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**MEMO**

**TO:** J. Paul Vertrees M.S. C.R.C.  
Planning and Evaluation Program Manager  
Division of Vocational Rehabilitation

**FROM:** J. Martin McCallum  
Chair  
Planning, Policy & Advocacy Committee

**RE:** Input for Consideration in the Development of DVR's Full  
State Plan

**DATE:** April 17, 2009

After gathering input from stakeholders representing various interests in the vocational rehabilitation program, members of the Council's Planning, Policy & Advocacy Committee have prepared this document in response to the draft goals and priorities proposed in Section 4.11 (c) (1) of the FFY 2009 DVR state plan. Our committee members are presenting this response for the consideration and vote of the full Council in preparation of our April 17<sup>th</sup> discussion. We appreciate that you furnished us with draft materials and additional information in advance of our discussion so that we can provide timely input regarding the development of the state plan.

Within the proposed draft Section 4.11 (c) (1) of the FFY 2009 state plan DVR has three goals:

1. Rehabilitate the maximum number of DVR-eligible individuals DVR resources will support.
2. Improve organizational effectiveness.
3. Distinguish DVR's role in the disability services / employment system.

The Council would like to offer an alternative to the first goal which is: "[To] rehabilitate the maximum number of DVR-eligible individuals DVR resources will support." Our proposed alternative language is:

“Support a greater percentage of DVR customers to achieve successful rehabilitation by participating in a quality rehabilitation process.” In addition to the broad goal statement we have identified specific components of a quality rehabilitation process which include:

1. Individualized counseling and guidance;
2. Rapport;
3. Honesty;
4. Respect for each customer and his or her rights;
5. Support for customers as they weigh choices, make decisions, and initiate change;
6. Investment of time and resources needed for the customer to develop the qualifications and skills to achieve his or her goal;
7. Learning and growth that increases the likelihood the customer will secure employment with a living wage and benefits.

We understand that goal statements should be succinct; however we are concerned that the mention of quality without definition may be dismissed. Our analysis is nuanced and we ask for your assistance reflecting that in the final draft of the state plan.

The Council recognizes that the tension between production and balancing a good rehab process from start to finish. While we do not oppose some emphasis on increasing productivity, we question whether serving the maximum number of eligible DVR customers that DVR resources will support will lead Washington’s Vocational Rehabilitation Program to achieve the appropriate balance between production and fostering a rehab process centered on strong guidance and counseling, which honors customer rights, and contributes to customers developing higher earning potential at the end of the three year state plan.

We propose alternative approaches to increasing productivity and the number of successful rehabilitations, while emphasizing quality, by assisting a greater proportion of the existing customer base to overcome barriers to employment through the development of quality Individual Plans for Employment. Here are some strategies that we believe may increase the number of quality, successful rehabilitations achieved by a larger proportion of the existing caseload:

- Providing Supervisors with the time and tools they need to provide effective, ongoing, coaching and mentoring for their staff;
- Support Supervisors in promoting accountability and to providing intensive support to staff who are not succeeding in developing the counseling skills that are consistent with meeting qualitative case measures or productivity standards;
- Supporting more co-staffing or teamwork among staff by establishing an interoffice work group of seasoned VRC’s in each of the three areas to provide

coordinated support to customers who are not making satisfactory movement in their cases.

We are not concerned about whether the three priorities (bulleted above) are associated in the final draft with the alternative language we proposed in place of the first goal, or paired with your existing second goal. What matters is that the final draft of the state plan reflects support for strengthening the professional of the field staff and giving supervisors the time and tools they need to be successful coaches and mentors.

In addition to the goals and priorities which DVR has proposed, we suggest the addition of two more goals with associated priorities:

1. Increase the number of individuals achieving employment who earn a living wage with benefits and may be eligible for union membership.
  - Support a greater number of DVR customers statewide to become active partners in achieving their own rehabilitations by developing a more consistent, comprehensive, effective approach to customer orientation;
  - Increase the number of successful rehabilitations achieved outside the service sector.  
*\*We have examined the "Occupations of DVR Customers" which was included on page 36 of the February 2009 GMAP and concluded that 64% of DVR's successful rehabilitations are achieved within service industries which we are referring to as the service sector*
  - Increase DVR's capacity to provide comprehensive benefits planning to its customers by training a greater number of Counselors to become Certified Benefits Planners through the Social Security Administration.
  - Provide contract incentives to Community Rehabilitation Programs who place customers in jobs with wages that support DVR in exceeding the Federal Standard and Indicator on customer wages at closure.
2. Increase the availability of long term supports needed by individuals to achieve and sustain supported employment.
  - Train VRC's to understand and evaluate the appropriate use of the Wellness Recovery Action Plan model as an addition or compliment to the process of IPE development for customers with psychiatric disabilities.
  - Encourage counselors to ensure that plans move forward towards employment by purchasing a greater portion of psychiatric services,

supports, and medications to address more of the unmet need of customers (who would otherwise lack access to, or have significant gaps in coverage) so they can overcome barriers to employment.

- Identify, analyze, and implement strategies for collaborating more effectively with Community Rehabilitation Programs to assure the availability of extended supports while using DVR's time limited supports, needed by individuals to achieve and sustain supported employment.

Thank you for seeking our input in the state plan development process.

Cc; Kelly Boston  
Lynnae Ruttledge