

Washington State Rehabilitation Council
Quarterly Meeting, Spokane
October 15, 2010

In Attendance: JoAnne Lang, Susan Kautzman, Valerie Arnold, J. Martin McCallum, Mike Hudson, Vicki Foster, Joelle Brouner, Jim Larson, Jeffrey Abe-Gunter, Rudy Hernandez, Teresa Kutsch, Don Kay, Vanessa Lewis.

Jim calls for a vote on approval of the agenda, which is amended to reflect that there will be no perspectives from the field represented in a conversation at the meeting.

Mike Hudson moves we approve.

Susan Kautzman seconded.

Motion passed.

Valerie moves to accept the minutes from our meeting on July 16, 2010.

Mike Hudson seconded the motion.

Motion approved.

This is Jim Larson's last meeting as chair. In January we will vote on a new Council Chair. He thanks everyone for their work this quarter.

Joelle Brouner's Remarks: She talks about recruitment. We may have had some applicants for our Customer position vacancy on the council. We also have an applicant to the Tribal Representative vacancy. Ms. Brouner wanted to congratulate the Colville nation, they have been through leadership changes, and they still managed to get their grant from RSA this year, which was something that Ms. Cleveland worked really hard for, before her job at the Tribal VR.

She also wants to note Mr. Larson's good work this quarter. He's been to many meetings.

Ms. Brouner and Mr. Larson thank JoAnne Lang for her good work this quarter.

She also talks about the fact that there will be a new executive Director of VR this coming year. The council should be proud of the fact that we meet with the Senior Leadership team each month, and that we have been invited to meet with the Chief of Staff of the Department of Social and Health Services.

Ms. Arnold shares that she has served one year now, and she has served in this role and in Joelle's role, and from her perspective, she is impressed with Joelle and her ability to serve the Council in a leadership role, without overstepping the boundaries of that role, which can be a very fine line to walk.

Mr. Hudson asked, what are the challenges for the next quarter? Ms. Brouner answers, Disability Lifeline will be implemented. DVR has done a good job on a part of this. Ms. Franklin has really worked hard to help to develop the assessment tool. Also, the legislative session is also coming up. The decisions that were not made last year will have to be made this year.

Mr. Kay's remarks:

Mr. Kay has a pretty long list of things to talk about.

DVR just ended the federal fiscal year. Where is DVR's at with budget for this year, next year, and the year after that? He wants to talk about the challenges we will be facing in the coming year. How the budgets of other programs will impact DVR.

So, last year October 2009 through September 2010, DVR did really good. They ended up helping about three hundred more customers to go to work last year, than the year before. Last year 2,677 customers closed rehabbed, which is roughly 300 more than last year. DVR also reached a point where they are now basically at full programmatic capacity. DVR ended Order of Selection (OoS) in February 2008, so they have now been out of OoS just going on two years. During the eight years of OoS, DVR had really weird numbers, because they had about 14,000 people waiting for services. During those eight years, DVR had numbers that went up and down, as a result of releasing groups off the waiting list causing the numbers to rise, then serving them, causing the numbers to drop, and repeating that process. Now that DVR is out of OoS, what has occurred over the last 18 months is that caseload movement has entered more typical patterns. Before DVR went into OoS, during any typical year, DVR would serve about 20 dozen customers. At any given time, DVR would have about 13,000-14,000 open cases. They would take about 11,000-12,000 new applications. They would determine about 9,000-11,000 of new applications would be eligible for services; Out of those eligibilities, DVR would develop about 6,000-7,000 new employment plans. During the period before OoS, those were their average figures. When OoS ended, they were not serving those numbers. When they ended OoS, during any given month, we would serve about 10,000-11,000 open cases. DVR would take in about 10,000 new applications, and developing maybe 3,000-4,000 new plans. The numbers were lower because people had stopped coming to DVR. Customer numbers have gradually returned to what it was like before OoS. When DVR ended OoS, they knew it would take 1-2 years to really get case movement back to what it was before. Mr. Kay gives all this background because it looks like we have pulled out of the OoS, which means they are now at a point where we are serving the appropriate numbers. Caseloads statewide average 80-100 people. There are pockets where caseloads are higher. The challenge now is to maintain equilibrium.

Ms. Brouner interjects to inform the council, that last quarter we learned that out of 39 DVR offices, 6 had caseloads that were different. One had a caseload size of 125-150, 4 had caseloads of 150 or higher, and one other at 170, and Pullman was at 271. Six out of thirty nine, is about

25% percent. One of the things that DVR doesn't measure is the time that people have to wait between determining eligibility and getting a first appointment with their Counselor. It has happened that some offices are waiting to have people sign an application. The reason for that is once a person signs the application, a clock starts ticking allowing DVR to determine eligibility within 60 days. Mr. Kay responds that DVR is now at full caseload capacity, which is a good thing. Now that they are at capacity, what are the challenges and what does DVR need to do to maintain this level of service?

Last year, during any given month, DVR had roughly 13,000 open cases. There were 12,492 new applications, averaging about 100 per month. They determined 10,959 eligible for services. DVR developed 5,643 new employment plans. This was the goal, and they met it. 2,677 people went to work.

The rehabilitation rate, which measures every customer who had an employment plan and whose case was closed during the year, what percent closed rehabbed, and what percent closed not rehabbed. The federal standard is 55.8%. Last year DVR ended the year at 51.4%. This is slightly below what they ended the previous year. This is the only standard that DVR has not met for a number of years. Last year, the average hourly wage of a rehabbed customer was \$12.12. They worked on average 27 hours per week, which is down by three hours from the previous year. For supported employment, the average wage of a rehabbed customer is \$9.08. Individuals who are rehabilitated with supported employment do have a lower average.

As far as the budget goes, DVR has taken a 6.3% cut which everyone in DSHS has had to take. In addition, they will be asked to take an additional 3.7% in the new calendar year. DVR currently has federal money from two previous federal years that they did not spend during those years, which has carried over year after year. They have almost exactly as much federal carryover money, as is going to be reduced by the 6 and then 10 percent reduction in state money. What this means is, that even though they are reducing their state dollars for this year and next year, it will not translate into any service delivery or program reductions, because they will be able to spend that federal carryover money.

Mr. Larson asks, is there some fear that the federal carry over money will be lost? Doesn't DVR have two years to spend that money?

Mr. Kay answers, yes, if we don't manage it carefully we could lose it, but Lorie Christoferson is DVR's business manager and she is masterful in spending the right money at the right time, so that they don't lose any. DVR has this carryover money that will essentially offset the current cuts in state funds.

Mr. McCallum asks what percent of DVR's budget comes from federal dollars. Mr. Kay answers 78.7%. McCallum asks, beginning FFY October 2010, looking at what's in the federal budget for rehab services, is it flat or up or down, for the next year? Mr. Kay answers that

federal appropriation for the Rehabilitation Program is one of the only federal programs that has an automatic cost of living adjustment. Every year that Mr. Kay can remember, the federal appropriation typically increases by 1-3% per year. There is discussion that because of the federal deficit, that congress may not give the cost of living adjustment this year. There is also the president's statement, where he said that he's going to ask for across the board 5-6% reduction in federal spending. DVR is currently planning for business as usual, and that their federal appropriation will be essentially the same as last year.

Ms. Arnold asks what percent of the federal money is DVR unable to match. Mr. Kay answers that this year, we are matching everything. Ms. Arnold is referring to Andres Aguirre's September 17th memo, which is in the meeting mailing, and talks about not being able to meet the match. Mr. Kay does not remember off the top of his head, but he believes it's ten percent or less. He offers to get the actual number and share it with the Council.

Mr. Kay's concern is this: when the legislature meets to pass a new biennial budget for 2011-2013, DVR is concerned that if they don't appropriate at least the same amount that we started with this biennium, we will not have enough state money to capture all the federal money that they are eligible for. The good news is that if the legislature looks at what our state funding was after the 6-10%, and they only appropriate that much for the new biennium, that would mean that we would not have enough state money to match the federal grant for the next two years. The other negative consequence is that the Rehabilitation Act requires a state to maintain its state match at the same level as it was two years previous. So, if a state does not do that, in addition to not being able to capture all the federal money they could, they will also have to pay a penalty. If DVR finds itself in the position of not having enough state match dollars, they will have to pay a \$200,000-\$300,000 penalty. There are a lot of provisions in the Rehabilitation Act where the state can ask for an exception to the penalty. Years ago, they requested an exception and did not get it. The only thing that is different this year is that all 80 VR programs around the country, we are not the only ones who are facing very serious state budget problems. If we do not meet our maintenance of effort, we will not be the only state in that situation. If there are enough states which all have that same situation, we might see some political initiative made among state Rehabilitation Agencies nationally, to ask RSA to do something this year to not penalize states who do not meet their maintenance of efforts. We will know by the end of this legislative session if we will be meeting the maintenance of effort.

Ms. Brouner asks how the Council could help in that regard.

Mr. Kay answers that when the new DVR Director comes on board, hopefully they will start mid to late November. If the Council discusses the whole budget with the Director, and the Council can recommend the specific actions they would be able to offer to the Director.

Mr. Larson asks what would happen if DSHS does not hire a new director?

Mr. Kay answers that when Andres Aguirre gets back from his Hawaii vacation and hears that he will be the Acting Interim Director for another extended period of time, it will be Mr. Aguirre who the Council should have that conversation with.

Mr. Larson asks, who was assigned the legislative stuff last year in DVR?

Mr. Kay answers, it was Andres as Interim Director and Lorie as Business Manager who responded to any budget questions. Typically the DVR Director does not traditionally testify in front of the legislature. Instead, the Legislative budget staff works with the DSHS budget staff. If the Legislative staff has questions about the DVR budget, that is when DVR's director and budget staff are available to answer any questions.

Ms. Brouner asks there have been a lot of bills that come up at the last minute, like the Disability Lifeline. These are not necessarily related to DVR's budget. So, who in DVR tracks those bills that affect the way DVR provides services?

Mr. Kay answers, this is a different matter. Any bill that has any impact on DVR services gets routed to Andres Aguirre, Interim Director; Don Kay, Special Assistant; and Kathy Krulich, Confidential Secretary. In reviewing any legislation, they determine if the impact will be positive or negative. This last session, other than the Disability Lifeline legislation and a very small number of other bills, there were not many that had an impact on DVR. If there is a bill that has a big negative impact on DVR, DVR would request to testify and explain what the impacts would be. The Secretary of DSHS and the Governor's office would also have to agree that this was appropriate.

Mr. Larson asks if anyone thought to testify over the Disability Lifeline bill.

Mr. Kay answers that he was the primary person reviewing that one, and they did say from day one, that there were problems with it. They did discuss the matter with DSHS. Unfortunately, even within DSHS, DVR was not the only program with concerns with that bill. It seems that bill got passed despite concerns.

Mr. Larson advises that it might be good for DVR to utilize the Council more effectively in cases such as that, because the Council members are in a position to educate lawmakers on the difficulties in passing certain legislation.

— B R E A K —

Mr. Larson reconvenes the meeting. He suggests working through lunch because we are running late in our agenda. He asks Mr. Kay to resume from where we left off, at "challenges."

Mr. Kay shares some good news. This year that we just started, DVR was able to put more money into case service allotments than Mr. Kay can ever remember in the last 25 years. This year DVR has put \$30 million dollars into case service. This is three million more than last year. Five or six million more than they had any time before that. So, there are more resources in the customer case services.

The challenge for DVR will be if they do not get the right appropriation from the State for the biennium and lose their federal match, or are charged with a penalty for meeting the maintenance of effort.

The number of individuals coming off unemployment, and how many of those individuals have disabilities, which are now making it hard for them to go back to work. Reductions in Medicaid services, like dental, prescriptions, personal care expenses, and other programs being cut, it may happen that DVR will see more and more people applying for services, which will be DVR's biggest challenge. Adding Disability Lifeline to this is going to also increase the numbers of people who come through DVR's door.

The way that DVR can be successful is by making use of all the benefits that customers receive by the other programs, including medical, personal care, etc. As those services dry up, it will be more challenging for DVR to successfully serve everyone. In the Rehabilitation Act, it is very clear that when DVR develops customers' Employment Plans, the plan is supposed to identify the employment goal and all of the steps and services that they will require to reach that goal. The list of services that can go into that plan includes 27 different services that DVR is expected to provide in order to reduce or eliminate their barriers to employment. The Rehabilitation Act also says that if there is another funding source for most of these services, the DVR customer is required by the Act to use that other source instead of using DVR funding. The Act says that when the comparable benefit is not available or not available when the person needs it, DVR is obligated to provide that service.

At this point in our meeting, the meeting space fire alarm went off, and we had to take another break.

The meeting resumes after the fire drill. Mr. Larson asks Don Kay to continue. Mr. Kay continues by talking about DVR having an obligation to provide services that are required by law, if a service is no longer available. He sees this as one of the challenges facing DVR. DVR will have to think through whether they will continue serving 3000 customers each month, and 5-6 thousand employment plans each year.

Another challenge is the explicit prohibition of DVR paying for maintenance services. Maintenance means basics, like food, clothing and shelter. The exception to this rule is that when a person begins their employment plan, if there is some activity in their employment plan that is going to cause them to incur extraordinary housing, food, or other expenses, then DVR

can pay for the additional expense. However, they cannot pay for rent, food, clothing, etc. Unless of course the clothing is for work, which is not maintenance services, that is specifically for work. What this means is that if a person is homeless, if they need rent, or food DVR cannot pay for that. Without a lot of basic support services, especially medical services, mental health services, it will not be over a long term, it will be a short term. The Rehab Act says that if a person cannot participate in their employment because they aren't getting these other essential services, technically they aren't supposed to put the employment plan together in the first place. It will be very important that DVR help the right people get into the right plan. It will also be important to know when a plan doesn't make sense for a person. This will be a big challenge for DVR. Mr. Kay asks the Council, how do we sustain service delivery and make these decisions that they will need to make?

Ms. Brouner asks if we can table this question until the January meeting, but she wants to discuss how DVR defines short term services, and she has also heard that if a person cannot quickly and directly identify the supports they will need, that DVR will not participate.

Mr. Kay continues with the challenges DVR is facing. He talks about the mental health system. Out of all the customers DVR serves, 13,000 per month, roughly 60% have a mental health issue that is a barrier to their employment. Most of those other disabilities besides that, but 60% have significant mental health needs. Today, only about half of those folks are eligible for community mental health services. What he sees happening, is that the number of customers who experience mental health issues is not going to get smaller. The community mental health system is going to shrink. DVR will be faced with serving large numbers of people who have significant mental health needs, if they want to go to work. DVR will have to figure out a much better way of serving those folks than they do today.

Rudy Hernandez talks about a woman he has been serving recently, who has significant mental health issues, and she is very representative of DVR's clientele today. She was utilizing GAU, which is going to be the Disability Lifeline.

Mr. Kay answers that front line staff are going to be facing customers and will not have all the resources and tools to easily and successfully serve everyone. Our staff are going to have to make some very difficult decisions about whether every customer is someone who they can serve. DVR has amazingly caring and compassionate employees who will not want to turn people away by saying DVR might not be the place for them right now. DVR's challenge will be figuring out how to support their staff, and train their staff to be able to do their job in a way that makes them feel confident in their ability to serve the customers they can, and confident in their ability to appropriately explain to someone that DVR maybe is not the right place for them today.

Mr. Hernandez interjects that in the past, when a person was not eligible for DVR, a counselor or DVR staff person could refer them to resources that are available for them, to serve their

immediate needs. However, if those services are drying up, then it may be that any referrals DVR makes are not appropriate. Staff will have to be able to identify those services that *are* still available.

Mr. Kay agrees that it will be a challenge, but that there is also an opportunity. DVR met this week with some folks from the State Office of the Division of Developmental Disabilities (DDD), and discussed what the impacts of cuts within DDD will be. What they perceived was that at the leadership level at DVR have to continue meeting at least once a month, or more to ensure that they are working together, and maximizing resources as much as they can. If they are trying to have that meeting six months ago, they would have said, "We're too busy." But now, they are engaging in much closer collaboration, which is where the opportunity is. There are a lot of agencies and entities and resources that DVR calls "partners," but usually they do not have the level of collaboration with them that is happening right now.

Mr. Larson would like to work through lunch, bringing our lunches back here. We will debrief the customer forum. Now we'll hear from Teresa Kutsch regarding perspectives from the field.

Ms. Kutsch talks about the challenges facing Washington State and how these are the same challenges facing Area 3. She wanted to talk about a few successes that Area 3 has had recently. She's pleased to announce that in spite of the budget climate, they have stayed true to DVR's focus and mission. In 2010, DVR took more applications, determined more people eligible, and wrote more plans. They did this with more staff turnover, and still served more people. The major success, it took less time to determine eligibilities, and also decreased the amount of time between eligibility and employment. The average time that it took to determine eligibility was 47 days. They also decreased the amount of time between eligibility and plan for employment. She is particularly astounded about the dashboards. Area 3 reached 98% of their targeted rehabs. They exceeded their target for plans. They missed the mark on the rehab rate, but 72% of the plans written are within 120 days. This is a big improvement. Average hourly wage in Area 3, which consists of a lot of rural areas like Omak, Colville, Republic, Clarkston, Pullman, Walla Walla, Wapato and Dayton was \$11.88. This is not the highest average wage, but it is very comparable to the wages being earned in Area 3 by the general public. They also exceeded areas 1 & 2 in finding customers jobs with a higher number of hours per week. Their average placement is 30 hours per week.

Ms. Kutsch notes that one of the biggest challenges has been an increased number of applicants, and increased desperation. The staff has been challenged by this, because the staff is so caring. They wonder how to do what they are charged to do, and still balance that with the desire to help people who are in crisis. The influx of applications caused staff time to be spent on application and eligibility. They did a lot of trial work experiences before even determining eligibility. They were using Trial Work Experiences in a way that it was not meant to be used. They changed their focus to move into eligibility, rather than trial work experience. The number of trial work experiences has dropped drastically. They've also focused less on process.

They've been trying to front load a lot of information at orientation and eligibility rather than later in the process, so that they can try to streamline the process, in order to spend more real time with their customers.

They have hired new staff in Spokane. Rather than having all the training happening in Lacey, they have brought the trainings to Spokane. Mr. Hudson asks how many people they're usually training at a time. Ms. Kutsch says that usually they train only one person at a time. However, an unprecedented number of newly hired staff have come aboard, six new people in Spokane, which is a 75% turnover. It was a very healthy turnover. They have been able to have everyone training together, instead of training individually. They are now staffed at appropriate levels.

The caseloads in Area 3 are just about perfect in size. 7 out of 29 Counselors exceed the optimum number of 110 customers per caseload. To try to help those 7, they provide more rehab tech support, so that they are not bogged down with paperwork.

Ms. Brouner asks about the Southeast corner of the state, and also Pullman. Are Rehabilitation techs taking on more than just a support role? Are they taking on decisions regarding cases? Ms. Kutsch answers that staff is different in Area 3. Walla Walla has a larger caseload than one person can handle alone. But it is not enough for 2 staff, or even 1 full time and one part time staff. So what they did was create a Rehabilitation Tech 2 position, which has more responsibility than Rehabilitation Technician 1. The Rehabilitation Tech 2 has been working in Walla Walla and in Kennewick. Ms. Brouner asks, if there are people taking on additional responsibilities who do not have the Masters in Rehabilitation Degree, what is DVR doing to make sure that the services those customers receive is not disparate? Ms. Kutsch answers that in Area 3, the Rehabilitation Technicians are very varied. In Yakima, the techs are very traditional and serve an almost clerical role. In Spokane, they serve in a more grey area. In busy times, they are asking a little more from Rehabilitation Techs, but never into the realm of 'counselors only'.

Mr. Abe-Gunter comments that cases are assigned to a counselor, but do Rehab Techs contact customers letting them know that they can call to talk to the Rehab Tech if they have questions?

Ms. Kutsch answers yes, we heard at the last public forum that people were not getting called back in a timely manner. So in Area 3 they tried to utilize Rehabilitation Technicians to make those calls back and make sure that people are feeling connected.

Ms. Kutsch answers more of the questions that Ms. Brouner posed to her. One question asked was, are the offices in Area 3 staffed at appropriate levels. She says that they do have some openings. They are having a very hard time hiring a person with experience serving people who are Deaf or who are hard of hearing. They are not getting applicants for these positions.

Ms. Brouner asks if they posted the position to the Seattle Central Interpreter Training Program. Ms. Kutsch answers that they have, and the challenge is that people don't really want to move to Eastern Washington. Mr. Hudson mentions that the Workforce Survey showed that a significant number of employers are having a hard time hiring people right now because of their needs for applicants to possess specific skills and abilities, or that they don't want to relocate.

Ms. Brouner asks if Area 3 has a lot of rural areas which may not have very many providers. Are there any communities right now where there are just no providers? Ms. Kutsch answers that right now things are pretty stable, and she is always surprised at how the smaller communities are excelling at strategizing together to fill any gaps that exist.

Mr. Abe-Gunter asks, are Individual Employment Plans in rural areas open longer than those in urban areas?

Ms. Kutsch recently did a data request to look at the number of cases they have had open for over 7 years. Those were in Tri-cities, Yakama and Spokane. She says that DVR gets most of their outcomes in those rural areas. Mr. Kay comments that we are going to have to ask that question statewide.

Mr. Abe-Gunter asks if DVR is seeing more customers with Developmentally Disabilities going into trial work experience. Ms. Kutsch answers no. What she saw was that DVR was not using Trial Work Experience as it was intended to be used. For example, one counselor who is no longer with DVR, whenever she suspected a motivational problem on behalf of a customer, that customer would go into Trial Work Experience. Trial work experience is intended to be used in situations in which the VR Counselor believes that a customer will be incapable of going to work because of their disability, then trial work experience is used, which is meant to provide clear and convincing evidence that a person really cannot work. Susan Kautzman mentions that in her experience working at a CRP, it is very rare that they are contracted for trial work experience. Ms. Kutsch agrees that it is rare and that it should be rare. Mr. Kay says that there was a phase when there was a big focus on the rehab rate, and that the response from some counselors was to screen people out before plan, which DVR highly discouraged. Ms. Kutsch also says that DVR has done a good job at moving away from focusing on small parts of the process like the rehab rate and other federal standards and indicators, because it causes responses from the Counselors that are not always useful.

Ms. Lewis asks Mr. Kay, what do you mean by reachable capacity? Mr. Kay answers that given the number of counselors and the financial resources, DVR right now is serving the maximum number of people they can. This means that DVR takes in about 5 thousand new cases, and close about 5 thousand cases during any given month, staying at 13 thousand open cases at any given time. As long as DVR maintains this balance, they will be okay. Where DVR gets in

trouble is if they take in more than they close each month. Ms. Brouner also mentions that anyone in the State of Washington has a legal right to apply for DVR services.

Mr. Larson announces that we are now breaking to gather our lunches, but that we will be working through lunch because we are running behind.

After acquiring our lunch, Mr. Larson resumes the meeting. The Council debriefed the previous days' customer forum. Mr. Hernandez believes that DVR staff needs more training on the difference between a Deaf person, and a hard of hearing person, and the different ways that hearing loss can affect a person's ability to work. Mr. Abe-Gunter has heard that hearing is the #1 increasing disability in the nation. Ms. Brouner asks, is DVR underutilizing assistive technology? Because technology is always changing, it can become out of date. How can DVR better use adaptive technology in its offices?

Mr. Kay answers that DVR knows they have gaps in serving this group of people. DVR has been in the process of submitting a request for approval to hire five new positions, one of which will be a deaf/blind specialist. DVR has been working for the past six months with the local deaf service centers to figure out where they need to put these people, two in Eastern Washington, the other three in Western Washington. Over the last year, they have been looking at a model service delivery plan for serving deaf and hard of hearing customers. Ms. Brouner mentions that there was criticism at the statewide management team meeting regarding this. Some people think that most of those ideas are not very innovative and have been around since the 1980s. Ms. Brouner wonders if that is the model that DVR wants to use because of that? Mr. Kay answers that the plan is not brand new, but the plan was, in the last two years, revised by the CSAVR, the National VR Administrative organization. Some of the things in the plan are admittedly not innovative, and have been used for many years, but this is because they are successful methods. Within DSHS the Office of Deaf and Hard of Hearing (ODHH) manages the statewide contracts with interpreters and local deafness centers. ODHH has been very critical of the way DVR serves the Deaf and hard of hearing populations. DVR is working with them now to improve their services to Deaf and hard of hearing people. They will be a key partner in assistive technology, because they do stay current on that.

Mr. Hudson observes that the Council had an opportunity to have a dialogue with some of the customers, specifically about the hard of hearing woman who was talking about the WSRC public forum notice. As an aside, Mr. Hudson thinks the interpreting services were exceptional when they were interpreting for us, telling us what people were saying in English when they were speaking ASL.

Ms. Kutch comments that she was glad that the members of the Hearing Loss Association, led by Margaret Mortz, and the folks from the Deaf Center, Char Parsley and Elaine Navartelle, all at the same meeting. This is significant because the Deaf and hard of hearing community in Spokane has been fractured of late, and having those folks in the same meeting and being free of

conflict is really important. Ms. Kutsch has personally reached out to both groups for trainings, in order to bridge that community. She was impressed that they attended.

Mr. Hudson was impressed with the young woman who talked about being allowed to go to a deaf college, versus going to a hearing college and relying on an interpreter. He asks, does DVR send people to Gallaudet University? Mr. Kay answers that customers who are deaf who need and want to go to college, generally go to Gallaudet.

Ms. Foster observed how interesting it is, seeing a difference between Deaf and hard of hearing and equating it to the differences between low vision and Blindness.

Ms. Brouner observes that with hard of hearing members on our Council, we have not been as accommodating as we perhaps could, and how hurtful that must have been for our members and guests who are hard of hearing. Steve Roldan and Ms. Brouner had a conversation after the forum. He would like to extend his thanks to the Council. Frequently part of the culture of deafness and hard of hearing is that people are not interested in listening and then acting on the interests expressed. For this reason, Deaf and hard of hearing people can keep a lot of things to themselves, which is based on isolation. Mr. Roldan said that this was a powerful step forward that people were able to remain present.

Mr. Kay says that before they send anyone to Gallaudet or any 4 year school, they need to know what their employment goal is. If going to Gallaudet is the best way to achieve the work goal, they have no qualms about sending people there.

Mr. Hudson says that even though Mr. Larson is leaving as Chair, he would like to move that Mr. Larson remain our permanent forum moderator and cookie hander outer.

MOTION: Mr. Hudson moves that Mr. Larson remain our forum moderator. Ms. Arnold seconds the motion.

MOTION PASSES UNANIMOUSLY.

Ms. Lewis comments that there were a couple people who were resistant to speak, and were afraid that they would speak angrily. It is a good thing that people are comfortable enough to speak when they aren't necessarily happy with their experience of DVR, and this is really about the environment that the staff creates in welcoming our guests. People feel like they can speak freely and that's important.

Ms. Arnold noted that people expressed confusion and frustration around when Counselors are reassigned. She asks Ms. Kutsch and Mr. Kay, what is the internal protocol or procedure that involves notification to a customer, when their Counselor will be changing?

Ms. Kutsch answers that there is a protocol. Obviously the protocol is not functioning properly. There have been a lot of shifts in staffing over the last couple of years. She was glad that Donna Dalzell was here to hear that. Donna is the Supervisor of the Spokane office. Spokane has reconfigured their units a bit, in order to address those kinds of issues. Normally, they send a letter to those affected.

Mr. Larson suggests a follow up phone call. Letters don't always work very well.

Mr. Kay says that the other thing he heard yesterday was not just knowing who your Counselor is, but also consistency between where they were headed with the old counselor, and the new counselor is not necessarily on the same page. This is not a problem that is unique to Spokane. Statewide, when any Counselor leaves and a new Counselor comes on board, training and hand off is so important.

Ms. Kutsch also says that during the hiring freeze, the protocol doesn't account for the fact that if a Counselor leaves, they have to do a hiring exemption, it takes weeks to fill the position, and by that time it can have been weeks since a customer connected with a counselor. So that causes vacant caseloads which are covered by people from different offices. Probably what is happening is they are notifying people when there is a permanent person assigned to a caseload, but in the interim, the person may not know that their Counselor no longer works for DVR.

Ms. Foster finds that people need communication. She opines that if she were a DVR customer and called to talk to her Counselor and learned that her counselor was no longer there, this would send a message that DVR doesn't care that much about their customers. Communicating that there will be a change and that it may take some time is very important.

Ms. Brouner would like to recognize a gentleman named Tyrone who attended our forum. Tyrone faced schizophrenia and had some stream of consciousness aspects to his behavior. He worked so hard trying to stay focused. Ms. Brouner and Tyrone spoke before and after the forum. He is working so hard to get a job so that he can connect with his son again. Does DVR, during the intake process, ask if they are a parent of minor children? This could really affect the motivation to earn.

Ms. Kutsch wanted to talk about this as well. They are trying to be less process focused. Ms. Kutsch is suggesting putting the form aside and just listening to the customer. She is hoping that interviews will focus more on listening to the customer, and what other services can the Counselor direct that customer to? This is something that isn't easy to do while filling out the form. The other thing is that the new staff in Spokane don't know what the process has been, and since they are so fresh, there is huge opportunity to train them really well. For instance, one new Counselor knew that a customer was motivated to go through the VR process because her kids were removed from her home by Child Protective Services. Her motivator was to get a

job and get her family back. This Counselor, being part of that support team, has attended meetings with CPS so that she knows what is expected of the customer.

Mr. Hudson pointed out that Joel, a young man who said that he had spent 12 years in retail and on several job interviews lately. Mr. Hudson doesn't know how closely DVR works with Economic Services Division and WorkSource, but here was a young man with a great personality and motivation. If there were a job coach for a person like that, a mentor, to talk about ways that looking for a job has changed over the last few years. Really talking about what employers are looking for. Is there a mechanism, a pool of volunteer mentors who can talk about using facebook and linked in and more modern ways of job searching?

Ms. Brouner says that Joel also expressed interest in becoming a Council member. Mr. Hernandez remembers seeing Joel last year as well. Mr. Hudson finds him a very warm and outgoing, hireable person. Mr. Kay says that the job market today is totally different than what it was a year ago. Something DVR needs to do is get all staff tuned up on what the job market is like today, what employers are hiring, and what is different from two years ago? Mr. Hudson would like to meet with Mr. Kay to talk about that. Mr. Kay agrees that a meeting would be a good idea. He thinks there might be ways to get employers more directly connected.

Mr. Larson moves on to the next agenda item, moving past disability lifeline, and moving past the assessment tool and Ms. Franklin's work on that. Ms. Franklin talked about that in July, so we are up to date on that already. We are moving to Project HIRE and ARRA. Also, Jeffry Abe-Gunter will go over budget reductions for The Division of Developmental Disabilities.

Mr. Kay talks about Project HIRE. DVR has decided to wind down Project HIRE. It will not be continued because they have been closely monitoring its results, and tracking what is working and what is not working. DVR's Senior Leadership Team feels that we have learned all there is to learn from Project HIRE. They initiated the project with the idea that they would learn if it was an effective model for providing more rapid job placement services for DVR customers who were qualified for higher paying jobs, and who were ready to go to work yesterday. DVR feels that after testing the model for a year, they have learned all there is to learn. They learned that the model was very successful with only about one third of the customers that they served. They have served about 400 customers total, and about 100 have actually gone to work. Those who have gone to work have pretty amazing jobs. The average hourly wage is \$17.00 per hour. The average hours worked per week is 39 hours. Almost 80%-85% of the jobs come with benefits. The time it took the folks to get the jobs was generally 6 months or less. For the customers who went to work, there were really great jobs. The reality is, had they been served by the regular rehab program, they probably would not have gotten the jobs that they have now. But, for the other two thirds of those customers who did not get work, the model wasn't successful because everyone who came to the project came with the understanding that they were in a group with disability, a barrier to employment, but also qualified for mid- to high-range jobs. DVR discovered that as they get to know people better,

about two thirds of the people they served were not individuals who just needed rapid job placement. The more you get to know people, the more you realize they have substantial barriers to employment. In those cases, Project HIRE is not the right place for them. For that reason, DVR decided that they had learned enough and did not need to continue the program.

Mr. Larson asks, how much of the \$8 million was spent? Mr. Kay answers, almost \$4 million. So there is a little more than \$4 million left.

Ms. Brouner asks, \$4 million for 100 rehabs. That's \$40,000.00 per rehab. The SRC was invited to participate in the Project HIRE auditing process, and we thank DVR for the invite, but it was not practical for us to participate in that process at the time. Did DVR figure out, through the auditing process, how many of the jobs aligned with a job goal, and particularly in the case of one contractor, there were IPE's written for the customer on the same day that the customer got the job. Can you help us understand that?

Mr. Kay answers that it is his understanding that they brought folks into Project HIRE in some cases, because Bellevue College brought folks into Project HIRE in some cases, because Bellevue College has a very sophisticated employment program in place. They would bring those into the employment program. He is not aware that they actually wrote plans on the same day that the job was secured. Mr. Kay answers that the vast majority of jobs secured did align with job goals.

Mr. Kay expands that they implemented Project HIRE to find out if a new approach to the VR process would be worth their time.

Mr. Larson comments that the Council was an opponent of the whole idea. He thinks it was an expensive program and not really worth it. He applauds DVR for realizing that it was not worthwhile and shutting it down. He asks about other providers who are hurting financially and are observing the project from the outside, what does DVR say to them? DVR spent a lot of money working on a system that didn't work. Will DVR express to their partners in the community that they are still valued?

Mr. Kay is writing a report on the project and it will be widely distributed and will say that yes, we did spend \$4 million to learn what we learned. He thinks that for other providers who are hurting, there is not a direct correlation between Project HIRE and how they do their regular business with CRPs, because Project HIRE was aimed at customers that generally are not referred to CRPs.

Mr. Larson thinks that CRPs do serve that population. But \$40,000.00 per case is too much.

Mr. Kay responds that it was never an outcome based contract. They based it on a service and infrastructure, hiring staff who are brand new, find your own clients and create opportunities

for acquiring jobs. This is why it costs more than average, whereas CRPs already have the infrastructure.

Ms. Arnold asks if DVR learned anything from Project HIRE that would be applicable to working with CRPs especially as it relates to costs for services.

Mr. Kay answers that they didn't really learn about costs, so much as they learned about serving the population that they were trying to target which will be applicable to other CRPs. He thinks that they learned that when trying to serve individuals with disabilities who have recently lost their jobs, who need services to get another job, who are used to making \$18, \$20, \$30, \$40 per hour, those folks are reluctant to be served by DVR. They learned that DVR has tried to serve a population that usually says thank you, but no thank you, because the last thing that I need right now is to be "handicapped" or to be served by any agency who will think of me as a disabled worker. The other thing they learned is that there are significant numbers of people out there who could use and benefit from DVR services, and DVR may need to rethink their approach to serving them. If CRPs are going to serve this population, if they have an identity of being a broad vendor for "disabled people," they may be reluctant to be served by a CRP. That was the valuable lesson that they learned.

Mr. Larson recognizes that despite the 100 people that did get really good jobs and were within their rehab goals, despite that, the SRC has made recommendations on how to use those funds in the future. The SRC recommended:

- Use funds to hire temporary staff to offset cuts in funding necessitated by revenue shortfalls.
- Use fund to increase capacity of CRPs to serve target populations.
- Use fund to mitigate barriers for Deaf and hard of hearing populations to approach DVR for services.

MOTION: Vicki Foster moves that we formally appreciate our outgoing members, Bob Roberts and Sharey Cleveland at our January 2011 meeting.

Mike Hudson seconds the motion.

MOTION APPROVED UNANIMOUSLY.

MOTION: Mr. Hudson moves we accept the dates presented. Martin McCallum seconds.

MOTION APPROVED UNANIMOUSLY.