

Agency Strategic Plan

Department of Rehabilitative Services

Agency Mission, Vision, and Values

Mission Statement:

The Virginia Department of Rehabilitative Services (DRS), in partnership with people with disabilities and their families, collaborates with the public and private sectors to provide and advocate for the highest quality services that empower individuals with disabilities to maximize their employment, independence and full inclusion into society.

Agency Vision:

We envision a Virginia where all people with disabilities may reach their goal of independence, employment and full inclusion in society. DRS is committed to dedicating all of its resources to realize this vision for Virginians with disabilities.

Agency Values:

- **Creativity, collaboration and teamwork**
Creative problem solving, collaboration, and teamwork in recognizing and responding to customer needs.
- **Customer focus**
Customer, partner, and employee input to continually improve processes, services, and results.
- **Accessibility and advocacy**
Accessibility, awareness of the needs of people with disabilities, and advocacy for resources to meet those needs.
- **Fairness, respect and responsiveness**
Fairness, respect, and responsiveness in our actions and communications.
- **Staff recognition**
Recognizing and rewarding excellence and innovation, and the continuous development of all staff.
- **High quality and fiscally responsible services**
Providing the highest quality services, while maintaining fiscal responsibility.
- **Work environment**
A secure work environment, employee health and wellness, and diversity in our workforce.
- **Employee, customer and partner integrity**
Honesty, integrity, and ethical behavior.

Agency Executive Progress Report

Current Service Performance

DRS' resources continue to be dedicated to its mission of improving the lives of Virginians with disabilities through services to assist them in becoming employed and living more independently. In 2005, through its various programs, DRS served approximately 150,000 Virginians with disabilities.

For Federal Fiscal Year 2005, it is projected that the field vocational rehabilitation program will serve 25,182 consumers. This is a decrease as compared to previous years due to the implementation of order of selection. Order of selection occurs when the agency does not have sufficient resources to serve all eligible individuals. In this event, the most significantly disabled consumers must be served first, while others are placed on a waiting list for services. In spite of order of selection, the DRS' vocational rehabilitation program remains strong with 3,365 consumers expected to achieve employment and 90.8% competitively employed, earning at or above Virginia's minimum wage. Overall, customer satisfaction with the vocational rehabilitation program remains high. In Federal Fiscal Year 2004, the customer satisfaction rate was 84%. We have not seen any marked decrease in this rate in 2005 in spite of order of selection and numerous staff vacancies. In addition, in 2005, 2831 consumers will be served in the long term support programs that complement the VR program by

Agency Strategic Plan

Department of Rehabilitative Services

providing services to help individuals maintain their employment after their vocational rehabilitation case has been closed. DRS also will provide assistance to about 7,500 Virginia employers by providing them with qualified job applicants, disability awareness training, and consultation on workplace accommodations for people with disabilities.

In Federal Fiscal Year 2005, the Social Security Disability Determination Program (DDS) will serve over 91,000 Virginians with disabilities seeking disability benefits through the federal Social Security Administration. This is 9.6% increase. Because of the nature of the work performed by DDS, there is a high level of consumer interest in the status of their claims applications. DDS remains committed to responding to their concerns in an effective and efficient manner. In 2004, 247 constituent concerns were addressed and all were handled within a 24 hour timeframe.

Programs in the Community Rehabilitation Program either provide direct services to consumers with significant disabilities or manage grants to other entities in the Commonwealth that provide direct services. Direct consumer services are provided by Brain Injury and Spinal Cord Injury, Community Rehabilitation Case Management, Independent Living, and Personal Assistance Services programs and through the Consumer Service Fund and Rehabilitation Services Incentive Fund. In State Fiscal Year 2005, 33,292 consumers received direct services. The Community Rehabilitation Program also administered 78 grants through the Commonwealth Neurotrauma Initiative, the Rehabilitation Services Incentive Fund, and the Independent Living Program, totaling \$7.8 million.

DRS' Administrative Operations continues to provide administrative support and technical assistance to the Disability Services Agencies. This unique and cost efficient arrangement allows DRS, through memoranda of understanding, to provide fiscal, information systems, logistical, human resources, and audit services to the Department for the Blind and Vision Impaired, the Virginia Rehabilitation Center for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, the Virginia Board for People with Disabilities, and the Woodrow Wilson Rehabilitation Center.

Agency Strategic Plan

Department of Rehabilitative Services

Productivity

DRS' programs and services are measured through performance measures, either at the State or federal level.

For the vocational rehabilitation program, the federal Rehabilitation Services Administration (RSA) has established Standards and Indicators by which the program is evaluated; there are two standards with six indicators. If a vocational rehabilitation program does not pass both standards, the program is placed on a corrective action plan by RSA. Since the inception of the Standards and Indicators in 1998, DRS has never been placed on a corrective action plan. For Federal Fiscal Year 2005, the vocational rehabilitation program set a target of 3900 consumers to successfully complete their vocational rehabilitation program by reaching their employment goal. Due to the implementation of order of selection and staff vacancies, it is anticipated that 3365 consumers successfully complete their program and become employed. Order of selection has affected not only those individuals placed on the waiting list for services, but there also has been a reduction in referrals and eligibility determinations for those categories of individuals who could be served.

The DDS federal performance indicators measure the effectiveness and efficiency of the program and are established by the Social Security Administration. These measures include the mean processing time for initial Title II/Title XVI claims and accuracy rate. In Federal Fiscal Year 2004, the total mean processing time for all disability claims was about 81 days. This is a slight decrease from 2003 when total mean processing time was about 88 days. Mean processing time year-to-date for Federal Fiscal Year 2005 is currently at about 80 days. The accuracy rate in Federal Fiscal Year 2004 was about 94%, which is a 2% increase from the previous year.

The performance of the array of programs and services in the Community Rehabilitation Program can best be exhibited through a historical perspective on the evolution of these programs and services. The expansion of Community Rehabilitation Programs began in the mid-1980s with the establishment of the Virginia Central Registry for Brain Injury and Spinal Cord Injuries and the Brain Injury and Spinal Cord Injury Services (BIS/SCIS). In 2005, the registry served 16,000 Virginians with recent brain and/or spinal cord injuries and the BIS/SCIS program managed almost \$2.1 million in agency contracts to local entities. In 1984, the Independent Living (IL) Program began receiving state general funds in the amount of \$150,000; previously the IL program had been totally federally funded. The IL Program now has 16 Centers for Independent Living and two Satellite Centers across the Commonwealth, serving 8,000 consumers with \$4.7 million in state general funds.

The Long Term Rehabilitation Case Management Program, which provides intensive, specialized case management services for people with severe neurological and other disabilities began in 1991, with a \$250,000 appropriation. From 1992 to 2002, funding increased to \$504,500. However, there was a \$147,000 budget reduction in 2003 and 2004. Currently, the program is funded at \$357,643 and serves 526 consumers. In the mid-1990s, the Brain Injury Direct Services (BIDS) Fund was created as a pilot program with \$200,000. BIDS provides short-term specialized treatment, rehabilitation, and other assistance (goods or services) to people with brain injury. Funding was reduced in 2003, but 75% of the reduction was restored, putting the fund at \$191,250 and serving 125 consumers. Also during the mid-1990s, the Consumer Service Fund was established to assist people with disabilities to purchase vehicle or home modifications, assistive technology, prosthetic devices and other needed equipment or services. In SFY 2005, the CSF provided support to 56 individuals with about \$154,000. The Commonwealth Neurotrauma Initiative Trust Fund, which began in 1996 with a private donation of \$25.58, is a non-reverting state fund that receives fees paid by specific traffic offenders to have their drivers licenses reinstated following revocation. In 2005, the fund provided 26 active community-based and research grants totaling \$3,397,371.

Finally, in 1994, Virginia saw the development of the Disability Services Boards (DSB). The DSBs are a partnership of consumers, local government and businesses working to assess local needs, increase access, and develop consumer oriented, community based services for persons with physical and sensory disabilities. The DSB program began with \$100,000 and now stands at \$520,000 for 40 local DSBs. In 1996, the Rehabilitation Services Incentive Fund (RSIF) was begun with \$500,000. This fund provides grant funding to public or private organizations, profit and non-profit, to address unmet needs and develop community programs for people with

Agency Strategic Plan

Department of Rehabilitative Services

physical or sensory disabilities. From 1997 to 2003, funding increased to \$912,500. However, in 2004 funding was reduced by \$700,000. In 2005, the appropriation was \$212,500 and 13 grants were awarded.

Even with the great strides that Virginia has made in expanding and improving community-based programs for Virginians with sensory and physical disabilities, there are still unmet needs and underserved areas. The Community Rehabilitation Programs funding never completely recovered from the budget reductions of 2003-2004, while the need for services has continued to grow.

DRS' administrative support services are judged by the Governor's Management Scorecard. The scorecard has 18 objectives in five areas: human resources, financial management and budget reform, government procurement, technology and performance management. Each area has five scores: Meets Expectations, Progress Towards Expectations, and Below Expectations. DRS has performed well on the scorecard items with a score of "Meets Expectations" for four of the areas and a "Progress Towards Expectations" rating on one (government procurement).

Agency Strategic Plan

Department of Rehabilitative Services

Major Initiatives and Related Progress

For many Virginians with disabilities, their major impediments to employment and independence are: accessible and affordable transportation (particularly in rural areas); accessible and affordable housing; the possibility that their earnings may put them above the threshold for Medicaid benefits, resulting in the loss of health insurance; and access to affordable assistive technology. In the coming years, DRS will continue to try to help address these issues by:

- Participating in a homelessness prevention dialogue with other state and federal agencies and stakeholders, promoting the construction of accessible housing in Virginia, and evaluating the expansion of the Personal Assistance Services program to include housing supports.
- Continuing as a partner with the Department of Medical Assistance Services, other state agencies, advocacy groups and stakeholders to advocate for and secure a Medicaid Buy-In program in Virginia.
- Establishing regional assistive technology device recycling programs and four regional equipment demonstration/loaner programs in the Commonwealth.
- Continuing to participate on the Virginia Interagency Transportation Council, an interagency workgroup composed of representatives of agencies that provide transportation to people who are aged, disadvantaged or have disabilities. The Council, convened by the Department of Rail and Public Transportation, will assist in the development of Virginia's Action Plan for Coordinating Human Service Transportation.
- Continuing to participate with other State agencies and stakeholders in the implementation of the other initiatives of Virginia's Olmstead Plan.

DRS will continue to foster and expand partnerships with other state agencies and stakeholders to enhance collaborative efforts to effectively serve Virginians with disabilities.

Implementation of order of selection in the VR program has disadvantaged many consumers needing VR services to become gainfully employed. This coming year, DRS will have sufficient resources to begin addressing the waiting list. Wait-listed individuals who have significant disabilities and one serious functional limitation will be served. However, there is no expectation at this time that those non-significantly disabled consumers will be able to be served without DRS acquiring additional resources to serve them.

DRS will continue to position the VR program to respond to the growing number of students who will be seeking VR services to effectively transition from school to work. This will require developing a teamwork approach to service provision that includes the involvement of the student, family members, school personnel and VR staff.

Over the next three years, DRS will implement a new integrated case management system. It will replace the current VR case management program, which is grossly outdated and inefficient, and other systems used by the Community Rehabilitation Program and some of the other Disability Services Agencies. This new web-based system is currently being utilized in many other states. This new system will bring enhanced efficiency to these programs. In addition, DRS is developing requirements for a new integrated financial system to replace the 20 year old legacy system.

Social Security Disability Determination will implement the Social Security Administration's electronic case processing system (e-DIB) which will allow DDS to more quickly and efficiently adjudicate disability claims in an electronic environment.

DRS will continue to expand opportunities for "mobile workers" and the co-location of VR staff with other appropriate agencies. Over the past few years, many VR counselors began spending much of their work time in the public schools, in One-Stop Career Centers, and other locations to effectively work with consumers. As

Agency Strategic Plan

Department of Rehabilitative Services

more employees move to this “virtual office” arrangement, DRS will experience cost reductions in building leases and other overhead expenses related to office space.

Virginia Ranking and Trends

The outcome of the states’ achievements on the RSA Standards and Indicators for the public VR program is published annually. While it is difficult to compare one state to another, DRS has fared well in its achievement on the Standards and Indicators since 1998. DRS’ VR program continues to exceed RSA’s expectations in its percentage of individuals with significant disabilities achieving employment, the percentage of consumers who achieve employment in a competitive setting earning at or above minimum wage, and its service rate to minorities. These trends should continue.

While there is still much to be done to address the unmet needs of Virginians with disabilities, Virginia distinguishes itself by:

- Being one of the few states in the nation that provide long term follow along funds to VR consumers to help them maintain their employment after their VR program has ended.
- Having one of the first state-mandated central registries for brain and spinal cord injuries.
- Providing State funding specifically for personal assistance services for people with brain injury and providing funding for five clubhouse programs for people with brain injury.
- Offering a Life Skills Trainer Program for individuals and organizations interested in providing life skills services for people with brain injury.
- Providing a designated, discretionary fund for people with brain injury, which allows DRS to provide specialized goods and services to individuals who have significant rehabilitation needs and/or who have no other source of funding available to them.

For many years the Social Security Administration ranked DDS’ across the nation according to four criteria which included mean processing time, productivity, accuracy rate and cost per case. During the time that those rankings were used, the Virginia DDS was ranked in the Top 5 four times within the past ten years. The Virginia DDS was ranked first on two separate occasions. The Social Security Administration stopped providing the statewide rankings in 2002 and the Virginia DDS has no way of determining its national ranking at this time. The Virginia DDS continues to strive for high accuracy ratings as it did in 2001 when it received top honors for the nation.

Customer Trends and Coverage

Not all Virginians with disabilities can potentially be served through DRS’ programs as some of the programs are “eligibility based” (i.e. VR, PAS, CSF, IL) and all of the programs are limited in their ability to provide services to everyone who desires them due to existing resources, either fiscal or personnel. In 2005, DRS served 150,000 consumers within its existing resources. The trend will continue that there will be more Virginians with disabilities needing services than DRS can effectively provide without more funding.

Agency Strategic Plan

Department of Rehabilitative Services

Future Direction, Expectations, and Priorities

With an ever increasing demand for services, DRS will continue to be asked to provide more services than its resources allow. This will require DRS to expand partnerships with other state agencies and institutions of higher education to provide the programs and services needed by Virginians with disabilities and to continue to advocate for additional resources and seek out alternative funding sources.

In order to address the needs of people with disabilities who are ready and able to transition from nursing homes to community living, DRS will continue to participate in the implementation of Virginia's Olmstead Plan by partnering with other state agencies and community based organizations to provide leadership in the implementation of the Olmstead Workgroup recommendations. Opportunities to participate in grant development to enhance community service options will be used to improve community based service options and collaboration. Multiple state agencies have agreed to contribute to the cost of customization of WORKWORLD software making it a more effective decision-making resource for Virginians on SSI and SSDI who want to work. In addition, DRS will be partnering with other agencies to develop a cadre of Social Security Administration work incentive experts who will work with consumers to develop Plans to Achieve Self Sufficiency, employment related work experiences and increase the use of 1619(b) incentives.

DRS will continue to work on implementation of its Employee Workforce Development Plan in order to ensure a qualified workforce to provide services to our consumers. Initiatives will include: expansion of the agency's program to attract student interns from colleges and universities; expansion of the Career Center development to promote career interest to students, applicants and current employees; processes to hire retirees as wage employees to provide training and mentorship to new employees and current employees performing new functions; expanded use of "mobile workers", alternate work schedules and flexible work hours; new compensation strategies including the development of career ladders; and training to develop enhanced supervisory skills and DRS' leaders of the future.

DRS will continue to seek out viable opportunities for DRS staff to share office space or co-locate with other state agencies or local One-Stop Career Centers as an efficiency measure and to provide services to consumers at one centralized location.

DRS will continue with its implementation of new database management systems. This implementation process will be costly in staff time and financial resources, but the payoff will be great in our ability to operate more efficiently and to better manage our data.

DRS will aggressively seek out and try to secure state, federal and private grant funds that will supplement existing state and federal funds to expand our service provision and meet programmatic needs that cannot be addressed with current funding levels.

DRS will continue to work as a partner in Virginia's Workforce Development System to ensure that the One-Stop service delivery system is physically and programmatically accessible to people with disabilities and to ensure a dedicated federal funding stream for VR services.

Agency Strategic Plan

Department of Rehabilitative Services

Impediments

Like many other state agencies, DRS is facing the need to replace a significant proportion of its workforce in the next five years, mainly due to retirements. The change in the workforce will result in a significant loss of institutional knowledge that helps DRS provide exceptional services to Virginians with disabilities. Difficulty in recruiting qualified employees, particularly in rural areas, results in long periods of staff vacancies. These staff vacancies cause interruptions in the provision of services. DRS will use creative means to continue to hire qualified employees, but these means could lead to higher administrative costs in ensuring an adequate transition between retirees and the hiring of new replacements and the cost of higher salaries to attract new qualified workers.

Employment and independence for Virginians with disabilities is affected by the lack of accessible and affordable transportation services and housing, the need for affordable assistive technology devices, and work disincentives in the Social Security System. These are major issues that will require the collaboration and cooperation among many state agencies and advocacy groups to address.

The centralizing of state government activities for office space leases, information technology services and enterprise applications will effect DRS' administrative operations. DRS maintains low-cost and efficient systems that serve all of the Disability Services Agencies. While DRS may benefit financially in the long run from this centralization effort, the centralized systems programs will continue to cause temporary disruption and potential loss of efficiency to respond to the needs and requirements of the new centralized programs.

Possible federal legislative changes regarding the reauthorization of the Workforce Investment Act continue to threaten the viability of the VR program and partnerships that have been developed with the Local Workforce Investment Boards in Virginia in ensuring that individuals with disabilities receive appropriate services through the One-Stop service delivery system.

Agency Background Information

Statutory Authority

DRS' statutory authority is found at Title 51.5 of the Code of Virginia.

Chapter 2 contains pertinent definitions and establishes the State Rehabilitation Council with its delineated duties.

Chapter 3 provides for the establishment of the agency, designates the agency, along with the Department for the Blind and Vision Impaired, as the state agency responsible for carrying out the provisions and purposes of the federal Rehabilitation Act; designates the agency as the body to coordinate rehabilitative services to persons with functional and central nervous system disabilities; establishes the Long-Term Rehabilitative Case Management System and the eligibility criteria for this program; authorizes the agency to accept gifts and donations; allows the agency to retain title to nonexpendable equipment purchased for individuals with disabilities until the equipment is fully depreciated; establishes the spinal cord and brain injury registries; establishes the authority of the agency regarding the prevention or elimination of environmental barriers and requires the agency to establish and maintain the central registry 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 4 establishes the authority of the Commissioner, including the authority to operate and maintain the Woodrow Wilson Rehabilitation Center; establishes requirements for the agency to collaborate with the Department of Mental Health, Mental Retardation and Substance Abuse Services in activities related to licensing providers of services under the Individual and Families Developmental Disabilities Support Waiver, and authorizes the Commissioner to promulgate regulations for human research that is conducted or authorized by

Agency Strategic Plan

Department of Rehabilitative Services

the agency, any sheltered workshop, or independent living center, or the Woodrow Wilson Rehabilitation Center.

Chapter 5 establishes the requirements regarding the administration of the vocational rehabilitation program.

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 Grants and the responsibility of the agency in administering the funds for the Disability Services Boards, providing guidance and technical assistance to these 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 I of the Rehabilitation Act establishes the Vocational Rehabilitation program, Title VI Part B establishes the Supported Employment Services for Individuals with the Most Significant Disabilities, and Title VII establishes Independent Living Services and Centers for Independent Living.

The Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-107) provides Social Security beneficiaries with disabilities expanded options for access to employment services, vocational rehabilitation services, or other support services. Providers of those services are paid for the services after the beneficiaries achieve certain levels of work.

The Assistive Technology Act of 1998, as amended (P.L. 108-364) supports State efforts to improve the provision of assistive technology by providing states with financial assistance to implement programs designed to meet the assistive technology needs of individuals with disabilities.

For the purposes of Title II (42 U.S.C. 421) and Title XVI (42 U.S.C. 1382) claims, the Code of Federal Regulations enumerates the responsibilities of the Social Security Administration and the agency within state government which performs the disability determination function. Code of Federal Regulations (CFR) 404.1503 and 404.1603 for Title II recipients indicates that the states will make a determination of disability or blindness for the Social Security Administration Commissioner for persons living in each individual state. These rulings outline how the state will conduct its reviews based on the disabling condition of each individual and their insured status from previous work experience. Code of Federal Regulations (CFR) 416.903 for Title XVI recipients indicates that the states will make a determination of disability or blindness for the Social Security Administration Commissioner for person living in each individual state. These rulings outline how the state will conduct its reviews based on the adult or child's disabling condition.

Customer Base:

Customer Description	Served	Potential
Community Rehabilitation Program Consumers	33,292	33,499
General and Support Services Consumers	1,685	1,685
Social Security Determination Consumers	91,153	91,153
Vocational Rehabilitation Program Consumers	35,541	36,035

Agency Strategic Plan

Department of Rehabilitative Services

Anticipated Changes In Agency Customer Base:

Vocational Rehabilitation Consumers:

When the VR program has insufficient funds to serve all eligible consumers, federal law requires that services be prioritized. Individuals with most significant disabilities have first priority for VR services; this is what is called an order of selection. DRS entered into order of selection on July 1, 2004 and only served those individuals with most significant disabilities (three or more serious functional limitations) and those individuals with significant disabilities and two serious functional limitations. All other individuals were placed on a waiting list for services. As of June 30, 2005, the waiting list stood at 758 individuals. DRS plans to begin addressing the waiting list in Fiscal Year 2006. Wait-listed individuals who have significant disabilities and one serious functional limitation will be served. Those with non-significant disabilities, however, will most likely not be served. It is projected that in Federal Fiscal Year 2005, which ends September 30, 2005, 25,182 consumers will be served. This is a 19.4% decrease from the average of the previous three fiscal years. Assuming that sufficient resources exist, DRS should see an 11.2% increase in the number served in the coming year as we begin providing services to all consumers with significant disabilities.

DRS continues to serve a large number students (age 14 to 22) seeking VR services to enable them to transition from secondary school to work. Historically, over 30% of the consumers served are students in transition. In Federal Fiscal Year 2004, 39% of the VR consumers who received services were students in transition. During that same fiscal year, 28% of all VR consumers who achieved an employment outcome were transition students. Based on Census population projections by age group, the civilian non-institutional population 5 to 20 years is expected to increase 9.4% between 2005 and 2015. Approximately 8.1% of this age group is students with disabilities. Therefore, the numbers of students needing transition services will continue to increase, which will require more dedicated resources to this population.

Due to a number of outreach activities and systems change initiatives, it is expected that the VR program will experience a significant increase in referrals for adults and youth exiting Virginia's correctional system.

With state funding, DRS is able to serve individuals with significant disabilities requiring follow along after they complete their VR program and are employed. These services are provided through the State's 87 Employment Services Organizations. Currently, there is \$8.6 million in follow along services that served 2831 individuals in Fiscal Year 2005. This amount is woefully short to address the need. With the increase of \$763,500 as provided in the Governor's Budget for FY 2007-2008, it is projected that DRS will be able to serve 494 additional consumers.

DRS continues to address the communication needs of customers by having counselors who specialize in deaf caseloads and other employees who can communicate in sign language and Spanish. In addition, sign language and foreign language interpreters are contracted as needed for employees and customers in need of interpreting services and counselors use other resources, including assistive technology, to communicate with customers with special needs. All VR forms used by the public have been translated into Spanish and posted on the Internet for public use. In the coming years, DRS will need to ensure that its services and documents are accessible to individuals with Limited English Proficiency, as required by federal law.

Social Security Disability Determination Consumers:

Other state agencies currently have initiatives which will likely increase the number of Medicaid claims that are filed in the Commonwealth of Virginia. Outreach programs are underway within the prison system to urge prisoners who have disabling medical conditions and are pending release from prison to apply for Medicaid benefits. These initiatives are expected to increase the volume of incoming Medicaid claims.

At the Governor's request, other state agencies are working on initiatives which will increase the number of applications from disabled individuals that are homeless. Outreach programs are underway to assist in making Social Security Disability paperwork more readily available to homeless individuals and for third party advocacy

Agency Strategic Plan

Department of Rehabilitative Services

groups to help assist them in their application process. These projects are expected to increase the volume of incoming Title XVI and Title XIX disability claims.

According to the Social Security Administration Commissioner the Commonwealth of Virginia should expect to receive 7,000 additional Continuing Disability Review (CDR) claims in the next fiscal year due to an increase in workload for the Philadelphia Region. CDRs are case reviews that are conducted on individuals that are currently receiving Social Security disability benefits. DDS conducts a medical review to ensure that the individual still remains disabled according to Social Security Guidelines.

Community Rehabilitation Program Consumers:

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 will be 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 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 serves 166 consumers. 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 pursue 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.

Agency Strategic Plan

Department of Rehabilitative Services

Employers:

DRS serves Virginia's businesses and employers by providing them with qualified job candidates, identifying reasonable accommodations for prospective or existing employees with disabilities or improving workplace accessibility. In addition, DRS provides corporate disability awareness training, which includes information on various tax incentives for employers who hire and/or accommodate people with disabilities in their place of business. DRS anticipates approximately a 10% increase in the number of employers receiving these various services in the coming year.

Agency Strategic Plan

Department of Rehabilitative Services

Agency Partners:

Administrative State Agencies

Many additional state agencies which interpret the laws and regulations and develop the policies and procedures that the General and Support Services area operates under. These agencies also provide administrative oversight of the functions. The state agencies include, but are not limited to, the Departments of General Services, Planning and Budget, Accounts, Human Resource Management, and the Auditor of Public Accounts.

Advocacy Groups

There also are numerous advocacy groups, too many to mention in this plan, that work collaboratively with DRS to advocate for services for Virginians with disabilities and advise the agency on ways to improve its programs and services. There also are authorized claimant representatives which include patient advocacy groups and attorneys which advocate for Social Security claimants.

Assistive Technology Loan Fund Authority

The Assistive Technology Loan Fund Authority which, by memorandum of understanding, provides administrative support services for the administration of the Consumer Service Fund.

Boards and Councils

The agency also has numerous boards/councils and advocacy groups who perform their statutorily mandated functions and provide advice and guidance to the agency on its many programs. These groups include: the Statewide Independent Living Council, the State Rehabilitation Council, the Employment Services Organization Advisory Council, the Long-Term Employment Support Services Advisory Council, the Disability Services Council, and the Commonwealth Neurotrauma Initiative Trust Advisory Council.

The agency also has numerous boards/councils and advocacy groups who perform their statutorily mandated functions and provide advice and guidance to the agency on its many programs. These groups include: the Statewide Independent Living Council, the State Rehabilitation Council, the Employment Services Organization Advisory Council, the Long-Term Employment Support Services Advisory Council, the Disability Services Council, and the Commonwealth Neurotrauma Initiative Trust Advisory Council.

Centers for Independent Living

The Centers for Independent Living that provide direct services, information and advocacy to Virginians with disabilities and provide services for the Personal Assistance Services Program (assessments, annual reassessments, orientation training and maintenance of the PAS registry which identifies personal assistants for hire in the community). In addition, Access Independence in Winchester, by contract, provides payroll support for the payment of the personal assistants under the PAS program.

Department for the Deaf and Hard of Hearing

The Department for the Deaf and Hard of Hearing, which collaborates with DRS to expand interpreting services statewide.

Department of Education

The Department of Education and public school personnel, particularly those involved in Special Education, work collaboratively with the VR program to serve youth with disabilities who are transitioning from secondary school to work.

Department of Health

The Department of Health which 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.

Department of Medical Assistance Services

The Department of Medical Assistance Services that provides funding thru 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, and through a memorandum of understanding, requires Disability Determination Services to provide determinations on Medicaid eligibility claims in the disability category. DMAS also partners with DRS on administering grants to develop the infrastructure for a Medicaid Buy-In Program in Virginia.

Agency Strategic Plan

Department of Rehabilitative Services

Department of Mental Health, Mental Retardation and Substance Abuse Services

The Department of Mental Health, Mental Retardation and Substance Services and the Community Service Boards, provide support for VR program services to persons with substance abuse and mental illness disabilities. DMHMRSAS also, 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.

Department of Social Services

The Department of Social Services which, through a cooperative agreement and grant funding, supports VF services to TANF recipients who are at risk of losing benefits if they do not enter employment and, through a memorandum of understanding, requires Disability Determination Services to provide determinations on Medicaid eligibility claims in the disability category.

Disability Services Boards

Virginia's forty Disability Services Boards who conduct needs assessments of individuals with disabilities in their areas and that provide matching funds for Rehabilitative Services Incentive Funds grants to improve services to individuals with disabilities in their localities.

Employment Services Organizations

Eighty-seven Employment Service Organizations serve as vendors to the VR program to provide work adjustment training and supported employment services to consumers with the most significant disabilities. These organizations also provide long term employment supports to consumers who have successfully left the VR program and need additional supports to remain employed.

Hospitals and university medical centers

Hospitals and university medical centers make referrals to the Virginia Central Registry for Brain Injury and Spinal Cord Injury.

Local government

Local government, private entities or sub-grantees that provide the matching funds required to receive the Rehabilitation Services Incentive Fund grants.

Medical and psychological professionals

All medical and psychological sources which provide pertinent data to Social Security Disability Determination which allows for the adjudication of disability claims. This includes local school systems, the healthcare community, Department of Corrections, and other sources which allow us to better service our customers needs.

Social Security Administration and Rehabilitation Services Administration

DRS' federal partners, the Social Security Administration and the Rehabilitation Services Administration, that provide oversight, policy directives, and guidance on the implementation of the DDS and VR programs

VATS Regional Sites

The Virginia Assistive Technology System (VATS) Regional Sites at Old Dominion University, Virginia Tech and George Mason University, receive state and federal funds through DRS to provide assistive technology training, device reutilization programs, device loan programs and device demonstrations.

Virginia Workforce Council, Virginia Employment Commission & Local Workforce Investment Boards

The Virginia Workforce Council, the Virginia Employment Commission and the Local Workforce Investment Boards and other mandated partners are collaborative bodies in the administration and implementation of the Workforce Investment Act.

Woodrow Wilson Rehabilitation Center

The Woodrow Wilson Rehabilitation Center (WWRC) is a comprehensive residential rehabilitation Center in Fishersville, Virginia. While the DRS Commissioner has the statutory responsibility of operating WWRC, WWRC is completing a strategic plan separate from DRS. Therefore, for the purposes of this plan, WWRC is a partner in working collaboratively with DRS' VR program to provide rehabilitation and training

Agency Strategic Plan

Department of Rehabilitative Services

services to VR consumers referred to the Center for assistance.

Agency Strategic Plan

Department of Rehabilitative Services

Agency Products and Services:

Current Products and Services

Vocational Rehabilitation: Provides direct delivery of services to eligible persons with disabilities to help them remove barriers to employment and reach an employment goal. Long-term services needed by consumers for successful job placement include supported employment and extended employment services.

Social Security Disability Determination: Provides accurate, timely, efficient and cost-effective evaluations of medical evidence related to claims filed by citizens of Virginia for benefits under the Social Security Act; and to process claims filed for Medicaid based on disability in a timely and accurate manner.

Community Rehabilitation Program: Improves the employability and independence of the most severely disabled citizens in Virginia through independent living, personal assistance services, long term case management, brain and spinal cord injury programs, and local assessment and systems change.

Management and Administrative Support: Ensures compliance with all state and federal laws and guidelines related to fund usage, accounting, expenditures, procurement of goods and services. Efforts to enhance the development of employees to provide effective and efficient services through human resources administration, employee development, and information technology systems.

Factors Impacting Agency Products and Services

The VR program is a federal/state partnership and receives approximately 78% of its Title I funding from the federal Rehabilitation Services Administration. The required state match for the federal funds is about 28%. For every dollar DRS spends for VR services, it receives \$3.69 in federal funding. From State Fiscal Year 1991 to State Fiscal Year 2005, the Federal Title I funding has increased by 81% as opposed to the agency's available State fund match appropriations that have increased by only 2%. While vocational rehabilitation is DRS' largest program, only 29% of the agency's general fund appropriations remain available for the vocational rehabilitation program participation (match). In 1991, 50% of the agency's general fund appropriation was available for match.

A significant number of VR employees are expected to retire or leave the agency for other jobs in the coming years. Staff vacancies affect the timely delivery of services to VR consumers. In addition, VR counselor positions are difficult to recruit because of the federal requirement that counselors possess a Masters degree in rehabilitation counseling or a closely related field. The higher education institutions are not producing sufficient numbers of graduates with these qualifications who want to work in public VR program to meet the demand, particularly in the rural areas.

Even prior to the implementation of order of selection, the VR program had a very high rate of consumers who are significantly disabled. This rate has risen thru the years from 82.2% in Federal Fiscal Year 1998 to 92.8% in Federal Fiscal Year 2004. Successful employment of VR consumers, particularly those with significant disabilities, is dependent on their receipt of individualized and appropriate services to address their ever increasing complex needs. The lack of financial resources to serve all Virginians who need and are eligible for VR services will continue to be an issue.

For many individuals with disabilities, their major impediments to employment are: accessible and affordable transportation (particularly in rural areas); the possibility that their earnings may put them above the threshold for Medicaid benefits, resulting in the loss of health insurance; and access to affordable assistive technology.

DRS is actively pursuing grant funding to supplement the federal funding and state match funding for the VR program. However, anticipated budget cuts at the Federal level may reduce the amount of grant

Agency Strategic Plan

Department of Rehabilitative Services

funding available and increase the competition for available funds.

The reauthorization of the Workforce Investment Act may remove the VR program as a mandated partner on the Local Workforce Investment Boards, which could affect DRS' ability to appropriately advocate for accessible services for people with disabilities at the One-Stop Career Centers. In addition, increased cost allocation/sharing requirements for infrastructure costs and office co-locations could affect service delivery.

Although the Assistive Technology Act was reauthorized in 2001, the President's budget contains no funding for VATS past FY 2006.

The Virginia Rehabilitation Information System (the VR database) is outdated and inefficient. DRS has acquired a new web-based data system, AWARE, which will replace VRIS. In the interim, however, the VRIS system will be used for the next couple of years until the AWARE system can be fully implemented.

Social Security Disability Determination:

Disability claims are expected to increase due to unemployment rates in areas of Southwest Virginia with the closing of coal mines and various industrial plants, increased population in the Commonwealth of Virginia, and various outreach initiatives to reach the disabled population. This will increase staffing and training needs.

Expansion of Document Architecture Management (DMA) will improve the efficiency of obtaining medical evidence used to make disability decisions. Initiatives by the Professional Relations Officers will be ongoing and consume a great deal of time in travel.

Expansion of technology used in the training programs will allow DDS to reach more individuals in less time and require less traveling to accomplish this goal. Creating this new and improved training program will take considerable time and effort from a multitude of staff members.

Replace a significant number of DDS' workforce due to retirements and resignations, which has impacted the division greatly in the last several years. These losses eliminate a strong knowledge base that DDS agency relies on. DDS will be faced with increasing difficulty finding and hiring individuals with strong analytical skills at state salary rates. An ability to hire new staff is crucial.

Community Rehabilitation Program:

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. In Fiscal Year 2006, an additional \$1.9 million was appropriated for the network of brain injury services throughout the Commonwealth. While this new funding will have lasting consequences in the upcoming year, additional Regional Brain Injury Resource Coordinators and vocational clubhouse programs for people with brain injuries would help address the critical need. Some areas of the Commonwealth remain unserved or underserved.

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 mandated requirement to provide information and resource referral to local governments regarding the Americans with Disabilities Act. In addition,

Agency Strategic Plan

Department of Rehabilitative Services

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.

General and Support Services

Long term employees, many of whom are reaching retirement age, will result in increased use of employee's benefits, family and medical leave, requests for reasonable accommodation of a disability, and workers compensation claims. These actions will challenge the available staff and financial resources of the Human Resources Division.

Limited pools of qualified applicants for agency positions will result in extended recruitment efforts, more consultation with managers regarding employee relations issues, and increased training needs for newly hired employees and their managers.

Federal VR grant funding for employee training and development is likely to decrease. The VR program relies on this grant funding to ensure that VR staff possess the knowledge and skills to provide individualized services to VR consumers.

VITA now provides systems engineering and network services to DRS and is taking an active role and responsibility for creating standards, policies, and guidelines. These activities may delay, negatively impact, or complicate DRS' ability to communicate with its external customers and / or partners. The Infrastructure Public - Private Education Act (IPPEA) contract and the Enterprise Application Public-Private Education Act (EPPEA) contract, if established, may use additional resources.

Technology advances continue to develop at a more rapid pace than agency information technology resources can implement effectively.

The agency runs an HP3000 mini-computer, a hardware platform retired by the manufacturer. We hope to eliminate HP3000 based applications during the Fiscal Year 2006-2008 biennium. Costs of application systems migration will use a significant portion of the agency's information technology budget.

A comprehensive, Integrated Case Management (ICM) computer system is under development. Successful implementation in 2007 will provide a single management tool which impacts most agency service programs.

The agency is working toward procurement of a new financial system to replace the 20 year old system on the HP 3000 minicomputer.

E-Virginia paperless procurement processes have increased duplication of efforts and decreased compliance with Department of Accounts and Department of General Services standards for use of E-Virginia and small purchase cards.

Agency Strategic Plan

Department of Rehabilitative Services

Conflicting standards for use of the small purchase card program, prompt payment regulation and design of legacy financial systems has created process conflicts resulting in the need for exemption for payments processing standards for some agency programs, redesign of systems and episodes of non-compliance with these standards and regulations.

New initiatives to improve operational and grants budget management are underway.

Agency demands for program evaluation, research and data analysis exceed the availability of staff resources to address the requests.

Anticipated Changes in Agency Products and Services

Vocational Rehabilitation:

The vocational rehabilitation program will need to position itself to respond to the growing number of students who will be seeking transition changes. This will require enhancing outreach activities to school personnel and students and their families to educate them on the availability and purpose of DRS transition services, adjusting counselor caseloads to respond to the growth, and working collaboratively with the Department of Education and local secondary schools to develop a teamwork approach to transition services.

As a cost efficiency measure, DRS is actively expanding opportunities for “mobile workers” and co-location of vocational rehabilitation staff with other appropriate agencies. Over the past few years, many vocational rehabilitation counselors began spending much of their work time in the public schools, in One-Stop Career Centers, and other locations to effectively work with consumers. The expansion of this “mobile work” environment requires staff to be more proficient and comfortable with the use of technology and working independently.

DRS’ Deaf and Hard of Hearing Unit will be collaborating with the Department for the Deaf and Hard of Hearing in producing a statewide needs assessment/census for individuals who are deaf, hard of hearing, or deaf blind, and expanding interpreting services statewide via remote video conferencing equipment to enhance communication accessibility

With funding received from the Department of Social Services, DRS will be expanding vocational rehabilitation services to Temporary Aid to Needy Families (TANF) recipients through more specialty counselors trained specifically to provide vocational rehabilitation services to this population.

DRS hopes to partner with the Virginia Employment Commission, as the lead agency in the implementation of the Workforce Investment Act, to provide Disability Program Navigator services to all of the Local Workforce Investment Boards thru a cooperative grant funded by the Department of Labor.

If Federal funding opportunities are reduced, the focus of grants development may shift to include more proposals to private funding sources, including private foundations, charitable organizations, and corporate giving programs.

New State certification requirements for One-Stop Career Centers may necessitate an increase in accessibility surveys conducted by DRS and other partners to ensure physical and programmatic access to the Centers for people with disabilities.

With the passage of House Bill 2636, DRS will be working with the Department of General Services to identify Employment Services Organizations and their products and services for agencies and institutions in Virginia to access in purchasing needed goods and supplies.

The reauthorized Assistive Technology Act shifts the focus from systems change to service delivery. The

Agency Strategic Plan

Department of Rehabilitative Services

legislation requires that states spend 60 percent of the federal funds received by each state assistive technology program go to the following new required activities (referred to as “state level activities”): device reutilization programs, device loan programs and device demonstrations.

The implementation of the new vocational rehabilitation database system, AWARE, will help the VR program staff be more efficient and effective in their jobs and will provide more sophisticated information for program management.

Disability Determination Services:

The disability workload is expected to increase as Virginia’s population ages and increases.

Hiring and training of new staff that is needed to address the increasing workload will be ongoing and labor intensive.

Increasing demands from the Social Security Administration to implement new computer system changes will cause numerous revisions of the business workflow process in DDS.

DDS anticipates losing more employees to retirement and resignation as the job market continues to be more and more competitive. Losing a strong knowledge base due to retirements is hard to replace in a short amount of time.

Community Rehabilitation 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.

General and Support Services:

System and customer service enhancements planned for the biennium include electronic (paperless) requisitions for all agencies, refresher training for American Express and contracts administration, more automated financial and budget reporting and new automated systems for contracts administration.

DRS will continue to participate in workgroups associated with IPPEA and EPPEA contracts, participate in the Secretary of Health and Human Resources Cabinet Technology Team and provide feedback through an on-line comment system, ORCA.

DRS will work to implement all VITA standards. Delays on new initiatives or increased costs may occur.

DRS plans to continue training efforts for its internal IT staff and hire consultants, as necessary to address technology advances.

Agency Strategic Plan

Department of Rehabilitative Services

The agency plans to replace the HP3000 platform within 5 years. All HP3000 applications will migrate to a new SQL, Web based application environment.

The Integrated Case Management system (ICM) will be implemented in 2007. It will enable most consumer program staff to input, view, analyze and share information at any location accessible by the internet. Implementation of ICM also will require changes to DRS' VR policies and procedures.

The new fiscal processing system will be implemented by 2007. It will interface with all consumer program, administrative and Commonwealth Enterprise fiscal processes

DRS has submitted its application for five years of In-Service Training Grant Funds from the federal Rehabilitation Services Administration. Funding at the maximum level will allow for the development and implementation of human resource development programs to improve consumer services for VR staff.

A Workforce Planning initiative will address the loss of institutional knowledge from retirements and reduce the risk of loss of critical agency functions as follows:

Increased presence of CommonHealth promotion activities,

Development of brochures and web site information on retention of retirees through mentorship or training positions,

Identify and cross train critical functions of the agency,

Succession planning,

A student internship program with various colleges and universities, and

Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

Agency Financial Resources Summary:

The Department of Rehabilitative Services' funding comes from federal funds (70%), general funds (21%) and indirect cost funds recovered from federal grants (7%). In addition, there are dedicated special revenue funds for the Commonwealth Neurotrauma Initiative Trust Fund (2%).

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$27,162,016	\$102,354,072	\$27,162,016	\$102,354,072
Changes To Base	\$999,337	\$3,288,203	\$1,000,667	\$3,288,203
AGENCY TOTAL	\$28,161,353	\$105,642,275	\$28,162,683	\$105,642,275

Agency Human Resources Summary:

Human Resources Overview

As of May 1, 2005, DRS has an authorized Maximum Employment Level (MEL) of 694. Because Disability Determination Services is exempt from the MEL, this number increases. DRS' Central Office for administrative functions, the Central Regional Office for DDS and Eastern Regional Office for the Field Rehabilitative Services (including several field offices) are located in Richmond. The highest concentration of employees is in Richmond with approximately 36% of the workforce represented. The Tidewater area has approximately 15.5% of the workforce, the Roanoke area approximately 13.5%, the Northern Virginia area approximately 15% and other locations throughout the State account for the remainder, approximately 20%. The VR program field staff are located in 36 sites across Virginia, with four regional offices. The Social Security Disability Determination has staff located in the Central Office, four regional offices and the Medicaid Unit in Richmond. DRS uses 38 role codes with the largest

Agency Strategic Plan

Department of Rehabilitative Services

employee population in Counselor II and Program Administration Specialist I. DRS will face human resource issues as the current workforce retires or leaves DRS for higher paying jobs or jobs with better benefits in other employment sectors.

Full-Time Equivalent (FTE) Position Summary

Effective Date:	5/1/2005
Total Authorized Position level	694
Vacant Positions	78
Non-Classified (Filled).....	1
Full-Time Classified (Filled)	689.4
Part-Time Classified (Filled)	3.6
Faculty (Filled)	0
Wage	57
Contract Employees	109
Total Human Resource Level	860

Factors Impacting Human Resources

Dealing with the affects of a workforce eligible to retire: Twenty-seven percent of DRS' classified workforce is eligible to retire, with unreduced benefits, within the next five years. This possible loss of personnel represents a significant loss of knowledge, skills and abilities.

Retention of current employees: Particularly in the VR and Social Security Disability Determination programs, DRS is losing qualified employees to other employers (school systems, federal government, private VR providers) who can offer higher salaries and better benefits.

Recruitment of qualified employees: As the competition for qualified employees has become more intense, DRS is feeling the challenge of being able to recruit qualified employees to fill vacant positions. This is especially true for VR counselors where they must meet the minimum standard of a masters degree in VR or a closely related field to become employed at DRS. The higher education programs across the country that produce professionals for the VR program are not providing sufficient numbers of master level graduates wanting to work in the public VR program to fill this void and there is competition from other states who are in a like situation for those that are available. DRS will have to offer non-financially based incentives to attract qualified employees.

Employee Training: DRS has always provided an extensive and comprehensive employee training program. Much of this training has been provided through federal grant funds. If there is a reduction in these federal grant funds, DRS will have to develop creative measures to continue to provide training to enhance the skills of our employees. In addition, many DRS will be expending a large amount of their time in the implementation of the ICM.

Cross Training and Staff Vacancy Coverage: With the expectation that large numbers of DRS employees will soon retire, DRS must make provisions to cross-train staff in the essential functions of the employees that will be leaving and provide creative means to cover the duties of those leaving until qualified replacements can be found.

Benefits Plans: Increased use of benefits under the new Virginia Sickness and Disability Plan have resulted in diminished productivity for various divisions. With the necessity of more direct handling by supervisors of employee absences, more time is being spent between supervisors and employees with Human Resources about benefits management and staffing needs due to prolonged absences.

Agency Strategic Plan

Department of Rehabilitative Services

Anticipated Changes in Human Resources

DRS will need to implement new recruitment and retention plans to address the anticipated vacancies in critical positions. These plans will include: an expanded student internship program with college and universities to attract masters level students to DRS for the VR program; hiring former employees (retirees) in wage positions to train and mentor new employees and current employees who are changing job functions; and developing a trainee VR counselor position to attract candidates who do not meet the federal requirements for a VR counselor, but agree to acquire these credentials within an agreed upon period of time. In addition, more resources will be expended on severance costs, recruitment and in responding to salary competition.

DRS will need to maintain its commitment to staff development activities to ensure that employees are provide effective and efficient services to their consumers. This commitment will include expanding the use of video conferencing and on-line training as a means of reducing training costs and time spent out of the office traveling to and from training sites. In addition, DRS will need to stay committed to succession planning to enable current staff to move into future leadership positions.

DRS will continue to expand opportunities for “mobile workers” and co-location of VR staff with other appropriate agencies.

Agency Information Technology Summary:

Current State / Issues

Information Services

- Provides systems engineering services through the Virginia Information Technology Agencies (VITA) including voice and data communication networks, hardware and computer support services for 60 facilities
- Provides computer applications development and support, and web services
- Provides technology procurement, security, asset tracking, policy and mini-computer support services

Agency Strategic Plan

Department of Rehabilitative Services

Factor Impacting Information Technology

- VITA provides systems engineering and network services to DRS and is taking an active role in and responsibility for creating requirements, directives, standards, policies, and guidelines which impact the agency in an effort to promote consistency in technology across the Commonwealth. Changes driven by VITA's transformation activities may change DRS' ability to serve external and internal information technology customers. Changes in standards to network architecture may delay, negatively impact, or complicate DRS' ability to communicate with its external customers or partners. The Infrastructure Public-Private Education Act (IPPEA) and the Enterprise Application Public-Private Education Act (EPPEA) will establish new standards. There may be time and financial impacts to DRS.
- Technology advances continue to develop at a more rapid pace than the agency IS resources can gain the appropriate knowledge to implement effectively.
- The agency runs an HP3000 mini-computer, a hardware platform that has been retired by the manufacturer. We hope to eliminate HP3000 based applications by moving them to SQL server environments. The number of applications that are migrating and the person hours needed to successfully migrate the applications are too extensive to develop with out internal resources. DRS will need to contract additional resources to successfully migrate all applications from the HP3000 in a timely manner.
- A new Integrated Case Management (known as AWARE) will replace the current VR database and other systems used by Community Based Services and some of the other Disability Services Agencies. The ICM System project is an effort to integrate Disability Services Agencies' legacy data management systems and data exchange processes into a single seamless application computer system. The ICM is identified with VITA as a Major IT project with medium complexity. As such, it is being managed and evaluated by the appropriate Commonwealth Management standards, including periodic Dashbord and IV&V reporting.
- The agency is developing requirements for a new integrated financial system to replace the 20 year old legacy system. The ability to implement this system is directly impacted by the HP3000 platform. Any catastrophic failure of the legacy system prior to replacement will seriously impact the agency's and our partner agencies' ability to meet the prompt payment guidelines established in the Code of Virginia and meet federal and state reporting deadlines.

Agency Strategic Plan

Department of Rehabilitative Services

Anticipated Changes / Desired State

- DRS will continue to support the work of the IPPEA and the EPPE in several ways. DRS IT staff will participate in the workgroups which recommend the standards and evaluates the proposals of the private partners. DRS IT staff participate in the Secretary of Health and Human Resources Cabinet Agency Technology Team. Appropriate DRS IT and management staff will provide feedback through ORCA . DRS will work to implement all standards. Delays on new initiatives may occur while DRS re-engineers current information technology to meet VITA’s standards. In order to avoid delays, new budget considerations may be requested to hire supplemental staff to implement the changes.

- DRS plans to retrain its staff and/or hire consultants, as necessary, to meet the rapid pace technology advances when implementation of these advances are appropriate and in the best interest of the agency, its consumers, and the Commonwealth.

- The HP3000 platform will be replaced within 5 years. All HP3000 applications will migrate to a new SQL, Web based application environment.

- The ICM will be implemented by 2007. It will enable most consumer program staff to input, view, analyze and share information at any location accessible by the internet.

- The new fiscal processing system will be implemented by 2007. It will interface with all consumer program, administrative and Commonwealth Enterprise fiscal processes.

- Federal, State, and grant authority reporting requirements change periodically. In order to address these changes, information services will either modify existing applications or develop new ones based on agreement of the affected parties.

Agency Information Technology Investments:

	<u>Cost-Fiscal Year 2007</u>		<u>Cost-Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Major IT Projects	\$0	\$1,492,000	\$0	\$1,563,000
Non-Major IT Projects	\$0	\$1,025,000	\$0	\$975,000
Major IT Procurements	\$0	\$0	\$0	\$0
Non-Major IT Procurements	\$0	\$0	\$0	\$0
Totals	\$0	\$2,517,000	\$0	\$2,538,000

Agency Goals

Goal #1:

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

Goal Summary and Alignment:

Virginia benefits from VR services because they enable individuals with significant disabilities to become employed or remain employed. Their employment helps businesses secure qualified workers, increases the tax base and helps reduce dependency on public benefits. Virginians with disabilities also benefit from VR services by receiving educational and vocational training, and other services, to enhance their employment capabilities and to secure sufficient wages to provide for themselves and their families.

Agency Strategic Plan

Department of Rehabilitative Services

Statewide Goals Supported by Goal #1

- Elevate the levels of educational preparedness and attainment of our citizens.
- Be a national leader in the preservation and enhancement of our economy.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Objectives For Goal #1

Objective 1.01

To assist eligible individuals with disabilities to become employed and maintain employment that is consistent with their individual interests, abilities and informed choice.

Objective 1.02

Provide ongoing supports to persons with significant disabilities who need these supports to maintain employment following their VR case closure.

Goal #2:

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

Goal Summary and Alignment:

Due to their age, the severe nature of their disability or the recent onset of their disability, some Virginians with disabilities may not be able to enter or return to the workforce. They, however, may need individualized services to live independently in their homes, become as self-sufficient as possible, and allow their family members and other caregivers to maintain their employment.

Statewide Goals Supported by Goal #2

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Objectives For Goal #2

Objective 2.01

To provide accurate disability decisions for Title II, Title XVI and Title XIX disability claims.

Objective 2.02

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.

Goal #3:

Provide a qualified, knowledgeable and skilled workforce.

Goal Summary and Alignment:

DRS' services are provided by knowledgeable, well-trained, creative and committed employees who support the agency's mission, vision and values. By maximizing their effectiveness and efficiency in partnering with Virginian's with disabilities to meet their personal goals, Virginia benefits.

Statewide Goals Supported by Goal #3

- Engage and inform citizens to ensure we serve their interests.
- Be recognized as the best-managed state in the nation.

Agency Strategic Plan

Department of Rehabilitative Services

Objectives For Goal #3

Objective 3.01

To enable all DRS employees to meet or exceed their annual employee objectives established in their Employee Work Profiles each year.

Objective 3.02

To ensure that all DRS employees receive appropriate training to enable them to fulfill the expectations of their jobs.

Goal #4:

To provide effective and efficient management services for the Disability Services Agencies.

Goal Summary and Alignment:

DRS provides administrative support services (fiscal, human resources, audit, information systems, logistical) to the Disability Services Agencies. These agencies, their consumers, and the Commonwealth benefit from a management services operation that operates with utmost efficiency and effectiveness.

Statewide Goals Supported by Goal #4

- Be recognized as the best-managed state in the nation.

Objectives For Goal #4

Objective 4.01

To provide effective and efficient financial management services.

Objective 4.02

To provide effective and efficient technology management services.