

Service Area Plan

Department of Rehabilitation Services

Community Rehabilitation Programs

Service Area Background Information

Service Area Description

This service area encompasses an array of community-based programs and services that complement the agency's vocational rehabilitation program. These programs address the longer-term needs of individuals with significant physical and sensory disabilities.

Service Area Alignment to Mission

This service area directly aligns with the Department of Rehabilitative Services' (DRS) mission to empower individuals with disabilities to maximize their independence and full inclusion into society.

Service Area Statutory Authority

Title 51.5 of the Code of Virginia:

Chapter 3 designates the agency to coordinate rehabilitative services to persons with functional and central nervous system disabilities, establishes the Long-Term Rehabilitative Case Management System, and requires the agency to establish and maintain a central registry of persons treated for brain and spinal cord injuries.

Chapter 3.1 creates the Commonwealth Neurotrauma Initiative Trust Fund and Advisory Board and authorizes the agency to administer the fund.

Chapter 6 authorizes the agency to make grants and enter into contracts for local independent living services, independent living centers, personal care assistance and to assist employers in hiring, training and providing other services to persons with severe disabilities and provides criteria for such grants and contracts. This chapter also creates the Statewide Independent Living Council.

Chapter 10 establishes the requirements for the Disability Services Boards, the Disability Services Council, and the Rehabilitation Services Incentives Fund and the responsibility of the agency in administering the funds for the Disability Services Boards, providing guidance and technical assistance to the boards, serving on the DSC, and distributing guidelines to the local boards for their local reports and distributing RSIF grant application guidelines.

There also is federal statutory authority regarding the programs and services of the agency.

Title IV of the Workforce Investment Act of 1998 (Public Law 105-220) is the Rehabilitation Act of 1973, as amended. Title VII establishes Independent Living Services and Centers for Independent Living.

Service Area Customer Base

Customer	Served	Potential
Community Rehabilitation Case Management	700	700
Consumer Service Fund	56	56
Disability Services Boards and Rehabilitation Services Incentive Fund	360	360
Independent Living Services	8,000	8,000
Personal Assistance Services Brain Injury and Spinal Cord Injury Services	166	173
Brain Injury and Spinal Cord Injury Services	24,010	24,010

Anticipated Changes To Service Area Customer Base

In Fiscal Year 2005, the General Assembly appropriated \$825,000 to support a network of new and established brain injury services through Brain Injury Contracted Program Services; this amount increased to \$1,075,000 in Fiscal Year 2006. The increase of \$250,000 will provide services to an additional 547 customers. However, a \$200,000 Federal Traumatic Brain Injury Act Grant Program administered by DRS ended in March, 2005. The services provided to approximately 4500 through this grant will no longer be available, resulting in a reduction of 4500 people served during Fiscal Year 2006 through this grant program. The Governor has allocated \$285,000 in the FY 2007-2008 budget to support brain injury services in Southwest Virginia, which is projected to support another 200 consumers.

The Long Term Rehabilitation Case Management (LTRCM) program has 213 individuals on the waiting list for services. With the receipt of \$150,000 in additional funding and restoration of two positions in Fiscal Year 2006, the waiting list for those needing services is being addressed, resulting in services to an additional 225 consumers. However, since receipt of the additional funding and positions, referrals to the program have increased, indicating a pent-up demand for services. There is a possible increase in the customer base of the Omnibus Budget Reconciliation Act (OBRA) program by 50 consumers based on the potential for new referrals as a result of increased outreach activities in conjunction with the Department of Mental Health Mental Retardation and Substance Abuse Services. Nursing Home Outreach initiatives by other entities such as the Centers for Independent Living will also likely increase referrals.

In Fiscal Year 2003, there was a \$700,000 reduction in funding for the Disability Services Boards (DSBs) and the Rehabilitative Services Incentive Grant Fund (RSIF).

Currently, \$180,000 provides services to 360 consumers through local grants awarded. If funding were restored, the DSBs would be able to restore their service provision to full potential by funding local grants designed to address unmet or underserved needs

identified in the DSB needs assessments and develop community programs for people with physical and/or sensory disabilities.

There are sixteen Centers for Independent Living (CILs) and two Satellite Centers in the Commonwealth of Virginia. The national recommended minimum funding level for a CIL is \$250,000 per year. Seven of the existing CILS (Grundy, Fredericksburg, Manassas, Lynchburg, Danville, Harrisonburg, and the Eastern Shore) are currently funded below the recommended minimum national level. With increased funding, these Centers would be able to increase their catchment area and serve additional consumers. The two Satellite Centers (Petersburg and Christiansburg) have been funded below \$55,000 for the past five years. Bringing each of them up to the \$250,000 recommended national standard would enable them to serve 150 individuals each and provide up to 2000 hours of community outreach and education.

With a budget of approximately \$2.5 million, the Personal Assistance Services (PAS) program served 166 consumers in Fiscal Year 2005. Currently, seven consumers are on the waiting list. One of DRS' major initiatives in the coming year is to participate in a homelessness prevention dialogue with other state and federal agencies and stakeholders and evaluate the expansion of the PAS program to include housing supports. This initiative, however, will need the financial support of the Commonwealth to provide additional PAS funding to support Virginians with disabilities needing housing supports to live independently in the community.

Service Area Partners

CENTERS FOR INDEPENDENT LIVING: CILs provide direct services, training, information and advocacy to Virginians with disabilities and vend services for the Personal Assistance Services Program (assessments, annual reassessments, and orientation training). In addition, Access Independence, the Center for Independent Living in Winchester, by contract, provides payroll services for the payment of the personal assistants under the PAS program.

STATEWIDE INDEPENDENT LIVING COUNCIL: The Statewide Independent Living Council, which is federally mandated and whose members are appointed by the Governor, provides advice and direction to Virginia's Independent Living Program and develops and is a co-signatory on the federally required Independent Living State Plan.

DEPARTMENT OF MIDICLA ASSISTANT SERVICES: The Department of Medical Assistance Services provides funding through the Individual and Family Developmental Disabilities Support Waiver Program for program consumers who are eligible for the waiver and receive support coordination through the Long Term Rehabilitation Case Management Program.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES: The Department of Mental Health, Mental Retardation and Substance Abuse Services, through contract with DRS, collaborates on screening, evaluating, identifying and coordinating services for OBRA-eligible

individuals with significant physical and sensory disabilities residing in nursing homes. In addition, DMHMRSAS provides funding and positions to DRS to meet the specific OBRA requirements.

LOCAL GOVERNMENT, PRIVATE ENTITIES, OR SUB-GRANTEES: Local governments, private entities or sub-grantees provide the matching funds required to receive the RSIF grants.

DISABILITY SERVICES BOARDS: DSBs review and make recommendations on the local RSIF grant applications and forward these to the Disability Services Council for consideration. These boards are appointed by their local governing body.

HOSPITALS AND UNIVERSITY MEDICAL CENTERS: Hospitals and university medical centers make referrals to the Virginia Central Registry for Brain Injury and Spinal Cord Injury.

DEPARTMENT OF HEALTH: The Virginia Department of Health receives hospital reports and maintains a registry of names for the Central Registry for Brain Injury and Spinal Cord Injury through a memorandum of understanding with DRS.

BRAIN INJURY ASSOCIATION OF VIRGINIA AND THE VIRGINIA ALLIANCE OF BRAIN INJURY: The Brain Injury Association of Virginia and the Virginia Alliance of Brain Injury Service Providers are advocacy groups that work closely with the DRS Brain Injury and Spinal Cord Injury Services program.

ASSISTIVE TECHNOLOGY LOAN FUND AUTHORITY: The Assistive Technology Loan Fund Authority, which by memorandum of understanding, provides administrative services for the Consumer Service Fund.

Service Area Products and Services

BRAIN INJURY AND SPINAL INJURY SERVICES: Brain and Spinal Cord Injury Services (BI/SCIS) manage specialized programs, services, grants and contracts totaling over \$6 million annually, including the Brain Injury Direct Services (BIDS) Fund and the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. The BIDS Fund provides short-term specialized treatment, rehabilitation, and other assistance (goods/services) to people with brain injury. The CNI Trust Fund is a revolving fund which receives fees paid by certain traffic law offenders to have their license reinstated. The Trust Fund funds research and community-based rehabilitation grants. Since 1984, BI/SCIS has maintained the Virginia Central Registry for Brain Injury and Spinal Cord Injury. BI/SCIS also provides training, technical assistance, guidance and support to DRS staff and community partners on brain and spinal cord injuries.

COMMUNITY REHABILITATION CASE MANAGEMENT: This area is composed of the LTRCM and OBRA Programs. LTRCM provides case management services to individuals with significant physical and sensory disabilities, and their families. Rehabilitation Specialists assist individuals and their families in developing strategies to

match their rehabilitative needs with appropriate service providing agencies, organizations, and individuals, in both the private and public sectors.

OBRA provides specialized services to individuals with significant physical disabilities who live in nursing facilities across the Commonwealth. Specialized services are those services consumers need to maximize self-determination and independence. Typically, these include community living skills training and the assistive technology, equipment, travel and other supports needed to engage in training. DRS provides these services through an agreement with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

CONSUMER SERVICE FUND: The Consumer Service Fund (CSF) is a State funded "fund of last resort" which enables individuals with a physical or sensory disability to access a service or device that cannot be funded through existing programs. The CSF is used to help consumers achieve specific planned goals (obtain employment, live more independently at home, or avoid placement in a nursing home). Examples include special equipment, assistive technology, and home or vehicle modifications.

DISABILITY SERVICES BOARD (DSB) AND REHABILITATIVE SERVICES INCENTIVE GRANTS (RSIF): The 40 DSBs in the Commonwealth are a partnership of consumers, local government and businesses working to increase access and develop consumer-oriented, community-based services for persons with physical and sensory disabilities. DRS provides guidance and oversight to the Boards. The RSIF Grants are available to public, for-profit, and non-profit organizations through the DSBs for the purpose of addressing unmet needs and developing community programs for people with physical and/or sensory disabilities. The RSIF grants are awarded by the Disability Services Council.

INDEPENDENT LIVING: The Independent Living Program provides services and advocacy through Virginia's sixteen CILs and two Satellite Centers. CILs are non-residential places of action and coalition, where persons with disabilities learn independent living skills, empowerment, and the skills necessary to direct their own lives. They provide an array of life-changing services including Peer Counseling, Independent Living Skills Training, Advocacy and Information and Referral. The Independent Living Program has a collaborative relationship with the Statewide Independent Living Council. This is a federally mandated council, with members appointed by the Governor, that provides statewide planning for Virginia's Network of CILs and independent living services. DRS provides technical assistance, fiscal support, and administrative oversight for the state's independent living program.

PERSONAL ASSISTANCE SERVICES: Personal Assistance Services (PAS) are non-medical services provided by one or more persons, designed to assist an individual with a significant disability with activities of daily living, such as feeding, bathing, and dressing. With this basic help, the individual is able to live independently, work, or be an active participant in the community. There are three PAS programs: consumer-directed PAS, PAS for people with brain injury, and vocational rehabilitation PAS. Consumer-directed

and PAS for people with brain injury are state funded programs. The vocational rehabilitation PAS program is funded by federal Vocational Rehabilitation Title I grant funds and only serves vocational rehabilitation consumers.

Factors Impacting Service Area Products and Services

The demand for services to Virginians with acquired brain injuries and spinal cord injuries continue to outweigh available resources. The Virginia Central Registry receives an average of 12,000 brain injury reports and approximately 200 spinal cord injury reports each year. Of those numbers, approximately 2,000 people will require significant, long-term supports and services. Some areas of the Commonwealth remain unserved or underserved.

As a “fund of last resort”, the CSF generally receives more requests than there is money to fund. This shortage of funds impacts the ability of CSF to provide funding support to all of those in need.

Previous reductions in staff positions and funding has resulted in the DSBs receiving less support and technical assistance from DRS. The DSBs could benefit from enhanced involvement by DRS in assisting them in preparing and administering their triennial needs assessments, preparing for and administering their RSIF grants, and assisting them in meeting their Code of Virginia mandated requirement to provide information and resource referral to local governments regarding the Americans with Disabilities Act. In addition, past reductions (\$700,000 in Fiscal Year 2003) in the RSIF has greatly limited the amount of funding available for local communities to utilize in improving services and programs for their residents with disabilities.

Seven of the CILs are currently funded below the national recommended minimum level, which impacts their ability to provide services to those in need. Consumers needing services in the geographic areas of the two Satellite Centers would benefit by having the CIL Satellites fully funded. Planning District 9 is underserved and Planning Districts 13, 14, 17, and 18 have no independent living services.

The low pay rate for Personal Assistants has a negative impact on the ability of PAS consumers to attract, hire, and retain qualified Personal Assistants, particularly in Northern Virginia. The pay rate is driven by funding issues.

Anticipated Changes To Service Area Products and Services

The demand for community rehabilitation programs and community living options will continue to grow as people with significant disabilities move from institutional settings, such as nursing facilities, into local communities. The Supreme Court’s Olmstead decision interpreted the Americans with Disabilities Act to require States to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals. The Governor’s Executive Orders 61 and 84 continue the Commonwealth’s commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and the Olmstead Advisory Committee. Several

initiatives within these Executive Orders require cooperation, facilitation, and implementation by DRS.

DRS is working with the Department of Health (VDH) to develop a memorandum of understanding that will combine reporting to the DRS registry with the VDH Trauma Registry, thereby streamlining the reporting process for hospitals and both state agencies.

Service Area Financial Summary

The Community Rehabilitation Program funding comes from federal funds (9%), general funds (76%), and dedicated special revenue funds for the CNI Trust Fund from fees paid by citizens to regain suspended driver's licenses (15%).

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Funds	Nongeneral Funds	General Funds	Nongeneral Funds
Base Budget	\$10,302,406	\$3,281,462	\$10,302,406	\$3,281,462
Changes to Base	\$360,000	0	\$360,000	0
SERVICE AREA TOTAL	\$10,662,406	\$3,281,462	\$10,662,406	\$3,281,462

Service Area Human Resources Summary

With the exception of the nine case managers who work in local DRS offices across the Commonwealth, the services of the Community Rehabilitation Programs are delivered from DRS' Central Office. DRS uses positions transferred under agreements with other agencies to provide specific services for those agencies. The Community Rehabilitation Case Management Program receives positions from the Department of Mental Health, Mental Retardation and Substance Abuse Services for OBRA.

Service Area Work Force Breakdown

Effective Date	5/1/2005
Total Authorized Position Level	15.75
Vacant Positions	0
Non-Classified (Filled)	0
Full-Time Classified (Filled)	15.75
Part-Time Classified (Filled)	0
Faculty (Filled)	0
Wage	5
Contract Employees	0
Total Human Resource Level	20.75

Anticipated Human Resource Changes

There are several staff in Community Rehabilitation Programs who will be eligible to retire in the next few years. These are long term employees who carry with them a great deal of institutional knowledge. As position vacancies occur, DRS will continue to

evaluate the staffing needs of this service area and utilize staff as effectively as possible to ensure the least interruption of services.

Service Area Objectives, Measures, and Strategies

Objective 26245406.1

To provide an array of specialized, community based programs and services that support independent living, employment, and rehabilitation needs of Virginians with significant disabilities who may need long-term services.

The Community Rehabilitation Program service area has many specialized programs that address the needs of Virginians with varying and significant disabilities to assist them to live more independently. These programs are either provided through direct services to consumers or through the administration of grants to other entities that provide direct services.

This Objective Supports the Following Agency Goals:

Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.

The Community Rehabilitation Program provides consumer focused and cost effective services that address the specific needs of many of the population of Virginians with disabilities so that they can become gainfully employed and/or maximize their independence and self-sufficiency.

Maximize the independence and self-sufficiency of Virginians with disabilities.

The Community Rehabilitation Program provides consumer focused and cost effective services that address the specific needs of many of the population of Virginians with disabilities so that they can become gainfully employed and/or maximize their independence and self-sufficiency.

This Objective Has The Following Measure(s):

Measure 26245406.1

Number of consumers served

Measure Type: Output

Measure Frequency: Annually

Measure Baseline: In Fiscal Year 2005, 33,292 consumers were served in the Brain Injury/Spinal Cord Injury Services, Community Rehabilitation Case Management, Independent Living, Personal Assistance, Consumer Services Fund and Rehabilitation Services Incentive Fund

Measure Target: 29,609 to be served in FY 2006 due to conclusion of the Traumatic Brain Injury Act Grant, 29,806 in FY 07 due to additional funding in Governor's budget for services in Southwest Virginia

Measure Data Source and Calculation

Reports of the total number of consumers served through the various Community Rehabilitation Programs. Various databases include the Community Services Case Management System; the Brain Injury Services Programs Scorecard; and the Virginia Central Registry for Brain Injury and Spinal Cord Injury.

Objective 26245406.1 Has The Following Strategies:

- Work collaboratively with community partners and advocacy groups to assure adequate funding to meet the needs of Virginians with physical and sensory disabilities.
- Support training programs and provide technology to enhance the knowledge, skills, and ability of Community Rehabilitation Program staff to effectively administer and manage programs and services.
- Provide training and technical assistance to internal and external customers regarding specialized needs of, and resources for, people with significant physical and sensory disabilities.
- Provide monitoring and oversight of programs and services to assure that all funds are expended fully and appropriately in accordance with federal and state regulations.
- Support an environment that promotes shared communication, responsibility, and accountability for consumer outcomes for participants served through Community Rehabilitation Programs.
- Participate in recruitment and retention plans to address anticipated vacancies in critical positions, including paid student internships, field placements, and mentoring as well as hiring experienced retiring staff in hourly positions.