Summary of Public Meetings, Comments, and Responses to the Proposed FY 2013 State Plan Goals and Priorities

The West Virginia Division of Rehabilitation Services (DRS) sought public comments on the proposed fiscal year (FY) 2013 goals and priorities found in Attachment 4.11(c)(1) of the FY 2013 State Plan including the implementation of the closure of order of selection (OS) category 4 (non-significant disabilities which do not result in permanent functional limitations) at the beginning of FY 2013 (October 1, 2012). DRS received comments from May 4, 2012 to June 12, 2012 which were to be submitted via mail, fax, email, or in person during two public meetings. A draft of the FY 2013 State Plan and the proposed goals and priorities were provided for public review on the DRS website. Information regarding public meetings was announced on the DRS website and in the State Register, as well as through communications to stakeholders and the posting of flyers. West Virginia residents and VR stakeholders were encouraged to review and comment on the proposed 2013 State Plan and raise any other questions or concerns regarding DRS services.

The public meetings were held in conference rooms at fully-accessible DRS office locations on June 4, 2012 in Charleston and June 5, 2012 in Morgantown from 5:30pm-7:00pm. Handouts were provided to attendees; large print and Braille versions were made available and sign language interpreters were present at both meetings. Meeting attendees were asked to sign in and note any agency affiliation. Attendees were asked to submit comments in written form. Comment forms were provided and assistance was made available. For comments submitted after the meeting, the forms contained telephone, mailing, fax, and email information.

A total of 9 attendees were present at the June 4, 2012 public meeting in Charleston. This included 6 DRS staff members, 2 public attendees, and a sign language interpreter. There were 14 attendees at the June 5, 2012 public meeting in Morgantown. This included 6 DRS staff members, 7 public attendees, and a sign language interpreter.

Written Comments

DRS received 4 written comments during the public comment period. Below are the verbatim comments followed by the DRS response.

Comment:
Asking who to address service related questions when consumers are denied services off handedly. Specifically staff and consumers being told “If you don’t already have a job, we can’t help you get one.” Instructed to contact [Assistant Director, Field Services], hopefully it won’t be an issue in the future.
DRS Response:
Eligibility for DRS services is based on three factors: 1) a physical or mental condition that interferes with an ability to get or keep a job 2) the individual can benefit from services in terms of an employment outcome, and 3) the individual needs vocational rehabilitation services to get or keep a job. Attendees were provided contact information for the DRS Assistant Director, Field Services. To ensure proper policy interpretation and appropriate targeted training, DRS asks that any consumer or stakeholder provide the DRS office location and/or name of the staff member involved.

Comment:
County issue: Randolph, Tucker, Braxton. Presentation indicated DRS begins working with students with disabilities at 16 yrs of age. School system [sic] in some counties not seeking resources of DRS because they believe student must be 18 yr. Apparently the relationship between DRS and school systems seems to be what determines when student gets access to DRS services. Parents must request DRS in involvement- not offered without request of the family. How do we ensure/or you ensure that all students with disabilities are aware of DRS. [?]

DRS Response:
DRS begins working with transitioning youth at age 16. In some cases, DRS will work with students beginning at 14 years of age. DRS must have a written invitation in order to attend an IEP meeting during which the DRS counselor can discuss eligibility requirements and services offered by DRS, as appropriate. Currently, DRS assigns 67 rehabilitation counselors to work with the 55 local education agencies and the West Virginia Schools for the Deaf and Blind. Thirty-five (35) of these counselors are assigned to exclusively provide services for the 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.

Additionally, to better serve transitioning youth with disabilities, DRS conducted Transition Team meetings with DRS, school, and Community Rehabilitation Programs (CRP) staff in each of the DRS districts in FY 2012; a statewide Transition Conference will take place in June 2012. These meetings provide training and networking opportunities that allow staff from each agency to better understand the roles each play in assiting transitioning youth with disabilities. Presentations, group exercises, and discussions are designed to improve working relationships and service provision from the state to the county level. Each DRS district has additional Transition Team meetings planned during the upcoming school year.
Comment:
Menu of CRP services should be made available to CRPs, counselors, and public [sic] as updated.

DRS Response:
CRPs were provided a copy of the CRP menu during training sessions held with all acknowledged vendors in FY 2012. CRPs may request a copy of the menu by emailing the DRS Manager of CRP Services. DRS will consider posting the menu on the Division’s website. The menu is updated annually and utilizes self-report data from acknowledged CRPs.

Comment:
Efforts should be made to ensure DRS counselors and staff are aware of all acknowledged vendors (not just CRPs) and the services they provide to ensure DRS clients have options and choices of an adequate array of services and providers.

Goal and Priority 3 is focused solely on CRPs. Goal and Priority 4 is focused on CRPs. Both should include all vendors/providers. Or an additional goal should be added regarding knowledge of, development of, and accessing of non-CRP vendors and perhaps non-traditional vendors.

Goal and Priority 5 should include reference to individualized transportation solutions.

DRS Response:
DRS strives to ensure all counselors are aware of all acknowledged vendors, all DRS counselors and field staff have access to a list of all acknowledged vendors. Additional training has been scheduled to reinforce this commitment.

Based on input from the Statewide Independent Living Council and the State Rehabilitation Council, including discussion during the Strategic Planning and 2013 State Plan meeting, changes were made to the 2013 State Plan to include “community providers (including CRPs, Independent Living, and other community providers).”

The agency has been focusing on individualized transportation solutions for several years and will continue this effort. The 2013 State Plan has been changed to clearly reflect this commitment: “In FY 2013, 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.”
Public Meeting Discussions

During the public meetings, DRS staff were able to make clarifications and respond to questions regarding DRS or VR-related terms and policies. For example, an attendee asked for further clarification on the Order of Selection categories. DRS staff provided the definitions of Most Significantly Disabled, Significantly Disabled, Non-Significantly Disabled with permanent functional limitations, and Non-Significantly Disabled without permanent functional limitations. Further clarification was provided to reinforce that costs or types of services are not used to determine the category to which a consumer is assigned.

A review of the Rehabilitation Services Administration Standards and Indicators was provided. Further discussion was held to clarify the difference between the number of competitive employment outcomes and the calculation of the rehabilitation rate, which includes successful closures that do not include competitive employment (e.g., homemakers and supported employment cases).

With respect to the 2013 State Plan’s goal and priority 7 (Increase the number of blind/visually impaired DRS consumers served by 5% per year and expand services to blind/visually impaired consumers statewide), one attendee asked if DRS provides orientation and mobility (O/M) services, or if the services are provided by vendors. DRS staff present informed the attendees that DRS does employ O/M specialists, has a training facility in Nitro, and also utilizes qualified vendors to provide services throughout the state. Also, a discussion was also held to clarify DRS policy on vehicle purchasing and modification.

Conclusion

Comments made by several public meeting attendees reaffirmed the findings from other FY 2012 comprehensive statewide needs assessment activities. Several attendees felt that further training was necessary for CRP and DRS staff to fully understand DRS service definitions and proper procedures for authorizing these services. Recommendations were made to improve DRS’ working relationships with CRPs at the branch office and counselor level so proper referrals can be made and appropriate services can be offered.

DRS welcomes and values input, questions, concerns, and comments from all stakeholders and maintains an open and ongoing reception of comments through consumer satisfaction surveys, toll-free phone numbers, needs assessments, and online through the Division’s website.