

In The Matter Of:
In re: State Plan Hearing

State Plan Updates 2011-2012
May 19, 2011



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
STRATEGIC GOALS/STATE PLAN UPDATES 2011-2012
HIGHLIGHTS OF 2010

DATE: May 19, 2011
TIME: 1:00 P.M. - 3:00 P.M.
PLACE: Warwick Public Library
600 Sandy Lane
Warwick, RI

PRESENT:

STEPHEN BRUNERO
DR. JUDI DREW
KATHLEEN GRYGIEL

ALSO PRESENT:

CATHERINE SANSONETTI
RON RACINE
ELIZABETH GRAVES
JOAN FINA

1 (PRESENTATION COMMENCED AT 1:29 P.M.)

2 STEVE BRUNERO: Hello, welcome, everyone.

3 I think -- has everyone had a chance to sign in

4 when they came in? Okay. This is the public

5 hearing for the development of the Vocational

6 Rehabilitation State Plan. I just want to point

7 out that there were some handouts at the table as

8 you came in. There is a handout for the

9 presentation PowerPoint that I am going to be

10 presenting. You can follow along with that. I

11 will also be reading from it, if you have

12 difficulty seeing the screen or the handouts.

13 Also, just some housekeeping issues, there are

14 rest rooms right outside the door, to the right.

15 Unfortunately, the cafeteria is closed today.

16 But, for our benefit, if I happen to get boring

17 today, you can look around the room, and see some

18 wonderful works of arts and crafts. Welcome, and,

19 we're going to start off, before we get into the

20 PowerPoint, I just want to remind folks that this

21 is a public hearing, it's posted on the Secretary

22 of State's website. There will still be an

23 opportunity to make public comments via the Office

24 of Rehabilitation Services. You can send them to

25 our website, which I will post up on the screen in

1 a couple of seconds, and they are also on the
2 handouts. So, there will still be time to make
3 public comment if you choose not to do so today.
4 With that, I am going to welcome to the podium,
5 Dr. Judi Drew, who is the vice chair and acting
6 chair today for the State Rehabilitation Council.
7 Dr. Drew.

8 JUDI DREW: Thank you, Steve. I want to
9 take this opportunity to welcome everyone to this
10 hearing. Thank you for coming on a rainy
11 afternoon. Again, as Steve indicated, there is a
12 sign-in sheet there in the back, and there are
13 also materials there for you to review. There is
14 a copy of Steve's PowerPoint, there is a copy of
15 the State Rehabilitation, ORS's annual report, so
16 you can see how well they have been doing. And,
17 additional handout information, such as the draft
18 of the State Plan. So, we're really glad you were
19 able to come today to listen to Steve's
20 PowerPoint. We want to share with you that this
21 has been an exciting year for the State Rehab
22 Council. We have been delighted to be able to
23 support ORS's efforts in, on behalf of individuals
24 with disabilities. We have seen an increase in
25 hourly rate for people who have been employed. We

1 are seeing that we are able to maintain status quo
2 in terms of getting people to work rather than
3 losing slots, even though we have lost positions
4 in terms of counselors. And we want to commend
5 ORS for continuing the high quality of the work
6 that they are doing in spite of the fact that they
7 have had cuts, and have a higher caseload. It
8 speaks to the quality of the staff and their
9 determination to assist people with disabilities.
10 So, I think it's a wonderful thing. As vice chair
11 of the Council, I am delighted to be working with
12 this group of people, and hope that as you hear
13 more about our State Plan and our plans for the
14 future, and have opportunity to learn more about
15 what's taken place over the past year, you will
16 see that they are doing an excellent job in
17 supporting people in Rhode Island who have
18 disabilities. So, Steve, let me turn it back to
19 you, and we'll get into the real meat of the
20 meeting this afternoon. Thank you.

21 STEVE BRUNERO: Thank you, Dr. Drew. So,
22 on behalf of Governor Lincoln Chafee and Director
23 Sandra Powell, I would like to, again, welcome you
24 here today. Again, this is the proposal for the
25 development of the VR, VR stands for Vocational

1 Rehabilitation. If there are some acronyms up
2 there, I will try to explain them for you. If
3 have you any questions along the way, we're going
4 to do it a little bit differently this year.
5 We're going to allow you the opportunity to ask
6 questions while I'm speaking, in addition to
7 allowing you the opportunity to ask questions when
8 I'm finished. The PowerPoint is going to be a
9 two-person progress. Kathleen Grygiel, deputy
10 administrator at the Office of Rehabilitation
11 Services, will be presenting some PowerPoint
12 slides and some information on order of selection.
13 So, with that, let's get started. I guess, the
14 first thing I should do is open up this laptop,
15 right?

16 JUDI DREW: Sorry, Steve.

17 STEVE BRUNERO: That's okay, Judi. We
18 have to wait for it to warm up now. I don't know
19 the password, so, Sharon is coming in.

20 JUDI DREW: Sorry.

21 STEVE BRUNERO: That's okay. Okay, we'll
22 go over the agenda first. Welcome and
23 introductions, we've just done. We're going to
24 talk a little bit about the strategic goals and
25 State Plan updates for 2011-2012. I'll talk a

1 little bit about some of the highlights for 2010.
2 As I mentioned, Kathleen, Kat Grygiel will talk
3 about the order of selection, and we'll provide
4 some time for public comments. And then, we'll
5 move along to the next steps.

6 The first slide is the ORS mission
7 statement, which is to empower individuals with
8 disabilities to choose, prepare for, obtain, and
9 maintain employment, economic self-sufficiency,
10 independence, and integration into society. ORS
11 is not just vocational rehabilitation, it's
12 comprised of three divisions. Vocational
13 rehabilitation is one of the three. The other two
14 are the disability determination services program,
15 where adjudication and eligibility for Social
16 Security Disability is made. And then there's
17 services for the blind and visually impaired.
18 Notice, in the mission statement, that it talks
19 about independence, and I see we have some IL
20 center folks in the audience, as well.

21 Independence, in addition to vocation, is a very
22 important part of integration into society. So,
23 hence, the language and semantics of the mission
24 statement.

25 The strategic goals. First, to provide

1 access to benefits and work incentives
2 information. Some of you may be familiar with
3 benefits planning. The grant is now called the
4 WIPA grant, WIPA stands for Work Incentives
5 Planning and Assistance. Currently, at the Office
6 of Rehabilitation Services, we have, I believe,
7 three certified Social Security administration
8 benefits and work incentives individuals. Roberta
9 Greene, who is not with us today, is an assistant
10 administrator, was the first person to be
11 certified. And we have a couple of other
12 individuals, John Slota and Jeanne Fay, who also
13 work with all of our clients to help folks who are
14 on SSI or SSDI to discuss incentives in going back
15 to work. So, that is a separate program at the
16 Office of Rehabilitation Services, and it works
17 very closely with folks in vocational
18 rehabilitation, and individuals who are on Social
19 Security Disability, as well.

20 The second bullet is the update of the
21 Continuous Quality Improvement Plan. CQIP. And,
22 it's an annual plan that's done. We started this
23 several years ago. Kathleen Grygiel and Ron
24 Racine, deputy administrators, were very involved
25 in the development of the continuous quality,

1 something the feds are very involved with, with
2 us, because we have standards and performance
3 indicators. So, working very closely with the
4 Rehab Services Administration, which administers
5 the Title 1 Public VR Grant. We develop and work
6 with the Continuous Quality Improvement Plan. I
7 want to mention that Linda Deschenes, who is here
8 with us, as well, in the audience, supervisor, is
9 our staff person that kind of guides that for us,
10 along with the standards and performance
11 indicators.

12 The next bullet, third bullet is to
13 improve employer relationships. Some of you may
14 know Monica Dzialo, who works with us at the
15 Office of Rehabilitation Services, is our
16 supervisor, and she is our workforce development
17 person whose primary responsibility is to develop
18 relationships with employers. We have an Employer
19 Advisory Council that generally meets once a year,
20 and it's usually folks in the HR Department or
21 sometimes COs of large to medium to small
22 businesses. And, Monica has developed a very
23 close relationship with those folks, and they
24 provide job opportunities for Rhode Islanders with
25 disabilities who are in the voc. rehab program.

1 Also, part of Monica's job, and all of the
2 counselors, for that matter, is cultivating
3 business awareness and interest in ORS as a
4 workforce solution for employment needs.
5 Generally, we talk about, you know, one of the
6 best ways to develop a relationship between a
7 client and employer is to nurture that. For rehab
8 counselors, it's the foundation of vocational
9 rehabilitation counseling and guidance, and that
10 is developing relationships with employers, being
11 aware of what the labor market is showing, and
12 providing opportunities in employment for our
13 clients. We also encourage youth participation in
14 statewide transition activities. I'm going to
15 estimate that somewhere between 25 percent and a
16 third of the clients that we have are folks who
17 are considered transition age, generally between
18 14 and 21/22 years of age. We have, probably, a
19 dozen-and-a-half vocational rehabilitation
20 counselors. By the way, all of the vocational
21 rehabilitation counselors that we have, have a
22 master's degree in vocational rehabilitation
23 counseling. I think, I'm not really sure, but
24 probably about a year-and-a-half or so ago, we
25 finally were able to get 100 percent compliance

1 with that. I think one of the only states now
2 that has a requirement of everyone having a
3 master's in rehab counseling. So, we're really
4 proud of that development, and the quality of
5 folks that we have. We really nurtured that, they
6 call it a Comprehensive System of Personnel
7 Development, CSPD. We really nurtured that
8 through the relationship between two colleges,
9 Assumption College, where I graduated, Dr. Judi
10 Drew was actually my professor not too long ago.

11 JUDI DREW: You're doing very well.

12 STEVE BRUNERO: In addition to Assumption
13 College, Salve Regina, more recently. And, I
14 think, we probably have had about 20, or so,
15 interns over the last couple of years, and I think
16 Roberta could probably, if she was here, could
17 come up with an exact number. But I think we've
18 probably hired close to 90 percent of those
19 individuals as vocational rehabilitation
20 counselors. So, they came into the program as
21 student interns, they got to learn about the
22 program, and, when we had the opportunity and
23 permission to post those positions, we were able
24 to hire those folks that came on board. And, they
25 pretty much hit the ground running because they

1 were familiar with the program. So, some of those
2 counselors are now transition counselors, they
3 work directly with the school systems. I know Sue
4 Donovan is here representing RIPIN. And, we have
5 two partnerships that I want to just mention
6 because they're also on the Rehab Services
7 Administration website as promising practices,
8 best practices. And, one is a cooperative
9 agreement between vocational rehabilitation and
10 RIDE, and it provides vocational evaluations
11 through five educational collaboratives throughout
12 the state. Is it five or six? Five. So, a
13 number of students in high school are able to have
14 vocational evaluations. It's been a program that
15 we are real proud of, and something we want to
16 continue as time goes on. We also have a shared
17 youth vision initiative that has a multitude of
18 partners, both state and private, and National, as
19 well, and working with DCYF and some corrections
20 departments, providing vocational opportunities
21 for students who are challenged or disadvantaged
22 in some ways. So, that's also the best practices
23 site, and that's continuing to grow. And, JoAnn
24 Nannig, who is a supervisor at ORS, helps to
25 encourage that program for us. Some of the other

1 strategies to increase quality employment outcomes
2 is identify labor market trends and business
3 needs. If you read the newspaper, there are lots
4 of different changes occurring in Rhode Island, as
5 we all know, there has been a decrease in
6 manufacturing, a lot more happening in the biotech
7 fields, and a lot more happening in technology.
8 And, being aware of where those trends are,
9 because the rehab process usually takes several
10 years, particularly if you're working with a
11 student by the age of 15 or 16, they may not exit
12 out of our system for seven or eight years if they
13 go on to postsecondary ed. So, being aware of
14 what the labor market trends are so that you can
15 provide information to individuals to assist them
16 with informed choice is important. Also,
17 developing training internships and on-the-job
18 training to address business needs. I spoke with
19 Monica Dzialo earlier this morning to try to get
20 some updated information to share with you around
21 internships. Now, I mentioned, we have student
22 interns, we also have internship possibilities for
23 our clients, working with employers. And she
24 mentioned some of the more recent employer
25 relationships where she has had the opportunity

1 through the development of a relationship with
2 employers to provide on-the-job training where ORS
3 vocational rehabilitation pays 100 percent of the
4 salary for that individual. And, some of the
5 places where she has provided recent internships
6 are Trinity Repertory, which is right around the
7 corner from our office, by the way, of Providence,
8 Cox Cable, Rhode Island Monthly, The Point, which
9 is the United Way 211 initiative, several
10 laboratories. And, all of those programs, there
11 is about a three-month internship that occurs.
12 And they have all been very successful, 100
13 percent successful. So, those internships, Monica
14 wanted me to share those with you. So, you know,
15 continuing with internship and on-the-job
16 training. I have always felt that on-the-job
17 training is one of the, you know, secrets of
18 vocational rehabilitation that we can probably do
19 an even better job with.

20 The next bullet is working with SRC,
21 that's the State Rehabilitation Council, to
22 address travel competency and transportation
23 issues. I know Ron Racine sits on that committee
24 for us at the State Rehab Council. I think
25 Dr. Judi Drew also does that. Dr. Judi Drew, as

1 you will find out, she wears many hats, before the
2 end of the day today. Am I still doing well,
3 Judi?

4 JUDI DREW: Oh, yeah.

5 STEVE BRUNERO: Okay. Travel competency
6 is important. We have done comprehensive needs
7 assessments in the past, and travel,
8 transportation, is always, always comes up as one
9 of the biggest barriers to employment. It's not
10 just in Rhode Island, by the way, it's across the
11 country. But, in Rhode Island, being a small
12 state, it's something that I have always felt we
13 should be able to do a better job with. And I
14 know the State Rehab Council transportation
15 committee is working on a lot of those issues, and
16 has addressed many of those to date. And will
17 continue to do competent work around that,
18 overcoming that barrier.

19 And, the last bullet on this page is
20 incorporate access to assistive technology through
21 resources such as Assistive Technology Access
22 Partnership, better known as ATAP. We actually
23 had a State Rehab Council meeting, was it
24 yesterday? It seems so long ago. Tuesday, okay,
25 it was long ago. And, the director of the

1 Department of Human Services came to that meeting,
2 Sandra Powell, and, at that meeting, it was our
3 annual breakfast, it was a real special event, it
4 happened at the Radisson Hotel. And I was real
5 proud of that event because not only did our staff
6 do a wonderful job presenting, and the State Rehab
7 Council members did a wonderful job talking about
8 the different committees, and the progress the
9 State Rehab Council has made, but Kathleen Grygiel
10 invited the ATAP partners to come, as well. And
11 so, they had a table set up that was about 12 feet
12 long, and all of the members sat there and talked
13 about their programs. Lisa Labitt was there from
14 East Bay Educational Collaborative, and we had
15 representatives from OSCIL, and PARI, and Tech
16 Access, Judy Carlson, and ATEL. So, they had some
17 devices that they brought with them that they
18 showed to the director and all of the other
19 members. And, it always amazes me, every year, we
20 have new things that come out around technology
21 and the new notebook, I guess, is the big thing as
22 opposed to the Ipad. So, anyway, ATAP does a
23 wonderful job helping individuals with barriers to
24 employment, and helping folks to stay out of
25 nursing homes, or to come out of nursing homes so

1 that they can go back and live in their homes.

2 Those are real important issues, not only for the
3 IL centers and for ORS, but they're also important
4 issues for the Department of Human Services around
5 the Medicaid Infrastructure Grant and the Medicaid
6 program.

7 So, on strategies to increase outcomes
8 for populations, we have minority and underserved
9 populations, improve availability of new vendors,
10 services, and bilingual ORS staff. We have
11 numerous new vendors who provide services to
12 underserved populations, and, in addition to
13 having new vendors and services, we have also
14 hired quite a few new staff over the last few
15 years, although there has been somewhat of a
16 freeze on the last nine months, or so, who are
17 bilingual. And, we felt that that was important,
18 we made it a priority on the state job postings
19 that you see, that speaking certain languages was
20 preferential. So, we think that that's something
21 we have come a long way with. There's also some
22 new initiative at the Department of Human Services
23 around interpreter services provisions, which was
24 a result of a lawsuit. You may have read about
25 that in the newspaper a couple of years ago when

1 the previous governor had eliminated some of the
2 interpreter positions, and then a suit was filed.
3 And, as a result of that, a consent decree was
4 made so that the Department of Human Services,
5 themselves, which we are a part of, had to
6 initiate new measures to improve services to folks
7 with diverse backgrounds and limited English
8 speaking. So, ORS always tries to stay a step
9 ahead of those consent decrees, and I think we've
10 done that by hiring a large number of new folks
11 who are bilingual at ORS. Increasing
12 opportunities for community-based agencies which
13 primarily serve minority populations. Some of you
14 might know Jan Verrechia, she's our community
15 program specialist, who oversees the certification
16 of vendors. Another initiative that we are doing
17 around improving our community-based opportunities
18 is also improving the quality of the individuals
19 who provide services to our clients with
20 disabilities. For example, there is a bill in the
21 legislature right now for Personal Care
22 Attendants, which, pretty much states that there
23 needs to be more of a background check on those
24 individuals. And, that process, hopefully, will
25 improve the quality of services, while, at the

1 same time, maintaining the numbers of Personal
2 Care Attendants that we need to serve folks in the
3 community. So, increasing the number, increasing
4 the quality of community providers, we feel fits
5 right in with informed choice because having
6 choice and options is really important to
7 individuals and to ourselves.

8 The last bullet is provide in-service
9 training on cultural sensitivity including the use
10 of interpreters and Language Line. Many of you
11 may not know that there is a federal grant that we
12 receive every year, in addition to the Voc. Rehab
13 Grant for in-service training. I just read that
14 that's going to be cut for next year by a few
15 percent. But, that grant does allow us to provide
16 continuing education. Cultural sensitivity is one
17 of the areas that we feel we want to continue to
18 provide ongoing training to our staff. So, that
19 has been a priority for us, as well.

20 Next slide is outreach to colleges, high
21 schools, and Rhode Island youth councils to
22 identify and engage youth from minority
23 populations. The percentage of individuals from
24 minority populations who have applied to
25 vocational rehabilitation continues to grow each

1 year. And, so, again, as I've said, we want to
2 stay ahead of the curve on that, as well. While
3 I'm reading, Rhode Island youth councils, just to
4 make a note that, I think next Tuesday is the Dare
5 to Dream Conference. Just before I left the
6 office this morning, there was a memo that came
7 across my desk that we partner on that Dare to
8 Dream Conference. And that's a conference at the
9 University of Rhode Island, where I think the
10 minority population has also grown, they are
11 participating, takes place. So we will continue
12 to partner with that event, as well.

13 Review and analyze the needs of minority
14 populations in order to expand CRP networks. CRP
15 stands for Community Rehabilitation Programs. We
16 have a number, about 22 different Community Rehab
17 Program providers, which include all of the mental
18 health associations, all of the ARCs, and other
19 agency that is provide services to folks with
20 disabilities.

21 The third bullet, ensure all agency
22 materials are provided in Spanish and other
23 languages as needed. Again, Sharon DiPinto is our
24 technology expert. And, if you go to our website,
25 now, you will see that there is a link, and, I

1 think there is over a hundred different languages
2 you can have for all of the information on our
3 website, all of our policies, all of our
4 procedures, all of our programs, you can have it
5 in Russian, you can have it in German. The only
6 thing that is not translated is, on the top line,
7 it has the name of Chafee, Sandra Powell, and
8 Steve Brunero. And, I was curious what my name
9 would look like in Czechoslovakian, but it still
10 comes up in English. That's the only thing that
11 does not translate. I'll figure out what that is
12 one of these days. So, Sharon has been ahead of
13 the curve on that, as well. I know DHS is also
14 trying to implement that. But, as I mentioned
15 earlier, we take a lot of pride in our ability to
16 stay ahead of the curve and provide materials,
17 including our website, that is able to be accessed
18 by a large group of individuals.

19 Ensure all agency materials -- okay, the
20 next one, improve outreach to deaf and hard of
21 hearing communities, veterans, and individuals
22 with disabilities who are employed. We have a
23 deaf and hard of hearing unit at the Office of
24 Rehabilitation Services. I have always been a
25 strong proponent, I think Dr. Judi Drew has been,

1 as well. As I said, she taught me well in school.
2 But, I have been a strong proponent of specialty
3 units, and having counselors who are more familiar
4 with certain types of disabilities. So, we have
5 always had two specialty units, one is the deaf
6 and hard of hearing unit and the other one is
7 visually impaired. And, so, those folks do a
8 marvelous job. Over the last few years, we have
9 been able to get high-speed wiring in the building
10 at 40 Fountain Street so we can provide video
11 relay for our clients. And, by the way, our
12 location at 40 Fountain Street is on a
13 month-to-month lease right now. We are in
14 negotiations to try to stay there because most of
15 the comments that we have received thus far from
16 the State Rehab Council and others is that our
17 proximity to Kennedy Plaza is very important for
18 Rhode Islanders with disabilities to access
19 counselors and services. We also have a
20 technology center in our building, in addition to
21 the video relay, and customized office space for
22 our staff with disabilities. So, a lot of time
23 and effort has gone into the infrastructure of 40
24 Fountain Street, and we want to continue to
25 provide services, continue them at that location.

1 So, you know, veterans -- I'm sorry, do you have a
2 question?

3 ELIZABETH GRAVES: Before you go on to
4 the next item, I have to leave pretty soon. I
5 have one question. There are so many articles in
6 the Journal about the increase in car registration
7 from \$60 to \$100, and the \$40 would be used for
8 different purposes, for highway maintenance,
9 (inaudible) maintenance, and also improving
10 transportation. But they have never said anything
11 about (inaudible) goal might be for improving
12 transportation for people with disabilities. Is
13 there such thing in the progress? Will that
14 actually pass, is the first question. The second
15 question is, will there be something set aside
16 also for improving transportation for people with
17 disabilities, which is badly needed.

18 STEVE BRUNERO: I can't comment on the
19 specifics of that bill because I'm not that
20 familiar with it. But, you can find out about
21 bills and the status of the bills by going to the
22 legislative website. I don't know, Judi, if
23 anyone from the transportation committee has any
24 information relative to that specific bill.

25 JUDI DREW: I do.

1 STEVE BRUNERO: You do. Would you like
2 to come up and address that, Judi?

3 ELIZABETH GRAVES: There is an article in
4 the Journal this morning giving percentages of
5 where the money will go, but there is nothing
6 mentioned about disability transportation.

7 JUDI DREW: It's interesting that you ask
8 that question because as a result of being on the
9 State Rehab Council and Governor's Commission of
10 Disabilities, I serve on the state, I forgot --
11 it's the advisory council to the Department of
12 Transportation. So, I attend their monthly
13 meetings. And discussion took place last month,
14 as a matter of fact, about this bill, and whether
15 or not it would be supported. Because I also did
16 not see anything specifically mentioned regarding
17 supporting people with disabilities and improving
18 transportation options, I raised that issue at
19 that meeting. There are a couple of things that I
20 learned. If you pay close attention to the
21 percentages, one of the percentages goes to RIPTA,
22 to increase the public transit services. And part
23 of that underlying requirement is going to include
24 that more of the buses that are out there are more
25 accessible for individuals with disabilities. So,

1 that's part 1. 15 percent of the funding from
2 that increase will go to municipalities, and the
3 municipalities are saying that it's badly needed
4 to improve the quality of the roads. And, one of
5 the things that they want to be doing in as many
6 areas as possible is putting in sidewalks with
7 curb cuts. So, while the money is not directly
8 going to provide a greater range of transportation
9 services for individuals with disabilities, there
10 is a focus on the need to make our communities
11 more accessible so that bus service, for instance,
12 can be provided. Because, if there is no curb cut
13 and sidewalk, RIPTA can't stop. So, by increasing
14 those options, we're increasing accessibility
15 choices for individuals. And, you need to know, I
16 am constantly bringing up accessibility issues on
17 that committee. I think they're sick of listening
18 to me, as a matter of fact, but that's okay. Does
19 that answer your question?

20 ELIZABETH GRAVES: That answers my
21 question. And we have a needs assessment
22 committee at the Independent Living Council, and
23 that was one of the biggest issues that was
24 brought up, that, if you don't have accessible bus
25 stops, people can't use the service. And that was

1 a big concern, that, are there monies set aside
2 for that particular purpose.

3 JUDI DREW: Well, they're not going to
4 set aside the money for the bus stops because that
5 has to come from RIPTA. That is one of the
6 things, as a matter of fact, you may not know,
7 this winter, I brought to their attention at the
8 committee, many of the bus stops were totally
9 snowed in, and were not accessible. And we were
10 wondering why RIPTA did not take care of that.
11 Well, RIPTA builds the bus stop, but they don't
12 maintain the sidewalk that the bus stop sits on.
13 So, it's up to the municipalities to do that. So,
14 we're going to be looking at that this next year
15 to make sure that the law to keep that area clean,
16 part of the municipalities, is enforced. That
17 will be part of our advocacy over the next year.
18 But, we're hoping that with this increased funding
19 will be increased transportation choices

20 ELIZABETH GRAVES: Thank you.

21 STEVE BRUNERO: Thank you, Judi, thank
22 you, Liz. So, the last item on the last bullet
23 that I just wanted to touch on was veterans
24 affairs. And, I think you probably have heard the
25 news, and actually, there is a story on National

1 Public Radio I was listening to yesterday about
2 veterans' inability, for whatever reason, to
3 access services, particularly veterans with
4 disabilities. We have a memorandum of
5 understanding with veterans affairs, and we have a
6 vocational rehabilitation counselor, too, who is
7 devoted to that effort. And we are going to try
8 to continue to work with the veterans to improve
9 services in the delivery system. We have actually
10 worked, they have actually been our adversary in
11 some ways, the veterans affairs have actually
12 taken several counselors (inaudible) in the last
13 year. They have recruited a number of vocational
14 rehabilitation counselors, and they attracted two
15 or three from our office over the last couple of
16 years. We are actually now working with veterans
17 affairs, which is okay, because it's all the same
18 issue. But, there is a number of veterans out
19 there who are not able to access services
20 specifically around vocational rehabilitation.
21 So, we continue to have that as a high priority
22 for us.

23 This is just a pie chart, just a basic
24 chart that shows you the funding breakdown for the
25 three divisions at ORS. Vocational rehabilitation

1 has always the largest division in terms of the
2 funding, it's 54 percent. Services for the blind
3 and visually impaired encompasses 15 percent; and
4 disability determination services, which is one
5 hundred percent federally funded, is 31 percent.
6 Some of the accomplishments, this is always one of
7 my favorite slides. 568 successful employment
8 outcomes last year. Successful employment
9 outcomes is defined by individuals able to obtain
10 gainful employment, competitive employment, in a
11 community. 2,695 individuals applied for VR
12 services. That was a record this year, by far.
13 The number of individuals in Rhode Island with
14 disabilities who are looking for services has
15 dramatically increased over the last seven or
16 eight years. And I am going to show you a chart
17 which will further illustrate that in a second. I
18 think we had close to 1,500 referrals, just from
19 Rhode Island Works, in the last year, or so. So,
20 there is a large number of people out there,
21 including some former clients of ours who were
22 successful but lost their jobs, who have come back
23 to us. There are a lot of veterans who have
24 disabilities that have come to us. And, just in
25 the general public, there are a lot of folks who

1 are unemployed with disabilities who are looking
2 for services. So, the number of individuals who
3 have applied has dramatically increased. We
4 service over 8,000 individuals each year. And, I
5 know that that is a number that not a lot of
6 people are aware of. It's a lot of people, and we
7 only have, you know, 38 or 39 counselors to work
8 with that number of folks. The number of people
9 who are looking for services is increasing, and
10 the number of resources we have in terms of
11 personnel is decreasing. But, we're continuing to
12 advocate with the Governor's office, the state
13 budget, to get those vacancies filled. 1,486
14 individuals had a new Individualized Plan for
15 Employment, that also is an increasing number over
16 the last six or seven years. And then, the last
17 bullet is 4,911 individuals received counseling
18 and guidance services from voc. rehab counselors.
19 3,157 individuals received services purchased from
20 vendors. Services ranged from vocational
21 evaluations, medical evaluations, medical
22 services, psyche therapies, training, personal
23 assistant services, job placement, job training.
24 365 individuals received rehab technology services
25 to assist them to prepare for, and to enter

1 employment. And 2,792 individuals received AT,
2 assistive technology training, demonstration,
3 loans, or assistance with recycled AT devices. I
4 wasn't even aware the number was that high, that's
5 great. Youth, 1,336 youth with disabilities from
6 14 to 21 were provided transition services by 18
7 rehab counselors, which is probably down one or
8 two since this was printed. 17 vending facilities
9 were supported by the Business Enterprises
10 Program. If you go into a lot of state, or
11 courtrooms, you will see that there are blind
12 vending stands in many of those, and that is a
13 program we continue to run through Lori D'Orio,
14 our assistant administrator. 24,500 children,
15 this is an astronomical number, were screened by
16 the vision screening program at services for the
17 blind and visually impaired, resulting in 945 kids
18 receiving necessary follow-up care, reducing or
19 eliminating the early impact of poor visual
20 function. Let me just emphasize that again,
21 24,500 kids screened, 945 ended up getting
22 services after that, whether it was corrective
23 lenses, or therapies. That program is probably
24 about, I don't know, six or seven years old, I am
25 going to guess. Before that vision screening

1 program was in place, many of those kids ended up
2 in school systems, many of those kids had trouble
3 in school because they couldn't see properly.
4 Many of those kids were misdiagnosed, maybe
5 thought to have learning disabilities or behavior
6 disorders. So, in addition to the 945 kids who
7 were able to get necessary follow-up care, and
8 glasses, there is all those other kids that are
9 properly diagnosed, and those, you know,
10 individuals were provided the services and
11 treatment that they needed. That number
12 dramatically increases each year. I think it was
13 under 20,000 just two years ago, and I think 600
14 kids got treatment last year. So, that number is
15 dramatically increasing. These are kids in
16 nursery school, preschool centers, et cetera. So,
17 that's a great program.

18 This is the last slide, you're probably
19 tired of listening to me. I'm tired of hearing
20 myself. This is a bar graph. As I mentioned
21 earlier, the numbers of applicants has
22 dramatically increased. The first slide here, the
23 group here is applications, and it starts with
24 2004, you see there was 1,983 applications to ORS.
25 I just went back one previous year, to 2003.

1 2003, the number was much less than that. And,
2 since 2003, there has been a 34 percent increase
3 in the number of applications to ORS where we
4 had 2,695 last year. So, a 34 percent increase in
5 just a short period of time. The next group of
6 chart graphs here are IPEs, Individualized Plans
7 for Employment. Back in 2004, we had 1,130,
8 dramatic increases over the years, kind of leveled
9 off here the last three or four years, in the
10 1400/1500 range. That also has been about a 25
11 percent increase since 2004. And then, the last
12 group here is the status 26s. More commonly
13 referred to in the office as successful outcomes.
14 And there has been about a ten percent increase
15 over the years from 635 up to 756. Last year, we
16 had our first year that we went down since 2003.
17 The results of that, there is a lot of reasons,
18 Number 1 is probably the economy. The economy
19 adversely affected the number of potential job
20 opportunities for people with disabilities. Some
21 secondary reasons, many of the individuals who
22 came to us, who realized, along with their
23 counselor and informed choice, that there may not
24 be vocational opportunities the next one to three
25 years, decide to go on to college training and

1 education. Our college courses have dramatically
2 increased, but I think a lot of individuals and
3 our counselors both realize that if the jobs
4 aren't out there right now, let's go to school and
5 get our education furthered so it will increase
6 our chances for a job in the next coming few
7 years. There are a lot of other secondary reasons
8 why, we had an astronomical number of referrals
9 from Rhode Island Works and other entities, and,
10 so, I think that a lot of our counselors, numbers
11 of counselors are down, are spending a lot more
12 time on the front end of evaluations and referral
13 process. But, the good news is, Kathleen and Ron
14 have mentioned to me, and we're actually going to
15 be doing a presentation to our staff later next
16 week around VR services. The numbers of 26s are
17 way up again this year, as are the numbers of IPEs
18 developed, plans developed, so that's good news.
19 So, we had a down year, you can call it an
20 anomaly, you can call it a lot of things, but it
21 was a down year, and we're hopeful that that
22 number will dramatically increase this year, and
23 continue to increase progressively. From 2003 to
24 2009, Rhode Island voc. rehab program was one of
25 only three states in the entire country that

1 passed all of the performance and standard
2 indicators. This past year, we did not pass all
3 of them because we had less successful outcomes.
4 But we're going to get back on that road again.
5 With that, I'm going to turn it over to Kathleen
6 Grygiel, and she is going to talk about order of
7 selection.

8 KAT GRYGIEL: Can everybody see me, as
9 I'm hiding behind this computer?

10 RON RACINE: You can just close it like
11 Judi did.

12 KAT GRYGIEL: Rehabilitation Services
13 Administration, which is our funding source,
14 allows VR programs to use an order of priority for
15 services when confronted by limited funds and/or
16 personnel resources. At last year's public
17 hearing, we had shared with you that we
18 anticipated that with the increasing expense of
19 doing business and the limited staff resources
20 that we had, that we probably would need to go to
21 a more restricted order of selection. Typically,
22 when we're determining eligibility for an
23 applicant, there is really three variables that we
24 look at. Number 1, we get confirmation of the
25 medical diagnosis. Number 2, we try to get a

1 sense of what types of functional limitations they
2 might have in the seven areas that are on the
3 PowerPoint. And then, from there, we also get a
4 sense of if the individual has a commitment to
5 working in competitive employment at minimum wage.
6 So, those areas in someone's life that help us
7 determine someone's functional limitation, then
8 help us determine what category of eligibility
9 they will be in. With Category 1, we're looking
10 at three or more life areas that are affected by
11 the diagnosis, and individuals that require
12 multiple services over an extended period of time
13 in order to reach an employment outcome. Category
14 2 has two life areas that are affected, and
15 Category 3 has one. The vocational rehabilitation
16 program has been on an order of selection, and
17 providing limited, limiting services, rather, to
18 Category 1 and Category 2 customers, probably
19 since 1990. In June 2010, we had to, with great
20 reluctance, look at limiting who we serve to
21 Category 1. Again, because of limited staff
22 resources, and being very concerned that with the
23 increased expense of doing business, we were
24 looking at our funds, and were very worried about
25 running out of financial resources. So, what's

1 happened is, since June 2010, we have been
2 limiting our services to those customers who meet
3 the criteria for Category 1. Other clients who
4 are determined eligible, but are in Category 2 or
5 3, we have had to put on a waiting list. Any
6 customer who is found eligible, but placed on that
7 waiting list, received a list of alternative
8 resources to assist them in examining other
9 employment resources so that they could still
10 become employed. We also offered folks an
11 opportunity to provide or request further
12 assessments to identify if there might be
13 additional information around their functional
14 limitations. And we also reexamined their
15 category of eligibility if we had new assessment
16 information that identified additional functional
17 limitations. As of April 30, 2011, we have 68
18 customers in Category 2 on the waiting list. I am
19 pleased to say that it's only 68 because when we
20 first started this, we were extremely concerned
21 that we would end up with a much, much larger
22 waiting list. And that was our worst fear because
23 we really do want to respond to the needs of the
24 folks we work with. Each customer will be sent a
25 letter on at least an annual basis to confirm

1 their interest in remaining on the waiting list.
2 We will be examining our finances, probably, the
3 end of June, to make a decision about opening up
4 that waiting list to a few of the folks who are on
5 it. The way we will determine who we offer
6 services to will be the application date for
7 anyone on the waiting list who has requested to
8 remain on that waiting list. So, we really want
9 to be fair how we open up the waiting list. So,
10 in conclusion, we are hoping to continue the
11 waiting list at least probably another year. But,
12 we are going to be examining it on a regular basis
13 to see where we can open it up and begin providing
14 services to some folks. Thank you.

15 STEVE BRUNERO: Thank you, Kat. Order of
16 selection is something that's, you know, as Kat
17 mentioned, is a federally imposed priority
18 classification system, and I'm glad to see the
19 numbers are very small. We hope to someday bring
20 that number further down. So, again, just in
21 closing, I want to mention that this public
22 hearing is from one to three, so we will be here
23 for another 45 minutes. I want to just, you know,
24 in closing, recognize all of the members of the
25 State Rehab Council that are here. I did receive

1 some written comments here, as well, that we will
2 take back to the office and review. We had
3 comments from the Disability Law Center, and
4 Catherine Sansonetti, who is here. Catherine, did
5 you want to have an opportunity to come up and say
6 a few words relative to the comments?

7 CATHERINE SANSONETTI: Sure.

8 STEVE BRUNERO: Okay, you can do that
9 now, if you like. Are there any other individuals
10 signed in to make public comment?

11 FEMALE SPEAKER: No.

12 STEVE BRUNERO: No. Thank you.

13 CATHERINE SANSONETTI: The SRC has
14 comments, also, Steve.

15 STEVE BRUNERO: Okay, that's fine.

16 CATHERINE SANSONETTI: My name is
17 Catherine Sansonetti, I'm from the Rhode Island --
18 I thought I was taller than the computer,
19 apparently not. I'm Catherine Sansonetti from the
20 Rhode Island Disability Law Center. And, every
21 year, we have the opportunity to provide some
22 comments on behalf of our agency for our clients
23 and constituents, usually we do it in written
24 format because it's pretty lengthy. I'm happy to
25 read it in for everybody's knowledge. It's only

1 four pages this year, so it's not too bad. I'll
2 just read what we wrote word for word. I think
3 that's probably easier. Dear Mr. Brunero, on
4 behalf of the Rhode Island Disability Law Center,
5 RIDLC, we offer the following comments regarding
6 the proposed federal fiscal year 2012 annual
7 update for the state plan. Our comments follow
8 the order of the attachments.

9 With regard to Attachment 4.8(b)(1),
10 Cooperation with the agencies that are not within
11 the statewide workforce investment system and with
12 our entities. RIDLC supports ORS's efforts to
13 develop and reinforce memoranda of understanding
14 agreements with agencies that are outside the
15 workforce investment system. We support the
16 coordination between ORS and the agencies such as
17 RIDE, Department of Labor and Training,
18 independent living centers, and we think that ORS
19 assigning a liaison to enhance these working
20 relationships is an integral part of the
21 vocational rehabilitation process. The RIDE
22 memorandum of understanding discusses new patterns
23 of services to be developed. RIDLC would like to
24 know what these new patterns of services are, and
25 what the status of their development is. We are

1 also interested in learning more about the joint
2 development of the evaluation system to address
3 how students are making meaningful career
4 transition plans while in school, and how
5 successful they are in employment one year post
6 graduation. This is referenced in the MOU in
7 Section IV E, it's Roman numeral IV.

8 Attachment 4.8(b)(2), Coordination with
9 education officials. RIDLC is pleased that ORS
10 and RIDE updated the MOU between the agencies in
11 July 2010. We are also pleased that the MOU
12 incorporates the federal expectation that all
13 students who are eligible for ORS services have an
14 Individualized Plan for Employment prior to
15 graduation. We have consistently commented in
16 prior years that transition services remain an
17 area of concern. We continue to see students who
18 are nearing graduation who have not had
19 appropriate transition planning or referrals to
20 agencies such as ORS. RIDLC continues to be
21 concerned about ORS vacancies, and how it would
22 impact upon ORS's ability to have a consistent
23 presence in all high schools throughout the state.

24 Attachment 4.8(b)(3), Cooperative
25 agreements with private nonprofit vocational

1 rehabilitation providers. RIDLC is glad to see
2 that ORS continues to expand contractual and fee
3 for service agreements with a wide variety, a wide
4 network of vendors. We would like to see
5 additional vendors in the supported employment
6 arena. RIDLC continues to receive client
7 complaints about the quality of some of these
8 services, and believes ORS's implementation of a
9 monitoring system to focus on the implementation
10 of competitive and integrated outcomes in
11 important. Through our role on the SRC, RIDLC
12 remains available to identify areas of client
13 concern and to help address any problems noted
14 with delivery of these services.

15 Attachment 4.8(b)(4), Evidence of
16 collaboration regarding supported employment
17 services and extended services. RIDLC recognizes
18 the leadership role that ORS can have in providing
19 supported employment services for individuals with
20 the most significant disabilities who need
21 supported employment services. RIDLC is concerned
22 about the quality of options available for this
23 population in Rhode Island. We recognize that
24 CRPs and other state agencies have a strong
25 influence over the quality and scope of employment

1 services available in the state. We would be
2 interested in learning more about ORS's training
3 content to supported employment of CRPs, as well
4 as to ORS staff. RIDLC continues to believe that
5 ORS should take an active role in educating
6 customers about the long-term employment options
7 available to them, and to generally help create
8 demand among customers for more integrated and
9 competitive employment options.

10 Attachment 4.10, Comprehensive system of
11 personnel development. ORS reported that average
12 counselor caseload continues to increase each
13 year, and currently, the average caseload is 192
14 cases per counselor. This is an average of 13
15 cases more per counselor than last year. We have
16 commented for the past several years that RIDLC is
17 very concerned about counselors' abilities to
18 deliver quality services to clients with such an
19 unreasonably large caseload. Currently, ORS
20 reports two open VR counselor positions that have
21 remained vacant in light of the state's budget.
22 RIDLC strongly supports the hiring of these
23 positions which are 80 percent federally funded.
24 ORS projections in the next five years continue to
25 be grim with the expectation that approximately 20

1 individuals will be eligible for retirement.
2 Counselor vacancy projections over the next five
3 years are no better than last year. RIDLC remains
4 extremely concerned about the agency's ability to
5 meet current demands. Although ORS plans to
6 recruit personnel from a variety of sources, its
7 ability to actually hire additional counselors and
8 staff is hindered by state budgetary concerns.
9 RIDLC strongly supports ORS's ability to hire new
10 counselors who have achieved a master's degree in
11 rehabilitation counseling, and we are pleased that
12 as of December 2009 all counselors are 100 percent
13 compliant with the CSPD standard. We are also
14 pleased that ORS expects that it will be able to
15 continue to hire individuals who meet this
16 standard, as we believe these individuals are the
17 most qualified to deliver vocational
18 rehabilitation services to customers. RIDLC
19 continues to be interested in staff development,
20 and welcomes the opportunity to assist the ORS
21 training coordinator with training of counselors
22 upon request. We are interested in any new
23 training topics that are planned for staff if they
24 relate to legal requirements of the VR program.
25 With 39 percent of ORS counselors having only two

1 years of experience on the job, we believe a
2 strong training schedule is imperative to ensure
3 that customers are receiving services that comport
4 to the legal requirements of the program.

5 Attachment 4.11(a), Results of statewide
6 needs assessment. ORS reported the community
7 rehabilitation provider comprehensive needs
8 assessment survey was conducted in fall 2010 to
9 identify the needs of individuals who are seeking
10 to obtain and maintain employment, and to locate
11 services for them. The survey revealed that
12 customers feared losing SSI and SSDI and other
13 benefits along with transportation costs. These
14 were the top three issues preventing obtaining
15 employment. RIDLC believes that ORS may be able
16 to provide additional training to CRPs to educate
17 them about work incentives so that their staff can
18 allay customer fears about loss of benefits.

19 RIDLC is available to assist ORS with training and
20 work incentives for this population. RIDLC
21 commends ORS for meeting all of its standards and
22 indicators with the exception of employment rate
23 and rehabilitation rate. We commend ORS for also
24 conducting a survey of both successful and
25 unsuccessful customers as part of the

1 comprehensive needs assessment.

2 Attachment 4.11(b), annual estimate of
3 individuals to be served and cost of services. We
4 are glad that ORS has been able to continue to
5 serve so many customers despite having to utilize
6 an order of selection. RIDLC would like to know
7 whether ORS was able to serve all eligible
8 individuals in Category 2, which, I believe you
9 answered with your graphs. RIDLC is pleased that
10 the average expenditure per client has continued
11 to increase despite the difficult budget climate.

12 Attachment 4.11(c)(1), State's goals and
13 priorities. Goal Number 1, increase quality
14 employment outcomes. We agree that increasing
15 quality employment outcomes should remain a goal
16 of ORS. We were pleased that the average
17 competitive wage last year increased by
18 approximately one dollar per hour to the current
19 average competitive wage of 11.75 per hour. ORS
20 notes that the rehabilitation rate went down
21 significantly from FY09, 62.74 percent, to FY10,
22 40.74 percent. We would like to know if ORS has
23 an explanation of why the rehabilitation rate went
24 down so much in only one year. We were pleased to
25 see that 41 percent of successfully employed

1 customers participated in postsecondary training
2 or education. Goal Number 2, evaluation of
3 efforts to increase the service and employment
4 outcome ratios for minority populations. RIDLC is
5 pleased that ORS will monitor quality and outcomes
6 of minority oriented CRPs on a quarterly basis.

7 Attachment 4.11(c)(3), order of
8 selection. RIDLC understands that due to a lack
9 of resources, ORS will be unable to continue to
10 serve customers in Category 2 of the order of
11 selection. It may be confusing for customers to
12 understand, however. As such, RIDLC suggests that
13 ORS add more information about the order of
14 selection to the ORS website, perhaps in a fact
15 sheet section, or other appropriate location so
16 that customers can understand how the order of
17 selection works, and what it might mean to them,
18 not only as eligible clients, but also as
19 applicants who may be seeking ORS services. RIDLC
20 also would like to remind ORS of its
21 responsibility under federal law to notify all
22 individuals of the availability of the client
23 assistance program, concurrent with notice they do
24 not meet the current order of selection. This
25 information should also be prominent on the ORS

1 website.

2 Attachment 4.11(c)(4). Goals and plans
3 for distribution of Title IV Part E funds, sorry,
4 title VI. Six. RIDLC's comments regarding
5 supported employment are indicated in Attachment
6 6.3.

7 Attachment 4.11(e)(2), Evaluation and
8 reports of progress. RIDLC is pleased with ORS's
9 use of ARRA funds for its SWEEP program and the
10 ability to offer a summer work experience program
11 for 250 transition age youth. Similarly, RIDLC
12 believes that work tryouts are a good opportunity
13 for customers to network and locate employment
14 opportunities. We're also glad that ORS was able
15 to expand the Business Advisory Council to 40
16 employers in federal fiscal year 2010.

17 Attachment 6.3, quality, scope, and
18 extent of supported employment services. RIDLC
19 remains concerned about quality outcomes for
20 customers of supported employment. We think ORS's
21 goal to increase the hourly wage and average hours
22 work per week is very important. We are concerned
23 with the level of integration, as well, and
24 believe that ORS can take a lead role to improve
25 the overall quality of supported employment

1 services through training and collaboration with
2 CRPs, as well as with the education of customers
3 themselves. We would also like to see outreach to
4 new vendors who are committed to traditionally
5 unserved and underserved populations. ORS
6 reported a decrease in FY09 to 52 successful
7 closures from the FY08 data of 88. And, this
8 year, there has been a further slight decrease to
9 49. RIDLC would like to see more customers be
10 successful in supported employment outcomes.

11 Thank you for the opportunity to provide
12 these comments to the 2012 annual update to the
13 State Plan.

14 STEVE BRUNERO: Thank you, Catherine, and
15 thank you to the Rhode Island Disability Law
16 Center for their thorough analysis and comments.
17 We will certainly convene an in-house group and
18 review the comments and plan a written response in
19 due time. So, with that, do we have any questions
20 from the audience? Joan? SRC comments? Great.
21 Do you want to come on up and make some comments?

22 JOAN FINA: Yes, thank you. Good
23 afternoon, everybody. I'm Joan Fina
24 from (inaudible), and I'm here to present the SRC
25 comments on the State Plan. On behalf of the

1 State Rehab Council, I offer the following
2 comments regarding the proposed federal fiscal
3 year 2012 annual update to the State Plan. The
4 SRC supports ORS's efforts to develop and maintain
5 memorandum of understanding agreements with
6 agencies outside the workforce investment system.
7 We are especially pleased that ORS was able to
8 renew its MOU with RIDE, and we believe ORS
9 involvement in transition-age students early in
10 the process will impact success for students later
11 in life. We hope ORS can increase its presence in
12 high schools throughout the state. The SRC is
13 also supportive of ORS expanding contractual and
14 fee for service agreements with a wide network of
15 vendors, and we are available to identify areas of
16 concern, concerning the delivery of services by
17 these vendors to help improve the system. We
18 especially recognize that ORS can take leadership
19 role in providing supported employment services
20 for those individuals with the most significant
21 disabilities who need supported employment
22 services. We recognize that CRPS and other state
23 agencies shape the service delivery system, but we
24 believe that ORS can help create customer demands
25 for better opportunities, competitive and

1 integrated work opportunities.

2 The SRC is concerned about ORS vacancies,
3 and we support the filling of additional
4 positions, especially given that they are 80
5 percent federally funded. We are concerned with
6 the excessive high caseload for counselors, and
7 believe it may impact negatively on services to
8 clients. We also believe ORS efforts at training
9 counselors is very important, especially given
10 that almost 40 percent of the counselors at ORS
11 are relatively new in their positions and have
12 been there under two years. The SRC was pleased
13 to participate in the comprehensive needs
14 assessment and evaluate areas of customer and
15 provider needs. We support ORS effort to provide
16 training to community rehabilitation providers,
17 and to customers about benefits and meaningful
18 work opportunities. We also commend ORS for
19 meeting almost all of its standards and
20 indicators. The SRC understands ORS challenges to
21 continue to serve all customers and the need to
22 implement an order of selection. The SRC
23 encourages ORS to be transparent about the order
24 of selection to the public by placing more
25 information about it on its website. The SRC is

1 pleased that the average expenditure per client
2 has increased, as has the current average
3 competitive wage, which has increased by
4 approximately a dollar per hour. Further, we are
5 pleased so many ORS customers, 41 percent, who
6 have been closed successfully by ORS have been
7 able to attend postsecondary training options.
8 Lastly, we are impressed with ORS's use of ARRA
9 funds for the SWEEP program to give transition
10 aged youth opportunities for summer work
11 experiences. Programs such as SWEEP, as well as
12 the work tryout can really assist customers in
13 making informed choices about their vocation
14 goals. Thank you for the opportunity to provide
15 comment regarding the 2012 annual update to the
16 State Plan.

17 STEVE BRUNERO: Thank you, Joan, and to
18 all of the members of the State Rehab Council,
19 particularly those who participated in the writing
20 of the comments. As I mentioned earlier, we had a
21 State Rehabilitation Council meeting earlier this
22 week, and it was probably attended by over 90
23 percent of the 30-plus members, so it's a real
24 tribute to the dedication and commitment of all of
25 the members of the State Rehab Council because

1 many of you, I know, have other jobs and
2 responsibilities. So, to take the time out and
3 devote the attention to the public voc. rehab
4 program and more importantly, to the individuals
5 with disabilities we serve, is commendable.

6 We mentioned a couple of times, stimulus
7 and ARRA, and, one of the things that I neglected
8 to mention earlier, in addition to the SWEEP and
9 transition services, a large amount of our time,
10 and a good portion of our funds are going into
11 infrastructure supports. And, most importantly is
12 a new case management system, a new MIS system,
13 which was a very long and labor intensive process,
14 going through the state procurement process
15 system. Ron Racine is our lead agent in that
16 venture. Ron is kind of an IT techy guy himself,
17 and I couldn't think of a more capable individual
18 to lead that effort. Ron is working very closely,
19 as my predecessor would say, hand in glove, with
20 the Division of Information Technology. And we
21 have purchased a system from a company called
22 Libera in Jamestown, Jamestown, New York, I think,
23 and it's a very user friendly web-based system,
24 case management system that will allow our staff
25 to not only complete their paperwork and case

1 record in real-time, out in the community, but
2 also do eligibilities, and provide services, and
3 purchase services instantaneously. It's also
4 going to provide management, administration, the
5 opportunity to do real evaluations, regional
6 basis, by disability, by counselor, so it's going
7 to provide good oversight. It's going to help
8 Linda with the comprehensive needs assessment, and
9 all of the different ventures that voc. rehab is
10 involved in. So, it does take time getting a new
11 system, it's like any new tool that you get, like
12 a smart phone or iPad, it takes time to learn the
13 system and teach folks. But, as they mentioned, I
14 think 41 percent of our staff has been here under
15 two years, so they're pretty technology savvy to
16 begin with. I still have a cell phone that's
17 about eight years old over here. But, anyway, MI
18 system is a big deal for us, and I think that it's
19 going to help us to be more efficient and
20 productive moving forward.

21 So, that's it. I know we had some other
22 initiatives that we're taking part in that we
23 don't have as part of the formal presentation.
24 But, I will be around, and I think some of the
25 staff from voc. rehab will also be around for the

1 next half hour, or so. So, if anyone has
2 questions they would like to address to us
3 personally, we will be here to answer those. So,
4 again, thank you for your time, we appreciate it,
5 and hopefully we get some sun real soon.

6 (PRESENTATION CONCLUDED AT 2:29 P.M.)

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C-E-R-T-I-F-I-C-A-T-E

I, SHELLEY L. DEMING, Notary Public, do hereby certify that I reported in shorthand the foregoing proceedings, and that the foregoing transcript contains a true, accurate, and complete record of the proceedings at the above-entitled hearing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of July, 2011.

SHELLEY L. DEMING, NOTARY PUBLIC/CERTIFIED COURT REPORTER

MY COMMISSION EXPIRES: June 8, 2015

IN RE: Strategic Goals/State Plan Updates
2011-2012; Highlights of 2010

DATE: May 19, 2011

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