822 transitioning youth. The findings of this analysis are presented below.

THE STATEWIDE NEEDS ASSESSMENT OF CONSUMERS WITH SIGNIFICANT DISABILITIES

Results of the Analysis of the Reported Service Needs of Persons with Significant Disabilities

SPPE staff members in FY 2012, under guidance of the WVSRC-DRS Joint Committee on Needs Assessment, conducted a qualitative analysis of the 5,819 reported service needs of 3,621 persons with disabilities of various age and disability groups statewide in pre-service statuses as of February 8, 2012. These individuals represent a good sample of consumers with significant disabilities that will continue to seek assistance from agencies in coming years, ceteris paribus. All 55 counties in West Virginia were represented in the sample. The demographic profile of these individuals with significant disabilities consists of the following characteristics:

Gender: 52.6% male, 47.4% female;

Race: 91.2% White, 8.2% Other (African American/Hispanic/American Indian/Native Hawaiian/Asian), 0.6% Unknown;
Age: 41.4% under 20 years old, 20.7% 20-34 years, 12.3% 35-44 years, 22.4% 45-64 years, 3.2% 65 years or older;

Primary Impairment: 14.3% Sensory/Communicative Impairments, 27.9% Physical Impairments, 57.6% Mental Impairments, 0.2% Unknown.

Comments from the 3,621 DRS case management records were analyzed. Methodologies included counts of key words and phrases as well as individual review and coding.

As part of the Comprehensive Statewide Needs Assessment, DRS identified the following as the most frequently reported service needs in each of the categories of Education, Training, Health, Employment, and Support, based on the qualitative analysis of the reported service needs of 3,621 consumers with significant disabilities. The approximate percentage of consumers with significant disabilities reporting each service need is also listed below.

EDUCATION (16.9%): College (10.1%); Non-Specific Education (5.7%); Testing for Accommodations/LD (0.6%); Tutoring (0.4%). TRAINING (23.5%): General Training (21.0%); Driving (2.0%). HEALTH (29.4%): Hearing (12.4%); Dental (5.4%); Ailment (4.4%); Other Treatments (3.7%); Vision (1.9%); Surgeries (1.4%). EMPLOYMENT (72.7%): Finding a Job (28.2%); Placement (14.1%); Career (10.2%); Job Retention (5.9%); Career Counseling (5.7%); Counseling and Guidance (4.4%). SUPPORT (18.2%): General Financial (7.0%); Financial Aid for College (4.2%); Other (1.8%); Accommodations (1.2%); Miscellaneous Support (1.2%) Financial Aid for School (1.0%); Assistive Technology (0.9%).

Of the statewide total of 3,621 persons with significant disabilities at the time of their DRS application, 1,822 persons, reporting 2,983 service needs, were determined to be of transition status (age 24 and under). The demographic profile of this subset of transition status individuals with significant disabilities consists of the following characteristics:

Gender: 54.9% male, 45.1% female;

Race: 93% White, 6.4% Other (African American/Hispanic/American Indian/Native Hawaiian/Asian), 0.6% Unknown;

Age: 82.6% under 20 years old, 17.4% 20-34 years;

Primary Impairment: 4.5% Sensory/Communicative Impairments, 16.9% Physical Impairments, 78.5% Mental Impairments, 0.1% Unknown.

As part of the Comprehensive Statewide Needs Assessment, DRS identified the following as the most frequently reported service needs in each of the categories of Education, Training, Health, Employment, and Support, based on the qualitative analysis of the reported service needs of 1,822 transitioning youth with significant disabilities. The approximate percentage of transitioning youth with significant disabilities reporting each service need is also listed below.
EDUCATION (24.8%): College (16.6%); Non-Specific Education (6.7%); Testing for Accommodations/LD (0.9%). TRAINING (29.9%): General Training (27.0%); Driving (2.3%); HEALTH (7.3%): Ailment (3.0%); Other Treatments (1.5%); Dental (1.4%); Hearing (0.8%). EMPLOYMENT (79.4%): Finding a Job (25.7%); Placement (16.4%); Career (14.3%); Career Counseling (9.8%); Counseling and Guidance (7.4%). SUPPORT (22.4%): General Financial (8.4%); Financial Aid for College (7.0%); Other (2.3%); Accommodations (1.4%); Financial Aid for School (1.4%); Miscellaneous Support (0.8%); Assistive Technology (0.7%).

Of the statewide total of 3,621 persons with significant disabilities at the time of their DRS application, 296 persons, reporting 472 service needs, were determined to be of minority status. The demographic profile of this subset of minority status individuals with significant disabilities consists of the following characteristics:

Gender: 55.6% male, 44.4% female;

Race: 3.7% American Indian, 2.4% Asian, 84.8% African American, 7.8% Hispanic, and 1.4% Native Hawaiian;

Age: 31.9% under 20 years old, 21.4% 20-34 years, 17.3% 35-44 years, 26.8% 45-64 years, 2.7% 65 years or older;

Primary Impairment: 10% Sensory/Communicative Impairments, 27.1% Physical Impairments, 62.5% Mental Impairments, 0.4% Unknown.

As part of the Comprehensive Statewide Needs Assessment, DRS identified the following as the most frequently reported service needs in each of the categories of Education, Training, Health, Employment, and Support, based on the qualitative analysis of the reported service needs of 296 consumers with significant disabilities from minority backgrounds. The approximate percentage of consumers with significant disabilities from minority backgrounds reporting each service need is also listed below.

EDUCATION (18.9%): College (12.2%); Non-Specific Education (6.4%). TRAINING (27.7%): General Training (24.7%); Driving (2.4%). HEALTH (19.3%): Hearing (5.7%); Ailment (4.1%); Dental (4.1%). EMPLOYMENT (77.0%): Finding a Job (31.1%); Placement (16.9%); Career (12.2%); Counseling and Guidance (4.1%); Job Retention (3.7%); Career Counseling (3.4%); Finding a Part-time Job (3.4%). SUPPORT (16.6%): General Financial (6.4%); Other (2.7%); Financial Aid for College (2.4%).

Of the statewide total of 3,621 persons with significant disabilities at the time of their DRS application, 114 persons, reporting 161 service needs, were determined to be aged 65 years or older. The demographic profile of this subset of individuals with significant disabilities aged 65 years or older consists of the following characteristics:

Gender: 60.5% male, 39.5% female;
Race: 91.2% White, 7% Other (African American/Hispanic/American Indian/Native Hawaiian/Asian), 1.8% Unknown;

Age: 100% 65 years or older;

Primary Impairment: 73.9% Sensory/Communicative Impairments, 23.1% Physical Impairments, 1.5% Mental Impairments, 1.5% Unknown.

As part of the Comprehensive Statewide Needs Assessment, DRS identified the following as the most frequently reported service needs in each of the categories of Education, Training, Health, Employment, and Support, based on the qualitative analysis of the reported service needs of 114 consumers with significant disabilities aged 65 years or older. The approximate percentage of consumers with significant disabilities aged 65 years or older reporting each service need is also listed below.

EDUCATION (0.9%): College (0.9%). TRAINING (2.6%): General Training (2.6%). HEALTH (87.8%): Hearing (76.3%). EMPLOYMENT (42.1%): Job Retention (22.8%); Finding a Job (15.8%). SUPPORT (8.8%): General Financial (3.5%); Assistive Technology (2.6%).

Results of the Survey of Consumer Affairs Conference (CAC) Attendees on the Needs of Persons with Significant Disabilities

In the fall of 2011, DRS solicited input on the service needs of persons with significant disabilities by requesting input from CAC attendees.

DRS issued surveys in the conference registration packets provided to all attendees as part of the comprehensive statewide needs assessment for individuals with significant disabilities. Based on analysis of the responses of 46 CAC attendees from across the state, the most frequently reported service needs for persons with significant disabilities included the following: transportation (37 responses, 78.72%), more employment opportunities for individuals with disabilities (18, 38.30%), accessibility and accommodation in the workplace and public pedestrian areas (14, 29.79%), more access to CRP services (13, 27.66%), and accessible housing (9, 19.15%).

The survey also asked respondents to indicate service gaps for individuals with disabilities. The most commonly reported statewide service gaps were transportation (21 responses, 44.68%), housing (5, 10.64%), opportunities for employment (4, 8.51%), independent living skills (4, 8.51%), and personal attendant services (4, 8.51%). Several comments were provided that indicated a need for more access to community based services for blind/visually impaired individuals.

Results of the FY 2012 DRS Online Needs Assessment

As an additional component of the comprehensive needs assessment that is being conducted by the DRS and in conjunction with the WVSRC, DRS grant funds are utilized by the WVSRC to seek input from constituents throughout the state relating to vocational rehabilitation services. Input is sought utilizing media outlets, including statewide radio announcements. The goal is to
direct consumers to the official DRS Webpage where input can be submitted electronically or via telephone.

In October 2011, DRS had radio stations throughout the state air a 30-second public service announcement in an attempt to solicit input on the needs of individuals with disabilities in West Virginia. One-hundred announcements each were made at 55 radio stations over a period of five weeks for a total of 5,500 announcements statewide. Twelve responses were received through the DRS needs assessment webpage, of which three did not identify a service need. The service needs identified by the respondents included financial assistance, job trial, vocational training, driver training, counseling and guidance, transportation, and education. One response indicated a need to reopen the rehabilitation center.

Statewide media outlets are one of many strategies DRS is embracing to ensure that West Virginians have the opportunity to hear about DRS and provide their input on the service needs of consumers with disabilities in West Virginia.

Results of the Survey of DRS Field Staff on the Needs of Persons with Significant Disabilities

DRS is mandated under the federal Rehabilitation Act to periodically conduct a needs assessment of persons with significant disabilities. As part of this process and in conjunction with WVSRC, DRS issued a survey in the fall of 2011 to its field staff, including rehabilitation services associates, counselors, supervisors, and managers. The comprehensive survey asked them to offer their perceptions of the service needs and service gaps of persons with significant disabilities being served. The survey also obtained the specific areas where service needs and gaps were perceived to exist.

The survey instrument and methodology were based on previous needs assessment studies, as they generated valid and reliable information on the service needs of persons with significant disabilities in West Virginia. After pre-testing the questionnaire with the selected field counselors, supervisors, and managers along with discussions with the WVSRC Executive Director, the field staff survey was completed by 157 DRS rehabilitation services associates/counselors/supervisors/managers during Decision Tree Training sessions held for all field staff in each district.

Of the 154 respondents who provided a job title, 104 were counselors- 59 (38.31%) Rehabilitation Counselors, 26 (16.88%) Senior Rehabilitation Counselors, and 19 (12.34%) Certified Rehabilitation Counselors. There were 22 (14.29%) Rehabilitation Services Associates (RSAs), 21 (13.64%) Field Office Managers/Supervisors, 6 (3.9%) District Managers, and 1 (0.65%) Employment Specialist who completed the survey.

The survey asked respondents to rate the level of need for 78 VR-related services on a five-point Likert scale ranging from “1-least needed/used” to “5-most highly needed/used;” not applicable (N/A) was also an option for each service. Services that were rated by 50% or more respondents as having a high level of need (a rating of 4 or 5) are found below for each service category.
Educational Services: Vocational Education (101, 65.16%), High School Education (93, 61.18%), and Special Education Service (76, 50.00%).

Training Services: Job Search Training/Assistance (116, 75.82%), Business/Vocational Training (88, 57.51%), On-the-job Training/Job Trial (82, 53.25%), and Career Planning Training (79, 52.32%).

Health Services: Counseling and Guidance (108, 70.59%), Psychological/Psychiatric Treatment (101, 65.58%), Physician’s Services (100, 62.94%), Substance Abuse Treatment (82, 53.25%), and Dental Care (77, 50.00%).

Employment Services: Job Placement (116, 75.32%), Availability of Psychological Evaluation (108, 70.13%), Vocational Evaluation (105, 68.18%), and Job Development (96, 62.34%).

Support Services: Transportation (127, 83.00%) and Financial Assistance (78, 51.32%).

CRP Services: There were no CRP services rated as either “4-Highly Needed/Used” or “5-Most Highly Needed/Used” by 50% or more of the respondents. This may be a result of the high number of N/A responses for the CRP service section which averaged over 20 responses per service, higher than any other service category. Though none reached a 50% response rate, the five most commonly reported CRP services that received a high need rating are listed, followed by the number and percentage of respondents: CRP Plan Development (73, 48.67%), Job Coaching-Supported Employment (63, 42.28%), Job Coaching-Other than Supported Employment (61, 41.22%), Community Based Work Skills Assessment (60, 40.27%), and Direct Placement-Plan and Job Development (59, 39.59%).

For each service category (Education, Training, Health, Employment, Support, and Community Rehabilitation Program services), the respondent could list up to three services that were most in need of an increase in availability. The number and percentage of respondents who reported a gap for the service are in parentheses followed by the number of responses by DRS office location. For CRP services, respondents were also asked to indicate the county in which the services were in need of an increase in availability.

Educational Services

The five most commonly reported gaps for educational services were: Tutoring (101, 64.33%); Vocational Education (81, 51.59%); Literacy Instruction (79, 50.32%); Adult Basic Education (66, 42.04%); and 2-year or 4-year College Education (31, 19.75%).

Training Services

The five most commonly reported gaps for training services were: Drive Training/Licensing (86, 54.78%); On-the-job Training/Job Trial (76, 48.41%); Job Search Training/Assistance (63, 40.13%); Career Planning Training (59, 37.58%); and Life Skills (57, 36.31%).

Health Services
The five most commonly reported gaps for health services were: Psychological/Psychiatric Treatment (88, 56.05%); Substance Abuse Treatment (87, 55.41%); Physician’s Services (43, 27.39%); Dental Care (45, 28.66%); and Counseling and Guidance (38, 24.20%).

Employment Services

The five most commonly reported gaps for employment services were: Job Development (82, 52.33%); Job Placement (70, 44.59%); Supported Employment Services (61, 38.85%); Extended Supported Employment Services (58, 36.94%); and Small Business Development (58, 36.94%).

DRS field staff reports of perceived gaps in Extended Supported Employment Services (ESES) may reflect insufficient funds for CRPs to provide ESES to all consumers needing this service. Future assessments will provide insight into the causal factors leading to the reported gap for ESES services.

Support Services

The five most commonly reported gaps for support services were: Transportation (134, 85.35%); Housing Assistance (81, 51.59%); Financial Assistance (58, 36.94%); Child Care (54, 34.39%); and Vehicle Maintenance/Repair (53, 33.76%)

CRP Services

The five most commonly reported gaps for CRP Services were: Community Based Work Skills Assessment (50, 31.85%); Direct Placement-With Medical Benefits (49, 31.21%); Job Coaching-Other than Supported Employment (49, 31.21%); Trial Work Experience (48, 30.57%); and Direct Placement-Plan and Job Development (46, 29.30%)

Overall Service Needs for West Virginians with Significant Disabilities

Respondents were asked to identify the top five overall service needs for different consumer groups with which they have experience with providing VR services. Respondents were asked to indicate if they did not have experience working with the consumer group. The number and percentage of respondents who indicated a gap for the service are in parentheses followed by the number of responses by DRS office location.

General Territories

The survey asked participants to “Please list the top five services that our consumers with disabilities in DRS general territories need within your service area.” The most commonly reported service needs based on 125 respondents who indicated experience working with DRS consumers in general territories were: Transportation (94, 75.20%); Job Placement (47, 37.60%); Business and Vocational Training (39, 31.20%); Psychological/Psychiatric Services (30, 24.00%); and Counseling and Guidance (25, 20.00%).

Transitioning Youth
The survey asked, “From your experience with transitioning youth with disabilities, please list the TOP FIVE services that you feel these consumers need in your service area.” There were 90 respondents to this question. The most commonly reported service needs were: Transportation (52, 57.78%); Counseling and Guidance (40, 44.44%); Job Placement (27, 30.00%); Career Planning (19, 21.11%); and Overall Training for Employment (18, 20.00%).

Deaf/Hard of Hearing

Respondents were asked, “From your experience with individuals who are deaf/hard of hearing with disabilities, please list the TOP FIVE services that you feel these consumers need in your service area.” There were 52 respondents to this question. The most commonly reported service needs were: Interpreter Services (20, 38.46%); Assistive Devices (16, 30.77%); Hearing/Audiological Services (11, 21.15%); Counseling and Guidance (9, 17.31%); Assistive Technology (8, 15.38%); Job Placement (8, 15.38%); and More CRPs/Vendors (8, 15.38%).

Blind/Visually Impaired

Respondents were asked, “From your experience with individuals who are blind/visually impaired with disabilities, please list the TOP FIVE services that you feel these consumers need in your service area.” There were 27 respondents indicating experience working with individuals who are blind or visually impaired. The most commonly reported service needs were:

- Transportation (14, 51.85%)
- Orientation/Mobility Services (10, 37.04%)
- Job Placement (8, 29.63%)
- More CRPs/Vendors (8, 29.63%)
- Reading Braille (7, 25.93%)

Minority Individuals

The survey asked, “From your experience with minority individuals with disabilities, please list the TOP FIVE services that you feel these consumers need in your service area.” There were 90 respondents indicating experience working with minority individuals with disabilities. The most commonly reported service needs were: Transportation (40, 44.44%); Job Placement (27, 30.00%); Overall Training for Employment (20, 22.22%); Same Needs as Consumers in General Territories (16, 17.78%); and Counseling and Guidance (12, 13.33%).

Barriers to Employment

The top five overall barriers to employment selected (from a list of 17 items) by 152 respondents were Transportation with 143 (94.08%) responses, followed by Slow Job Market with 126 (82.89%) responses, Family Support with 76 (50.00%) responses, Consumer Attitudinal Barriers with 63 (41.45%), and Employer Attitudinal Barriers with 61 (40.13%) responses.

Comments and Suggestions

Respondents provided 110 comments when asked for ways DRS could help them perform their job more effectively and efficiently. Suggestions with similar themes were grouped. Of the responses, 52 (47.27%) were related to clarification or changes in DRS policy or requirements, 25 (22.73%) were related to a request for more CRP/Vendor services, 14 (12.73%) were a
request for additional clerical support or more counselors. Nineteen (17.27%) of the responses did not fit one of the three categories (e.g., “Unsure,” “We have everything we need”).

Additional Comments on the Unmet Service Needs of Individuals with Disabilities

Respondents provided 57 additional comments which were grouped into major themes. Fourteen (12.73%) of the comments pertained to accessibility to transportation, 10 (17.54%) indicated a need for more CRP/Vendor services, and 19 (17.27%) were related to changes in DRS policy or requirements. Fourteen (26.42%) responses did not fit into any of the major categories (e.g., “Unsure,” “None”).

CRP Validation

Further analysis by SPPE Unit staff identified multiple service providers (CRPs) in areas where DRS field staff reported service gaps. Further assessments will determine the cause of these reported gaps (e.g., information gaps, poor quality of CRP services, lack of funding) and the correct actions to take to resolve these issues.

Conclusions from the Survey of DRS Field Staff

Based on the CSNA responses from 157 DRS field staff members in FY 2012, perceived service gaps were reported for VR services throughout the state that were also reported in previous needs assessments including Transportation, Job Development, Job Placement, Drive Training/Licensing, Direct Placement, Psychological/Psychiatric Treatment, Business/Vocational Training, and the need for increased access to CRP services. The current CSNA also provides information on the service needs of individuals with disabilities from minority backgrounds, the need for CRP services, and the need for Supported Employment services.

Transportation was the most common service gap noted by DRS field staff and is unique in that it affects many aspects of VR service provision for West Virginians with disabilities. Consumers must be able to access VR counselors, CRP services, training locations, and employment opportunities throughout the rehabilitation process. Lack of transportation during any time of VR services can interfere with the overall outcome. It is clear that there is a common perception of a lack of availability to transportation for DRS consumers in all areas of the state. DRS has implemented several initiatives to help alleviate this problem including (1) purchasing or modifying vehicles for consumers who are, or will soon be, employed; (2) encouraging and compensating family members of consumers to provide transportation; and (3) creating a payment authorization (Vendor Travel Reimbursement) for CRPs to provide transportation. These efforts offer flexibility to the diverse and varied transportation needs of DRS consumers.

It is important to note that many DRS field staff (71 survey respondents, 45.22%) have been in their position for less than two years. Due to the nature of the VR field, newer staff members may be unfamiliar with CRPs and services available in their area. SPPE Unit staff conducted an additional analysis of the availability of many VR services that revealed multiple CRPs providing these services in areas where several DRS field staff reported a need for an increase in service availability. Future assessments will determine if the quality of services provided by
these CRPs is a factor in the perception of a service gap or if there is an information gap that can be resolved by further training of DRS field staff.

Based on the FY 2012 CSNA of DRS Field Staff, several recommendations are presented:

--Conduct further assessments to identify the source of the perceived gap in services, including Supported Employment and other CRP-provided services, that will enable DRS to develop and implement corrective measures aimed at increasing service provision and availability for all West Virginians with disabilities.

--Provide DRS Field Staff with easily accessible information on CRPs and the services they provide in the staff member’s service area. Furthermore, ensure that counselors and other field staff are familiar with utilizing CRP services and the DRS definitions and requirements for each approved service.

--Encourage DRS Field Staff to meet with CRPs in their service area and to increase the use of liaison reports.

--Increase services, including collaborations with school and CRP staff, for transitioning youth. Also, encourage counselors to begin working with transitioning youth before the student begins their senior year of high school.

--Increase services to blind/visually impaired West Virginians with disabilities by providing services in local communities.

Results of the Survey of the WV Statewide Independent Living Council (WVSILC) and Centers for Independent Living (CIL)

The 11 participants identified a total of 83 most needed services, with gaps being identified for 76 of them (92%). The most frequently identified service need was transportation, with all 11 participants identifying. Other most needed services involved assistive technology, community awareness, health care, independent living and supported employment. Recommendations for improvement covered a wide array of areas, including: policy changes, education to the public (including employers), staff training, expansion in rural areas, and greater efforts toward job placement. Additional comments were made discussing supported employment services, staff training and attitudes, allocation of financial resources, interagency cooperation, transportation, and independent living.

SERVICE NEEDS OF PERSONS WITH DISABILITIES AT THE WORKFORCE WV CAREER (ONE-STOP) CENTERS

During FY 2012, DRS State Plan and Program Evaluation Unit staff conducted a multi-faceted assessment of service needs for individuals with disabilities served by One-Stop centers from a multitude of resources including surveys, site visits, data analyses, meetings, and in-depth interviews with those involved with service provision at WorkForce WV One-Stop locations.
Assessment results show that DRS counselors continue to work closely with service providers at the WorkForce WV Career Centers to provide services to persons with disabilities. In addition to field offices located at One-Stop Centers, DRS has assigned field counselors to be located or to provide VR services in additional locations. Some DRS counselors at the WorkForce WV Career Centers participate in team management meetings, plan event days and are involved in awareness projects to promote the WorkForce WV services, especially for persons with disabilities; several DRS staff members serve on Workforce Investment Boards and the Workforce Investment Act Youth Council. DRS counselors also assist other service providers (non-DRS staff members) in the disability identification, evaluation, or assessment of the WorkForce WV consumers.

Responses to the DRS field staff needs assessment survey revealed 56 respondents who indicated One-Stops as a primary referral source. The respondents were located in 22 DRS offices in all 6 DRS districts.

Reports from DRS staff who serve consumers at these Centers indicate that persons with significant disabilities continue to be referred to DRS to receive services. The primary services requested by persons with disabilities at the Centers are similar to those in DRS general territories and include job search assistance, vocational training, and job placement. Service gaps that exist for consumers in DRS general territories were also reported to exist for those seeking services at One-Stop locations. However, there were specific gaps identified by DRS staff for WorkForce WV consumers with disabilities. A need for access to transportation was reported by DRS staff in Princeton. Access to mental health services was reported to be limited due to lack of psychiatrists and community mental health services in Huntington. DRS staff in Fairmont and Wheeling reported a need for increased access to computer courses for consumers with disabilities. For example, some consumers with disabilities would benefit from learning commonly used software programs taught on an individual basis instead of in a group environment. These consumers may also benefit from learning how to use computers for seeking employment and building a resume. Job coaching and job skills training were reported to be in need of an increase in availability in Wheeling. Training on disability rights and interviewing skills for WorkForce WV consumers with disabilities in Parkersburg was identified as a gap; however, workshops have been planned to provide these services. DRS staff in Moorefield indicated a need for additional outreach to younger transitioning youth who are still in high school to facilitate coordination of summer employment.

Meetings and interviews with WorkForce WV staff including an Office Manager and Employment Program Specialist/Disability Navigator also revealed similar service needs for consumers with disabilities at One-Stop locations as DRS consumers in general territories. The most common accommodations are hearing and literacy related. Depending on the identified needs of the individual, accommodations are typically made by staff at the One-Stop. This often includes verbal presentations and testing; material is often provided in multiple formats to ensure accessibility to all consumers, even those who may not have disclosed a disability or need for accommodation.

Based on the input from FY 2012 CSNA sources, several recommendations are suggested for improving services for One-Stop consumers with disabilities:
--Continue to improve interagency communication at One-Stop locations through meetings that include staff at all levels from each local partner agency.

--Encourage DRS staff to utilize reports and services offered by WorkForce WV including lists of training programs with poor consumer outcomes, calendars of events, and employment opportunities. DRS staff meeting or working with WorkForce WV can access and distribute these items for use by field staff.

--Continue to provide assistance with regard to accessible computers at One-Stop locations and provide any additional support regarding the selection of accommodating technology for persons with disabilities when requested and as needed.

NEED TO ESTABLISH, DEVELOP, OR IMPROVE COMMUNITY REHABILITATION PROGRAMS

A community rehabilitation program (CRP) is one that supplies directly or facilitates the provision of vocational rehabilitation (VR) services to individuals with disabilities. Services are designed to enable the individual to maximize opportunities for employment. They may include: plan development, Daniel Memorial Independent Living Scale (pre and post testing), direct placement, extended work experience, supported employment services, job coaching, life skills training, vendor travel reimbursement, work adjustment training, community and facility based work skills assessment, and trial work experience.

Some service providers that do not consider themselves as CRPs are referred to in the studies as community services providers (CSPs). As of April 2012, there were 60 DRS-acknowledged parent company CRPs in West Virginia that have 87 service sites. Each CRP is assigned a rehabilitation counselor as a liaison, who is scheduled to make regular contact to discuss service-related issues specific to the local service area(s).

In FY 2012, DRS held Decision Tree Training in each of the six DRS districts. These training sessions for DRS field staff also included a meeting with all CRPs from each district. During these meetings, the new DRS Standards Manual for CRPs was reviewed. CRPs were given the opportunity to provide feedback, relay concerns, and make suggestions for improving service delivery for individuals with significant disabilities and the working relationship with DRS.

DRS has begun to conduct Transition Team meetings in each of the DRS districts beginning in April 2012. These meetings bring DRS, WV Department of Education, and CRP staff from each district together to promote interagency collaboration. These meetings also allow staff from each agency/CRP to become familiar with the staff on a personal level which can lead to improved collaborations and service delivery. The meetings also include training on using the DRS vendor guide and a review of differing definitions of services and frequently used terms by each agency involved. The training also includes breakout sessions for staff in each county within the district to discuss the specific service needs of individuals in the community.
In FY 2011 and 2012, DRS conducted an assessment of CRPs/CSPs. Surveys pertaining to the need for and quality of CRP/CSP services were completed by CRP/CSP and DRS staff statewide.

Results of the 2011 Surveys of DRS Field Staff on CRP Services

In order for the CRP service delivery system to be effective in serving persons with significant disabilities, including DRS consumers, there must be continuing, direct, and productive communications and relationships between CRP and DRS personnel. The survey of DRS field staff on CRP Services was a part of the previous needs assessment efforts to obtain additional information on the CRP service delivery system. The survey focused on the demand side with field staff providing invaluable information on the current service needs and existing CRPs in their service areas. This CRP-specific survey serves as a complement to the results of CRP service needs and gaps from the DRS field staff survey.

Reviews of CRPs by Counselors

There were 63 surveys returned between June and December 2011 that reviewed 32 CRPs.

Referrals and Services

Based on responses from 59 reviews, there were a total of 254 consumers referred for 409 services. The number of DRS referrals to a CRP ranged from 1 to 45 and the number of services provided by those CRPs ranged from 1 to 82. The number and percentage breakdown of the 409 CRP services received by 254 DRS consumers is as follows: Work Adjustment (84, 33.07%); Community Based Assessment (82, 32.28%); Direct Placement (80, 31.50%); Supported Placement (55, 21.65%); Life and Work Skills (41, 16.14%); Job Site Training (32, 12.60%); Extended Assessment (1, 0.39%); and Other Services listed below (34, 13.39%).

Daniel Memorial Independent Living Scale; CRP Plan Development; Vendor Travel Reimbursement; Job Search; Job Coaching; Travel Training (learning to use public transportation); Medical Office Skills Training (MOST) Program; Trial Work; and On-the-job Training.

Quality and Timeliness of Services

Using a five-point Likert scale ranging from “1-Excellent” to “5-Very Poor,” 24 (39.34%) respondents indicated the CRP’s quality of service was Excellent, 24 (39.34%) indicated Good, 9 (14.75%) indicated the CRP service quality was Neutral, and 4 (6.56%) gave a rating of Poor quality. No CRP received a quality rating of Very Poor.

Counselors rated the timeliness of services and progress reports using a five-point Likert scale ranging from “1-Always” to “5-Never.” There were 23 (37.70%) responses for Always, 26 (42.62%) for Frequently, 5 (8.20%) for Neutral, 6 (9.84%) for Infrequently, and 1 (1.64%) for Never.
Comments and Suggestions

There were 54 respondents who provided feedback for improving the working relationship with the CRP. Open communication was a common theme for achieving a positive working relationship between DRS and a CRP; counselors reported increases in proper referrals, service plan adherence, and dispute resolution. There were several suggestions to enhance counselor input and keep the counselor more informed of consumer progress and concerns (e.g., poor attendance).

There were 43 respondents who provided feedback for improving CRP services for DRS consumers. The most common responses pertained to educating CRP staff on DRS policy and keeping DRS counselors informed about consumer progress in a timely manner. There were multiple issues regarding Community Based Assessments (CBAs). It appears that several of the CRPs reviewed do not fully understand the overall goal and requirements for providing a CBA (e.g., the need for 1:1, the need for multiple sites) and the job-readiness of a consumer who is referred for a CBA.

Results from the survey of DRS Field Staff on CRP Services

Information on the needs and gaps for CRP services was also collected from 157 DRS field staff as part of the FY 2012 comprehensive statewide needs assessment. Survey respondents rated 22 different CRP-related services for their level of need and their perception of any gap for each service. The results were able to be mapped using geographical information systems (GIS) software to visually depict the location of the perceived CRP service gaps. The five most commonly reported gaps for CRP Services were: Community Based Work Skills Assessment (50, 31.85%); Direct Placement-With medical Benefits (49, 31.21%); Job Coaching-Other than Supported Employment (49, 31.21%); Trial Work Experience (48, 30.57%); and Direct Placement-Plan and Job Development (46, 29.30%).

Additionally, DRS conducted a validation assessment to compare the reported gaps with acknowledged vendor information. The results indicate the presence of CRPs in some locations where DRS field staff reported gaps. Further assessments will need to be conducted to identify the cause for this perception and to identify appropriate actions to take to resolve this issue. Based on the responses from DRS field staff, CRPs continue to be a valuable asset in serving West Virginians with disabilities. However, there are areas that still exist throughout the state where consumers have limited or no access to CRP services. The current assessment has identified specific areas where CRP services were reported to need an increase in availability, allowing DRS to make targeted efforts to increase access for consumers.

DRS field staff reported a lack of knowledge regarding CRP service provision, which was also evident with the large number of N/A responses to CRP services. This may be a result of the large percentage of the respondents who have been with DRS for two years or less and may not yet be fully familiar and comfortable in providing CRP services to consumers. The additional assessment of CRPs, their locations, and services they provide will help DRS conduct future assessments of these reported gaps.
Results of the Survey of the Community Rehabilitation Programs (CRPs)/Community Services Providers (CSPs) on the Service Needs of Persons with Significant Disabilities

In FY 2011 and 2012, DRS conducted a survey of CRPs/CSPs with acknowledged vendor status to provide services (including supported-employment services) to DRS consumers across the state. The survey was conducted as a part of the statewide comprehensive needs assessment study of persons with significant disabilities in West Virginia.

DRS distributed the survey via email and during mandatory district-wide meetings with DRS-acknowledged CRPs/CSPs to provide input on the needs of West Virginians with significant disabilities, including the needs for supported employment services. DRS created a questionnaire that requested the CRPs/CSPs to provide their perspectives on service needs/gaps, communications between DRS and CRPs/CSPs personnel, and ways for DRS to improve its service delivery for West Virginians with disabilities. E-mail reminders were sent to CRPs/CSPs seeking their participation in the survey. Thirty-four surveys were returned to DRS, for a response rate of 53 percent. Surveys were returned from CRPs working with DRS offices across the state.

Working Relationship with DRS

CRPs were asked how satisfied they are with the quality of their working relationship with DRS in serving consumers. They could select from five choices: Excellent; Good; Neutral; Poor; and Very Poor. Over half of the CRPs who participated (58.10% or 18 CRPs) rated their working relationship as Excellent. Approximately 16 percent (5 CRPs) said their relationship was Good, 13 percent (4 CRPs) said it was Poor, 10 percent (3 CRPs) said it was Neutral, and 3 percent (1 CRP) said it was Very Poor. Three CRPs did not provide a rating.

Timeliness of Authorizations and Payments

CRPs were asked if DRS authorizations and payments were received in a timely manner. They could select from five choices: Always; Frequently; Neutral; Infrequently; and Never. About 48 percent of the CRPs that participated (12 CRPs) indicated that authorizations and payments were Always received in a timely manner. Approximately 28 percent (7 CRPs) said they were received Frequently, 16 percent (4 CRPs) said Neutral, 8 percent (2 CRPs) said they were received Infrequently, and none said they were Never received.

Service Needs

The CRPs/CSPs survey identified the following most common service needs for individuals with significant disabilities: work adjustment, job site training, community based assessment, supported placement, life & work skills, direct placement, and extended assessment.

Site Visits

The majority of CRPs/CSPs survey respondents reported that DRS counselors are conducting site visits; however, several CRPs reported no DRS counselor visits and asked for increased
communication. Some CRPs also requested additional CRP and DRS staff training on service options authorized by DRS. Several responding CRPs also indicated they would like to receive additional referrals from DRS counselors.

Service Provision

Overall, CRPs that responded to the survey were provided with 476 referrals from DRS in FY 2010, and provided services to nearly all of them (91 percent or 431). In FY 2010, 34 percent (148) of the referrals that received services reached competitive employment.

Conclusions Based on the Survey of CRPs/CSPs

In summary, the survey data continue to suggest that CRPs/CSPs are willing to (1) offer more services and (2) desire to accept more consumer referrals from DRS. However, the survey suggested a few areas where service gaps and reduced communication still remain. DRS will continue to work toward eliminating any remaining service gaps by allocating more resources to expand existing CRPs/CSPs and/or identify new CRPs/CSPs. As West Virginia is a rural state, DRS fully recognizes this service limitation; however the agency is still strongly committed to the full statewide utilization and accessibility of CRP/CSP services for appropriate DRS consumers. DRS will work towards improving communication and the working relationship with CRPs/CSPs by providing additional training for staff in areas with an identified need. Both DRS and CRPs/CSPs share a common interest in improving our service delivery system to better serve persons with significant disabilities in West Virginia.

Conclusions and Recommendations Based on the Assessments on the Need to Establish, Develop, or Improve Community Rehabilitation Programs

Based on the responses from CRP/CSP staff and DRS field staff on CRP/CSP services, including supported employment services, conducted in FY 2012, the following conclusions and recommendations regarding CRP/CSP services are presented:

Conclusion 1: DRS field staff report a need for CRP/CSP services and CRPs/CSPs report a strong demand for DRS referrals.

Recommendation 1: DRS fully supports the usage of CRP/CSP services for appropriate consumers and the State Office staff needs to closely monitor the level of appropriations made by field counselors to ensure usage of CRP/CSP services for appropriate consumers statewide. DRS needs to identify, isolate, and match local service needs with appropriate CRPs/CSPs to effectively provide services to consumers with significant disabilities.

Conclusion 2: While overall ratings of working relationships between DRS and CRPs/CSPs remain high, survey findings suggest that poor communication between DRS staff and CRPs/CSPs in certain areas is negatively affecting their working relationship.

Recommendation 2: DRS will continue efforts to strengthen the channels of communication and coordination across service districts. DRS will consider strategies, such as ensuring liaison
assignments, in order to improve communication and working relationships with providers of community rehabilitation services. DRS needs to identify and eliminate pockets of miscommunication by applying effective administrative tools to bring about a positive service environment.

Conclusion 3: Information provided by CRPs/CSPs suggests that not all counselors have a full understanding of CRPs/CSPs and their services.

Recommendation 3: DRS continues to provide additional training, more hands-on training of examining real cases (Decision Tree Training), on CRP/CSPs services, especially supported employment services, and more detailed information on various CRPs/CSPs to field counselors, especially those recently hired.

Conclusion 4: For most counties, the survey respondents reported that CRP/CSP services are available, but they also reported unsatisfied demands and want to see more services in certain areas of the state. The 2011 DRS field staff survey also suggests that more services are being provided statewide, but some rural areas still have limited services.

Recommendation 4: DRS will continue to review data from all needs assessment surveys and work closely with affected CRPs/CSPs and field counselors to further understand the availability issues and to address any service gaps.

Conclusion 5: Despite an improvement from previous years, not all CRP/CSP services are fully utilized by all field counselors.

Recommendation 5: State Office involvement in the local activities of CRPs/CSPs continues to be needed to better serve persons with significant disabilities.

Conclusion 6: Based on the qualitative data collected, relationships between CRPs/CSPs and DRS are good to very good overall, but still need improvement in a few areas of the state.

Recommendation 6: DRS continues to stress positive and effective communication and relationships between local DRS staff and CRP/CSP personnel to improve the service delivery system for persons with significant disabilities. DRS continues to require an initial meeting between DRS and CRP personnel in the local areas along with a mandate for quarterly or bi-annual follow-up meetings to share information, discuss issues, and resolve any differences. The State Office staff continues to monitor the anticipated improvement and intervenes as necessary.

Conclusion 7: Based on survey responses, job coaches continue to be needed in different areas of the state. Some counselors continue to request additional approved job coaching hours to be available for certain consumers.

Recommendation 7: DRS needs to provide additional resources to develop or expand job coaching where they are needed.
Conclusion 8: Transportation continues to be an obstacle in any service delivery system for persons with significant disabilities, including the provision of CRP/CSP services.

Recommendation 8: DRS continues to utilize the approach of one issue and one location at a time as the most credible way at looking at transportation issues for a rural state like West Virginia. In a specific community, the local DRS office, affected CRPs/CSPs and the truly interested public/private organizations have to identify a specific and consensus transportation issue that requires all parties to dedicate their personnel, time, and financial resources to ensure an improvement in access to CRP/CSP services for persons with significant disabilities in their community. Depending on the unique circumstances of the consumer, DRS offers several transportation solutions including vehicle purchasing/modifying and vendor travel reimbursement for individuals and CRPs that provide transportation for DRS consumers.

Identifying Individuals with Disabilities Who Have Been Unserved or Underserved by DRS

According to the United States 2010 Census, there are 99,862 minorities in West Virginia, making up 5.4% of the state’s total population. Since FY 2009, DRS has exceeded this percentage in terms of minority consumers served (6.4%, 6.9%, and 6.5% for FY 2009, FY 2010, and FY 2011, respectively), indicating overall equal access to services.

United States 2010 Census data reveals that 7 counties in West Virginia have minority populations that exceed 3,000: Kanawha (18,161; 9.4% of total county population), Berkeley (12,211; 11.7%), Raleigh (8,279; 10.5%), Monongalia (8,185; 8.5%), Cabell (6,912; 7.2%), Jefferson (6,598; 12.3%), and Mercer (4,685; 7.5%). In each year since FY 2009, the DRS minority service percentage has exceeded the county minority population percentage for six of the seven aforementioned counties. In FY 2009 (6.1%) and FY 2010 (8.3%), the DRS minority service percentage for Monongalia County was slightly less than that county’s minority population percentage (8.5%). However, the DRS minority service percentage for Monongalia County increased each year until FY 2011, when it exceeded the county’s minority population percentage. In FY 2011, the DRS minority service percentage for Jefferson County (11.5%) was slightly less than that county’s minority population percentage (12.3%), after exceeding it in FY 2009 and FY 2010.

Below is a list of each of these seven counties (with its respective minority population and percentage in parentheses), followed by the DRS minority service percentage for each county in FY 2009, FY 2010, and FY 2011.

Kanawha (18,161, 9.4%): FY 2009 – 13.6%; FY 2010 – 13.4%; FY 2011 – 12.4%
Berkeley (12,211, 11.7%): FY 2009 – 15.3%; FY 2010 – 18.2%; FY 2011 – 17.6%
Raleigh (8,279, 10.5%): FY 2009 – 15.2%; FY 2010 – 14.5%; FY 2011 – 16.4%
Monongalia (8,185, 8.5%): FY 2009 – 6.1%; FY 2010 – 8.3%; FY 2011 – 9.3%
Cabell (6,912, 7.2%): FY 2009 – 10.2%; FY 2010 – 11.4%; FY 2011 – 11.2%
Jefferson (6,598, 12.3%): FY 2009 – 13.3%; FY 2010 – 15.2%; FY 2011 – 11.5%

Mercer (4,685, 7.5%): FY 2009 – 10.6%; FY 2010 – 11.8%; FY 2011 – 10.6%

In addition, the United States 2010 Census data indicated four additional counties in West Virginia with a minority population under 3,000 and a county minority population percentage greater than 6.5%: McDowell (2,242; 10.1%), Gilmer (1,630; 18.8%), Hardy (972; 6.9%), and Summers (916; 6.6%). Of these four counties, only McDowell County (for FY 2009 and FY 2011) had a DRS minority service percentage (11.6% in FY 2009 and 14.2% in FY 2011) higher than its county minority population percentage (10.1%). Below is a list of each of these four counties (with its respective minority population and percentage in parentheses), followed by the DRS minority service percentage for each county in FY 2009, FY 2010, and FY 2011.

McDowell (2,242, 10.1%): FY 2009 – 11.6%; FY 2010 – 9.8%; FY 2011 – 14.2%

Gilmer (1,630, 18.8%): FY 2009 – 0.0%; FY 2010 – 3.7%; FY 2011 – 0.0%

Hardy (972, 6.9%): FY 2009 – 3.6%; FY 2010 – 6.3%; FY 2011 – 5.7%

Summers (916, 6.6%): FY 2009 – 3.2%; FY 2010 – 6.1%; FY 2011 – 1.2%

To determine potentially underserved areas, the mean (average) DRS minority service percentage for the three-year period (FY 2009 – FY 2011) for each county was computed and compared to that county’s minority population percentage. Counties with mean DRS minority service percentages that are lower than the minority population percentage are considered to be potentially underserved. Of the eleven aforementioned counties, only three counties met this criterion: Gilmer, Hardy, and Summers counties.

DRS utilized geographic information systems (GIS) to pinpoint potential underserved zip codes in Gilmer, Hardy, and Summers counties. Zip codes that meet two criteria are identified as potential underserved areas: (1) the zip code has a minority population greater than or equal to 50 and (2) there are 10 or fewer minority consumers (as of April 18, 2012) reported in the agency’s database for the last four fiscal years. Applying these criteria reveals four potentially underserved zip codes, one in Gilmer County (Glenville), one in Hardy County (Wardensville), and two in Summers County (Alderson and Hinton). In Glenville (Gilmer County) and Alderson (Summers County) zip codes there exists Federal Corrections Institutions, thus eliminating them from the list of potential underserved zip codes. DRS will pursue outreach efforts in two counties, targeting Hinton (Summers County) and Wardensville (Hardy County) zip codes to market and expand VR services to individuals with disabilities from minority backgrounds.

Critical Findings Based on Integration of Results of Needs Assessment Studies

SPPE staff in FY 2012, in conjunction with WVSRC, conducted a needs assessment study to address the statewide comprehensive needs of persons with significant disabilities in West Virginia. The study expands upon the comprehensive needs assessment activities that were completed in FY 2009. The study examined the service needs of persons with significant/most
significant disabilities, including persons from minority backgrounds; the underserved or
unserved population; the service needs of persons with disabilities based on perceptions of SILC
and CIL members; the service needs of persons with disabilities at other components of the
WorkForce system at the WorkForce WV Career Centers (One-Stop centers); and the need to
improve or expand CRP and/or community services provider (CSP) services, including
supported employment services.

Analyses of the service needs of thousands of applicants for DRS services helped the agency to
identify and prioritize services that are most needed by consumers with significant disabilities
today and in the coming years. The survey of DRS field staff on the needs of DRS consumers
reaffirmed the priority list of needed services. Most of the conclusions and recommendations of
the 2009 survey of DRS field staff on CRP services were still valid in FY 2012. Using the
information provided by CRPs/CSPs and users of CRP/CSP services, DRS recognizes the
continuing need to increase DRS counselor awareness of CRPs and/or expand services in
targeted local communities where a verified need for an increase in services has occurred.

Analyses of applicants with disabilities from minority backgrounds suggested an overall similar
pattern of needed services to the general DRS consumers. Based on the 2010 U.S. Census data,
the minority population in West Virginia represents about 5.4 percent of the population. Minority
populations continue to be well represented in the DRS caseloads. Minority populations with
disabilities continue to represent over 6.5 percent of the total DRS cases in FY 2011. DRS has
identified some areas where there may be less than proportionate representation of African
Americans in the DRS system. DRS conducted additional analyses, including the use of GIS, of
specific minority groups and has identified African Americans with disabilities as the target
group for minority outreach activities.

DRS examined the needs of individuals with disabilities at the WorkForce WV (One-Stop)
Career Centers. Based on the results of the CSNA, persons with significant/most significant
disabilities are often referred to DRS for VR services. The WorkForce WV Career Centers report
a significant number of persons with a disability at the Centers. Persons with disabilities who are
not qualified for DRS services can go to these Centers to receive employment and training
services.

An integration of results from the previously discussed needs assessment studies suggests the
following critical findings that require action steps by DRS:

Critical Finding 1

There is an identified need for continued efforts to develop, establish, and maintain collaborative
relationships with community providers in specific areas of the state. This is based on
examinations of (1) the CRP/CSP services including supported employment services as reported
by CRPs/CSPs survey and (2) the DRS counselors/managers/supervisors’ perceptions of the
availability and quality of CRP/CSP services.

Critical Finding 2
The findings point to a need for continued efforts to increase the availability of community services including job development, job coaching/supportive employment, job placement services, work adjustment training, work skills development, and life skills training within the community. This is based on examinations of (1) the overall service needs expressed by thousands of DRS consumers at application and (2) the service needs of consumers as reported by DRS counselors/supervisors/managers in the survey.

Critical Finding 3

The findings indicate a need for continued efforts to increase the availability of transportation services/options for DRS consumers throughout the state. This is based on examinations of (1) the overall service needs expressed by DRS consumers at application, (2) the service needs of consumers as reported by DRS counselors/supervisors/managers in the survey, (3) the perceptions of CRPs/CSPs on the service needs of consumers, (4) the perceptions of the Consumer Affairs Conference attendees, and (5) the perceptions of WVSILC and CIL members.

Critical Finding 4

A comparison between the service needs expressed by all DRS consumers and those from minority backgrounds at application indicates the two groups have similar primary service needs. Weighed against the percentage of minorities in West Virginia, the minority population in the DRS system continues to be well represented. However, a continuing examination of minority populations suggested a few areas where this population may be underserved or unserved.

Critical Finding 5

The findings indicate a need to increase the number of blind/visually impaired consumers and expand the number of services to blind/visually impaired consumers statewide. This is based on examinations of (1) the number of blind/visually impaired DRS consumers in the agency’s database for the previous four fiscal years and (2) comments made by attendees of the 2011 Consumer Affairs Conference.

Critical Finding 6

Statewide assessment findings indicate a need to improve and expand services (e.g., tutoring, on-the-job training, life skills training, vocational training, career planning, and job placement) to transitioning youth (TY) with disabilities throughout the state. This is based on examinations of (1) the responses from the comprehensive statewide needs assessment survey of DRS field staff pertaining to the service needs and gaps of TY and (2) results of the 2010 and 2011 Consumer Satisfaction Surveys that show satisfaction levels reported by TY have been lower than those reported by all DRS consumers.

This screen was last updated on Jun 21 2012 2:22PM by Pisnu Bua-Iam
Attachment 4.11(b) Annual Estimates

- Identify the number of individuals in the state who are eligible for services.
- Identify the number of eligible individuals who will receive services provided with funds under:
  - Part B of Title I;
  - Part B of Title VI;
  - each priority category, if under an order of selection.
- Identify the cost of services for the number of individuals estimated to be eligible for services. If under an order of selection, identify the cost of services for each priority category.

Annual Estimates of Individuals to be Served and Costs of Services

The West Virginia Division of Rehabilitation Services (DRS) calculated its estimate of individuals with disabilities who are eligible for services under this State Plan by applying the state incidence of disability rate for individuals ages 18-64 (17.3%) to the state general population figure for individuals who are ages 15-64 (1,234,741). Both statistics are from the U.S. Census Bureau’s 2011 American Community Survey.

When Title VI-B funds are exhausted, DRS defrays supported employment program service costs with Title I funds for individuals who require the services or who qualify and have not yet been served under the supported employment program.

DRS estimates the number of individuals with disabilities who are eligible for services under this State Plan to be 213,611. If DRS authorizes an average of $2,675 of services per consumer in a fiscal year, then over $571 million would be needed to purchase vocational rehabilitation services for these potentially eligible individuals to move them toward competitive employment outcomes.

In Fiscal Year 2014, the Division expects to serve 14,219 consumers with disabilities, obligating $26.2 million of the Title I funds. Additionally, the agency expects to serve 185 consumers with most significant disabilities, (Order of Selection (OS) category 1) using $300,000 of the Title VI-B funds.

The table presented below projects the number of individuals who are eligible for services, number of individuals who will be served under Title I and Title VI-B, and cost of services for each priority category within the order of selection for Fiscal Year 2014.

Priority (OS) Categories for Title I:

1. Eligible applicants with the most significant disabilities.

2. Eligible applicants with significant disabilities.
3. Eligible applicants with non-significant disabilities comprised of individuals with a permanent disability and whose service provision will be completed in less than nine months.

4. Eligible applicants with non-significant disabilities comprised of individuals with a non-permanent disability.

Attachment 4.11 (c)(3) provides further description and definition for each priority category and justification for individuals who will receive services with funds provided under Part B of Title I and under Part B of Title VI of the Rehabilitation Act of 1973, as amended.

<table>
<thead>
<tr>
<th>Category</th>
<th>Title I or Title VI</th>
<th>Estimated Funds</th>
<th>Estimated Number to be Served</th>
<th>Average Cost of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>OS Category 1</td>
<td>Title I</td>
<td>$17,711,814</td>
<td>9,901</td>
<td>$1,788</td>
</tr>
<tr>
<td>OS Category 2</td>
<td>Title I</td>
<td>$4,936,070</td>
<td>2937</td>
<td>$1,680</td>
</tr>
<tr>
<td>OS Category 3</td>
<td>Title I</td>
<td>$965,885</td>
<td>426</td>
<td>$2,267</td>
</tr>
<tr>
<td>OS Category 4</td>
<td>Title I</td>
<td>$2,612,201</td>
<td>770</td>
<td>$3,392</td>
</tr>
<tr>
<td>OS Category 1</td>
<td>Title VI</td>
<td>$300,000</td>
<td>185</td>
<td>$1,621</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$26,525,970</td>
<td>14,219</td>
<td>$1,865</td>
</tr>
</tbody>
</table>

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.11(c)(1) State Goals and Priorities

The goals and priorities are based on the comprehensive statewide assessment, on requirements related to the performance standards and indicators, and on other information about the state agency. (See section 101(a)(15)(C) of the Act.) This attachment should be updated when there are material changes in the information that require the description to be amended.

- Identify if the goals and priorities were jointly developed and agreed to by the state VR agency and the State Rehabilitation Council, if the state has a council.
- Identify if the state VR agency and the State Rehabilitation Council, if the state has such a council, jointly reviewed the goals and priorities and jointly agreed to any revisions.
- Identify the goals and priorities in carrying out the vocational rehabilitation and supported employment programs.
- Ensure that the goals and priorities are based on an analysis of the following areas:
  - the most recent comprehensive statewide assessment, including any updates;
  - the performance of the state on standards and indicators; and
  - other available information on the operation and effectiveness of the VR program, including any reports received from the State Rehabilitation Council and findings and recommendations from monitoring activities conducted under section 107.

State’s Goals and Priorities

The West Virginia Division of Rehabilitation Services (DRS) employs many goals to meet the needs of individuals with disabilities, particularly those individuals with the most significant disabilities. Furthermore, DRS recognizes those services essential to needs identified in the comprehensive assessment, evaluation of the Designated State Unit’s performance on Rehabilitation Services Administration (RSA) standards and indicators, and services vital to the operation and effectiveness of the vocational rehabilitation (VR) program in West Virginia.

For the development of agency goals and priorities, DRS and the State Rehabilitation Council (SRC) utilized the most recent comprehensive statewide needs assessment [CSNA; conducted in fiscal year (FY) 2012], agency data, and input from a variety of VR stakeholders.

The SRC maintained involvement throughout the development and assessment of agency goals and priorities in a variety of ways and provided DRS with valued input and recommendations. DRS executive managers, representatives of SRC, the West Virginia Statewide Independent Living Council (SILC), and the Client Assistance Program (CAP) were invited to discuss DRS goals and priorities for carrying out the VR and supported employment programs. The Executive Directors of the SRC and SILC attend monthly DRS Executive Management Group (EMG) meetings to discuss various ongoing issues affecting the agency and are privy to the current goals, objectives, and strategies pertaining to specific agency issues. Additional involvement occurs through DRS staff members attending SRC and SILC meetings to share information regarding agency performance, needs assessment, and State Plan activities. All SRC members were provided draft copies of the FY 2014 State Plan for review. Additionally, the SRC formed a subcommittee on needs assessment and the State Plan. The SRC members discuss DRS activities at regularly scheduled meetings and provide input to DRS.
In April 2013, DRS and the SRC held the FY 2014 Strategic Planning Meeting to review and discuss the agency’s progress towards achieving the FY 2013 State Plan Goals and Priorities, the proposed FY 2014 Goals and Priorities, the continuation of the implementation of Order of Selection, emerging practices identified by the Rehabilitation Services Administration, and a detailed report on the agency’s service provision to transitioning youth. Members of SRC, SILC, and CAP were invited to participate in the Strategic Planning Meeting. Attendees were provided with a variety of materials to supplement presentations by DRS staff members.

DRS values a data-driven approach to the development and assessment of agency goals and priorities. Therefore, DRS has set benchmarks, where appropriate, to track and measure progress toward achieving its goals and priorities. All goals and priorities are of equal importance to the agency and have no rank order. The goals and priorities appearing below are set for fiscal years (FY) 2014 and 2015.

Goal and Priority 1. Exceed the RSA benchmarks for evaluation standards and performance indicators.

In order to produce quality employment outcomes and maintain an effective VR program, DRS continuously strives to improve its performance on the RSA Standards and Indicators by meeting or exceeding federal benchmarks for employment and equal access indicators. Since the inception of RSA Standards and Indicators, DRS has successfully met the federal requirements in all federal fiscal years. DRS continues to work toward satisfying the RSA requirements for evaluation standards and performance indicators annually.

DRS has set a benchmark for goal and priority 1 to exceed the federal benchmarks on all RSA Standards and Indicators.

Goal and Priority 2. Improve and maintain the consistency of policy interpretation, implementation, and casework practices through a comprehensive quality assurance program.

In FY 2012, DRS conducted a quality assurance review (QAR) of closed cases (post-services) to complement the pre-service reviews previously conducted. Results from these reviews will be used as a baseline for future quality assurance reviews to measure any change in uniform policy interpretation and casework practices. Quality Assurance Review Training was conducted at the 2012 WVDRS State Training Conference for all counselors, supervisors, and managers. The training sessions, led by Quality Assurance (QA) Unit staff members, covered all FY 2012 QAR Case Work Domain Areas receiving a positive indicator below the Division goal of 80%. To measure the effect of the QAR Training, DRS will conduct the next QAR when a sufficient number of cases have been initiated and closed since the training occurred (September 2012). DRS expects a sufficient number of cases will become available by October 2013, after which the QA Unit will begin to conduct the QAR.

DRS has established a benchmark for goal and priority 2 at an overall score above 75% on the 2013 quality assurance review.
Goal and Priority 3: Create and maintain collaborative relationships with community providers [including CRPs, Independent Living, and other community providers] to enhance the availability of services to DRS consumers.

Responses from the CSNA indicate there still is a need for DRS to continue to improve collaborative relationships with all community providers. Initially, DRS efforts were directed statewide. Findings from the CSNA now point to a need to focus efforts on specific areas where miscommunication between community providers and DRS counselors continues. In addition to a few new strategies, the CSNA confirmed the need to continue with previous strategies.

DRS has established benchmarks for goal and priority 3. These benchmarks include an overall rating of “Excellent” or “Good” by at least 78% of respondents to the CRP perspective surveys regarding the working relationship with DRS. Additional measurements will be collected through DRS counselor reviews of CRPs. DRS has set a benchmark of 80% of responding counselors indicating an “Excellent” or “Good” rating of CRP service quality.

Goal and Priority 4: Increase the availability of job coaching/supportive employment and other validated service gaps within the community.

Though perceptions of service gaps still exist in several locations around the state, DRS conducted a validation assessment that found CRPs providing these services in several areas of the state, indicating a need for further investigation. A CRP “menu” has been enhanced to keep counselors informed of the DRS-acknowledged vendors and specific CRP services available in their area. In FY 2014, DRS will continue to investigate reports of service gaps and respond accordingly in targeted areas where an identified service gap exists. It is important to note that many field staff have less than two years of experience working with DRS; the need for additional training for these staff members may exist.

DRS maintains its commitment to increasing the availability of these services and has established a benchmark for goal and priority 4 of eliminating validated service gaps, as reported by DRS counselors in needs assessment surveys regarding CRP services.

Goal and Priority 5. Improve access and availability of transportation options at the community level for DRS consumers who need transportation assistance to meet their rehabilitation goals.

FY 2012 CSNA findings indicate a need for continued efforts to increase the availability of transportation throughout the state. Based on responses by DRS field staff, members of the WV SILC and Centers for Independent Living, and Consumer Affairs Conference (CAC) attendees, transportation continues to be an issue and a perceived barrier to employment/training. DRS has implemented several initiatives to help alleviate the need for transportation while taking into account the wide array of circumstances that West Virginians with disabilities experience. DRS has authorized the direct purchasing of cars for consumers as well as the creation of the Vendor Travel Reimbursement for CRPs who provide transportation for consumers; counselors also encourage consumers’ family members to assist with reimbursable transportation. In FY 2014, DRS will continue to make sure that consumers are aware of these options and continue to
identify targeted solutions to the varied transportation issues for West Virginians with
disabilities, focusing specifically on individualized transportation solutions.

DRS has established a benchmark for goal and priority 5 at providing more consumers with
transportation services than the previous FY. In FY 2012, DRS provided 1,968 consumers with
transportation services.

Goal and Priority 6. Develop strategies for outreach efforts to minority populations.

This goal and priority is based on results of an analysis of minority populations in the DRS
service delivery system. Based on the FY 2012 CSNA, a comparison between the service needs
expressed overall by DRS consumers and those from minority backgrounds at application
indicates the two groups have similar primary service needs. Weighed against the percentage of
minorities in West Virginia, the minority population in the DRS system continues to be well
represented. However, a continuing examination of minority populations suggests a few areas
where this population may be underserved or unserved.

In FYs 2012 and 2013, informational fliers were mailed to households in areas where people
with disabilities from minority backgrounds may have been underserved/unserved. This initiative
is still ongoing. The agency will monitor the impacts of these efforts and modify them as needed.
The agency will continue to strive to reach out to individuals with disabilities from minority
backgrounds, especially to the identified minority population in areas where there appears to be
proportionately fewer of these individuals in the DRS system.

DRS has established a benchmark for goal and priority 6 at a 0.85 on RSA Performance
Indicator 2.1. In FY 2012, DRS had a minority background service rate of 0.817.

Goal and Priority 7. Increase the number of blind/visually impaired (VI) DRS consumers served
by 5% per year and expand services to blind/VI DRS consumers statewide.

DRS strives to expand services provided to blind/VI consumers statewide. This goal is based on
some comments from the Consumer Affairs Conference survey, such as “Nitro is not accessible
to blind individuals, cannot be independent if you have to depend on others to drive you to
training”, some comments from the DRS Field Staff survey on service needs and gaps (e.g.,
“Training for blind locally” and “No local CRP working with the blind in Wheeling”), and the
perceptions of service needs and gaps as reported by DRS counselors/supervisors/managers in
some DRS offices.

Based on these findings, DRS has established a benchmark for goal and priority 7 at a 5%
increase in the number of blind/VI consumers served from the previous FY.

Goal and Priority 8. Improve services to transitioning youth with disabilities (TY).

DRS strives to provide high quality VR services to TY. Beginning the rehabilitation process as
early as appropriate leads to a smoother transition from the school to work setting.
DRS has established a benchmark for goal and priority 8 of acquiring a baseline of the percentage of Individualized Plans for Employment (IPEs) developed before a secondary student (at time of application) exits the school system.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.11(c)(3) Order of Selection

- Identify the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services.
- Identify the justification for the order.
- Identify the service and outcome goals.
- Identify the time within which these goals may be achieved for individuals in each priority category within the order.
- Describe how individuals with the most significant disabilities are selected for services before all other individuals with disabilities.

Justification for order of selection

Order of Selection

The Division’s Director will determine whether resources will be available to provide vocational rehabilitation services to all eligible individuals throughout the program year. If not, consistent with state and federal laws and regulations, the Director will establish restrictions regarding priority categories for selecting the order in which otherwise eligible individuals may be served. Only the Director may establish an order of selection.

In FY 2014, the West Virginia Division of Rehabilitation Services (DRS) will be operating under an order of selection (OS), as there will not be adequate resources to provide services to all eligible consumers. DRS will continue to place eligible applicants with non-significant disabilities (OS priority categories 3 and 4) on the waiting list in FY 2014.

Description of Priority categories

Priority Categories

Following are the order of selection categories currently applicable to the Division’s vocational rehabilitation program:

Category 1: Eligible applicants with the most significant disabilities.

Category 2: Eligible applicants with significant disabilities.

Category 3: Eligible applicants with non-significant disabilities comprised of individuals with a permanent disability and whose service provision will be completed in less than nine months.

Category 4: Eligible applicants with non-significant disabilities comprised of individuals with a non-permanent disability.

Definitions
The Counselor will determine the significance of an individual’s disability after conducting a diagnostic study that allows for assessing the permanency of the disability, the number of functional capacities limited by the disability, the number of vocational rehabilitation services needed, and the time in service required to complete those services. These criteria are used when determining whether the individual’s disability is non-significant, significant, or most significant.

Individual with Most Significant Disability (MSD).

An individual who:

A. Has a permanent physical or mental impairment which seriously limits three or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerances, or work skills) in terms of an employment outcome;

B. Will require two or more vocational rehabilitation services in addition to counseling and assessment; and

C. Those services will require more than twelve months; or

D. Will be receiving services under an individualized supported employment plan for employment.

Individual with Significant Disability (SD).

An individual who:

A. Has a permanent physical or mental impairment which seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerances, or work skills) in terms of an employment outcome;

B. Will require one or more vocational rehabilitation services in addition to counseling and assessment; and

C. Those services will require nine months or more.

Individual with Non-Significant Disability.

An individual who:

A. Has a non-permanent disability, or

B. Has a permanent disability whose service provision will be completed in less than nine months.

Time in Service
For the purpose of determining significance of disability, “time in service” is considered to begin upon implementation of the Individualized Plan for Employment [entering Status 14 (Counseling and Guidance Only), 16 (Physical/Mental Restoration), 18 (Rehabilitation Training) or 20 (Ready for Employment)] and end upon entering Status 22.

Automatic Classification as Individual with Significant Disability

An individual who is a Social Security Disability Insurance (SSDI) beneficiary or Supplemental Security Income (SSI) recipient will be coded automatically as SD. However, if the individual meets MSD criteria, that designation will apply.

Recertification

Once an individual has been certified as having a significant disability, the individual is exempted from being recertified as having a non-significant disability. However, an individual may be recertified from SD to MSD if all MSD criteria are met. In such instances, the Counselor will note appropriate circumstances in the Action Statement/Details section of the consumer’s case record.

DRS Responsibilities when Implementing an Order of Selection

An OS has no impact on the DRS obligation for case finding and referrals. DRS has a continuing responsibility to make the public and referral sources aware of the services it has to offer individuals with disabilities, especially those with the most significant disabilities. Furthermore, DRS shall ensure its funding arrangements for providing services, including third party arrangements and establishment grants, are consistent with the OS. Any funding arrangements that are inconsistent with the OS will be renegotiated.

Priority of categories to receive VR services under the order

OS Administration Process

DRS will continue to place eligible applicants with non-significant disabilities (OS priority categories 3 and 4) on the waiting list in FY 2014. DRS consumers in priority categories 1 and 2 will continue to receive services in FY 2014.

Services necessary for determination of eligibility, assessment of rehabilitation needs, and post-employment services are exempted from the Division’s order of selection. No administrative exemption from the order of selection shall be approved except by the Director or his/her designee. Any individual notified by the Counselor of classification as a member of an open priority category shall be exempted should that category later be closed.

Plan for Implementing the Order of Selection
DRS will strictly adhere to federal regulations in administering its OS. DRS will continue to: (1) implement the order on a statewide basis; (2) notify all eligible persons of their assignment to a particular priority category and their right to appeal this assignment; (3) assure continuity of services to all persons who were receiving services under an IPE prior to the effective date of the closure order; and (4) assure that funding arrangements are consistent with the OS (34 CFR 361.36(e)).

When the order of selection is implemented, DRS will continue to ensure that an eligible individual who is not assigned to an open OS category has access to services provided under the information and referral system (Section 101(a)(5)(D) of the Act). Information and referral services include: (1) providing VR information and guidance to assist the individual to achieve employment and (2) appropriately referring the individual to other federal and state programs, including other statewide workforce investment programs, that are best suited to meet the individual’s specific employment needs (Section 101(a)(20)(A) of the Act).

When making a referral, DRS will provide the individual with:

--a notice of the referral;

--information about a specific point of contact within the program to which the individual is being referred; and

--information and advice about the most suitable service for assisting the individual to prepare for, secure, retain, or regain employment (Section 101(a)(20)(B)(ii) of the Act and 34 CFR 361.37(b)(2)).

DRS will continue to maintain the individual’s service record to include documentation on the nature and scope of the information and referral services it provides to the individual and documentation on the referral itself (34 CFR 361.47(a)(13)).

DRS will open and close priority categories as needed in FY 2014, so long as the order of the categories is maintained and continuity of services to all individuals selected for services is assured.

DRS will use the individual’s date of application to rank individuals within a priority category. This equitable and reasonable factor provides a method of selecting individuals from a waiting list when DRS has enough resources to serve some, but not all, individuals in that OS priority category.

Describe how individuals with the most significant disabilities are selected for services before all other individuals with disabilities

DRS’ Client Services Manual clearly outlines OS Categories to ensure priority services for persons with MSD throughout the state. Furthermore, DRS has budgeted sufficient resources to serve all consumers with disabilities in all open OS Categories with priority given to persons
with MSD. DRS utilizes data and caseload management reports to monitor and ensure services to OS Category 1, persons with MSD, are maintained through the FY.

DRS will reopen priority categories as resources become available. In determining whether to reopen a priority category, DRS will ensure that sufficient resources will be available throughout the FY to continue providing services to individuals under an IPE and to serve individuals in the highest priority categories.

When a closed category is reopened for services, individuals in that category will be notified in writing by DRS that they can now receive services. DRS will ensure all individuals selected for services will continue to receive those services without interruption.

**Service and outcome goals and the time within which the goals will be achieved**

Service outcome goals and the time within which the goals will be achieved

In FY 2014, the agency plans to serve 14,219 individuals with an expected outcome goal of 2,302 rehabilitants within a service time frame of 10 and 26 months and at a cost of $26,525,970 for all priority categories.

The table below projects FY 2014 related outcomes and goals for Titles I and VI-B by priority category:

<table>
<thead>
<tr>
<th>Priority Category</th>
<th>Number of individuals to be served</th>
<th>Estimated number of individuals who will exit with employment after receiving services</th>
<th>Estimated number of individuals who will exit without employment after receiving services</th>
<th>Time within which goals are to be achieved</th>
<th>Cost of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10,086</td>
<td>1,469</td>
<td>613</td>
<td>26</td>
<td>$18,011,814</td>
</tr>
<tr>
<td>2</td>
<td>2,937</td>
<td>516</td>
<td>158</td>
<td>26</td>
<td>$4,936,070</td>
</tr>
<tr>
<td>3</td>
<td>426</td>
<td>145</td>
<td>11</td>
<td>10</td>
<td>$965,885</td>
</tr>
<tr>
<td>4</td>
<td>770</td>
<td>172</td>
<td>16</td>
<td>10</td>
<td>$2,612,201</td>
</tr>
</tbody>
</table>

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.11(c)(4) Goals and Plans for Distribution of
Title VI, Part B Funds

Specify the state's goals and priorities with respect to the distribution of funds received under
section 622 of the Act for the provision of supported employment services.

State's Goals and Plans Regarding Distribution of Funds Received Under Title VI, Part B of the
Act

The methodology of the West Virginia Division of Rehabilitation Services (DRS) for distribution
of Title VI-B funds is based exclusively on a fee-for-service authorization process with approved
vendors of supported employment (SE) services. DRS uses no Title VI-B funds for
administrative costs. Utilizing the DRS fee schedule for SE services, rehabilitation counselors
utilize Title VI-B and Title I funds to provide needed SE services for eligible individuals with the
most significant disabilities.

DRS established a statewide fee-for-service funding approach for job development services for
SE-eligible individuals. This structure provides vendors an effective and efficient way of
meeting the costs of this critical element of the job placement process. The process provides
reimbursement for employment outcomes and brings increased energy and vendor resources to
support job development activities.

In FY 2012, DRS spent $300,000.00 of the Title VI-B funds to serve 191 individuals with the
most significant disabilities in its SE program through community rehabilitation program (CRP)
services. When Title VI-B funds ($300,000 per year) are exhausted, DRS defrays supported
employment program service costs with Title I funds for individuals who require the services or
who qualify and have not yet been served under the supported employment program.

DRS plans to continue using three prevalent models of supported employment services:
individual placement, mobile work crews, and enclaves. Additionally, DRS will encourage and
support development of affirmative industries that integrate workers with disabilities and
workers without disabilities throughout the CRP network.

DRS policies defining competitive employment settings promote linking CRPs with federal and
state work contracts that may exist within the community. Such links expand job opportunities
for individuals receiving SE, particularly those who reside in rural locations. This approach also
directs Title VI-B and Title I funds into placement-related services and activities.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.11(d) State's Strategies

This attachment should include required strategies and how the agency will use these strategies to achieve its goals and priorities, support innovation and expansion activities, and overcome any barriers to accessing the vocational rehabilitation and the supported employment programs. (See sections 101(a)(15)(D) and (18)(B) of the Act and Section 427 of the General Education Provisions Act (GEPA)).

Describe the methods to be used to expand and improve services to individuals with disabilities.

DRS will continue to maintain focus on expanding and improving services to individuals with significant disabilities, as needed. The methods/strategies DRS has established to accomplish the Goals and Priorities presented in the FY 2014 State Plan illustrate how DRS expects to continue to fulfill this commitment effectively and efficiently by utilizing skilled personnel and community service providers. DRS will continue working to increase competitive employment outcomes through meeting or exceeding the RSA requirements for evaluation standards and performance indicators. DRS has developed methods to expand services for individuals with disabilities through the increased use of community rehabilitation program (CRP) services. In addition, DRS will focus on expanding services in local communities and increase the number of blind/visually impaired (VI) consumers served throughout the state. DRS will continue to minimize a major obstacle to competitive employment outcomes, which is the transportation barrier, through individualized transportation solutions (ITS) statewide.

Increased effectiveness of services will also be accomplished using several methods:

a. Continued training through the Quality Assurance (QA) Unit on consistency in policy interpretation, implementation, and casework practices will improve service delivery and help ensure equal and effective service provision for DRS consumers.

b. Ongoing QA assessments will continue to help DRS recognize and correct identified areas of concern.

c. Services provided to transitioning youth (TY) with disabilities will increase in quality (through higher consumer satisfaction ratings) and effectiveness (more TY IPE development at an earlier age) by the joint professional training for DRS counselors, school personnel, and CRPs.

d. Both effectiveness and efficiency of services will be enhanced through the continued use of geographic information systems (GIS) to identify potential unserved/underserved minority populations and service areas, allowing for solutions to be developed and implemented in a cost-effective and targeted approach.

Identify how a broad range of assistive technology services and assistive technology devices will be provided to individuals with disabilities at each stage of the rehabilitation process; and describe how assistive technology services and devices will be provided to individuals with disabilities on a statewide basis.
DRS will continue to provide comprehensive statewide rehabilitation technology services that include assistive technology, environmental modification, rehabilitation engineering, fabrication, driver education/vehicle modification services, and bioptic (low vision) driving. Rehabilitation engineers, environmental modification specialists, and assistive technology professionals will travel throughout West Virginia providing assessment, training, and follow-up services to DRS consumers at their workplace or in their homes. DRS also will provide services in an assistive technology laboratory, driver education area, and fabrication shop at Charleston and Morgantown locations. DRS also has designated liaisons who will continue to work with rehabilitation technology unit staff members to provide support to counselors in each district, thereby ensuring that rehabilitation technology services are considered throughout the individual’s rehabilitation process.

Identify what outreach procedures will be used to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities; and what outreach procedures will be used to identify and serve individuals with disabilities who have been unserved or underserved by the VR program.

Identify what outreach procedures will be used to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities; and what outreach procedures will be used to identify and serve individuals with disabilities who have been unserved or underserved by the VR program.

The West Virginia Division of Rehabilitation Services will maintain its commitment to serving all individuals with disabilities who are eligible for DRS services, including individuals who are members of minority groups.

a. DRS will continue statewide outreach to individuals with disabilities from minority backgrounds, including those with the most significant disabilities, who are interested in preparing for, getting, keeping, or returning to employment in the competitive labor market. DRS transitioned this effort from a state office project team into activities and resources focused on minority outreach as a priority for routine operations in all districts of the Field Services program. To support this approach, DRS convened a forum of leaders from the state’s minority communities to solicit feedback regarding the reputation of DRS within the minority community.
and to gather recommendations for methods likely to prove relatively more efficacious for minority outreach.

b. DRS will continue to invest in training Field Services management and staff to enhance appreciation for diversity and multicultural competency.

c. DRS will continue to use its geographic information system, case management system, and multiple data sources to identify communities with significant minority populations which appear potentially unserved/underserved.

d. DRS will provide targeted mailings of program information to households in communities with significant minority populations which appear potentially unserved/underserved.

e. DRS will continue state-level support for minority outreach, such as providing management with information and evaluation research products regarding performance trends in serving individuals with disabilities who are members of minority groups.

f. DRS will continue working to ensure that public information products reflect our appreciation for and value of diversity.

These activities will be augmented by a range of ongoing initiatives at the district and branch office levels.

If applicable, identify plans for establishing, developing, or improving community rehabilitation programs within the state.

N/A

Describe strategies to improve the performance of the state with respect to the evaluation standards and performance indicators.

DRS has always surpassed overall requirements established by RSA evaluation standards and performance indicators (S&I). In Fiscal Years (FY) 2004-2011 (except FY 2007), DRS met S&I requirements by exceeding federal benchmarks for all indicators. In FY 2012, DRS successfully met S&I requirements by exceeding federal benchmarks for all indicators except 1.6 (change in own income as largest source of support), mainly due to the large number of consumers with job retention cases in FY 2012. DRS will strive to meet all federal benchmarks annually by continuously monitoring performance on S&I at the district and state level. DRS supervisors and administrators will closely monitor field caseloads and activities to ensure an effective and efficient VR service delivery system for West Virginians with disabilities. The State Plan and Program Evaluation (SPPE) Unit will analyze the S&I data and produce monthly, quarterly, and annual S&I reports for field counselors, branch office supervisors and managers, district managers, State Office administrators, and members of the West Virginia State Rehabilitation Council (WVSRC). Each month, the SPPE Unit will produce and conduct a statewide dissemination of caseload activity reports by counselor, territory, district, and state. These reports will highlight current production levels, production trends for the fiscal year, and progress in
achieving the annual production goals and objectives. Additionally, district managers will submit their quarterly reviews of the S&I performances for their districts to the State Office.

As DRS strives to meet requirements for evaluation standards and performance indicators as detailed in 34 CFR 361.84-361.86, it will continue to stress quality case closures and competitive employment outcomes for its consumers.

Describe strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.

As a mandated partner, DRS works within the workforce development system established by the Workforce Investment Act. DRS collaborates with all workforce partners to ensure access to all programs and services in the statewide workforce system for people with disabilities. DRS provides guidance in the development, maintenance, and continuous improvement of the statewide system as it relates to the needs of individuals with disabilities. These needs are addressed by interactions at local, regional, and state levels, moving forward the development and implementation of the workforce investment system in West Virginia.

Since implementation of the Workforce Investment Act in 2000, DRS has been an active partner of the system and serves on numerous committees and work groups established to develop processes and procedures. The DRS Director serves on the State Workforce Investment Council which continues to provide advice and input into the state’s workforce system. DRS is also represented on each local workforce investment board and actively participates with Business Services Teams at local levels and with statewide initiatives.

DRS is one of eight state agencies that meet monthly as part of the Interagency Collaborative Team (ICT). This team works to overcome barriers to more full integration and flexibility between both mandated and non-mandated workforce partners by addressing such issues as customer flow, case management, assessment tools, marketing, business services, revenue sharing, and infrastructure costs. The ICT has a Memorandum of Understanding that identifies the vision, goals, and objectives of a more fully integrated workforce development system in West Virginia. DRS is available to provide technical assistance on disability issues such as etiquette, assistive technology, and accommodations to WorkForce WV Career Centers.

Describe how the agency's strategies will be used to:

- achieve goals and priorities identified in Attachment 4.11(c)(1);
- support innovation and expansion activities; and
• overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the state Vocational Rehabilitation Services Program and the state Supported Employment Services Program.

State’s Strategies to Achieve Goals and Priorities Identified in Attachment 4.11(c)(1)

In improving its ability to meet the needs of individuals with disabilities, the West Virginia Division of Rehabilitation Services has developed and adopted the following strategies to meet the FY 2014 goals and priorities reported in Attachment 4.11(c)(1). The below strategies identify activities, innovation, and specific performance benchmarks that allow the agency to measure continuing progress toward the desired goals and priorities annually. None of the strategies in Goals and Priorities 1 through 8 involve the use of Title I funds for I&E activities.

Goal and Priority 1: Exceed the RSA benchmarks for evaluation standards and performance indicators.

DRS aims to be a top performer on RSA standards and indicators and will continue to make this a goal and priority for the agency. DRS has always surpassed overall requirements established by RSA evaluation standards and performance indicators (S&I). In Fiscal Years (FY) 2004-2011 (except FY 2007), DRS met S&I requirements by exceeding federal benchmarks for all indicators. In FY 2012, DRS successfully met S&I requirements by exceeding federal benchmarks for all indicators except 1.6 (change in own income as largest source of support), mainly due to the large number of consumers with job retention cases in FY 2012.

Performance Goal:

DRS has established a performance benchmark for FY 2014 goal and priority 1 of exceeding RSA benchmarks for evaluation standards and performance indicators (S&I). To achieve successful performance on Evaluation Standard 1 (Employment Outcomes), DRS must meet or exceed the performance levels established for four of the six performance indicators in the evaluation standard, including meeting or exceeding the performance levels for two of the three primary indicators (Performance Indicators 1.3, 1.4, and 1.5). To achieve successful performance on Evaluation Standard 2 (Equal Access to Services), DRS must meet or exceed the performance level established for Performance Indicator 2.1.

Strategies:

1.1. Continue to monitor performance on S&I at the district and state level. DRS supervisors and administrators will closely monitor field caseloads and activities to ensure an effective and efficient VR service delivery system for West Virginians with disabilities. The State Plan and Program Evaluation (SPPE) Unit will analyze the S&I data and produce monthly, quarterly, and annual S&I reports for field counselors, branch office supervisors and managers, district managers, State Office administrators, and members of the West Virginia State Rehabilitation Council. Each month, the SPPE Unit will produce and conduct a statewide dissemination of caseload activity reports by counselor, territory, district, and state. These reports will highlight current production levels, production trends for the fiscal year, and progress in achieving the
annual production goals and objectives. Additionally, district managers will submit their quarterly reviews of the S&I performances for their districts to the State Office. Detailed and early examinations of the S&I statistics by DRS staff members will provide opportunities for DRS to make adjustments or corrections to ensure satisfactory S&I performance at the end of fiscal year.

1.2. Continue to stress quality case closures and competitive employment outcomes for consumers. This action is essential for successful performance on S&I at the district and state level.

1.3. Continue to observe provisions of the General Education Provision Act (GEPA). DRS will continue to promote equitable access to VR services regardless of gender, race, national origin, color, disabilities, or age. Both the Blind and Visually Impaired Services and Deaf and Hard of Hearing Services units will continue to provide comprehensive compensatory skills and academic training to individuals with sensory impairment.

1.4. Continue to provide comprehensive statewide rehabilitation technology services that include assistive technology, environmental modification, rehabilitation engineering, fabrication, and driver education/vehicle modification services. Rehabilitation engineers, environmental modification specialists, and assistive technology professionals will continue to travel throughout West Virginia providing assessment, training, and follow-up services to DRS consumers at their workplace or in their homes. DRS also will continue to provide centralized services in an assistive technology laboratory, driver education area, and fabrication shop, which are housed at the DRS Office Complexes in Nitro and Morgantown. DRS also will continue to designate liaisons who work with rehabilitation technology unit staff members to provide support to counselors in each district thereby ensuring that rehabilitation technology services are considered throughout the individual’s rehabilitation process.

1.5. Continue to work within the workforce development system established by the Workforce Investment Act.

a. DRS will continue to collaborate with all workforce partners to ensure access to all programs and services in the statewide workforce system for people with disabilities.

b. DRS will provide guidance in the development, maintenance, and continuous improvement of the statewide system, especially as it relates to the needs of individuals with disabilities. These needs will continue to be addressed by interactions at local, regional, and state levels, moving forward the development and implementation of the workforce investment system in West Virginia.

c. DRS will continue cross training of staff members about specific DRS programs and general disability issues in each of the seven workforce regions.

d. DRS will continue to be an active partner of the system and serve on committees and work groups established to develop processes and procedures. The DRS Director will continue to serve on the State Workforce Investment Council which provides advice and input into the state’s
workforce system. DRS will also continue to be represented on each local workforce investment board and actively participate with Business Services Teams at local levels and with statewide initiatives.

e. DRS will continue to meet monthly as part of the Interagency Collaborative Team (ICT). This team works to overcome barriers to more full integration and flexibility between both mandated and non-mandated workforce partners by addressing such issues as customer flow, case management, assessment tools, marketing, business services, revenue sharing, and infrastructure costs. The ICT has a Memorandum of Understanding that identifies the vision, goals, and objectives of a more fully integrated workforce development system in West Virginia.

Goal and Priority 2: Improve the consistency of policy interpretation, implementation, and casework practices through a comprehensive quality assurance program.

Quality assurance reviews and decision tree training sessions held in each DRS district indicate that there continues to be a need for staff to become more consistent and cost-effective in their service provision to consumers with significant disabilities. DRS has decided to keep the same FY 2013 strategies due to the large number of new counselors and other field staff.

Performance Goal:

a. DRS has established a performance benchmark for FY 2014 goal and priority 2 at an overall score above 75% on the next quality assurance review.

Strategies:

2.1. Continue to maintain quality assurance specialists in each DRS district. Quality assurance specialists (QAS) will continue to conduct policy and procedure training; update staff members on State Office activities, proposed policy changes, and upcoming goals; review counselor case files; and be available to handle staff member problem cases and clarify policy. QAS will continue to develop and conduct a variety of training on new policy, as well as refresher training on current policy and procedural issues during FY 2014. Consistency will be strengthened by using the same training material, which is available via a shared network folder for accessibility purposes as well. Quality Assurance staff members also will work on researching, revising, and developing policy on training, eligibility, economic need, and diagnostic treatment. Maintaining QAS in the six districts will continue to improve the development of consumer services policy, casework practices, and consistency of training and policy interpretation throughout the state.

2.2. Continue to assign quality assurance manager responsibility at the state level with an emphasis on statewide consistency.

2.3. At the state and district level, continue to conduct quality assurance reviews that focus on consistent interpretation of policy, appropriateness of vocational goal determination, and quality of service delivery. There will be two basic reviews in the quality assurance review (QAR) and reporting process. First, individual counselor reviews will allow QAS to review counselors’ cases monthly with the focus being placed on reviewing the individual counselors rather than
reviewing by territory. This will allow for a determination of specific training needs among counselors. The second basic review will include looking at district trends. A statewide QAR will be conducted in FY 2014. The QAR will be used to measure counselor performance in completing application forms, the initial diagnostic interview summary (IDIS), the eligibility summary, comprehensive assessment, the Individualized Plan for Employment (IPE), service delivery, Status 18 (training), employment outcomes, unsuccessful employment outcomes, and case management. The purpose of this review is to measure and quantify the quality of casework produced by the West Virginia Division of Rehabilitation Services. The case review will identify casework areas in need of quality improvement as well as provide a baseline for measurable internal assessment allowing comparative data analysis. Use of the QAR is also intended to assure adherence to DRS policies.

2.4. In FY 2014, the Quality Assurance (QA) Unit of DRS will conduct training in each of the six DRS districts to ensure uniform application intake, case management, policy interpretation, and service provision. All DRS rehabilitation services associates, vocational rehabilitation counselors, supervisors, branch office managers, and district managers from each district will work through example cases in groups with QA Unit staff facilitating and monitoring for adherence to policy and appropriate case management decisions. Field staff will be able to have questions and concerns addressed by QA unit staff.

2.5. Continue to include representatives from the West Virginia State Rehabilitation Council (WVSRC), the West Virginia Statewide Independent Living Council (WVSILC) and the West Virginia State Client Assistance Program (CAP) in the Division’s policy consultation group. These representatives will fully participate in development and revision of policies relating to case services prior to public comment. Their participation will help broaden the discussion and reduce the potential for different interpretations of the policy changes.

Goal and Priority 3: Create and maintain collaborative relationships with community providers [including CRPs, Independent Living, and other community providers] to enhance the availability of services to DRS consumers.

Responses from the CSNA indicate there still is a need for DRS to continue to improve collaborative relationships with all community providers. Initially, DRS efforts were directed statewide. Findings from the CSNA now point to a need to focus efforts on specific areas where miscommunication between community providers and DRS counselors continues. In addition to a few new strategies, the CSNA confirmed the need to continue with previous strategies.

Performance Goal:

DRS has established two performance benchmarks for FY 2014 goal and priority 3.

a. An overall rating of “Excellent” or “Good” by at least 78% of respondents to the CRP perspectives survey regarding the working relationship with DRS.

b. An overall rating of “Excellent” or “Good” by at least 80% of DRS counselors who provide reviews of CRP service quality.
Strategies:

3.1. Continue to educate field staff, especially the new counselors, about community rehabilitation programs (CRPs) and their services. Use of the new user-friendly vendor guide and counselor CRP site visits will increase awareness of service available service options, which will help to maintain collaborative relationships with CRPs and enhance the availability of services to DRS consumers.

3.2. Continue to maintain regular communications between DRS and community providers in each district and at the state level. Each DRS district will continue to host joint meetings with DRS district and branch office staff and CRPs in those districts to provide opportunities for CRP representatives and DRS personnel to discuss local service needs of DRS consumers. Subsequent to each meeting, the local DRS office will be required to send a brief report to the CRP Program Manager. This process will allow all parties involved in the expansion of community-based services to be kept informed of progress and issues. The Division will continue to examine the information and recommendations collected from various meetings between CRP and DRS staff members.

Progress on communication will continue to be made as the Division acquires more understanding of the issues and barriers facing the CRP and DRS staff members in their service provision to persons with significant disabilities in WV. Ongoing communication activities with CRPs also will include:

a. An e-mail list-serv with all current vendors that will be updated periodically and utilized to send out training opportunities, policy changes, and general updates when needed.

b. DRS counselors in each district will continue to be assigned as CRP liaisons to each CRP and will continue to be required to complete a monthly update regarding the CRP. They will collect this information by visits and/or phone calls. Having CRP liaisons that regularly discuss service-related issues specific to the local service area(s) will aid in maintaining collaborative working relationships and enhancing the availability of services to consumers.

c. Two rehabilitation specialists covering all districts in the state will provide technical assistance to CRPs and DRS staff. They will make site visits to CRP and DRS district and branch offices. During these visits, they will provide technical assistance and schedule training and other meetings that need to occur. They will serve as a communication link when issues arise and make themselves available to attend the communication meetings and transition team meetings.

3.3. Conduct site visits to ensure that community providers continue to meet DRS standards and requirements.

3.4. Increase the service provision of acknowledged vendors and work with community providers to expand their service areas to enhance the availability of community services within needed areas.
3.5. Continue to conduct Transition Team meetings at the district level with DRS, WV Department of Education, and CRP staff members. The meetings will be held to promote interagency collaboration by allowing staff from each agency/CRP to become familiar with the different eligibility requirements and service definitions across agencies.

3.6. Continue to conduct cross training and face-to-face meetings with community partners at the local level.

3.7. Continue to assign liaison responsibilities to staff members and provide them guidance about the purpose of DRS participation in community events.

3.8. Monitor the DRS counselors/supervisors/managers’ perception of the quality of CRP services through a survey instrument.

3.9. Monitor and assess the impact of the Quality Assurance unit on the counselor’s case management practices by using data generated from the quality assurance specialists’ review of cases.

Goal and Priority 4: Increase the availability of job coaching/supportive employment and other validated service gaps within the community.

Performance Goal:

DRS has established a performance benchmark for FY 2014 goal and priority 4 of eliminating validated CRP service gaps as reported by DRS counselors.

Strategies:

4.1. Identify existing community services (including CRPs, Independent Living, and other community providers), where they are, and where there are best practices. DRS created and will continue to update a user-friendly CRP vendor directory that includes all DRS-acknowledged CRPs and the services each provide by county. This directory will be reviewed during the CRP services component of new counselor training to ensure DRS staff are aware of the CRP services that are available to the consumers they serve.

4.2. Provide additional assessment on the service needs reported by counselors in several areas of the state and the services provided in these areas.

4.3. Identify areas where there are service gaps (unmet needs). Identification and analysis of reasons why districts have low CRP service utilization is crucial. DRS will continue to focus on expanding CRP services in communities where consumers currently reside. This will continue to be accomplished by changing current fees and practices, promoting, educating, expanding, providing funding for, and making available CRP services in all 55 WV counties.

4.4. Continue to expand the pool of job coaches using the method of the Student Transition to Employment Project (STEP) after the grant ends in July 2013.
4.5. Continue to incorporate a CRP component in training of DRS field staff. This training segment will increase awareness of CRP service options, especially among the new counselors and rehabilitation services associates, available in the district to ensure understanding of the service definitions, requirements, and authorization codes.

Goal and Priority 5: Improve access and availability of transportation options at the community level for DRS consumers who need transportation assistance to meet their rehabilitation goals.

The findings of the CSNA indicate a need for continued efforts to increase the availability of transportation services/options for DRS consumers throughout the state. This is based on examinations of (1) the overall service needs expressed by DRS consumers at application, (2) the service needs of consumers as reported by DRS counselors/supervisors/managers in the survey, (3) the perceptions of CRPs/CSPs on the service needs of consumers, (4) the perceptions of the Consumer Affairs Conference attendees, and (5) the perceptions of WVSILC and CIL members. While we are making progress with this goal, we still have room for improvement, so we will continue with our efforts/strategies.

Performance Goal:

DRS has established a performance benchmark for FY 2014 goal and priority 5 at increasing the number of consumers provided transportation services from the previous fiscal year.

Strategies:

5.1. Continue commitment to reduce transportation barriers for consumers with disabilities and focus on individual transportation solutions (ITS) to satisfy immediate transportation needs.

5.2. Continue to assign responsibility to a staff member in each branch office to maintain a list and working knowledge of local transportation options.

5.3. Continue to participate in local and state initiatives to coordinate and expand transportation resources.

5.4. Continue to encourage planning for transportation needs early in the development of the consumer’s rehabilitation program. At application, DRS counselors will identify transportation issues and focus on finding solutions to include in the consumer’s Individualized Plan for Employment (IPE). This will ensure that the ability of consumers to reach their vocational goal is not impeded by preventable transportation barriers. Transportation issues also will be addressed by the standard instrument prescribed for routine use by supervisors and quality assurance staff in case reviews.

Goal and Priority 6: Develop strategies for outreach efforts to minority populations.

Findings of the CSNA revealed that, weighed against the percentage of minorities in West Virginia, the minority population in the DRS system continues to be well represented. However, a continuing examination of minority populations suggested a few areas where this population
may be underserved or unserved. We are making progress with this goal, but still have room for improvement, so we will continue with our efforts/strategies.

Performance Goal:

DRS has established a performance benchmark for FY 2014 goal and priority 6 at attaining a score of 0.85 on RSA Performance Indicator 2.1, the ratio of minority to non-minority service rate.

Strategies:

6.1. Continue to identify and participate in multi-cultural events throughout West Virginia.

6.2. Continue to maintain a website and other public materials that demonstrate diversity. DRS will continue statewide outreach to all individuals with disabilities who are interested in preparing for, getting, keeping, or returning to employment in the competitive labor market. In doing so, DRS will exercise care to ensure that its public information products reflect its appreciation for and value of diversity, including its brochures, posters, flyers, newspapers inserts, and websites, etc.

6.3. Meet and work with representatives of agencies/organizations that serve minority populations in the identified areas.

6.4. Continue to utilize geographic information systems (GIS) technology to locate potential unserved and underserved minority areas. DRS will continue to use its geographic information system, case management system, and multiple data sources to identify communities with significant minority populations which appear potentially unserved and/or underserved.

6.5. Continue to mail informational fliers describing DRS services to households in areas where people with disabilities from minority backgrounds may be underserved or unserved. Information about the vocational rehabilitation services provided by DRS will be sent to all residences along delivery routes for the United States Postal Service that are located in these zip codes.

Goal and Priority 7: Increase the number of blind/visually impaired (VI) DRS consumers served by 5% per year and expand services to blind/visually impaired DRS consumers statewide.

The findings of the CSNA indicate a need to increase the number of blind/VI consumers and expand the number of services to blind/VI consumers statewide. This is based on examinations of (1) the number of blind/VI DRS consumers in the agency’s database for the previous four fiscal years and (2) comments made by attendees of the 2011 Consumer Affairs Conference.

Performance Goal:

DRS has established a performance benchmark for FY 2014 goal and priority 7 to serve 5% more blind/VI consumers than were served in the previous fiscal year.
Strategies:

7.1. Skills trainers will continue to provide daily living skills evaluation and training in consumers’ homes within the local area. Providing more services in the community will improve consumer satisfaction with services. This will also serve as a catalyst for consumer growth in numbers.

7.2. Continue to provide technical assistance to counselors to determine blind/VI consumer needs. DRS counselors will receive training regarding blind/VI program service delivery for consumers in areas such as orientation and mobility (O&M), Computer Access, and Daily Living Skills, as needed. This training will allow DRS Counselors to increase knowledge of services available and expand services to blind/VI consumers and will improve consumer satisfaction, which will also promote consumer growth in numbers.

7.3. DRS O&M specialists will continue to assist DRS specialty counselors in identifying and contacting non-DRS O&M specialists within their district. This will create better opportunities for DRS counselors to refer blind/VI consumers to O&M specialists who can provide needed services to consumers, thereby improving consumer satisfaction. This will also create better opportunities for O&M specialists to refer their blind/VI consumers who want to work to DRS for services, which will expand the blind/VI consumer body.

7.4. Visually Impaired in Home skills training staff will continue providing services to DRS consumers within their communities. Expanding needed services will improve consumer satisfaction with services, which will serve as a catalyst for consumer growth in numbers.

7.5. Continue to partner with the National Federation of the Blind of West Virginia (NFBWV) to continue community based Braille tutoring through a no-cost grant extension. This service will improve the overall quality of services provided to blind/VI consumers, which will also promote consumer growth in numbers.

7.6. Continue to work with West Virginia Optometric Association to educate optometrists about services that DRS can provide to their visually impaired patients. This will increase the likelihood that optometrists statewide will refer patients to DRS for services, which will expand the blind/VI consumer body.

7.7. Develop a statewide acknowledged vendor list of optometrists who have received training in the services needed to provide low vision evaluation services and Biopotic lens evaluation for the Low Vision Biopotic Driving Program by the end of FY 2014. DRS will sponsor education and training at the Optometric Association training to enlist optometrists to provide low vision evaluation services. Adding this acknowledged vendor list will facilitate the provision of low vision evaluations required by state law prior to training in the Biopotic Driving program. This will increase the availability of services within the community and expedite the process for entrance into the Low Vision Driving program. Reduction of the transportation barrier for visually impaired individuals will increase the number of successful employment outcomes for blind/VI consumers.
7.8. Continue training sessions for the specialty counselors for the blind in a variety of areas, as needed. This will allow these specialty counselors to provide quality services to blind/VI consumers and will improve consumer satisfaction. This will also serve as a catalyst for consumer growth in numbers.

7.9. Continue to develop and maintain working relationships with teachers of the visually impaired statewide, particularly at the West Virginia School for the Blind (WVSB). DRS counselors will hold meetings with teachers and administrators of the WVSB annually. This will enable DRS to receive more referrals of blind/VI students from educational settings who are interested in going to work. This will also enable DRS counselors to better understand blind/VI consumers that are attending school and provide quality services to those consumers, which will improve consumer satisfaction.

Goal and Priority 8: Improve services to transitioning youth with disabilities.

CSNA findings indicate a need to improve services (e.g., tutoring, on-the-job training, life skills training, vocational training, career planning, and job placement) to transitioning youth (TY) with disabilities throughout the state. This is based on examinations of (1) the responses from the CSNA survey of DRS field staff pertaining to the service needs and gaps of TY and (2) results of the 2010 and 2011 Consumer Satisfaction Surveys that show satisfaction levels reported by TY have been lower than those reported by all DRS consumers.

Performance Goal:

DRS has established a benchmark for FY 2014 goal and priority 8 of acquiring a baseline of the percentage of Individualized Plans for Employment (IPEs) developed before a secondary student (at time of application) exits the school system in FY 2013.

DRS will improve services provided to TY in FY 2014 by developing marketing initiatives and conducting meetings with school officials, TY, family members, and CRPs. These efforts will help to identify ways to better serve TY, improve communication and understanding between all parties involved, increase awareness about DRS services, enhance the employment and training options for TY, and increase employment outcomes for TY through integrated services and higher quality service providers.

Strategies:

8.1. Conduct the annual DRS State Transition Conference to enable DRS staff to share their unique expertise and skills in serving TY. This meeting will generate discussion on topics related to TY service delivery.

8.2. Continue to hold Transition Team meetings and work with the CRP/School Transition Teams in each district to broaden the availability of services to TY and increase collaboration among VR stakeholders.
8.3. Contact financial aid offices at post-secondary institutions to promote timely processing that will lead to enhanced service quality.

8.4. Conduct joint Professional Development Trainings with DRS Transition Counselors, School Transition Coordinators, and CRPs.

8.5. Continue to hold Transition Advisory Team meetings with the purpose of strengthening the district-level Transition Teams, planning the annual DRS State Transition Conference, and working with the state-level DRS Transition and Education Programs Supervisor.

8.6. Disseminate DRS Transition brochures/posters for use by Transition Counselors.

8.7. DRS will take over the Student Transition to Employment Project (STEP) and recruit eligible school personnel in areas with an identified need. The project is designed to train special education teachers and aids to become vendors with DRS. Working in close partnership with the DRS School Counselor, this unique project allows for individuals with disabilities who are graduating from high school to receive job placement and training from the teacher or aide who worked with them throughout high school. The purpose of STEP is to provide a more seamless transition from school to work for students with disabilities. STEP methodology allows students to build on previous success with someone they know and trust.

8.8. Continue to meet with WV Department of Education officials in an effort to develop a system to identify students with disabilities who are at high risk for dropping out of high school and provide information for the One Year Exit Survey.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 4.11(e)(2) Evaluation and Reports of Progress

Vocational Rehabilitation (VR) and Supported Employment (SE) Goals

1. Clearly identify all VR program goals consistent with the goals described in the FY 2012 Attachment 4.11(c)(1), including an evaluation of the extent to which the VR program goals were achieved.

   - Identify the strategies that contributed to the achievement of the goals.
   - Provide a description of the factors that impeded the achievement of the goals and priorities.

PROGRESS IN ACHIEVING GOALS AND PRIORITIES

Goals and priorities developed by the West Virginia Division of Rehabilitation Services (DRS), the West Virginia State Rehabilitation Council (WVSRC), and the West Virginia Statewide Independent Living Council (WVSILC) are annually evaluated. All planning contributes toward performance of the DRS mission which is to enable and empower individuals with disabilities to work and to live independently.

The agency continued goals and priorities of enhancing vocational rehabilitation services programs including supported employment in fiscal years (FY) 2010, 2011, and 2012. The agency put forth tremendous effort in FY 2012 to fulfill the goals and priorities presented in the State Plan.

Progress in Achieving FY 2012 Goal and Priority 1: Meet or exceed the RSA requirements for evaluation standards and performance indicators.

DRS continues to closely monitor its performance toward meeting Rehabilitation Services Administration (RSA) requirements for evaluation standards and indicators (S&I). The State Plan and Program Evaluation (SPPE) Unit continues to produce the monthly, quarterly, and annual S&I reports at both state and district levels for State Office administrators, field office counselors, supervisors, managers, and district managers. District managers continue to review S&I performance reports and case service performance reports produced by the State Office. Detailed and early examinations of the S&I statistics by DRS staff members provide opportunities for DRS to make adjustments or corrections to ensure satisfactory S&I performance at the end of fiscal year.

Based upon FY 2012 RSA-911 (case service report) data, DRS successfully met requirements for the performance evaluation standards and indicators established by RSA. Except for indicator 1.6 (change in own income as primary source of support), DRS achieved successful performances on Evaluation Standard 1 (Employment Outcomes) by exceeding established performance levels for five of the six indicators including the three primary indicators (Indicators 1.3, 1.4, and 1.5). DRS also achieved successful performance on Evaluation Standard 2 (Equal Access to Services) by exceeding the performance level established for Indicator 2.1. A detailed report of the DRS
performance on the standards and indicators in FY 2012 is presented in the latter part of this attachment.

Progress in Achieving FY 2012 Goal and Priority 2: Improve the consistency of policy interpretation, implementation, and casework practices through a comprehensive quality assurance program.

In FY 2012, DRS continued to include representatives from the West Virginia State Rehabilitation Council (WVSRC), the West Virginia Statewide Independent Living Council (WVSILC), and the West Virginia State Client Assistance Program (CAP) in the Division’s policy consultation group. These representatives fully participate in development and revision of policies relating to case services prior to public comment. Their participation helps broaden the discussion and reduce the potential for different interpretations of the policy changes.

In FY 2012, the Quality Assurance (QA) Unit of DRS conducted Decision Tree Training (DTT) in each of the six DRS districts to ensure uniform application intake, case management, policy interpretation, and service provision. All DRS rehabilitation services associates, vocational rehabilitation counselors, supervisors, branch office managers, and district managers from each district worked through example cases in groups with QA Unit staff facilitating and monitoring for adherence to policy and appropriate case management decisions. Field staff were able to have questions and concerns addressed by QA unit staff. The varied format provided attendees a realistic training experience that required a wide range of VR knowledge. The additional presentations from the Manager for Community Rehabilitation Program (CRP) Services and Senior Manager of the State Plan and Program Evaluation (SPPE) Unit gave field staff a well-rounded view of DRS’ community partners and the requirements set forth by the federal government. Definitions for each CRP service were also covered and comments from local CRPs were relayed to DRS field staff to ensure uniform CRP service provision statewide.

Quality assurance specialists (QAS) continue to work in the six DRS districts to develop consumer services policy, review casework practices, assure consistent interpretation of policy throughout the state, and provide training on policy and casework to DRS staff members. QAS schedule their visits in each DRS office at least monthly. QAS will assist in the evaluation for the recommendation of a promotion for counselors and assist in the evaluation for counselor moving from temporary employment to permanent employment. The QAS will also assist managers with employee remediation in regard to identifying training needs and providing the training. QAS are the field’s direct connection to the State Office. During these office visits, QAS may:

- Conduct policy and procedures training;
- Update staff members on State Office activities, proposed policy changes, challenges, or upcoming goals;
- Ask for input about any problems the field is experiencing and solicit suggested policy or procedural change;
- Review counselor case files; and
-Be available to handle staff member problem cases and clarify policy.

In FY 2012, QA staff continued to conduct new counselor training using modules that were developed to include timelines and training material. These are used consistently statewide with all new counselors. Previously, new counselors were trained in their assigned district by a variety of staff members using a variety of training material. This new process will assure each new counselor receives consistent training using the same material and within the same timeframe.

There are now two basic reviews in the quality assurance review (QAR) and reporting process. First, individual counselor reviews allow QAS to review counselors’ cases monthly. The focus is on reviewing the individual counselors rather than reviewing by territory. This allows a determination of specific training needs among counselors. Territories will be reviewed, at minimum, on an annual basis. QAS will randomly select a counselor’s caseload during an office visit, either upon reviewing program evaluation reporting or a manager’s request. QAS have a goal to review several counselors’ work each month. This will vary based upon overall district reviews. Records will be maintained based on the counselor rather than the territory.

In reporting individual counselor reviews, all staff members will use the new QAR tool. Once the review has been completed, QAS will provide and review the report with the counselor first; if no changes are indicated, QAS will send the report to the counselor with a copy to pertinent managers. QA revised the QAR tool (the instrument used in QA evaluation) and developed a guide as a companion to the tool. The guide gives direction to the reviewer and will help make the answers to questions more consistent. This revision and guide help establish a baseline for reviewers. QAS trained all staff using the tool and guide.

The second basic review includes looking at district trends. The district manager takes the lead by assigning a review team and guiding the review. QAS will meet with the review team at the beginning of each district review to provide directions and guidance on using the review tool. QAS are available for questions and guidance throughout the review process. At the end of the review, QAS collect all of the completed review tools and compile a report for the district to evaluate trends. With QAS reviewing the completed tools and compiling the reporting, it is expected that more consistency will be present in review reporting.

QAS continued to develop and conduct a variety of training on new policy, as well as refresher training on current policy and procedural issues during FY 2012. Consistency has been strengthened by using the same training material, which is now available via a shared network folder for accessibility purposes as well. QA staff members have worked on researching, revising, and developing policy on training, eligibility, economic need, and diagnostic treatment.

The identification and elimination of district-specific policies has allowed policy to be followed consistently statewide. QAS have worked with individual counselors who were having significant difficulties. These counselors are now able to do their work more proficiently and independently. There has been an improvement in documentation. Emphasis has continued to be given to vocational goal planning. As quality assurance specialists and managers work together in the field, the field staff members have become more connected to the State Office, opening them up to generating suggestions that have been instrumental in policy and procedural changes.
A statewide QAR was conducted in FY 2012. This review covered a random sample of 5% of closed cases from each of our six Districts (cases closed in status 26 or 28) from FY 2011. The purpose of this review is to measure and quantify the quality of casework produced by the West Virginia Division Rehabilitation Services. This case review will identify casework areas in need of quality improvement as well as provide a baseline for measurable internal assessment allowing comparative data analysis. Use of the QAR is also intended to assure adherence to DRS policies.

The QAR is used to measure counselor performance in completing application forms, the initial diagnostic interview summary (IDIS), the eligibility summary, comprehensive assessment, the Individualized Plan for Employment (IPE), service delivery, Status 18 (training), employment outcomes, unsuccessful employment outcomes, and case management. Quality Assurance set 70% as a benchmark for items covered in the QAR. Items that receive a response of “yes” for less than 70% of cases were flagged and are used to determine training needs among counselors.

Overall, the 2012 QAR had a 75% positive indicator.

In the Case Work Domain Area of Application, a positive indicator of 81% was established. The review shows that counselor performance was above the QA benchmark of 70% in application, social profile, health assessment questionnaire (HAQ), education, work/vocational, work history, third party, economic need, and RSA data. Performance was below the QA benchmark of 70% in medical application forms (all 6 districts below 70%).

In the Case Work Domain Area of IDIS, a positive indicator of 77% was established. Overall, case review of the IDIS shows that counselor performance was above the QA benchmark of 70% in addressing consumer’s reasons for referral, stated disability, description of functional limitations, describing impediments to employment, consumer understanding/knowledge of disability documented, consumer employment history, employment goals and expectations, education and training, family and/or community support, transportation availability, economic and third party resources, and discussing next steps to be taken in the rehabilitation process. Performance was below the QA benchmark of 70% in circumstances and onset of disability (4 out of 6 districts below 70%), other medical issues (3 of 6 districts), factors that exacerbate the disability (all 6 districts), transferable skills (all 6 districts), and responsibilities outlined for the counselor of record (COR) and consumer (all 6 districts).

In the Case Work Domain Area of Eligibility, a positive indicator of 67% was established. In over 70% of cases, an eligibility decision was reached within 60 days of application and there was sufficient documentation in the case record to support eligibility; both of these items exceeded the QA benchmark. However, performance was below the QA benchmark of 70% for eligibility extensions (3 out of 6 districts below 70%), other medical issues (3 of 6 districts), disability and resulting functional limitations as identified on the Certificate of Eligibility (5 of 6 districts), functional limitations related to the impediment of employment (5 of 6 districts), documentation of specific work tasks affected in job retention cases (4 of 6 districts), and documented expectation that consumer will benefit from the provision of vocational rehabilitation services (4 of 6 districts).
In the Case Work Domain Area of Comprehensive Assessment, a positive indicator of 50% was established. Performance was below the QA benchmark of 70% for informing consumer of medical/psychiatric/psychological/vocational assessment results and how they impact vocational planning (5 out of 6 districts below 70%), Self-Determination guide use (4 of 6 districts), and identification and assessment of transferable skills and related vocational choices (all 6 districts).

In the Case Work Domain Area of IPE, a positive indicator of 84% was established. The review shows that counselor performance was above the QA benchmark of 70% for comprehensive analysis of how/why vocational goal was chosen and how/why services were determined appropriate, placement plans and job prospects, description of efforts to be made by the counselor and consumer in obtaining employment, estimated cost of program and utilization of similar benefits, services necessary to achieve the goal identified, evidence of informed choice, obtaining of all required signatures, and IPE Amendment completed as necessary. Performance was below the QA benchmark of 70% for justification of cases in status 10 for six months or longer (4 out of 6 districts below 70%).

In the Case Work Domain Area of Service Delivery, a positive indicator of 61% was established. Performance was above the QA benchmark of 70% for services planned on IPE provided or rationale for not providing documented, identifiable ongoing placement activity, and justifications for services authorized. Performance was below the QA benchmark of 70% for action statements indicating I.O. reviews were completed (5 out of 6 districts below 70%), ES referrals (5 of 6 districts), and providing a justification if consumer not referred to ES (5 of 6 districts).

In the Case Work Domain Area of Status 18 (training), a positive indicator of 71% was established. The review shows that counselor performance was above the QA benchmark of 70% for annual completion of the DRS-87 and completion of College Sponsorship Guidelines and Student Responsibilities. Performance was below the QA benchmark of 70% for obtaining necessary training reports (4 out of 6 districts below 70%) and training reports assessed and discussed with consumer (4 of 6 districts).

In the Case Work Domain Area of Employment Outcomes, a positive indicator of 75% was established. Performance was above the QA benchmark of 70% for evidence of follow-up during the 90 days between job placement and closure, services provided substantially contributed to the employment outcome, completion of iECM Closure forms, Closure Amendment/Notification & Rights & Responsibilities, and if employment outcome was different from IPE goal, is there documented justification for new goal. Performance was below the QA benchmark of 70% for completion of closure summary (5 out of 6 districts below 70%).

In the Case Work Domain Area of Unsuccessful Employment Outcome, a positive indicator of 90% was established. Performance was above the QA benchmark of 70% for description of the circumstances that led to the unsuccessful closure, evidence of counselor efforts to prevent unsuccessful closure, and Closure Amendment/Notification & Rights & Responsibilities. Performance was not below the QA benchmark of 70% for any items in this area.
In the Case Work Domain Area of Case Management, a positive indicator of 70% was established. Performance was above the QA benchmark of 70% for utilizing A.D.A.P.R. (Action-Detail-Assessment-Plan-Responsibility) for documenting personal contacts, action statements providing a smooth flow to the case, maintaining contact with the consumer according to policy, evidence that economic need has been addressed and updated, and releases and Requests of Information obtained as appropriate. Performance was below the QA benchmark of 70% for if not maintaining contact, did counselor document attempted contacts (4 out of 6 districts below 70%).

Upon analysis of the data compiled from the quality assurance review, in-service training was conducted to correct deficiencies in domain areas showing less than 70% in quality performance. The agency has determined training conducted in smaller groups is more effective; therefore, the in-service training was conducted in Branch Offices throughout the state.

Prior to in-service training, a meeting was conducted with the District Managers and Branch Office Managers who were provided with the review protocol, statewide results, district results, how to interpret these results, and recommendations for improving performance in their District. During this meeting, the group developed strategies to improve quality performance. The in-service training was consistent statewide, as DRS strives for consistency in the interpretation and implementation of policy and procedures.

Progress in Achieving FY 2012 Goal and Priority 3: Develop, establish, and maintain collaborative relationships with community providers to enhance the availability and quality of services to DRS consumers.

In FY 2012, DRS had agreements with 60 CRPs in 87 locations to provide services (including supported employment services) across the state. Each CRP has a rehabilitation counselor assigned as a liaison, who regularly discusses service-related issues specific to the local service area(s).

DRS continues to partner and regularly meet with such groups as the West Virginia State Rehabilitation Council, West Virginia Statewide Independent Living Council, Developmental Disabilities Council, Mental Health Planning Council, and WV Association of Rehabilitation Facilities. DRS continues to receive a commitment from a representative of the West Virginia Department of Education and WVSRC to attend CRP Advisory Committee meetings in order to identify and better coordinate the vocational rehabilitation service needs of transitioning youth.

In FY 2012, DRS held Decision Tree Training in each of the six DRS districts. These training sessions for field staff also included a meeting with all CRPs from each district. During these meetings, the new DRS Standards Manual for CRPs was reviewed. CRPs were given the opportunity to provide feedback, relay concerns, and make suggestions for improving service delivery for individuals with significant disabilities and the working relationship with DRS.

In FY 2012, DRS conducted Transition Team meetings in each of the DRS districts. These meetings bring DRS, WV Department of Education, and CRP staff from each district together to promote interagency collaboration. These meetings also allow staff from each agency/CRP to
become familiar with the different eligibility requirements and service definitions across agencies.

Each DRS district hosts joint meetings to provide opportunities for CRP representatives and DRS personnel to discuss local service needs of DRS consumers. Subsequent to each meeting, the local DRS office is required to send a brief report to the CRP Program Manager. This process allows all parties involved in the expansion of community-based services to be kept informed of progress and issues.

The Division continues to examine the information and recommendations collected from various meetings between CRP and DRS staff members. Progress on communication is being made as the Division acquires more understanding of the issues and barriers facing the CRP and DRS staff members in their service provision to persons with significant disabilities in WV. Ongoing communication activities with CRPs include:

- An e-mail list-serv with all current vendors that is updated periodically and utilized to send out training opportunities, policy changes, and general updates when needed;

- Joint meetings with DRS district and branch staff and CRPs in those districts;

- DRS counselors in each district are assigned to be CRP liaisons to each CRP and are required to complete a monthly update regarding the CRP. They collect this information by visits and/or phone calls; and

- Two staff persons were hired and assigned to be rehabilitation specialists covering all districts in the state. These individuals provide technical assistance to CRPs and DRS staff. They make site visits to CRP and DRS district and branch offices. During these visits, they provide technical assistance and schedule training and other meetings that need to occur. They serve as a communication link when issues arise and make themselves available to attend the communication meetings and transition team meetings.

Progress in Achieving FY 2012 Goal and Priority 4: Increase the availability of job development, supportive employment, and job placement services and expand work skills development and life skills services within the community.

Since the closure of the West Virginia Rehabilitation Center in FY 2007, DRS has been focused on expanding CRP services in communities where consumers currently reside. This is being accomplished by changing current fees and practices, promoting, educating, expanding, providing funding for, and making available CRP services in all 55 WV counties. DRS has created and continues to update a table showing available CRP services by county.

The expected benefits of these efforts include CRP services being made available statewide to DRS consumers that need and can benefit from these services, an increased utilization of services by DRS counselors, provision of higher quality services, and fair market fees for services to keep CRPs viable. Since the implementation of these changes has begun, there is now at least one CRP providing services to each county in WV.
CRPs provide services to individuals with significant disabilities, especially to individuals in the supported employment (SE) program. CRPs can be reimbursed for services such as transportation, Life Skills Training (LS), Community Based Assessment (CBA), and Work Adjustment (WA). They can help provide job coaching and direct job placement, and help consumers achieve employment (especially quality employment of 30 hours or more a week, with a wage of $8.00 or more, and with medical benefits).

In FY 2012, Decision Tree Training of DRS field staff included a component led by the DRS Manager for CRP Services. The goal of the training segment was to increase awareness of CRP service options, especially among the newer counselors and rehabilitation services associates, available in the district and to ensure understanding of the service definitions, requirements, and authorization codes. The training also included a review of the DRS vendor directory that includes all DRS-acknowledged CRPs. During the training, field staff were relayed comments from the CRPs of that district. Field staff discussed the CRP service utilization rates for the past two fiscal years in their district and collectively reviewed the CRP service definitions found in the DRS Services Manual and the corresponding authorization codes.

In FY 2012, as part of the comprehensive statewide needs assessment, CRP and DRS field staff surveys included an assessment of the utilization and availability of CRP services around the state. Reports indicate that CRP services are being utilized by DRS counselors to serve consumers around the state. However, there are some areas where counselors may need additional training and increased awareness of CRPs in their local areas. These targeted areas will allow DRS to make focused efforts to increase counselor awareness and utilization of CRP services.

At the end of FY 2012, data indicated that the state authorized a total of $2,659,415.14 on CRP services compared to $2,142,975.90 in FY 2011. In FY 2012, data indicated that no CRP services were authorized in 6 of the 55 WV counties (Gilmer, Lewis, Mingo, Pendleton, Webster, and Wyoming). Of these six counties, two (Gilmer and Webster) were repeat counties from the FY 2011 data. A review of the DRS-CRP vendor list however, demonstrated CRP services were available in all of the above counties listed.

DRS continued monitoring of grants and updating the CRP vendor list for accuracy and training of DRS and CRP staff members on available CRP services. DRS staff members began making regular site visits to CRPs. It is important to continue solicitation of new vendors in areas where few exist, disseminate the vendor list to counselors, and monitor data with follow-up meetings between DRS counselors and vendors to assist with outreach to underserved areas. Identification and analysis of reasons why districts have low CRP service utilization is also crucial. There is also continued monitoring of district communication meetings and CRP liaison reports.

Several barriers have been identified to the expansion of CRP services: rural areas, the variation of DRS staff and practices by district, transportation issues, and consumers not wanting to lose benefits are all hurdles to overcome. It should be noted that in order to address transportation difficulties, DRS added a new fee to assist CRPs and consumers with up-front reimbursement during service provision.
Progress in Achieving FY 2012 Goal and Priority 5: Improve access and availability of transportation options at the community level for DRS consumers who need transportation assistance to meet their rehabilitation goals.

A continuing issue facing consumers, service providers, and counselors of vocational rehabilitation programs is transportation. The problem is even more challenging considering the difficulty certain consumers in a rural state like West Virginia experience in traveling to their place of employment or education/training site. The Division remains committed to understanding transportation barriers that exist and continues to seek out long-term community solutions (LTS) while focusing on individual transportation solutions (ITS) to immediately satisfy short- and mid-term transportation needs. At application, DRS counselors must identify transportation issues and focus on finding solutions that will be included in the consumer’s Individualized Plan for Employment (IPE). Transportation issues are now addressed by the standard instrument prescribed for routine use by supervisors and quality assurance staff in case reviews.

The Division’s efforts on community transportation solutions (CTS) via the Medicaid Infrastructure Grant (MIG) program did not produce the needed transportation improvement for the agency’s consumers. Therefore, DRS has been focusing on ITS for its consumers in order to help with short- and mid-term transportation issues. The narrative and statistical information below highlight the agency’s progress on ITS over the past few years.

DRS provided 1,968 consumers with transportation services in FY 2012 compared to 1,876 consumers in FY 2011.

DRS continues to assign a rehabilitation counselor in each DRS district to serve as a transportation resource for that office and to maintain a list of local transportation options.

Progress in Achieving FY 2012 Goal and Priority 6: Develop strategies for outreach efforts to minority populations.

The West Virginia Division of Rehabilitation Services is committed to serving all individuals with significant disabilities who are eligible for DRS services, including individuals from minority backgrounds. For this purpose, DRS established a Minority Outreach Team which developed minority outreach strategies and actions for implementation on the state, regional, and local levels. DRS has transitioned from a project team model to support minority outreach as an ongoing feature of routine operations in all districts of the DRS Field Services program statewide.

To support this statewide approach, DRS convened a forum of leaders across a broad spectrum of our state’s minority communities. Participants included representatives from a variety of religious denominations, associations and churches with predominantly minority membership, non-governmental organizations focusing on community-based services to minority group members, representatives of municipal Human Rights Commissions, and representatives of the multicultural programs for West Virginia State University and Marshall University. The purposes of the forum were to provide information regarding DRS programs, to solicit feedback
regarding the reputation of DRS within the minority community, and to gather recommendations for methods likely to prove relatively more efficacious for minority outreach. The forum was hosted by the DRS director and participants included key members of the DRS executive group and the Field Services program’s district managers.

DRS also invested in training Field Services management and staff to support and encourage minority outreach. District-level training was provided for all Field Services rehabilitation counselors, rehabilitation associates, support staff, and their managers regarding cultural awareness, with focus on how cultural differences and similarities may be reflected in the salience and centrality of cultural identity. This series of local events was followed by additional training at the annual statewide conference for consumer-serving Field Services staff which focused on multicultural and linguistic competencies for serving culturally diverse populations and understanding and responding to common cultural distinctives of poverty.

DRS also used its geographic information system, case management system, and multiple data sources to identify communities with significant minority populations which appeared potentially underserved by DRS. Targeted mailings of information about DRS and the availability of vocational rehabilitation services then were sent to a total of 7,914 households along 21 United States Postal Service delivery routes in or near the communities of Brandywine, Delbarton, Elkview, Summersville, Sutton, Huttonsville, Salem, Grafton, Kingwood, and Gerrardstown.

The United States 2010 Census data indicated four counties in West Virginia with a minority population under 3,000 and a county minority population percentage greater than 6.5%: McDowell, Gilmer, Hardy, and Summers. To determine potentially underserved areas, the mean (average) DRS minority service percentage for the three-year period of FY 2009 – FY 2011 for each county was computed and compared to that county’s minority population percentage. In addition, DRS utilized geographic information systems (GIS) to pinpoint potential underserved zip codes in these counties. As a result, DRS will pursue outreach efforts in two counties, targeting Hinton (Summers County) and Wardensville (Hardy County) zip codes to market and expand VR services to individuals with disabilities from minority backgrounds.

DRS continues statewide outreach to all individuals with disabilities who are interested in preparing for, getting, keeping, or returning to employment in the competitive labor market. In doing so, DRS has exercised care to ensure that its public information products reflect its appreciation for and value of diversity, including its brochures, posters, flyers, newspaper inserts, websites, etc.

The foregoing state-level activities have been augmented by a range of initiatives at the district and branch office levels of the Field Services program. Following are some examples:

- Working with churches, ministerial associations, and other faith-based community organizations to establish and maintain public awareness and responsive referral relationships within minority communities;

- Outreach to employers with significant minority group representation within their workforces;
-Opening additional itinerant offices in communities with significant minority populations;

-Participating in multicultural events, ethnic festivals, and events for transitional youth to provide information about DRS programs and services;

-Collaborations with municipal Human Rights Commissions and civic groups to establish and maintain working relationships with leaders and other influential partners within minority communities;

-Supervisory reviews of open cases and pre-service closures for minority group members to ensure appropriateness of case development;

-Training and coaching for rehabilitation counselors and rehabilitation associates by quality assurance specialists regarding best practices and lessons to be learned in serving minority group members; and

-Providing management information and program evaluation research products to the DRS executive group and Field Services management regarding performance trends and results in serving individuals with disabilities who are members of minority groups.

Minority applications (Status 02) have increased considerably, nearly doubling from 285 in FY 2008 to 537 in FY 2012 (an 88.4% increase). WVDRS received 3 more minority applications for services in FY 2012 than in FY 2011. Almost six months into FY 2013 (as of March 27), 226 applications have been received by minorities, which could possibly surpass previous yearly totals.

The number of minorities determined eligible for DRS services (Status 10) also continues to increase. In FY 2008, 236 minorities were determined eligible for services. The number of eligible minorities grew to 309 in FY 2009 (a 30.9% increase), to 393 in FY 2010 (a 27.2% increase), to 431 in FY 2011 (a 9.7% increase), to 471 in FY 2012 (a 9.2% increase). As of March 2013, DRS has accepted 193 minorities for services. If minorities continue to be made eligible for services at the present rate, the yearly total for FY 2013 could possibly exceed previous years.

The number of minorities who receive services from WVDRS and achieve employment continues to steadily rise. In FY 2008 and FY 2009, 92 minorities had their cases closed as successfully rehabilitated. The number of minorities who achieved employment outcomes rose in the following years to 111 in FY 2010 (a 20.7% increase), to 115 in FY 2011 (a 3.6% increase), to 179 in FY 2012 (a 55.6% increase).

Progress in Achieving FY 2012 Goal and Priority 7: Develop a comprehensive and statewide marketing strategy to increase public awareness of the DRS programs and services and also to increase the number of referrals.

During FY 2012, DRS continued its strategic marketing and outreach activities. Below are descriptions of activities that took place as part of this plan.
DRS purchased advertisements in the locally produced West Virginia Executive Magazine. These ads focused on DRS services available to employers. Approximately 26,000 of these magazines are published on a quarterly basis, targeting business executives, professionals, business owners, and other decision-makers in West Virginia.

DRS participated in the national Think Beyond the Label Campaign. This campaign is a public-private partnership that delivers information, outreach, and resources to businesses, job seekers, and the public workforce system to ensure greater recruiting and hiring opportunities for job candidates with disabilities.

GIS technology will continue to be utilized to target areas where individuals with disabilities from minority backgrounds may be unserved or underserved. An initiative was started in FY 2012 by mailing informational brochures describing DRS services to every residence in zip codes where data from the U.S. Census and DRS’ consumer database suggests there is potential for them to have been unserved or underserved. DRS brochures have been sent in the mail to all residences in 10 zip codes where minority residents may be unserved. Plans are currently underway to mail information fliers to residences in two zip codes where minority populations may be underserved.

In FY 2012, DRS was no longer considered a “best kept secret” in the state of West Virginia. Recent years have seen tremendous growth in terms of the number of applicants for DRS services. Due in part to increased publicity by DRS, the number of applicants for VR services has increased from 4,244 in FY 2008 to 7,657 in FY 2011 (an 80.4% increase). The number of applicants in FY 2012 were greater than the number of applicants in FY 2011. These increases in applicants were statewide, with each district experiencing increases to varying degrees. In addition, the number of consumers served by DRS has approximately doubled in the same time period. Based on this growth, DRS considered this Goal and Priority to be completed in FY 2012.

2. Identify all supported employment program goals consistent with the goals described in Attachment 4.11(c)(4), including an evaluation of the extent to which the supported employment program goals were achieved.

- Identify the strategies that contributed to the achievement of the goals.
- Provide a description of the factors that impeded the achievement of the goals and priorities.

Progress in Achieving the Supported Employment (SE) Goals

The total authorized dollars for CRP supported employment services increased 20% in FY 2012 to $823,035.32 for 296 consumers with most significant disabilities.

As previously addressed in the discussion of Goal and Priority 3, DRS continues to assist the existing community rehabilitation programs to expand their services into unserved or
underserved areas. DRS continues to identify and provide grant opportunities for the community rehabilitation programs to increase the availability of supported employment services (i.e., job coaching) for West Virginians with significant disabilities. The agency continues to emphasize job coaching for DRS consumers who are not in the supported employment program.

3. Provide an Assessment of the performance of the VR program on the standards and indicators for FY 2012.

DRS PERFORMANCE ON THE STANDARDS AND INDICATORS IN FY 2012

A detailed report of the evaluation standards and performance indicators for DRS in FY 2012 follows.

Standard 1: Employment Outcome in FY 2012

DRS exceeded the RSA requirement for indicator 1.1. In FY 2012, DRS produced 3,393 rehabilitants, which was 862 above the required level of 2,531 rehabilitants (achieved in FY 2011).

DRS exceeded the RSA requirement for indicator 1.2. In FY 2012, 74.8% of DRS consumers who received services under an Individualized Plan for Employment became rehabilitants. The 74.8% rehabilitation rate is 19% above the RSA benchmark of 55.8%.

DRS exceeded the RSA requirement for indicator 1.3. In FY 2012, 98.7% of DRS rehabilitants were in competitive, self-employment, or state-agency managed business enterprise program (BEP) employment with earnings at or above minimum wage. The competitive percentage of 98.7% is 26.1% above the RSA benchmark of 72.6%.

DRS exceeded the RSA requirement for indicator 1.4. In FY 2012, 80.6% of DRS rehabilitants who entered competitive, self-employment, or BEP employment with earnings at or above minimum wage were individuals with significant (SD) or most significant disabilities (MSD). The SD/MSD competitive percentage of 80.6 is 18.2% above the RSA benchmark of 62.4%.

DRS exceeded the RSA requirement for indicator 1.5. In FY 2012, the average hourly earnings of DRS rehabilitants who entered competitive, self-employment, or BEP employment with earnings at or above minimum wage was 64% of the average hourly earnings for all employed West Virginians. The 64% achievement in FY 2012 is 12% above the RSA benchmark of 52%.

DRS did not exceed the RSA requirement for indicator 1.6. In FY 2012, the percentage of DRS rehabilitants in competitive, self-employment, or BEP employment with earnings at or above minimum wage and reporting their own income as the largest source of support increased by 43.9% between application and closure. The 43.9% increase is 9.1% below the RSA benchmark of 53%. For job retention closures, there is no change in the primary source of support from
application to closure. A high volume of consumers with job retention cases in FY 2012 was a difficult barrier to overcome in meeting the benchmark for this indicator.

Standard 2: Equal Access to Services in FY 2012

DRS exceeded the RSA requirement for indicator 2.1. In FY 2012, 494 individuals from minority backgrounds exited the DRS program. Of those 494 individuals, 266 received DRS services. Of the 6,551 individuals from non-minority backgrounds who exited the DRS program, 4,271 received services from DRS in FY 2012. The ratio of minority service rate over non-minority service rate was 0.817. The 81.7% is above the RSA benchmark of 80%.

DRS provides rehabilitation and related services to all persons with disabilities, including individuals with disabilities from minority backgrounds who meet qualifications for DRS services. People with disabilities from minority backgrounds are represented within the DRS caseload proportionate to their numbers within the general population. In FY 2012, DRS surpassed by 0.017 the RSA benchmark of 0.80 (ratio) for indicator 2.1 relating to the equal access to services standard. DRS continues to stress its strong commitment to equal access to rehabilitation services for all West Virginians with disabilities.

DRS is committed to pursuing outreach efforts and marketing referral and other information about DRS and its services to West Virginians with disabilities, particularly those who are members of minority populations. DRS continues to emphasize development and production of a statewide public awareness campaign and participation in a variety of multi-cultural events such as awareness fairs and diversity days.

4. Provide a report on how the funds reserved for innovation and expansion (I&E) activities were utilized in FY 2012.

UTILIZATION OF TITLE I FUNDS FOR INNOVATION AND EXPANSION ACTIVITIES

DRS ended the Good News Mountaineer Garage (GNMG) innovation and expansion project in FY 2012. From FY 2009 to FY 2012, DRS authorized $817,310.75 to purchase 118 pre-owned vehicles for consumers through the GNMG.

I&E Funds for the West Virginia State Rehabilitation Council and West Virginia Statewide Independent Living Council

DRS fully embraces the Congressional intent that individuals with disabilities and their advocates are full partners in the state rehabilitation program. Therefore, DRS has established a goal to improve its service delivery system through involvement of consumers and their advocates to increase the ease of access to, timeliness of, and quality of rehabilitation services and ultimately to improve employment outcomes for individuals with disabilities. The Division’s concentration of I&E efforts on consumer partnerships demonstrates its commitment to enhanced consumer involvement.
Success in working with consumers and their advocates is fundamentally important in developing and using innovative approaches to achieve long-term success in expanding and improving rehabilitation services, including supported employment. DRS pursues that work primarily through partnership initiatives with the West Virginia State Rehabilitation Council and the West Virginia Statewide Independent Living Council.

DRS believes that the activities of these councils provide a promising foundation for the kind of partnership envisioned by the Rehabilitation Act Amendments of 1998. If that partnership is to achieve its full potential, however, it must receive the necessary support.

Therefore, DRS annually allocates I&E funds to support general operations of the West Virginia State Rehabilitation Council and the West Virginia Statewide Independent Living Council.

FY 2012 highlights for each appear below.

WEST VIRGINIA STATE REHABILITATION COUNCIL

I&E funds support operations and activities undertaken by members of the West Virginia State Rehabilitation Council (WVSRC). DRS allocated $90,000 for WVSRC in fiscal year (FY) 2012.

As required by the Rehabilitation Act Amendments of 1998, WVSRC assists DRS by conducting a survey of consumer satisfaction for DRS consumers whose VR cases have been closed. Surveys were mailed to over 5,000 individuals in FY 2012. WVSRC uses I&E funds to share costs of contracting an independent consultant to compile a report of survey results.

I&E funding assists WVSRC to prepare, publish, and distribute its annual report.

WVSRC also participates in development and establishment of DRS goals and priorities outlined in Attachment 4.11(c)(1). I&E funds are used for travel costs as necessary.

WEST VIRGINIA STATEWIDE INDEPENDENT LIVING COUNCIL

In combination with Title VII money, I&E funds help support operations and activities undertaken by the West Virginia Statewide Independent Living Council (WVSILC). DRS allocated $373,500 for WVSILC in FY 2012.

WVSILC conducts a survey of consumer satisfaction for consumers who received independent living services. WVSILC uses I&E funds to share costs with DRS and West Virginia Centers for Independent Living (WVCIL) for distribution of the survey and contracting an independent consultant to compile survey results and prepare an annual report of findings.

WVSILC ensures that all meetings are open to the public and provides notice through the WV Secretary of State’s Office as well as through statewide media at least two weeks prior to the meetings.
WVSILC members and/or employees collaborate with and/or participate in activities of the WVCIL, WV Developmental Disabilities Council, WVSRC, WV Olmstead Advisory Council, WV Mental Health Consumers Association, WV American Association of Retired Persons (AARP), Medley Hartley Advocacy Project Advisory Council, WV Transportation Alliance, and the Fair Shake Network.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
Attachment 6.3 Quality, Scope, and Extent of Supported Employment Services

- Describe quality, scope, and extent of supported employment services to be provided to individuals with the most significant disabilities
- Describe the timing of the transition to extended services

Quality, Scope, and Extent of Supported Employment Services

The West Virginia Division of Rehabilitation Services (DRS) vendor acknowledgment process includes an in-service training session for prospective new vendors and training updates as requested. During the training session, participants receive a Service Provider Guide and an introduction to the DRS process for providing supported employment (SE) services. DRS also loans SE training books and materials at no cost.

The quality of SE services is directly tied to the competency of the personnel performing job development and community-based training services. DRS encourages and supports the provision of a broad range of in-service training programs for personnel directly involved in SE service delivery.

DRS is committed to ensuring the availability of SE services throughout West Virginia as reflected in progress toward Goals and Priorities 3 and 4 described in Attachment 4.11(e)(2). There are currently 58 DRS-acknowledged SE vendors from all districts across the state. These vendors make SE services available to an increasing number of individuals with the most significant disabilities.

In accordance with federal regulations, the SE services that may be provided to individuals placed in SE include:

1. Evaluation of rehabilitation potential for SE to supplement the comprehensive assessment conducted under the Title I program;

2. Job development;

3. Job placement;

4. Intensive on-the-job training provided by skilled job coaches/employment specialists;

5. Case management services;

6. Job monitoring, whether performed on-site or off-site, that includes regular contact with employees, employers, parents, guardians, and other professionals to reinforce and maintain the job placement;

7. Rehabilitation technology assessment and services as appropriate; and
8. Post-employment services (following transition to extended SE services) that are available from the extended service provider and that are needed to maintain the SE job placement.

The consumer’s Individualized Plan for Employment includes an estimate of the time needed for transition to extended services. Actual transitioning, however, is based upon assessment of the individual’s progress and continuing needs for service. Consumers in SE placement are eligible to receive any services traditionally available through the DRS Title I program.

The demand and need for SE services continues to be significant, particularly in rural areas, as well as for those individuals who are transitioning from school to the workforce. DRS continues its commitment to expanding the statewide capacity for SE services.

DRS will continue to provide SE services to its consumers and will acknowledge additional SE service providers where needed. The Division will continue to consider non-traditional approaches to SE service delivery and will increasingly emphasize the development of natural supports wherever possible. DRS anticipates that more individuals will receive services with the increased number of approved SE providers.

According to the latest statistic, DRS provided SE services to 296 individuals in FY 2012.

While SE services may be expected to vary in scope and duration from individual to individual, core services usually include:

1. Assessment of the individual’s environmental circumstances;

2. Job analysis and job development;

3. Rehabilitation technology assessment;

4. Job placement following appropriate match of job/consumer characteristics identified in during assessment, job analysis, and job development (services 1 and 2 above);

5. Intensive, one-on-one, on-the-job training;

6. Job stabilization, job coach fading as much as possible; and

7. Extended Supported Employment Services (ESES), optimally including natural supports.

In order to ensure that priority of resources is given to those individuals with the most significant disabilities, DRS will continue to implement an order of selection (OS) in FY 2014, where applicants meeting the criteria for OS priority categories 3 and 4 will be placed on a waiting list.

This screen was last updated on Jun 6 2013 1:30PM by Pisnu Bua-Iam
System Information

System information

The following information is captured by the MIS.

Last updated on: 06/06/2013 1:30 PM

Last updated by: sawvcbuaiamp

Completed on:

Completed by:

Approved on:

Approved by: