

Illinois Department of Human Services - Division of Rehabilitation Services  
State Plan for the State Vocational Rehabilitation Services Program and State Plan  
Supplement for the State Supported Employment Services Program

Draft June 2014

Attachment 4.2(c) Input of State Rehabilitation Council

The following constitutes the report generated by the State Plan Committee and approved by the State Rehabilitation Council. DRS responses are provided for each major point in the report.

The State Rehabilitation Council (SRC) meets quarterly with the executive and administrative staff of the Division of Rehabilitation Services to gather information and provide perspective on key issues of concern to the Council. SRC meetings include a presentation from the State VR Acting Director updating members on issues pertinent to VR and the disability community.

The working relationship between DRS and SRC has evolved over the years with executive staff participating on council sub-committees, council members receiving quarterly updates on the progress towards meeting standards and indicators, updates on proposed changes to policies and administrative rules, and program information needed to conduct the business of SRC.

The process of collaboration between the administration of DRS and the SRC continues to move in a positive direction as we work together to improve VR programs and services for persons with disabilities. Increased efficiency of service delivery and enhanced outcomes are notable in these tenuous economic times. Better professional outcomes are expected by the public and we all are intimately connected to enhancing the lives of persons with varying disabilities in the State of Illinois.

Attachment 4.7(b)(3) Request for Waiver of Statewideness

The Division of Rehabilitation Services maintains a considerable number of Third Party Agreements with other units of government, primarily school districts. These Third Party Agreements are designed to increase the availability of vocational rehabilitation services to specific populations of people with disabilities. DRS has a contract with each entity that is consistent with Federal regulations (34CFR361.26) and includes the following provisions: (a) the vocational rehabilitation services to be provided are identified; (b) the local agency assures that non-Federal funds are made available to DRS; (c) the local agency assures that DRS approval is required before services are provided; and (d) the local agency assures that all other State plan requirements, including the Order of Selection policy, are applied to persons receiving services through the agreement.

The following is a list of the Third Party Agreements now in place.

1. William Rainey Harper College

The purpose of this agreement is to provide post-secondary training to students in northern Cook County with hearing impairments, learning disabilities, and other disabilities who are eligible for VR program services. The college is a two-year public community college, which serves the northern part of Cook County. It is located in Palatine, Illinois.

2. The Evaluation and Development Center

The purpose of this agreement with the Board of Trustees of Southern Illinois University at Carbondale is to provide a continuing program of rehabilitation services to individuals with disabilities in Southern Illinois. This agreement provides evaluation and placement, independent living, residential, information and referral, and rehabilitation engineering services to customers eligible for services from the VR program. This program primarily serves the Illinois counties of Franklin, Jackson, Jefferson, Johnson, Perry, Saline, Williamson, and Union.

3. Secondary Transitional Experience Program (STEP)

The purpose of this program is to provide rehabilitation services for customers who are still in secondary school. DRS has 144 contractual arrangements with school districts and cooperatives throughout the state. Of that number 132 are third-party contracts and 12 are not. These arrangements resulted in VR services being provided to 8,309 students during FY2013 and 9,656 served in the first nine months of FY2014. STEP services typically include: classroom instruction that provides opportunities for career exploration and the development of job readiness skills; independent living and community mobility skills training; and multiple work experiences in both school and community-based work sites. DRS anticipates that approximately 10,000 students will be served in the STEP program in FY2015.

Schools with Third Party STEP Contracts in FY2015

Schools with Third Party STEP Contracts in FY2015	City
AERO Special Education Cooperative	Burbank, IL
Alton Community School District 11	Alton, IL
Anna Jonesboro Community High School	Anna, IL
Aurora East School	Aurora, IL
Aurora West Pub Schl Dist 129	Aurora, IL
Ball-Chatham Community Unit School District # 5	Chatham, IL
Belleville Township High School District 201	Belleville, IL
Bethalto Community Unit #8 Schools	Bethalto, IL
Black Hawk Area Special Education District	East Moline, IL
Board of Education	Evanston, IL
Board of Education City of (Peoria)	Peoria, IL
Bradley-Bourbonnais Community HS District 307	Bradley, IL
Cahokia Unit School District 187	Cahokia, IL

Canton Union School District 66	Canton, IL
Chicago Board of Education District 299	Chicago, IL
Collinsville Community Unit School District 10	Collinsville, IL
Community Unit School District 1	Winchester, IL
Community High School District 155	Crystal Lake, IL
Community High School District 218	Oak Lawn, IL
Community High School District 99	Downers Grove, IL
Community Unit School - Woodstock	Woodstock, IL
Community Unit School Dist 60	Waukegan, IL
Community Unit School Dist 95	Lake Zurich, IL
Community Unit School District 200	Wheaton, IL
Community Unit School District 203	Naperville, IL
Community Unit School District 220	Barrington, IL
Community Unit School District 300	Algonquin, IL
Community Unit School No 2	Serena, IL
Cook County High School Dist	Cicero, IL
County of Jackson (dba Comm Unit School Dist 186)	Murphysboro, IL
County of LaSalle School District 280	Mendota, IL
Decatur Public Schools District 61	Decatur, IL
Dixon Unit School District 170, LCSEA	Dixon, IL
DuPage High School District 88	Villa Park, IL
East Alton - Wood River Community High School	Wood River, IL
Eastern IL Area Special Education (Mattoon)	Charleston, IL
Educational SVC Reg. Office Champaign and Ford Counties	Rantoul, IL
Edwardsville Community Unit 7	Edwardsville, IL
Elmhurst Community Unit School District 205	Elmhurst, IL
Elmwood Park CUSD 401	Franklin Park, IL
Evanston Township High School	Evanston, IL
Exceptional Children Have Opportunities	South Holland, IL
Fenton High School District 10	Bensenville, IL
Frankfort Community High School District 168	West Frankfort, IL
Franklin Community Unit School	Franklin, IL
Freeport School District 145	Freeport, IL
Galesburg Community Unit School District 205	Galesburg, IL
Geneseo Community Unit School	Geneseo, IL
Glenbard District 87	Glen Ellyn, IL
Granite City Community Unit School District 9	Granite City, IL
Hancock-McDonough ROE #26	Macomb, IL
Harlem Consolidated School	Machesney Park, IL
Highland Community Schools District 5	Highland, IL
Hinsdale Township High School	Hinsdale, IL
Huntley School District NO 158	Algonquin, IL
Iroquois Special Education Association	Crescent City, IL
Jacksonville School District 117	Jacksonville, IL
JAMP Special Education SVCS	Grand Chain, IL

Jersey County CUSD 100	Jerseyville, IL
Johnsburg Community Unit School	Johnsburg, IL
Joliet TWP H S DIST 204	Joliet, IL
Kankakee Area Special Ed COOP	Kankakee, IL
Kankakee School District 111	Kankakee, IL
Kendall County Special Ed Cooperative	Yorkville, IL
LaGrange Area Dept. of Sp Ed	LaGrange, IL
Lake Park High School Dist 108	Roselle, IL
LaSalle-Peru Township High	LaSalle, IL
Leyden High School District 21	Northlake, IL
Lincoln-Way Com High School	New Lenox, IL
Livingston County Special Serv	Pontiac, IL
Lockport Township High School	Lockport, IL
Maine Township High School	Park Ridge, IL
Marengo High School Dist 154	Marengo, IL
Mascoutah Community Unit 19	Mascoutah, IL
Massac County USD 1	Metropolis, IL
Mid-State Special Education-Christian County	Morrisonville, IL
Mid-State Special Education-Fayette & Bond Counties	Morrisonville, IL
Mid-State Special Education-Montgomery Co. & Carlinville	Morrisonville, IL
Mid-Valley SPEC ED Joint Agrmt	St. Charles, IL
Mt. Vernon Township High School	Mt. Vernon, IL
Niles Township District 219	Skokie, IL
Northern Suburban Spec Ed Dist	Highland Park, IL
Northwest Sp Ed District	Freeport, IL
Northwest Suburban Special Ed	Mount Prospect, IL
Oak Park & River Forest High	Oak Park, IL
O'Fallon Township High School	O'Fallon, IL
Ogle County Educational Coop	Byron, IL
Ottawa Township High School	Ottawa, IL
Peotone Community Unit School	Peotone, IL
Perandoe Special Education District	Red Bud, IL
Plainfield School Dist 202	Plainfield, IL
Princeton Township High School	Princeton, IL
Proviso Township High School	Forest Park, IL
Putnam County Community Unit	Granville, IL
Quincy Public Schools	Quincy, IL
Regional Office of Education (McLean,-Dewitt)	Normal, IL
Rochester CUSD 3A	Rochester, IL
Roxana Community Unit School	Roxana, IL
Sangamon Area Sp Ed District	Springfield, IL
School Assn for Special Education (DuPage CoO.)	Naperville, IL
School District 205 Board of Rockford	Rockford, IL
School District 234 Ridgewood High	Norridge, IL
School District Unit 46	Elgin, IL

Seneca High School	Seneca, IL
South Eastern Special Education	Ste. Marie, IL
South Macoupin Association	Staunton, IL
Southern Will County Coop 22	Joliet, IL
Southwest Cook County Cooperative for Special Education	Oak Forest, IL
Special Education Association	Bartonville, IL
Special Education District	Woodstock, IL
Special Education District of Lake County SEDOL	Gages Lake, IL
Special Education Services	Aurora, IL
SPEED Special Education Joint Agreement, District 802	Chicago Heights, IL
Springfield Public School District 186	Springfield, IL
Streator Township High School	Streator, IL
Sycamore CUSD 427	Sycamore, IL
Tazewell Mason Counties Sped Educ Assn	Pekin, IL
The Hope School	Springfield, IL
Thornton Township High School District 205	South Holland, IL
Triad Community Unit School Dist 2	Troy, IL
Tri-County Special Education	Murphysboro, IL
Valley View School District 36	Romeoville, IL
Vermillion Association of Sp Ed	Danville, IL
Villa Grove C U Dist 302	Villa Grove, IL
Wabash and Ohio Valley Special Education District	Norris City, IL
West Central CUSD 235	Biggsville, IL
West Central IL Sp Ed Coop	Macomb, IL
West Washington Community	Okawville, IL
Whiteside of Carroll Counties	Sterling, IL
Williamson County Special	Marion, IL
Winnebago County Special	Rockton, IL
Woodford Cty Special Ed Assoc	Metamora, IL

Non-Third Party STEP Contracts in FY2015	City
Arlyn Day School	Wilmette, IL
Bartlett Learning Center	Bartlett, IL
Beacon Therapeutic School Inc	Chicago, IL
Cove School Inc	Northbrook, IL
Easter Seals Metropolitan	Chicago, IL
Little Friends, Inc.	Naperville, IL
Nexus Inc.	Manteno, IL
South Central Community Health Services, Inc.	Chicago, IL
Summit School, Inc.	Elgin, IL
The Allendale Association	Lake Villa, IL
The Children's Home Association of Illinois	Peoria, IL
The Larkin Center, Inc.	Elgin, IL

## Attachment 4.8(b)(1) Cooperative Agreements with Agencies Not Carrying Out Activities Under the Statewide Workforce Investment System

### General Information on Interagency Cooperation

Illinois DRS maintains cooperative agreements and working relationships with a wide variety of state, local and education entities that provide services to individuals with disabilities. DRS presently has over 25 interagency agreements in effect with other state agencies. DRS has a long-standing agreement with the Illinois State Board of Education regarding the provision of transition services to students with disabilities age 14 and older. This agreement was re-written in 2012 and is under review prior to submitting for department signatures. The revised agreement will place greater emphasis on the roles of each party in preparing students for the transition to employment, education and training.

Presently DRS provides VR services to around 10,000 students with disabilities each year through contracts with 144 school systems. DRS provides vocational rehabilitation services to another 2,000 high school students with disabilities outside of the contractual system. DRS also has agreements with 12 state universities and 36 community colleges in Illinois regarding funding for services to students who are VR customers.

DRS has contracts and working agreements with 151 not-for-profit community rehabilitation programs, which serve around 4,000 VR customers each year, providing vocational evaluation, job placement and supported employment services. DRS maintains working relationships with the Statewide Independent Living Council, as well as the Illinois Network of Centers for Independent Living, and has contracts with centers for independent living to provide a variety of rehabilitation services.

Illinois does not have an agency receiving a grant under part C of Title I of the Act for the provision of vocational rehabilitation services for American Indians. Also, Illinois does not have a separate VR agency for individuals who are blind.

### State Use and Rural Development Programs

DRS does not presently have formal interagency agreements with state use programs operated within Illinois. The Department of Human Services Procurement Office, which coordinates purchasing activities, maintains procedures for purchasing from designated state use sources on behalf of the Department. DRS does not have formal interagency agreements with Rural Development Programs operated by the U.S. Department of Agriculture.

### Agreements with Components of the Workforce Investment System

Each DRS local office has developed a Memorandum of Understanding (MOU) with local one-stop workforce centers in their service area. The MOU process has been in place since 2001 and is well understood by all parties. The local office supervisor takes an active role in representing the VR program in the one-stop system, and is responsible for updating the MOU each year. The MOU detailed information on referral procedures when there is no physical VR program

presence at the one-stop center. When there is a VR presence at the center, the MOU describes the funding arrangements regarding utilization of the space and infrastructure costs. To the greatest extent possible, DRS prefers to make in-kind contributions to the one-stop center.

## Attachment 4.8(b)(2) Coordination with Education Officials

### Cooperation with Education Officials

The DRS interagency agreement with the State Board of Education identifies financial roles and responsibilities for transition services. This agreement has been re-written and is under review pending signatures by department heads. The overall responsibility for funding a student's educational program lies with the local education authority, with support from the State Board of Education. DRS provides funding for vocational rehabilitation services, both through the STEP program and through general VR caseloads. DRS has contracts with 144 school districts, of which 132 involve the use of school funds as VR matching funds. DRS coordinates and provides support for operational costs of regional Transition Planning Councils. DRS establishes qualifications for personnel it employs, and the State Board establishes qualifications for personnel working for school districts

Since 2009 DRS has worked with schools that have third-party cooperative agreements to ensure that federal VR requirements are followed in the provision of transition services. This has included a contract addendum as well as specific exhibits that are now incorporated into the contract package itself. DRS believes that these measures have resulted in an environment where all parties understand and are in compliance with these requirements.

DRS provides consultation and technical assistance to educational agencies in planning for the transition of students with disabilities from school to post-school activities. This is accomplished through a number of mechanisms. DRS has assigned qualified rehabilitation counselors to act as liaison to every high school in Illinois. A fundamental part of the liaison role is to provide consultation and technical assistance to educators involved in the transition process.

Transition Planning Councils in each area of the state work with school districts to identify students with disabilities needing transition services. Aggregate services needs are reported annually to the State Transition Council. Through the counselor liaison relationships, students with disabilities have ready access to the VR program. DRS counselors provide consultation regarding vocational services and provide general information on disability services available in the community. DRS also sponsors the Next Steps parent-training program to assist families in understanding their children's needs regarding transition services.

Illinois has a committee dedicated to transition issues, the Interagency Coordinating Council, that develops policy and establishes roles and responsibilities. DRS participates on the Council along with the State Board of Education and other state agencies involved in serving youth with disabilities. DRS also coordinates regional Transition Planning Councils, with school and community rehabilitation programs also participating. State law requires that transition planning

begin at age 14 ½. DRS assists local schools in building a vocational focus as the student progresses through the school system. The Secondary Transitional Experience Program (STEP) is funded by DRS and provides financial support for students with disabilities during the high school years. Participation in DRS services for students in STEP is incorporated in the IPE during the time the student is in school. For transition students not participating in STEP, an IPE is developed no later than the last semester of high school, per state rule (89 Ill. Admin. Code 572.50 (c)). For transition students, transition planning includes the facilitation of the development and completion of the Individualized Education Program (IEP).

### Agreements with Institutions of Higher Education

In Illinois there is no single government agency responsible for the administration of higher education in the state. There are two agencies with regulatory responsibility for higher education in Illinois. The Illinois Board of Higher Education is responsible for regulating the activities of public and private colleges and universities in the state that offer four-year programs and graduate programs. The Illinois Community College Board has a similar role for two-year community colleges throughout the state. Because there is no single administrative entity, DRS must initiate individual agreements with each institution.

In recent years DRS has worked to develop cooperative working agreements with institutions of higher education that serve vocational rehabilitation program customers. The primary focus of the agreements has been arrangements for payment of auxiliary services and supports provided to students who are VR customers. In particular, the agreements have focused on payment for sign language interpreter services and computer-assisted real time captioning services for students who are deaf. While there are many other types of services involved in the agreements, these represent the highest cost services.

Consequently, DRS has pursued a strategy of a gradual reduction in financial support for auxiliary services to students with disabilities. In 2001 DRS developed a plan to reduce the VR share of auxiliary services to a maximum of 50 percent by 2004. DRS announced a statewide schedule in its 2007 State Plan that has not reached its conclusion, with DRS contributing no funds to pay for auxiliary services for students with disabilities in Illinois colleges and universities.

In 2009 DRS distributed agreements to each public institution of higher education in Illinois which reiterated the new policy, and which also specified the general categories of services VR will pay for, and provided a mechanism for dispute resolution. These agreements will continue to be in effect throughout the 2014-2015 school year.

It should be noted that there have been few disputes about payment for auxiliary aids and services since DRS began this process six years ago. It is DRS policy that no student be denied services due to a dispute between DRS and an institution of higher education. In such circumstances, DRS will pay for the auxiliary services and seek reimbursement from the institution at a later date.

## Attachment 4.8(b)(3) Cooperative Agreements with Private Nonprofit Organizations

### Non-Profit Rehabilitation Providers

DRS has contractual agreements with non-profit rehabilitation providers to provide services to VR customers. DRS works with the Facilities Advisory Council consisting of provider representatives to discuss issues and identify service needs in an ongoing manner. In 2013 DRS began the process of developing formal contracts in the place of cooperative working agreements with non-profit rehabilitation service providers. This is part of a state-level effort to establish greater consistency in human service contracting. DRS contracts specify the responsibilities of the service providing agency, the performance basis of the contract, and the rates to be paid to the provider. DRS will continue to use less formal cooperative agreements as a mechanism for developing service options and improving the ability to respond to community needs.

DRS has contracts and working agreements with 151 not-for-profit community rehabilitation programs, which serve around 4,000 VR customers each year, providing vocational evaluation, job placement and supported employment services. DRS maintains working relationships with the Statewide Independent Living Council, as well as the Illinois Network of Centers for Independent Living, and has contracts with centers for independent living to provide a variety of rehabilitation services.

## Attachment 4.8(b)(4) Arrangements and Cooperative Agreements for the Provision of Supported Employment Services

### General Information

DRS has contracts and working agreements with not-for-profit community rehabilitation programs, which serve around 4,000 VR customers each year, providing vocational evaluation, job placement and supported employment services. DRS also has contracts with centers for independent living to provide a variety of rehabilitation services. DRS believes that supported employment services are generally available when needed for individuals with most significant disabilities.

### Supported Employment and Extended Services

For many years DRS has had a number of contracts and cooperative working agreements with community provider agencies to provide both supported employment and extended services to individuals with most significant disabilities. DRS has a standing committee of community rehabilitation programs known as the Facility Advisory Committee which meets regularly to discuss service arrangements, including but not limited to, supported employment and extended services. DRS believes that this group is the best mechanism for communicating with provider agencies and maintaining a grasp of the demand for these services. DRS also has an interagency cooperative team that involves the DHS Division of Mental Health to provide ongoing support services to individuals with serious mental illness.

In FY2015 DRS expects to continue the following levels of funding for supported employment activities. Supported employment services provided with Title VI-B funds: approximately 175 individuals, total funding \$1.1 million, with 20 provider agencies.. Supported employment provided with Title I funds: approximately 1,450 individuals, total funding \$4.2 million, approximately 55 provider agencies.

Beginning in July 2012 DRS implemented a new rate structure for supported employment services, and DRS anticipates that the new rate structure will encourage providers to become involved in providing supported employment services.

DRS will not be able to provide the same level of extended services as in the past, due to an elimination of state general revenue funding for this program. In FY2015 no state funds will be available for extended services. DRS continues to pursue additional state funds. In addition, DRS is working to identify other sources of funding for extended services. DRS has entered into discussions on possible funding arrangements with the DHS Division of Developmental Disabilities and Division of Mental Health. DRS will also work with community provider agencies to further emphasize the use of natural supports as an alternative to paid extended services.

DRS also intends to pursue ongoing changes in its supported employment program. In 2010 DRS began to emphasize the need to limit the amount of time spent on pre-employment activities (known collectively as “job development”) and focus on gradual reduction in worksite support services through use of the support reduction plan portion of the IPE. It is expected that these changes will reduce the number of individuals expected to require paid extended services in the coming years, with a corresponding increase in the utilization of natural supports. As part of the Illinois Employment First effort DRS has initiated discussions with the Division of Developmental Disabilities about possible mechanisms for funding extended services.

## Attachment 4.10 Comprehensive System of Personnel Development

The Division of Rehabilitation Services (DRS) is dedicated to ensuring an adequate supply of qualified professionals and paraprofessionals are available. This is accomplished through the strong commitment to providing and making available training programs to all staff especially staff who provide direct services to individuals with disabilities

### Personnel Data

#### Sufficiency of Current Staffing Levels

DRS believes it has sufficient staff on hand to staff the VR program. Each staff category has a normal number of vacant positions, and DRS works aggressively to fill vacancies as soon as possible, in conjunction with DHS personnel managers. There has been little growth in the overall VR caseload in the last several years, which means that DRS has sufficient staff available to serve people with disabilities meeting its order of selection policy, and has the capacity to fill vacant positions to continue to meet that level of need.

DRS has 235 VR counselor positions with 205 on hand and 30 vacant positions, and 26 rehabilitation and mobility instructors, with 21 on hand and five vacant positions. These staff are supported by 134 rehabilitation case coordinator positions, of which DRS has 124 on hand with 10 vacant positions. Counselor vacancies are somewhat higher than normal due to a personnel classification issue that has since been resolved. DRS anticipates that it will be able to fill these positions in the near future and return to a more normal pattern of vacancies.

Specialty counselor positions have a slightly higher vacancy rate, but one that still allows DRS to provide services to select populations. DRS has 30 staff positions for counselors certified to communicate in sign language with five vacancies in this category, as well as 24 counselors fluent in Spanish, and six vacancies in that category.

Remaining positions in the VR system have very few vacancies. The job titles of field office supervisor, field support unit staff, business enterprise for the blind program staff, central office staff and management personnel (bureau chiefs and assistant bureau chiefs) have limited vacancies, and in most cases an individual in an acting capacity is awaiting permanent appointment.

#### Caseload Data

The 205 VR counselors on staff had an average caseload of 145 individuals as of April 30, 2014, with a statewide total of 29,821 active cases and a total of 39,886 served during the preceding 10 months. The 21 rehabilitation and mobility instructors on staff had an average caseload of 34 individuals and a statewide total of 709 active cases and a total of 1,138 served during the preceding 10 months. This is consistent with historical patterns and represents a manageable number of cases given the number of staff on hand.

#### Projected Number of Replacement Staff in Next Five Years

DRS anticipates that its long-term replacement rate will remain the same despite several developments in the last two years. There was a large increase in retirements in May 2012 due to pending changes in the state pension system, with 22 VR program staff retiring along with 40 other DRS staff. Since July 2012 there have been several disruptions in the state hiring process due to management of layoffs and labor contract uncertainty. All layoff and contract issues have been resolved and job postings began in May 2014. Based on job application trends, DRS anticipates that sufficient applicants will be available to fill nearly all posted vacancies within a few months.

The number of staff on hand and projected annual number of replacements by title are: rehabilitation counselors 205 (15 projected replacements); rehabilitation case coordinators 124 (10); rehabilitation and mobility instructors 21 (2); field office supervisors 39 (3); field office support staff administrative support 28 (4); business enterprise program for the blind staff 13 (1); central office staff 61 (5); bureau chiefs 1 (1); assistant bureau chiefs 6 (1).

Row	Job Title	Total positions	Current vacancies	Projected vacancies over the next 5 years
1	Rehabilitation Counselor	235	30	75
2	Rehabilitation Case Coordinator	134	10	50
3	Rehabilitation and Mobility Instructor	26	5	10
4	Field Office Supervisor	41	2	15
5	Field Office Support Positions	37	9	20
6	Business Enterprise for the Blind Staff	13	0	5
7	Central Office Staff	67	6	25
8	Bureau Chief	2	1	1

9	Assistant Bureau Chief	6	0	3
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### University Program Data

#### Illinois Rehabilitation Education Programs

There are four CORE-accredited counselor education programs in Illinois: Illinois Institute of Technology, Chicago; Northeastern Illinois University, Chicago; Northern Illinois University, DeKalb; and Southern Illinois University, Carbondale. The program at the University of Illinois in Champaign has been discontinued.

#### Enrollment and Expected Graduates

The most recent available data on enrollment in and graduation from the MA programs in rehabilitation counseling at the five universities is shown in the table below. A total of 121 students were enrolled and 46 graduated. The estimated replacement rate for DRS counselors is 15 per year, although the replacement rate will be higher in FY2015 due to administrative delays in filling vacancies. While many of these graduates will choose not to work for DRS, DRS believes that these programs make a significant contribution to its ability to hire new staff and replace staff who leave DRS. In Illinois graduates with an MA in rehabilitation counseling who pursue CRC certification are eligible to become licensed as a Licensed Clinical Professional Counselor (LCPC) through the State of Illinois Department of Financial and Professional Regulation

Row	Institutions	Students enrolled	Employees sponsored by agency and/or RSA	Graduates sponsored by agency and/or RSA	Graduates from the previous year
1	Southern Illinois University	43	0	0	14
2	Northern Illinois University	12	0	0	14
3	Northeastern Illinois University	23	0	0	6
4	Illinois Institute of Technology	43	0	0	12

### **Plan for Recruitment, Preparation and Retention of Qualified Personnel**

Describe the development (updated on an annual basis) and implementation of a plan to address the current and projected needs for qualified personnel including, the Coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare, and retain personnel who are qualified, including personnel from minority backgrounds and personnel who are individuals with disabilities.

#### **Recruitment and Retention**

Each year DRS estimates the number of staff needed to operate the VR program, particularly the number of rehabilitation counselors needed. In addition, DRS works with university programs to estimate the number of students graduating from the programs. DRS has strengthened its relationships with the four university programs providing master's degree training for rehabilitation counselors, through formation of the University Coordinators Meeting which meets regularly to discuss educational needs, hiring practices and internships.

DRS has surveyed the four university programs and has information on the expected number of graduates each year. This information is analyzed in relation to administration estimates of the

number of rehabilitation counselor positions that will need to be filled in the next year. In the last 12 months DRS has begun the process of hiring new VR counselors after an administrative delay. There have been numerous applicants for each vacant position, indicating a sufficient supply of qualified counseling staff.

Based on the information available from the university programs and the number of applications for posted vacancies, DRS believes that there are adequate numbers of qualified personnel available to fill all needed rehabilitation counselor positions.

The newest counselor-training program was established in 2005 at Northeastern Illinois University (NEIU). The program is available to all students but especially focuses on Hispanic enrollments. DRS administration has been in frequent communication with the new NEIU program, and has arranged for a presentation to the faculty and students. DRS has made several presentations to program staff and students regarding employment with our agency.

DRS actively recruits minority individuals and individuals with disabilities for rehabilitation counselor and other positions. The Department of Human Services personnel unit works with DRS to publicize available positions in DRS, attending numerous job fairs likely focusing on minority students and students with disabilities. The State of Illinois has recruiting policies, which assist minority individuals in obtaining employment in key positions, and also encourages training and education for current employees. State policy also encourages the hiring of individuals with disabilities. DRS worked with the state personnel agency to create a position dedicated to monitoring and assisting with the hiring of persons with disabilities in state jobs.

In addition to recruitment, DRS works actively to promote the retention of individuals with disabilities and individuals from minority backgrounds. These efforts include those sponsored by the Department of Human Services, of which DRS is a part, as well as through other state government organizations and membership associations. The purpose of these activities is to facilitate the training and professional development of staff from these populations, to promote understanding of the need for a diverse workforce, and to encourage the participation of staff in a variety of cooperative efforts aimed at making a contribution to the organization.

These efforts include: (a) the Upward Mobility program, which is designed to further the careers of state employees from minority backgrounds as well as individuals with disabilities. This program provides support for a variety of training and educational opportunities for staff during the course of their employment with the state. (b) the Interagency Committee on Employees with Disabilities, which engages state employees with disabilities in activities related to promoting the hiring and career advancement of people with disabilities. DRS administration is closely involved in the operations of the ICED. (c) The Illinois Association of Minorities in Government sponsors an annual conference addressing issues of concern to state employees from minority backgrounds, which is attended by DRS staff. (d) the Illinois Association of Hispanic State Employees also holds an annual conference, which focuses on state employees from Hispanic/Latino backgrounds. DRS sponsors staff to attend this conference each year. DRS believes that its sponsorship of attendance at these conferences and encouragement of membership in these organizations is a positive step in promoting a diverse workforce and a

means of ensuring a high rate of job retention among its employees with disabilities and employees from minority backgrounds.

## Internships

DRS has informal agreements with the four rehabilitation counselor training programs in the state to provide internship and practicum placement options for graduate students. At present DRS is not able to offer paid internships to counseling students. We continue to provide unpaid internships whenever possible, both to support the universities and students as well as to provide a job preview to students interested in working for DRS when they complete their training.

## Strategies for Retaining, Recruiting and Hiring Personnel

DRS uses several strategies to recruit, hire and retain rehabilitation personnel. Key elements are promotion and publicizing the VR program, locating job candidates, monitoring the state hiring process, and identifying methods to encourage retention of staff.

The University Coordinator Committee is composed of representatives from the four rehabilitation education programs in the state. DRS administrators meet regularly with this committee to develop an understanding of the current training capacity of the programs, and to facilitate communication about DRS hiring practices and vacancies. DRS works with the DHS personnel unit to conduct outreach activities to individuals who may be interested in state employment. DHS maintains a regular schedule of job fairs, community events and recruitment initiatives that include a focus on hiring minority individuals.

DRS offers unpaid internship and practicum opportunities in its field offices to graduate students from the five rehabilitation education programs. These are arranged with the university faculty and DRS administrators as needed. DRS also makes presentations to undergraduate students to expose them to the field of vocational rehabilitation and provide them with information on graduate rehabilitation education programs.

DRS has an ongoing team composed of staff and administrators that focuses on issues related to hiring and retention of qualified staff. This group attempts to identify strategies that motivate staff to continue their employment, including rewards and recognition for high-level performance.

## Personnel Standards

State Degree Standard. For several years, the Division of Rehabilitation Services (DRS) has had the requirement for all new counselors of a Master's degree in rehabilitation counseling or a closely related field. The Master's degree requirement for DRS vocational rehabilitation counselors is supported by state licensing categories as well. The applicable licensing requirement in the state is for a "Licensed Professional Counselor" license, which is issued by the Illinois Department of Professional Regulation. This license is a generic counseling license and is not specifically for vocational rehabilitation counselors. The license requires a Master's degree in counseling, rehabilitation counseling, psychology or related field. For purposes of the

Comprehensive System of Personnel Development (CSPD), the requirement of a Master's degree in rehabilitation counseling or a related field will be considered the state standard.

Completion of 1998 Goal. On October 1, 2008 DRS completed its 10-year plan to implement its degree standard for all rehabilitation counselors employed by the agency. All counselors now meet the standard.

#### Counselor Participation in Graduate Education.

DRS is no longer involved in providing graduate training for rehabilitation counselors. Through 2012 DRS hired individuals as social service career trainees (SSCT) and assisted with the cost of graduate training to reach the state degree standard. This program has been discontinued.

#### Hiring of Individuals Not Meeting the State Standard

DRS does not hire individuals who do not meet the state degree standard. As noted above the Social Service Career Trainee program has been discontinued.

#### Counselor Data by Degree Status

DRS employs 84 individuals with a Master's degree in rehabilitation counseling and 121 individuals with Master's degrees in a field closely related to rehabilitation counseling.

### **Staff Development**

The DRS Staff Development Section (SDS) oversees the needs assessment, development, implementation, coordination, monitoring and evaluation of all training programs offered within DRS. SDS has three full-time trainers and a program manager in addition to two support staff. SDS is responsible for providing training to DRS VR staff as well as coordinating training from other sources and maintaining the training data base which tracks the number of training hours for each staff person.

Training Requirements. All DRS staff are expected to participate in training events annually. Annual employee performance evaluations are designed to include training needs and expectations as identified by both the employee and the supervisor. Certain training events sponsored by DRS are mandated for attendance by staff in particular titles, such as rehabilitation counselors and rehabilitation case coordinators.

SDS initiates new training activities and also responds to specific requests for training from DRS administrators and field office supervisors. SDS coordinates the New Employee Orientation (NEO) training in which each new DRS staff person participates in the first months of his or her employment. This includes an overview of agency policies as well as a review of how the VR program operates in Illinois.

While the NEO training is conducted centrally, nearly all other training is conducted in local offices or at convenient locations around the state to save on travel costs. In many cases, training

events are provided at the initiation of field office supervisors or regional administrators in response to local concerns. DRS has initiated a proposal to secure funding for additional distance learning opportunities, both for staff convenience and to reduce travel expenses. In March 2013 DRS completed distribution of two-way video communication equipment to all field offices for use in conducting webinars and other distance training events.

The following section lists training courses provided by the Staff Development Section in the last year, as well as statewide conferences attended by DRS staff with financial support from DRS.

#### Training Provided by the DRS Staff Development Section

Job Placement and Job Development Strategies  
Case Progression and Documentation  
Vocational Rehabilitation and J. Lodge (Webinar)  
Valuing Diversity in the Workplace  
Conflict and Stress Management for Professionals  
Real Colors (Working Effectively in Teams)  
Platinum Customer Service  
Customer Service and Telephone Skills  
Projecting a Professional Image  
Operation Tollway Pre-Employment Training (Webinar)  
Sexual Harassment Prevention in the Work Place  
Section 590 Subpart C: Training and Related Services (Webinar)  
Effective Communication & Conflict Management  
Dealing with Difficult Behavior in the Workplace  
Information on WebCM Changes (Webinar)  
Partnering with Autonomy Works (Webinar)  
Updated RSA Information for VR Casework (Webinar)  
The NET and Ernst and Young (E&Y) A Model for Successful Employment Outcomes (Webinar)  
Team Building and Problem Solving  
Employment with Stateside BPO (Webinar)  
Case Notes: Styles, Structures and Time Management  
Diversity: Face to Face

#### Training Provided by External Training Resources

Group Discovery for Customized Employment  
Motivational Interviewing  
Job Placement Skills  
Social Security Benefits Training

#### Conferences Supported by DRS

TASH 38<sup>th</sup> Annual Conference  
Illinois Rehabilitation Association

Illinois Association for Education and Rehabilitation of the Blind and Visually Impaired  
Illinois Association of Agencies and Community Organizations for Migrant Advocacy  
Illinois Association of Hispanic State Employees  
Latino Mental Health Conference  
Statewide Transition Conference

### **Ongoing Staff Development**

Training Needs Assessment. In 2013 DRS conducted an online training needs assessment survey for all field office staff, including supervisors, counselors and case coordinators. Staff were asked about their own training needs as well as their perception of training needs for individuals working in other field positions. The top training requests for field office supervisors was in the area of stress management and dealing with difficult people, as well as disciplinary procedures. For case coordinators, the top requests were in the areas of teambuilding and customer service. For VR counselors the top requests for training were in the areas of counseling skills, caseload management and time management. DRS is developing a plan to prioritize the training requests, develop training events when possible and arrange for external training providers if needed.

DRS provides ongoing training to staff in all areas of counseling, including counseling and guidance. All staff are required to take a five-day New Employee Orientation training course that focuses on the role of the counselor in the counseling relationship. A major emphasis is placed on role-playing various situations where counseling and guidance skills are used. Another major emphasis is on assessment of the individual's rehabilitation needs, beginning with the initial interview.

Placement skills are emphasized in training activities including regional meetings held annually, as well as on-site training in field offices. Training focuses on job development skills, communication with employers and preparing customers for job interviews. Job placement assistance is also provided to counselors through relationships with Employment Resource Specialist (ERS) staff located around the state. Each field office has an ERS assigned to assist counselors with job placement concerns. ERS staff can also act as a companion to the counselor on the computerized case management system, sharing information and making case notes to promote effective job placement.

DRS makes training available in rehabilitation technology to all staff. DRS employs rehabilitation technology specialists who provide on-site consultation to counselors and assist them in developing plans for provision of rehabilitation technology to VR customers. DRS also has contractual staff who focus on rehabilitation technology issues and provide on-site training and consultation. DRS works in conjunction with the Illinois Assistive Technology Project, the state's AT grant recipient, to promote understanding of rehabilitation technology needs and identification of technology resources. DRS makes use of the rehabilitation technology program at the University of Illinois at Chicago as both a training resource and a service provider for VR customers.

Dissemination of Research Materials to Staff. The staff development section operates a small library with books and video materials available on numerous topics related to disability and

rehabilitation counseling. These materials are distributed to field staff upon request. In the last year the library has added new materials related to job search, job skills and career choice materials to enhance the rehabilitation counselor's access to research materials. DRS makes use of its intranet system to provide linkages to research sources and other new information relating to the field of rehabilitation. DRS also maintains a close relationship with the Illinois Rehabilitation Association (IRA) including providing assistance in sponsoring the IRA annual conference. The IRA conference features presentations on new developments in the rehabilitation field including presentations on research from university professionals as well as rehabilitation practitioners. In addition, key categories of staff such as rehabilitation counselors for the deaf and mental health specialist counselors, participate in regional and statewide groups that share current research relevant to their fields of study. The DRS initiative on for individual placement and support services for persons with mental illness involves sharing research findings in a structured way with staff.

### Training Technology

As noted above, a major emphasis in DRS has been the effort to obtain up-to-date interactive technology to facilitate training events and limit time and expense associated with travelling to training events. DRS has made use of an RSA quality grant to purchase video equipment, laptop computers and microphones to establish the capability for two-way interactive video in all offices across the state. Testing of the technology has been successful and training events will be scheduled soon using the equipment.

In 2014 DRS established a contract to develop online training modules in key areas of VR casework. The idea is that counselors will be able to take training on key topics and improve their knowledge of important concepts directly from their office computer. A quiz would follow each session, with the scores reported to a data base maintained by the training unit staff. Once the system is in place training can take place at any time, either for new staff or to reinforce the skills of existing staff. The initial test of the online modules will be in the fall of 2014.

DRS has also worked to implement standard webinar training events with visual presentation of materials along with spoken narration. Real time captioning is available as needed as an accommodation for webinar users. The staff being trained can interact with the presenter by responding to questions ("polling") and by texting in questions. All webinar training events are followed up with an online participant survey that provides feedback on the training. DRS has used this methodology over 75 times in the last 12 months to provide relatively brief but important training updates to VR staff. Staff response to webinar technology for training has been very positive and DRS anticipates utilizing this format more often in the coming year.

### **Personnel to Address Individual Communication Needs**

Describe how the designated state unit has personnel or obtains the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

## Communication with Diverse Populations

DRS maintains rehabilitation counseling staff with expertise in communicating with diverse populations. A group of Rehabilitation Counselors for the Deaf (RCDs) are employed throughout the state. These individuals are fluent in sign language and conversant with deaf culture, and provide the full range of vocational rehabilitation services to individuals who are deaf. The Bureau of Blind Services employs rehabilitation counselors and rehabilitation instructors who are professionally qualified to provide rehabilitation services to individuals who are blind or visually impaired. DRS strongly encourages the use of Braille as part of training for individuals who are blind. In addition, rehabilitation counselors and rehabilitation case coordinators are employed who are qualified to communicate with individuals whose primary language is Spanish. Staff are tested in order to qualify for bilingual positions.

DRS also works with individuals whose primary language is one other than English, Spanish or sign language. While the numbers of such individuals is relatively small, it is equally important to be able to communicate effectively with them about their rehabilitation needs. The Illinois Department of Human Services maintains a computerized resource directory, which includes information on translation services for a variety of languages, including Polish, Vietnamese and Arabic among others. DRS counselors can link with these resources to provide translation services. DRS has also piloted the use of a telephone-based translation service which can provide instant translations in over 100 languages and which requires only the use of two telephones. When professional translators are not available, DRS works with family members or volunteer translators from community or religious organizations who can assist the individual.

## **Coordination of Personnel Development Under the Individuals with Disabilities Education Improvement Act**

Describe the procedures and activities to coordinate the designated state unit's comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Improvement Act.

### Coordination of the CSPD and Inservice Training

Relationship to IDEIA: DRS staff provide services annually to thousands of young people with disabilities, most of whom receive services under the Individuals with Disabilities Education Act. Approximately 10,000 young people participate in the Secondary Transitional Experience Program (STEP), which provides work experience during the high school years. The Next Steps program provides advocacy training to parents of students with disabilities. Part of the Next Steps training program includes providing information on the importance of transition planning.

DRS staff who work with high school students participate in training offered by the Illinois State Board of Education and its Transition Systems Change project. DRS maintains an administrative liaison position with the State Board to facilitate communication about transition issues, including available training options. Also, DRS has staff who serve on the Education of Students with Disabilities Advisory Committee.

There is no direct connection between DRS training efforts and the personnel development plan under IDEIA. DRS staff are closely involved in the statewide network of Transition Planning Councils (TPCs), which consist of rehabilitation and education professionals, as well as employers and school administrators. The purpose of the TPCs is to facilitate transition from school to work and to identify local issues that affect transition. DRS staff are involved with the schools in their communities and frequently attend training events sponsored by schools.

Relationship to Inservice Grant: DRS training is based on its needs assessment and the leadership of its administration. The RSA inservice training grant is used to fund much of the training needed by DRS staff. Other grant opportunities are sought out as they become available. The inservice training grant also focuses on the necessity for the Director, key administrators and other identified presenters as determined by the needs assessment to hold semi-annual regional meetings for all staff and supervisory meetings three times per year.

#### Attachment 4.11(a) Statewide Assessment

Identify the need to establish, develop, or improve community rehabilitation programs within the state.

The DRS comprehensive needs assessment is conducted every three years, with the last CSNA completed in FY 2013. In 2011 DRS worked with a State Rehabilitation Council subcommittee to develop a decentralized approach to needs assessment that involved not one major assessment activity but a series of efforts over the three year period that would be summarized as a picture of rehabilitation needs for the state during that time frame. The survey instruments used were developed in consultation with the SRC stakeholder subcommittee and results were presented to and discussed with that group.

#### Overview of Needs Assessment Activities

These activities included: (a) a survey of transition age youth receiving VR services, conducted by DRS; (b) a survey of community service providers conducted by DRS; (c) an online survey of people with disabilities conducted by DRS; (d) a survey of community providers conducted by Illinois State University; and (e) a survey of VR customers conducted by Illinois State University. In addition, DRS collected and reviewed research data and Census data on disability for Illinois in comparison to the United States overall.

#### Demographic Information

DRS analyzed demographic data from a number of sources to obtain a perspective on trends that are likely to have an impact on the operation of the VR program. Illinois is a state with low population growth, with an expected growth rate through 2020 of only 1.1 percent compared to 4.2 percent for the U.S. as a whole. While the state birth rate is average, external migration from Illinois negates that area of growth, with international migration presenting some positive impact on growth. Overall growth is due almost entirely to the increase in the Latino population, both

from births and immigration. The very low average age of the Latino population means that the greatest impact on the adult VR services system will not be felt for several years.

DRS has made use of disability data from the U.S. Census Bureau, particularly from the American Community Survey (ACS). The ACS provides state-level data that is updated each year. Changes in the questions asked have made longer-term comparisons invalid, and since the ACS is based on a sampling methodology, there is some fluctuation in the results. Using the most recent ACS data on disability prevalence and the most recent Census estimate of the Illinois population, DRS estimates that there are 679,900 individuals with disabilities in the state aged 16 to 64 who are potentially eligible for the VR program. Of that number, DRS estimates that there are 530,400 who would qualify for services under the DRS order of selection policy.

DRS analyzed statistics available through the Disability Statistics Compendium, a resource that compiles Census data and other data to provide a picture of how Illinois compares to the U.S. as a whole. In general the observed rate of disability in Illinois is slightly lower across a number of categories than the figure for the country overall. Looking at all age groups, Illinois has a disability prevalence rate of 10.4 percent, compared to 12.2 percent for the U.S. This same difference is observed for youth (age 5-17), where Illinois has a prevalence rate of 4.2 percent compared to 5.2 percent for the U.S. For working age (18-64) persons, the prevalence rate in Illinois is more notably lower, at 8.2 percent compared to 10.3 percent for the U.S. This trend is observed across various disability categories identified in the survey: Hearing disability (Illinois 1.5%, U.S. 2.1%); Vision disability (Illinois 1.3% , U.S. 1.8%); Cognitive disability (Illinois 3.4%W, U.S. 4.3%); Ambulatory disability (Illinois 4.2%, U.S. 5.4%W); Self-care disability (Illinois 1.5%, U.S. 1.9%); and Independent living disability (Illinois 3.1%, U.S. 3.6%). Not only is the rate of disability observed in Illinois consistently, if slightly, lower, the rate of change in disability from 2009 to 2011 is lower in Illinois, with an increase of 2.0 percent compared to 4.4 percent for the U.S. as a whole.

The difference in prevalence rate observed between Illinois and the U.S. is more apparent for younger adults and disappears entirely for post working age adults. For adults aged 18 to 44 the Illinois prevalence rate stood at 13.3 percent compared to 15.6 percent for the U.S., with a similar difference among those aged 45 to 64 (Illinois 27.2%, U.S. 21.2%). For those aged 65 and older, there was no difference (Illinois 40.0%, U.S. 40.6%).

On a positive note, at 34.3 percent the employment rate for Illinoisans with disabilities is somewhat higher than the figure for the U.S. overall, at 32.6 percent. This is consistent across a range of disability categories: Hearing disability (Illinois 54.0%, U.S. 48.3%); Vision disability (Illinois 36.6%, U.S. 36.1%); Cognitive disability (Illinois 24.0%, U.S. 22.4%); Ambulatory disability (Illinois 26.6%, U.S. 23.9%); Self-care disability (Illinois 17.6%, U.S. 15.9%); and Independent living disability (Illinois 16.7%, U.S. 15.4%). Looking at persons with disabilities who were employed full-time year-round in the most recent 12 months, Illinois and the U.S. data were essentially the same, at 18.4 and 18.8 percent, respectively.

DRS also reviewed Social Security Administration data on the number of persons receiving benefits under Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) or both. While the number of persons receiving benefits has increased since 2009, the

rate of change is less than for the country as a whole. In 2012 there were 245,873 working age Illinoisans receiving SSI (either blind or disabled), 283,252 receiving SSDI (as disabled workers), including 72,453 who received both sources of benefits.

DRS also reviewed school exit data from the special education system. The graduation rate increased from 78 to 79 percent from 2009 to 2011, while the dropout rate declined from 19.1 to 18.3 percent in that time period. These are small but positive changes. The overall number of students exiting school after participating in special education increased from 18,298 to 19,673 in that two-year period, a 7.5 percent increase that is of interest to the DRS VR program.

Of particular interest is the growth in the number of students classified as having autism or autism spectrum disorder. The data available from the IDEA data base does distinguish between those two categories, but the rate of growth is remarkable. Between 2003 and 2010, the number of Illinois students classified with autism increased from 5,080 to 14,869, an increase of 193 percent. This is comparable to data for the U.S. as a whole, which saw an increase of 212 percent in that time period. The extent to which these individuals will require different kinds of VR services or different service approaches is as yet unknown, but DRS like all VR agencies must be prepared for a large increase in the number of customers in this disability category.

#### Survey Data on Service Needs

The DRS online survey included ratings of 18 different services, as well as an option to indicate a service not included on the list. Each service was listed along with a description of the service, for example: Job Coaching – Help from an on-the-job assistant to learn how to do a job. The response options were: I need this service now; I may need this service in the future; I do not need this service; and I receive this service now. A weighted need score was created for each item based on giving twice the weight to “I need this service now” as compared to “I may need this service in the future”.

Overall Results: Across all survey items, 17.2 percent were rated as being needed now, 35 percent were rated as “may need in the future”, 23.5 percent were rated as being received now, and 24.3 percent were rated as “no need”. The average was 23.1 on the weight need measure.

The five highest ranked needs, based on the weighted score were: Job creation; Vocational training; Supported employment; Career exploration; and Customized employment. Three of these are related to immediate employment concerns (job creation, supported employment and customized employment) while the others focus on pre-employment activities.

#### Needs of Individuals with the Most Significant Disabilities

DRS collected survey data on individuals with a primary disability of intellectual disability, mental illness, and brain injury since these individuals are very likely to be classified as having a most significant disability, and constitute the large majority of individuals who receive supported employment services. Survey results indicated that the five highest rated needs for this group were: Vocational training; Supported employment; Job coaching; Job creation; and Job seeking

skills training. Respondents in this group rated both supported employment and job coaching higher than other respondents, while rating job creation somewhat lower.

DRS also examined data on individuals who indicated multiple disabilities in the online survey, in comparison to those who indicated only one disability. For the multi-disability group, the five highest rated service needs were: Vocational training; Supported employment; Assistive technology; Career exploration; and Benefits planning. For the single disability group, the five highest rated service needs were: Job creation; Customized employment; Career exploration; On-the-job training; and Vocational training. The multi-disability group was the only sub-group in the analysis to give a high rating to assistive technology, and one of the few to rate benefits planning highly.

DRS believes it has the capacity to respond to the service needs indicated in the survey. First, through ongoing efforts to promote supported employment services, including the recent significant increase in payment rates to providers. DRS also works with community providers to support job coaching as a standalone support service outside the framework of supported employment. In addition, DRS has a strong commitment to provision of assistive technology equipment and services. DRS also has provided training to staff on the latest trends in Social Security benefits planning. DRS maintained a full-time benefits planning specialist during the recent discontinuation of WIPA grants, and expects to provide a wider array of services when WIPA funding is restored.

#### Needs of Individuals with Disabilities Who Are Minorities

The DRS online survey enabled analysis by minority status. Minority respondents had a greater sense of urgency, with an average “need now” rating across all items of 20.7 percent, compared to 15.7 for white respondents. The average weighted need score was also higher for minority customers, at 25.3 compared to 22.1 for white respondents.

For minority respondents, the five highest rated service needs were: Job creation; Benefits planning; College support; Customized employment; and Supported employment. It is interesting to note that only the minority respondent sub-group rated support for college as a top five need, perhaps a reflection of overall economic need among this group.

For white respondents, the five highest rated service needs were: Vocational training; Job creation; Job seeking skills training; Supported employment; and Career exploration. In this case three of the items were pre-employment in focus- career exploration, vocational training and job seeking skills training.

As noted above, DRS will be expanding its options for benefits planning services in the next year. Also, DRS has identified a key goal of expanding college training services at both the university and community college levels for the upcoming year. DRS also is continuing its outreach efforts to the Latino and Asian-American communities, which have the highest rate of population growth of any groups in Illinois. In 2014 DRS initiated an outreach effort aimed primarily at minority youth with disabilities which is expected to have an impact on the number

of minority individuals served in the VR program as well as the number achieving employment outcomes.

### Needs of Individuals Who Have Been Unserved or Underserved by the VR Program

The online needs survey used a self-report method for identify disability. DRS was able to identify only five individuals who reported both a vision and hearing disability and therefore could potentially be classified as deaf-blind. This is an insufficient number of responses for meaningful analysis. However, DRS maintains an ongoing effort to identify and serve deaf-blind individuals. This effort is coordinated by the DRS deaf services unit with the assistance of the Bureau of Blind Services. DRS works with audiologist and vision professionals to develop referrals for VR services . In the last four years the number of deaf-blind individuals served at the Chicago training facility for the blind has grown significantly, as has the overall number of deaf-blind persons served in VR. While the overall number of deaf-blind individuals remains small, DRS believes that it will continue to increase the proportion of those individuals who receive VR services through its outreach efforts.

DRS is involved in an ongoing effort to implement a system of individual placement services (IPS) programs, formerly known as evidence-based supported employment programs, for individuals with serious mental illness. The IPS model is designed to provide employment services that are tailored to the specific needs of this population, which have traditionally been underserved by VR programs nationally. To further the DRS commitment to the IPS model, in FY2015 DRS will initiate service agreements with 16 new IPS providers.

DRS is actively engaged through its transition services in working with individuals with autism and autism spectrum disorder. In the last decade the number of students in special education with these diagnoses has grown significantly, which has lead to a gradual increase of autism cases in the DRS VR program. DRS works with advocacy groups and service providing agencies to identify service options and job placement strategies that will meet the needs of this group.

### Needs of Individuals with Disabilities Served Through Other Components of the Statewide Workforce Investment System

The DRS online need survey did not directly address the workforce system as such. It is likely that people with disabilities have not yet come to view the one-stop centers as a focus for receiving services. What is clear from the survey data is that people with disabilities want direct assistance in identifying employment options, whether that assistance is labeled as “job creation”, “customized employment” or “career exploration”. It becomes the duty of DRS to make the connection between customer needs and the services available from workforce centers.

A key focus in FY2015 will be in the area of WIA training funds. These are a valuable resource which are under utilized by VR customers. DRS intends to strengthen its existing workforce partnerships through focusing on identifying vocational and academic training options that are consistent with workforce center priorities and which meet the needs of VR customers. DRS and workforce staff will work together to develop funding options that will enable VR customers to

receive needed training, obtain valuable credentials, and increase their employment opportunities.

### Community Rehabilitation Programs

DRS believes that the system of community rehabilitation programs in the state is adequate to meet the needs of vocational rehabilitation program customers. Very few comments were made in the online needs assessment regarding a need to establish or expand the CRP system. Some suggestions were made to expand non-vocational day habilitation programs, but that is not a service option appropriate for VR funding. DRS meets regularly with a statewide committee of CRP representatives (the Facility Advisory Council) to improve services provided by CRPs in Illinois.

## Attachment 4.11(b) Annual Estimates

### Annual Estimates of Individuals to Be Served and Costs of Services

This section provides the estimates for Illinois of the number of individuals eligible for the VR program under Title I and Title VI B, including the number likely to meet the order of selection, the number to be served by the VR program, as well as the costs of the services to be provided during Fiscal Year 2015, defined as the period beginning October 1, 2014 and ending September 30, 2015.

#### Population Estimate

The Census Bureau reports that the population of Illinois has increased very little in the last year, growing only 0.12 percent between July 1, 2012 and July 1, 2013, the most recent estimate available. Consequently DRS is not making changes to the population estimates used in the previous State Plan.

Based on Census data, DRS estimates that there are 679,900 individuals with disabilities in Illinois who are potentially eligible for VR services under Title I, Part B, of which an estimated 149,500 are unlikely to meet the DRS order of selection policy. In addition, DRS estimates that there are 77,200 individuals with disabilities who are potentially eligible for VR services under Title VI, Part B.

#### Service Estimates

DRS estimates that there are 530,400 individuals who are potentially eligible and likely to meet the DRS order of selection policy, with 45,025 being served under Title I, Part B and 175 served under Title VI, Part B, for a total of 45,200 persons to be served in FY2015.

Of that number, DRS estimates that 23,275 will be classified in the most significant disability category, 19,210 in the very significant disability category and 2,715 in the significant category, which was opened to service in 2013 for the first time in many years. No service is projected for individuals in the non-significant disability category.

DRS estimates that there will be about 16,200 new cases in FY2015, of which 8,100 will be in the most significant category, 7,650 will be in the very significant category, and 1,450 will be in the significant disability category.

DRS anticipates that the order of selection policy will remain in place in FY2015.

### Projected Outcomes

DRS projects that it will achieve a total of 6,175 employment outcomes in FY2015. Of that number 3,180 are projected to be in the most significant disability category, while 2,715 will be in the very significant disability category and 280 will be in the significant disability category. No outcomes are projected for individuals in the non-significant disability category.

### Projected Spending

DRS estimates that total spending for FY2015 will be \$139,000,000, of which \$109,000,000 will be VR funds and \$30,000,000 will be non-federal funds. The estimated average spending per customer is \$3,075, of which \$2,411 will be VR funds and \$664 will be non-federal funds.

DRS estimates that \$10,425,000 of the total will be administrative costs while the remainder will go toward provision of rehabilitation services. DRS estimates that it would not be possible to further expand the open categories in the order of selection policy. The DRS financial analysis for FY2015 assumes that inclusion of individuals in the significant disability category will be feasible given current circumstances, but that further expansion would not.

Category	Title I or Title VI	Estimated Funds	Estimated Number to be Served	Average Cost of Services
Most significant disability	Title I	\$83,021,450	23,275	\$3,567
Very significant disability	Title I	\$47,429,150	19,210	\$2,469

Significant disability	Title I	\$8,549,400	2,715	\$3,149
Non-significant disability	Title I	\$0	0	—
Totals		\$139,000,000	45,200	\$3,075

## **Attachment 4.11(c)(1) State Goals and Priorities**

### Goals and Priorities

The major goals for DRS for FY2015 are listed below. They are based on the needs assessment process described elsewhere in the state plan, an internal staff and administrative process, and surveys of stakeholder groups. The goals and priorities in this Plan were jointly developed and agreed to by DRS and the State Rehabilitation Council. Any revisions to the goals and priorities were jointly reviewed and agreed to by DRS and the SRC.

Goals and priorities contained in this Plan are based on an analysis of DRSs performance on the RSA standards and indicators, as well as other available information on the operation and effectiveness of the VR program, including reports from the SRC and findings and recommendations from monitoring activities conducted by RSA under Section 107 of the Rehabilitation Act.

The Illinois VR program has established the following goals for FY2015 (from October 1, 2014 through September 30, 2015):

#### Goal 1: Employment Outcomes

DRS will increase the number of competitive employment outcomes to 5,750 in FY2015.

#### Goal 2: Average Wages

DRS will increase the average hourly wage earned by individuals achieving a competitive employment outcome to \$10.95 in FY2015.

#### Goal 3: Average Hours Worked

DRS will increase the average hours worked per week by individuals achieving a competitive employment outcome to 28.5 in FY2015.

#### Goal 4: Rehabilitation Rate

DRS will increase the rehabilitation rate to 56.0 in FY2015.

#### Goal 5. University Enrollment

DRS will increase the number of individuals pursuing a degree and enrolled in a university to 2,200 in FY2014.

#### Goal 6: Community College Enrollment

DRS will increase the number of individuals enrolled in community colleges pursuing a degree or credential to 1,000 in FY2014.

#### Goal 7: Return to Work Services

DRS will increase the number of VR cases receiving services in order to return to work to 150 in FY2014.

#### Goal 8: Expand Transition Services

Goal 8.1: In FY2015 DRS will increase the number of minority transition age youth receiving services by 750 compared to FY2014.

Goal 8.2: DRS will increase the number of transition graduates achieving employment outcomes within the first year of leaving school to 1,500 in FY2015.

Goal 8.3: In FY2015 DRS will work to improve the consistency and timeliness of service delivery to transition students through implementation of quality control procedures.

#### Goal 9: Expand Business Partnerships

In FY2015 DRS will increase the number of NET-related business partnerships by 25 percent over the number for FY2014.

#### Goal 10: Strategic Planning

In FY2015 DRS will work with the State Rehabilitation Council to complete a VR Strategic Plan that will provide direction for the program for the next five years.

#### Goal 11: Enhance Workforce Partnerships

In FY2015 DRS will increase the number of VR customers receiving vocational training funded all or in part through WIA funds to 500. Of that number, at least 300 will achieve an industry-recognized credential as a result of participation in training.

#### Goal 12: Expand IPS Services

In FY2015 DRS will establish IPS pilot projects in 16 new locations, including expansion of IPS service concepts to persons with developmental disabilities and youth with disabilities.

## Attachment 4.11(c)(3) Order of Selection

### Justification for order of selection

Illinois DRS has operated under an order of selection since 1979. Illinois changed its order of selection policy in April 2013. The overall purpose of the policy is to reflect the priorities of the agency and provide for an equitable distribution of resources to individuals with most significant disabilities.

### Funding Considerations

All funding arrangements for providing services will be consistent with the order of selection. If any funding arrangements are determined inconsistent with the order of selection, DRS will renegotiate these funding arrangements so that they are consistent with the Order of Selection.

### Estimated Spending

DRS estimates that total spending for the VR program in FY2015 will be \$139,000,000. Of that amount, an estimated \$109,000,000 will be VR funds, while \$30,000,000 will be non-federal matching funds. This is equivalent to the required non-federal match for FY2015 and therefore there is no projected surplus match for the fiscal year.

### Average Spending per Person

DRS estimates that average spending per person served in the VR program in FY2015 will be approximately \$3,075, of which \$2,411 are VR funds and \$664 are non-federal funds.

### Description of Priority categories

The priority categories established under this rule are based solely on the definition of “individual with a significant disability” defined in the Rehabilitation Act (section 7 (21) (A) ) and in regulations (34CFR361.36(d)(2) and 34CFR361.5(b)(31)).

### Waiting List

Individuals certified as eligible for VR services but who do not meet the order of selection policy are offered the opportunity to be placed on a waiting list. Prior to the recent policy change, individuals who choose to be placed on a waiting list were informed that the probability is very low that DRS would open the order of selection, based on the history of the policy. When the policy was changed in 2013, all individuals on the waiting list were contacted by letter or telephone and invited to come to the DRS office to develop an IPE. Individuals who are subsequently placed on the waiting list will be contacted annually to determine if they wish to continue having his or her name on the list. Individuals on the waiting list are entitled to receive information and referral services, as well as guidance and counseling services, and are encouraged to make use of other elements of the state’s workforce investment system.

## Funding Considerations

All funding arrangements for providing services will be consistent with the order of selection. If any funding arrangements are determined inconsistent with the order of selection, DRS will renegotiate these funding arrangements so that they are consistent with the order of selection.

## Description of the Order of Selection Policy

There are three key elements to the order of selection policy: Categories of Eligible Individuals; Criteria for Significant Disability, Very Significant Disability and Most Significant Disability; and Determination of Serious Limitation to Functional Capacities. Together these elements define the relevant concepts and methods used to evaluate individuals and place them into a category under the policy. Each of these elements is described in detail in the following section.

### Categories of Eligible Individuals

a) Pursuant to the provisions of the Rehabilitation Act of 1973, as amended (29 USC 701 et seq.), DHS-DRS has established the following Order of Selection for the priority of provision of services to eligible individuals which counselors must follow when purchasing services for customers:

- 1) those individuals determined to have the most significant disabilities;
- 2) those individuals determined to have very significant disabilities;
- 3) those individuals determined to have significant disabilities; and
- 4) individuals determined to have disabilities.

b) For the purposes of administering services under the order of selection, the Director of DHS-DRS will determine at the beginning of each fiscal year, or more often as necessary, which of the categories under subsection (a) will be open for service.

c) Eligible individuals in a closed category under subsection (a) may choose to be placed on a waiting list for services.

### Criteria for Significant Disability, Very Significant Disability and Most Significant Disability

Documentation of the determination that an individual has a most significant disability, a very significant disability, or a significant disability must be in the individual's VR case file, as well as documentation concerning the evaluation of his or her rehabilitation potential.

a) Prior to determining the significance of an individual's disability, it must be determined that he or she:

1) has a disability, or a combination of disabilities, that causes a substantial physical or mental impairment that is similar, but not limited to, the following list of disabilities:

- A) amputation,
- B) arthritis,
- C) autism,
- D) blindness,
- E) burn injury,
- F) cancer,
- G) cerebral palsy,
- H) cystic fibrosis,
- I) deafness,
- J) head injury,
- K) heart disease,
- L) hemiplegia,
- M) hemophilia,
- N) respiratory or pulmonary dysfunction,
- O) mental retardation,
- P) mental illness,
- Q) multiple sclerosis,
- R) muscular dystrophy,
- S) musculo-skeletal disorders,
- T) neurological disorders (including stroke and epilepsy),
- U) paraplegia,
- V) quadriplegia (and other spinal cord conditions),

W) sickle cell anemia,

X) specific learning disabilities, or

Y) end stage renal failure disease;

2) has a disability, or a combination of disabilities, that seriously limits his or her functional capacities, as listed in Section 553.150 of this Part; and

3) requires VR services over an extended period of time at least six months or longer.

b) If an individual meets the requirements of Section 553.140(a), then the following criteria must be met to determine the significance of his or her disability:

1) To be considered an individual with a most significant disability, he or she must be an individual who has a disability that seriously limits three or more of his or her functional capacities and who requires two or more substantial VR services, in addition to the routine services of counseling and guidance, and information and referral to ensure a successful employment outcome.

2) To be considered an individual with a very significant disability, he or she must have a disability that seriously limits two of his or her functional capacities, and must require one or more substantial VR services, in addition to the routine services of counseling and guidance, and information and referral to ensure a successful employment outcome.

3) To be considered an individual with a significant disability, he or she must have a disability that seriously limits one of his or her functional capacities and must require one or more substantial VR services, in addition to the routine services of counseling and guidance, and information and referral to ensure a successful employment outcome.

4) An individual is considered to be an individual with a non-significant disability when it is determined that his or her disability does not result in a serious limitation in functioning in any of the seven areas evaluated under this policy.

c) An individual who has been determined eligible for disability benefits pursuant to Title II (SSDI) or Title XVI (SSI) of the Social Security Act is considered to be presumed eligible for VR services and an individual with a significant disability, unless the analysis of his or her functional limitations and service needs, as described above, place the individual into a higher category of the order of selection.

#### Determination of Serious Limitation to Functional Capacities

a) For the purpose of determination of the degree of significance of disability, functional capacities shall include:

1. mobility - the physical ability of an individual to move from place to place and move the body into certain positions. This includes such activities as: walking, climbing, kneeling, stooping, sitting, standing, and similar activities;

2. self-care - the ability of an individual to perform activities related to his or her health and hygiene. This includes such activities as: grooming, bathing, eating, house keeping, medical management, and money management;

3. self-direction - the ability of an individual to organize, control and regulate his or her own personal, social, and work life. This includes such activities as: maintaining schedules and routines, following directions and established rules, organizing activities for oneself, and adjusting to changing circumstances;

4. work skills - the ability of an individual to demonstrate skills necessary to perform jobs that exist in the current employment market, regardless of demand for the particular occupation or the individual's prior work experience. This includes such activities as: learning and maintaining work skills, cooperating with others in a work setting, using adequate decision making and problem solving skills, and using academic skills commonly required in the workplace;

5. work tolerance - the ability of an individual to consistently and adequately perform a job based on the physical, emotional, environmental, and psychological demands of a specific work environment. This includes such activities as: maintaining performance on the job regardless of changes in environment such as cold and heat, demonstrating the strength and endurance to perform the job in question, and working the schedule typical of other employees in the same job;

6. interpersonal skills - the ability of an individual to establish and maintain appropriate relationships with other individuals in the work place. This includes such activities as: engaging in necessary work-related communications, demonstrating behavior that is appropriate and acceptable in the work environment, cooperating with others in a team setting, and showing understanding and tact in dealing with others; and

7. communication - the ability to convey and receive information efficiently and effectively. This includes such activities as: hearing and understanding ordinary spoken language; making one's self understood in ordinary conversation; writing or printing short notes and communications; and reading and correctly interpreting short notes, signs, and instructions.

b) A serious limitation to a functional capacity shall exist when the rehabilitation counselor determines it or instructor that the customer, because of his or her disability, has functional limitations in performing the major components of the activity or activities listed in subsections (a)(1) through (7) or needs accommodation to perform the activity.

c) The rehabilitation counselor or instructor shall use the criteria of consistency and substantiality when evaluating the degree of limitation to functional capacity. Consistency means that the individual's disability always or almost always limits the individual's functioning. Substantiality means the individual's disability has a major, significant impact on functioning

and that the individual cannot perform the activity or finds it very difficult to perform the activity.

### **Priority of categories to receive VR services under the order**

The priority of categories to receive VR services under the DRS order of selection policy are:

1. Individuals determined to have the most significant disabilities;
2. Individuals determined to have very significant disabilities;
3. Individuals determined to have significant disabilities; and
4. Individuals determined to have disabilities.

For FY2015 the categories of most significant disability, very significant disability and significant disability will be open to services, unless a determination is made by the DRS Director that circumstances require a change in the categories open to service.

Service and outcome goals and the time within which the goals will be achieved

### Service Projections for FY2015

Projections for services to be provided and expected outcomes are listed below, as well as in the table on the following page.

#### Persons Served

DRS estimates that 45,200 persons will be served in the VR program in FY2015, of which 2,715 will be persons with significant disabilities, 19,210 will be persons with very significant disabilities, and 23,275 will be persons with most significant disabilities. FY2015 is defined as the period from October 1, 2014 through September 30, 2015.

#### Persons Rehabilitated

DRS estimates that 6,175 persons will be rehabilitated by the VR program in FY2015 (October 1, 2014 through September 30, 2015), of which 280 will be persons with significant disabilities, 2,715 will be persons with very significant disabilities, and 3,180 will be persons with most significant disabilities. The same time period applies to all categories listed above, as reflected in the data table below.

#### Estimated Spending

DRS estimates that total spending for FY2015 will be \$139,000,000, of which \$109,000,000 will be VR funds and \$30,000,000 will be non-federal matching funds. This is equivalent to the

required non-federal match for FY2015 and therefore there is no projected surplus match for the fiscal year.

#### Average Spending per Person

DRS estimates that average spending per person served in the VR program in FY2015 will be \$3,075, of which \$2,411 will be VR funds and \$664 will be non-federal funds.

#### Justification for the Order of Selection Policy

Due to changes in the availability of funds, DRS modified its order of selection policy in April 2013 to open the significant disability category. In FY2015 DRS intends to serve individuals in three categories: most significant disability; very significant disability; and significant disability. DRS is conducting outreach activities to identify persons in all categories who may benefit from vocational rehabilitation services. Because the significant disability category has not been open for many years, there is no baseline data on which to make predictions of potential demand. It is assumed that the average cost per person of serving individuals in that group will be somewhat less than those in other categories. DRS expects to increase the number of people served by a net of 200 persons per month during the fiscal year, of which we anticipate 100 will be persons in the significant disability category. This category will remain open so long as financial circumstances allow.

DRS estimates that there will be no excess matching funds for FY2015. Due to technical changes in the state's budgeting process, DRS no longer is assigned a level of matching funds higher than the expected requirement for the year. In the DRS budget a significant portion of matching funds are provided by entities with third-party contracts, and cannot be estimated with great precision.

Priority Category	Number of individuals to be served	Estimated number of individuals who will exit with employment after receiving services	Estimated number of individuals who will exit without employment after receiving services	Time within which goals are to be achieved	Cost of services
1	23,275	3,180	2,715	Oct 1, 2014 to Sept 30, 2015	\$83,021,450
2	19,210	2,715	1,985	Oct 1, 2014 to Sept 30, 2015	\$47,429,150
3	2,715	280	145	Oct 1, 2014 to Sept 30, 2015	\$8,549,400
4	0	0	0	Oct 1, 2014 to Sept 30, 2015	\$0

## Attachment 4.11(c)(4) Goals and Plans for Distribution of Title VI, Part B Funds

### A. Goals

During FY2015, the Supported Employment Program (SEP) has set forth the following goals using Title VI, Part B funds.

1. Serve customers recently placed into supported employment in a manner consistent with federal regulations, with an emphasis on moving as many individuals as possible into natural supports at the conclusion of ongoing support services.

2. Continue to expand the scope of those who receive services to include persons who are deaf-blind, persons with traumatic brain injuries, persons who are mentally ill, persons with significant hearing impairments and other persons with the most significant disabilities.
3. Develop new mechanisms for funding paid extended services, including cooperative agreements with other state agencies and local units of government.
4. Evaluate the most effective means of achieving employment outcomes for individuals traditionally served in supported employment services.

For FY2015, DRS will serve and employ 175 persons in supported employment. In FY2013 DRS served 184 individuals in supported employment using Title VI Part B funds and an additional 1,369 using other funds.

#### B. Utilization and Distribution of Title VI, Part B Funds

Title VI, Part B funds are used to purchase SEP services for customers. The Department administers its Supported Employment Program using two mechanisms: contracting with community organizations to provide supported employment services or arranging individual placements through DRS vocational rehabilitation counselors in local offices (case services). Contracts have been established with 55 entities throughout Illinois to provide services to eligible customers.

DRS has maintained a system of negotiated rates with individual service provider agencies. In July 2012 DRS implemented a new rate policy for supported employment, based on a research study conducted by a consultant in 2011. The new policy establishes two hourly rates, one for the six counties in the metropolitan Chicago area and the other rate for the remaining 96 counties in the states. DRS believes that the new rates will encourage provider involvement in supported employment and ensure the availability of supported employment services to individuals who require that service.

### Attachment 4.11(d) State's Strategies

#### Goal 1: Employment Outcomes

DRS will increase the number of competitive employment outcomes to 5,750 in FY2015. In FY2012 DRS achieved 4,959 outcomes and 5,151 outcomes in FY2013.

Strategies: DRS is pursuing several strategies to increase the number of employment outcomes, including: increasing business partnerships through the NET and other approaches; providing job placement training to all VR counselors; establishing performance based contracts with community provider agencies; providing personal organization training to VR counselors; establishing outreach efforts to increase referrals to the VR program.

#### Goal 2: Average Wages

DRS will increase the average hourly wage earned by individuals achieving a competitive employment outcome to \$10.95 in FY2015. DRS achieved an average of \$10.54 in FY2012 and an average of \$10.59 in FY2013.

Strategies: DRS is following two main strategies to increase wages. The first is to increase the number of individuals enrolled in university and community college programs. These individuals have higher earnings than those with less education. A second strategy is to identify individuals with work experience who may benefit from return-to-work services through the VR program. DRS has one community provider contract that focuses on return-to-work and it has higher than average earnings for the individuals it serves.

### Goal 3: Average Hours Worked

DRS will increase the average hours worked per week by individuals achieving a competitive employment outcome to 28.5 in FY2015. DRS achieved an average of 27.4 hours per week in FY2012 and an average of 27.2 hours in FY2013.

Strategies: The average hours worked per week statistic will be impacted by identifying individuals in the return-to-work category as well as by the increase in persons completing university and community college training. Higher wages and longer work weeks are associated with higher levels of education and greater work experience. In addition employer contacts through the NET will lead to more work opportunities at larger companies with a national presence, many of whom have full-time jobs available.

### Goal 4: Rehabilitation Rate

DRS will increase the rehabilitation rate to 56.0 in FY2015. DRS achieved a rehab rate of 54.3 in FY2012 and a rate of 53.6 in FY2013.

Strategies: Training for VR counselors in caseload management is expected to improve the rehab rate by preventing cases from being closed as not rehabilitated due to inattention or poor service coordination. In addition, job placement training is expected to increase the placement rate for VR counselors.

### Goal 5. University Enrollment

DRS will increase the number of individuals pursuing a degree and enrolled in a university to 2,200 in FFY2015. As of May 31, 2014 there were 1,366 VR customers enrolled in university training.

Strategies: DRS is pursuing a partnership approach where each university will have a liaison assigned from a local VR office (either a supervisor or a counselor) to the disability services office at the university. This single point of contact approach for coordinating referrals to VR and for exchanging information should lead to increased enrollment of VR customers and additional employment outcomes in future years.

## Goal 6: Community College Enrollment

DRS will increase the number of individuals enrolled in community colleges pursuing a degree or credential to 1,000 in FY2015. As of May 31, 2014 there were 870 VR customers enrolled in community college programs.

Strategies: DRS will use a similar approach for community colleges. A liaison will be assigned as the primary point of contact with the community college disability services office. This will improve the appropriateness and timeliness of referrals to VR and increase enrollment in community college programs.

## Goal 7: Return to Work Services

DRS will increase the number of VR cases receiving services in order to return to work to 150 in FY2015. DRS does not currently have any baseline data on individuals in this category.

Strategies: DRS intends to conduct outreach to rehabilitation hospitals, orthopedic clinics, physical therapy clinics and other professionals who are likely to be in contact with individuals who have disabilities and a work history but who are currently not working. DRS will work with the communications office to develop materials that will effectively communicate a message about how the VR program can benefit the individuals served by these professionals.

## Goal 8: Expand Transition Services

Goal 8.1: In FY2015 DRS will expand transition services to individuals from minority populations through effective outreach, increasing the number of minority transition age youth receiving services by 750 compared to FY2014. As of May 31, 2014 DRS had 9,383 open transition cases, of which 3,872 were minority youth.

Goal 8.2: DRS will increase the number of transition graduates achieving employment outcomes within the first year of leaving school to 1,500 in FY2015. As of June 1, 2014 DRS had assisted 1,267 transition students who graduated in 2013 in achieving an employment outcome.

Goal 8.3: In FY2015 DRS will work to improve the consistency and timeliness of service delivery to transition students through implementation of quality control procedures.

Strategies: DRS is pursuing a number of activities relating to transition services. DRS is establishing contracts with community agencies to conduct outreach activities to identify minority individuals who may benefit from VR services. In addition DRS is working with the University of Illinois at Chicago in a major restructuring of transition services provided to students of the Chicago Public Schools, the third largest school district in the United States. DRS anticipates that enrollment, particularly of minority youth, will be greatly increased through these efforts.

DRS has also developed an arrangement with the state's protection and advocacy agency to conduct outreach activities targeted at minority youth with disabilities across the state. Equip for

Equality has offices across the state and a network of relationships with youth-related service entities that will enable more productive outreach to this population.

DRS also has established new rates and payment methods for contractors in its Secondary Transitional Experience Program (STEP). Beginning in July 2013 at least 75 percent of funding to STEP contractors will be based on achievement of community based, employer paid employment targets for students while they are in school. DRS believes that this enhanced focus on paid employment will result in greater workforce attachment and increased employment outcome closures for transition youth.

DRS is working with the State Rehabilitation Council to develop a quality control checklist which is designed to improve the consistency of service delivery for transition customers, as well as improve timely performance of key activities. SRC members believe that implementing these procedures will result in more consistent and timely services for transition age youth and increase the chances of their achieving a successful outcome.

#### Goal 9: Expand Business Partnerships

In FY2015 DRS will expand the number of business partnerships developed in conjunction with the National Employment Team (the NET) by 25 percent compared to the number for FY2014. The baseline figure is 40 NET-related business partnerships.

Strategies: DRS strongly supports the NET concept developed by CSAVR. Having a single point of contact in Illinois for national employers has led to increased employment through those employers, as well as an expanded range of employment options for VR customers. DRS believes that this type of communication and interaction with employers is a highly effective method of engagement that leads directly to employment results for customers. DRS has provided ongoing training to VR counselors on the best means of making effective use of NET partnerships. Consequently DRS intends to continue expansion of this option.

#### Goal 10: Strategic Planning

In FY2015 DRS will work with the State Rehabilitation Council to complete a VR Strategic Plan that will provide direction for the program for the next five years.

Strategies: For several years DRS participated in a strategic planning effort coordinated by the larger Department of Human Services. That process has not been active in at least two years, so DRS feels it is a good time to develop its own strategic plan in conjunction with the State Rehabilitation Council, which is a strong proponent of such a plan.

#### Goal 11: Enhance Workforce Partnerships

In FY2015 DRS will increase the number of VR customers receiving vocational training funded all or in part through WIA funds to 500. Of that number, at least 300 will achieve an industry-recognized credential as a result of participation in training.

Strategies: While DRS has been an active partner in Illinois' workforce efforts for many years, there has been some inconsistency in the degree of involvement in workforce areas around the state. DRS intends to strengthen relationships between local offices and workforce centers, focusing on the issue of WIA-supported training and its availability to VR customers. In recent years many workforce centers have placed an emphasis on specific occupational categories that are eligible for training funds. DRS counselors need to become knowledgeable about these occupational categories in their local areas and work with VR customers who can benefit from training related to those occupations. DRS anticipates that improved communication will result in many more VR customer being able to use WIA funds to support training services.

#### Goal 12: Expand IPS Services

In FY2015 DRS will establish IPS pilot projects in 16 new locations, including expansion of IPS service concepts to persons with developmental disabilities and youth with disabilities.

Strategies: The IPS program in Illinois has been highly effective in assisting individuals with a serious mental illness to achieve an employment outcome. The partnership between DRS, the Division of Mental Health and community provider agencies has been highly productive. In FY2015 DRS is also working closely with the Division of Developmental Disabilities and the LEAD Center to develop innovative projects that extend IPS concepts to youth with mental illness and to youth and adults with intellectual and developmental disabilities. These projects will also make use of the discovery concept associated with customized employment. Working with nationally recognized subject matter experts DRS anticipates starting 16 new projects under the IPS framework in the coming year.

#### **Methods to be used to expand and improve services to individuals with disabilities**

Expansion and improvement of VR services is an important goal for DRS. DRS has worked to expand services consistent with agency priorities whenever possible. Key expansion and improvement activities include the following.

Expansion of transition services in Chicago Public Schools. DRS has taken several steps to expand services to transition age youth in the Chicago Public Schools (CPS). CPS is the state's largest school district and serves a primarily minority population. Due to reorganization within CPS several ongoing transition efforts were allowed to lapse and were subsequently restarted under a new contract framework. DRS has hired six VR counselors to work exclusively with CPS students, and has developed a new performance-based contract with CPS which encourages paid work in the community during the school year.

Expansion of IPS services. DRS has worked with the DHS Division of Mental Health, Dartmouth University and community agencies to build a successful IPS system. Each year DRS has increased the number of providers with IPS agreements. DRS provides consultation and training to community providers and VR counselors as a means of supporting the model. In FY2015 DRS will initiate 16 new IPS provider contracts. An important element of this effort is expansion of the IPS model to serve youth with mental illness in addition to adults. The effort will also include expansion of the model to serve individuals (youth and adults) with

developmental disabilities. DRS is working with national consultants to establish a modified service model which incorporates elements of customized employment, including individual and group discovery, into the existing IPS framework.

Expansion of outreach activities. DRS has established agreements with non-profit agencies to conduct outreach to minority communities, particularly in the Latino and Asian-American communities. These are populations with higher than average growth and represent a major source of growth potential for the Illinois VR program. Some arrangements have focused on identifying individuals with disabilities, while others have involved networking with small businesses in those communities that can become employers of VR customers. Another major effort is an agreement established between DRS and the state protection and advocacy agency Equip for Equality. This project involves outreach that focuses primarily on minority youth with disabilities, including youth with disabilities that are engaged with the criminal justice system. DRS believes that the statewide network established by Equip for Equality will result in a substantial increase in referrals to the VR program with a subsequent increase in minority individuals receiving VR services.

Enhancement of computerized case management system. In the last year DRS has expanded its WebCM computerized case management system to enable connection to community providers, reducing paperwork and increasing the speed of referrals and applications to the VR program. The first set of providers to be connected were high schools working with transition age students. Community rehabilitation program agencies will be connected within the next year. When completed this process will significantly improve program responsiveness, enhance communication and enable exchange of information about customers more effectively.

#### Strategies Relating to Assistive Technology Services

DRS recognizes the importance of assistive technology services in meeting the needs of individuals with disabilities. It is the intention of DRS to provide a broad range of AT services at all stages of the rehabilitation process, and to make the services available on a statewide basis. Toward this end, DRS provides training to staff on AT services, both at the initial staff training and on an ongoing basis. DRS employs technology specialists and arranges for contractual staff to be available to work with VR counselors to identify customer needs, locate AT providers, write plans and provide AT services. Staff are available to provide on-site consultation with VR counselors as well as on-site evaluation of customer needs.

DRS also has a central office purchasing specialist that works one-on-one with VR counselors to arrange purchasing of AT equipment and maximize use of VR funds. DRS also works closely with the Illinois Assistive Technology Project (the state AT grant recipient) to educate people with disabilities about AT products and services as well as demonstrate products that may be of use to individuals with disabilities. DRS provided a large award of ARRA funds to enable IATP to upgrade and modernize assistive technology supporting its services.

DRS initiated the loan to own program for distribution of assistive technology equipment in order to provide necessary devices to VR customers in a more timely fashion. This effort involves making larger purchases of frequently used assistive technology devices and

transferring them to a customer as needed, rather than initiating a separate purchase for each individual. This has significantly reduced the amount of time required to deliver assistive technology equipment to customers, enabling them to move forward with their service plan sooner.

#### Strategies for Identifying and Serving Individuals with the Most Severe Disabilities Who Are Minorities.

Individuals with most severe disabilities who are minorities are included in general efforts to expand services to minority persons with disabilities. DRS has an ongoing outreach program for Latinos with disabilities, utilizing community agencies and bilingual, bicultural staff. DRS targets African Americans with disabilities in communities with a primary African American population through the local office planning process. DRS provides a monthly report to each office supervisor that gives detailed data on persons served and persons achieving employment outcomes by race. This report enables managers to better understand the results experienced by individuals from various racial groups served by the local office. Any significant disparities are to be addressed in the local office plan. The purpose of the local office plans is to identify solutions based on local needs and resources.

DRS maintains a contract with the University of Illinois at Chicago (UIC) to work with community agencies to conduct outreach to Asian Americans with disabilities. In 2010 DRS developed contracts with three community agencies that are not traditional providers of rehabilitation services to implement outreach activities in conjunction with UIC. DRS also sponsored training for counselors working with transition students in Chicago Public Schools regarding cultural awareness in providing rehabilitation services. DRS has also developed outreach agreements with organizations primarily involved with the Latino community in Illinois as a means of continuing to increase the numbers of persons served in that group. DRS also established agreements with community agencies serving Asians with disabilities, originally funded under ARRA and now using VR funds. These have proven successful in reaching out to a diverse population primarily in the Chicago area.

The most recent effort involves an agreement established between DRS and Equip for Equality, the state protection and advocacy agency. This project involves outreach that focuses primarily on minority youth with disabilities, including youth with disabilities that are engaged with the criminal justice system. DRS believes that the statewide network established by Equip for Equality will result in a substantial increase in referrals to the VR program with a subsequent increase in minority individuals receiving VR services.

#### Strategies for Serving Individuals Unserved or Underserved by the VR Program

DRS recognizes that many groups do not have access to the VR program to the same degree as others. DRS has a number of strategies to address these needs and improve access. DRS employs specialist staff for services to deaf-blind individuals, a low-incidence disability with a high need for vocational assistance. DRS specialists work in consultation with VR counselors to provide services to deaf-blind customers, including training and job placement. DRS used ARRA funding in 2011 and 2012 to conduct two training events on deaf-blindness for counselors

serving either blind or deaf specialty caseloads. The training events featured experts from the Helen Keller National Center, the primary resource in the US for deaf-blind services. In 2014 DRS arranged for a follow-up training by HKNC staff which involved DRS counselors and other staff serving deaf-blind individuals.

DRS also seeks to improve response to underserved groups by providing training to improve staff knowledge of various disabilities. As part of the 2013 staff needs assessment training, a strong need was identified for the medical aspects of disability for VR counselors and supervisors. DRS is pursuing online training options in medical aspects as well as possibly arranging for an external training resource to meet this need.

DRS continues in its efforts to implement a system of individual placement and support services (IPS) programs, formerly known as evidence-based supported employment programs, for individuals with serious mental illness. The IPS model is designed to provide employment services that are tailored to the specific needs of this population, which have traditionally been underserved by VR programs nationally. This has been a major undertaking involving extensive cooperation with the DHS Division of Mental Health, community providers, and university consultants. A number of new agencies have received placement contracts from DRS and a special evaluation process is underway. Fidelity reviews have proven to be a very strong tool for improving and shaping IPS services at the service provider level. For FY2014 DRS is establishing 10 new IPS provider contracts that will further expand the reach of the IPS model in Illinois.

#### Strategies to Establish, Develop or Improve Community Rehabilitation Programs

Illinois has a well-developed network of community rehabilitation programs across the state, as well as an active trade association for those organizations. DRS does not believe that new community rehabilitation programs need to be developed at this time. DRS remains in contact with these organizations through ongoing discussions with the Facility Advisory Council, which has a rotating membership of program directors, who meet regularly with DRS administrators. The program manager for contracts as well as the bureau chief for field services attends meetings. The VR Director is closely involved with discussions about CRP services, both with the trade association as well as individual CRP directors.

DRS also has specific liaison relationships between VR counselors and community rehabilitation programs in their service area. In addition, DRS has project officers who monitor contracts with community rehabilitation programs and are very knowledgeable regarding the service capacity of the agencies and the needs of their customers. These organizational arrangements provide a high level of communication about service needs as they relate to community rehabilitation programs.

DRS believes that community rehabilitation program agencies will continue to play an important part in the overall system of services in Illinois. DRS anticipates that the overall percentage of outcomes associated with CRPs will remain relatively stable, and that an increase in employment outcomes overall will mean an increase in employment outcomes associated with CRPs.

While DRS continues to emphasize the need for counselors to pursue direct placements whenever possible, this does not mean a reduction in the number of outcomes associated with community provider agencies. Making effective use of both state and private resources is the most certain way to continue to achieve quality results for DRS customers.

Describe strategies to improve the performance of the state with respect to the evaluation standards and performance indicators.

#### Strategies for Improving Performance on the Standards and Indicators

For FY2013, DRS was able to pass indicator 1.1, achieving 187 more employment outcomes than in FY2011. As was the case in FY2012, DRS failed indicator 1.2 in FY2012, with a rehab rate of 53.6 percent, below the criterion of 55.8 percent. While this is reasonably close to the criterion it is still a failing score. As is the case each year, in FY2013 DRS failed indicator 1.5, the ratio of average customer earnings to average statewide earnings. Although the average customer wage increased from \$10.54 to \$10.59, the average state wage increased from \$24.82 to \$25.29 in the last year. The criterion is .52 and DRS achieved only .423 for the year. DRS passed the remaining indicators for FY2013.

Following distribution of the FY2011 data, DRS developed a program improvement plan to address the need for improvement on the standards and indicators. The strategies in that plan include the following: enhancing VR counselor job placement skills; identifying individuals who may have symptoms of depression interfering with full participation in an IPE; increasing the number of VR cases who are enrolled in university degree programs; and increasing the number of VR cases who are returning to work. The combined effect of these approaches is to increase the number of employment outcomes (Indicator 1.1), increase the rehabilitation rate (Indicator 1.2) and increase the average wage earned by customers achieving an employment outcome (Indicator 1.5).

In addition, DRS has extended its contract with the University of Illinois at Chicago to conduct an extensive analysis of closure data over the last several years. A key aspect of the analysis will be to identify relationships between variables that may not be apparent in ordinary data reports. It is hoped that the analysis will provide information on predictors of successful and unsuccessful closures that can be incorporated into VR counselor training materials.

Describe strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.

#### Strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.

DRS will continue its efforts in making use of the workforce system, but it is acknowledged that much additional work is needed to increase awareness of the services available from that system for Individuals with disabilities. DRS is exploring additional opportunities to work more closely with one-stop employment centers. In updating memorandums of understanding DRS supervisors will be directed to place an emphasis on effective use of WIA training funds when

VR customers are pursuing an employment outcome in a targeted occupational category. These agreements address financial and in-kind contributions towards the operation of the one-stop center, as well as methods of referral and sharing of resources and equipment. In FY2015 DRS does not anticipate any additional co-location into one-stop centers, but efforts to increase cooperation will continue. These include expanding methods of communication, including electronic and computer connections, between DRS offices and local workforce centers. DRS is working with the Chicago Cook Workforce Partnership to develop an electronic means of making referrals between DRS and workforce centers, increasing program efficiency and accountability while reducing barriers to participation for VR customers.

General strategic approach.

DRS has three major elements to its strategic approach moving forward into FY2015 and beyond. The first is to increase the number of referrals to the VR program through outreach efforts specifically targeted at minority communities. Expanding the number of referrals is necessary in order to increase the number of employment outcomes, and targeting minority communities is essential to maintaining a correspondence between the changing demographics of the state and the distribution of persons served in the VR program. The second is to expand services to individuals who are likely to achieve a higher level of earnings upon achieving an employment outcome. The specific focus now is on people who receive university training and on return to work cases involving people with extensive work histories. Both of these are groups which are likely to enjoy higher earnings than do the transition age customers obtaining their first jobs after high school. DRS does not intend to reduce service to the transition population, but to expand services to those with higher earnings expectations. The third element is provision of training to VR counselors in order to improve their efficiency and enhance their skills in working with customers. Training in effective job placement techniques is underway and will continue in FY2015, and additional training will be provided in counseling techniques associated with effective service provision. This training effort is expected to increase the number of employment outcomes and increase the rehab rate, two key performance measures on which DRS has performed inconsistently in recent years.

#### Strategies for Innovation and Expansion Activities

DRS continues to solicit suggestions from staff and stakeholders about service needs that can be the focus of innovation and expansion activities. This process was used to develop “post-ARRA” projects serving transition age youth, for example, as well as expansion of IPS services. A brief questionnaire was developed to describe projects under consideration for funding. These were reviewed by a management subcommittee and subsequently by the larger DRS management team.

Projects which were consistent with agency priorities and which represented the possibility of long term benefit were selected for funding. These have focused on outreach to minority communities, services to transition age youth, and expansion of IPS programs. Efforts have been made to determine the likely course of the project after the initial start-up phase is concluded.

A secondary effort has centered on effective marketing approaches in working with businesses and customers. DRS developed a short (1 minute 40 seconds) online video which is targeted at a general audience and which describes a variety of VR services and emphasizes options for making a referral to the DRS program. DRS believes this presentation is consistent with current communication patterns and presents a great opportunity for increasing referrals to the program.

### Strategies to Overcome Identified Barriers to Program Participation by Individuals with Disabilities

The major barrier to participation in the vocational rehabilitation and supported employment program for individuals with disabilities concerns access to services. Because these programs are targeted at individuals with disabilities, there is no general barrier to participation on the basis of disability status. Rather, specific barriers arise when an individual is unable to participate in a program or communicate his or her needs to program staff. DRS provides a variety of access methods to individuals with disabilities, including the use of Braille and large print, sign language, computer assisted real time captioning and other specialized assistive technology. All DRS office locations are physically accessible, as are all program locations and public meeting sites. Individuals who do not speak English are provided with translation services in order to participate in the vocational rehabilitation program. Every effort is made to eliminate these types of barriers to participation.

## Attachment 4.11(e)(2) Evaluation and Reports of Progress Vocational Rehabilitation (VR) and Supported Employment (SE) Goals

### A. Evaluation Findings

DRS actively evaluates the effectiveness of the vocational rehabilitation program on an ongoing basis. This section provides an annual update regarding developments in the evaluation process.

### Achievement of State Goals

The Illinois VR program has identified three goal areas for FY2013 (from October 1, 2012 through September 30, 2013): performance goals; program initiatives; and policy review.

### Performance Goals

#### 1. Employment Outcomes

DRS will increase the number of competitive employment outcomes to 6,000 in FY2012 and 6,600 in FY2013.

Result: DRS achieved 5,151 competitive employment outcomes in FY2013.

#### 2. Average Wages

DRS will increase the average hourly wage earned by individuals achieving a competitive employment outcome from \$ 10.20 in FY2011 to \$ 10.45 in FY2012 and \$ 10.65 in FY2013.

Result: DRS achieved an average customer wage of \$10.59 in FY2013.

### 3. Average Hours Worked

DRS will increase the average hours worked per week by individuals achieving a competitive employment outcome from 27.5 in FY2011 to 28.3 in FY2012 and 29.0 in FY2013.

Result: DRS achieved an average hours work for competitively employed customers of 27.3 in FY2013.

### 4. Timely IPE Development

DRS will increase the percentage of IPEs developed on time from 91 percent in FY2011 to 92 percent in FY2012 and 93 percent in FY2013.

Result: DRS achieved an on-time percentage of 90.4 for IPE development in FY2013.

### 5. Timely Certification of Eligibility

DRS will increase the percentage of eligibility certifications completed on time from 89.5 percent in FY2011 to 90 percent in FY2012 and 91 percent in FY2013.

Result: DRS achieved an on-time percentage of 90.6 for eligibility certification in FY2013.

### 6. BBS Independent Living Closures

The DRS Bureau of Blind Services will increase the number of individuals achieving an independent living outcome from 340 in FY2011 to 360 in FY2012 and 385 in FY2013.

Result: The DRS Bureau of Blind Services achieved 293 independent living outcomes in FY2013.

### 7. Casework Quality

DRS will achieve and maintain a 90 percent casework quality rating in FY2012 and FY2013 as determined by Quality Assurance reviews of a statewide sample of cases.

Result: DRS achieved an overall quality casework rating of 88.7 in FY2013.

### 8. Customer Satisfaction

DRS will achieve and maintain an 85 percent overall customer satisfaction rating in FY2012 and FY2013 as determined by a survey of a random sample of VR program customers.

Result: DRS achieved an overall customer satisfaction rating of 83.5 percent in FY2013.

## 9. Employer Satisfaction

DRS will achieve and maintain an 80 percent overall employer satisfaction rating in FY2012 and FY2013 based on a survey of a random sample of businesses employing VR program customers.

Result: No employer satisfaction survey was completed in FY2013.

### Program Initiatives

Based on responses to the Future Direction Survey, DRS has developed the following initiatives for the next two fiscal years.

#### Transition Momentum Initiative

Survey respondents expressed a concern that more needed to be done to assist transition age youth with disabilities beyond the STEP program and other traditional approaches. There was a sense that any momentum established during the high school period was lost during the time immediately following graduation.

DRS will establish transition initiative projects in selected offices across the state. Each office will develop a plan designed to maintain skills and work habits gained during the high school years. Emphasis will be placed on making improvements in IPE development, case tracking and ongoing support services.

The goal of the transition initiative projects is to have 90 percent of transition students exiting school be gainfully occupied in employment, postsecondary education or vocational training by 2013.

Result: DRS has devoted considerable time and resources to increasing services to transition age youth, both through its longstanding STEP effort as well as through increased outreach. DRS has made improvements to its computerized case management system to provide better documentation of services received by high school students as well as better tracking of students after high school. Over 850 students exiting high school in FY2012 were closed as successful employment outcomes in FY2013 as a result of these efforts.

#### Outreach to Underserved Populations

There were many comments on the Future Direction Survey that DRS needed to improve services to minority customers from various groups, specifically Latinos and Asian groups. Data from the 2010 Census demonstrated that these are the two fastest growing groups in Illinois. In addition to assuring that communication is available in a customer's preferred language, there is a need to provide services in a culturally sensitive manner.

DRS will develop outreach initiative projects in selected offices across the state. These offices will be selected based in part on Census data indicating a higher need for outreach. Each office will develop a plan designed to increase the number of service applications made by individuals in the targeted groups.

The goal of the outreach initiative projects is to increase the number of individuals receiving VR services in the targeted groups by 15 percent by 2013.

Result: Efforts to date have produced limited results. The number of minority individuals with active VR cases at the end of the fiscal year grew by one percent, from 38.5 percent in FY2012 to 39.6 percent in FY2013. DRS believes that these ongoing efforts, particularly those aimed at outreach to minority youth with disabilities, will result in a noticeable increase on this measure in future years.

#### Business Partnership Initiatives

DRS received a wide variety of suggestions from the survey, with the general notion that DRS could do a better job relating to employers.

In this initiative, targeted offices will develop partnerships with at least three new employers in their communities. A particular focus will be on employers with several different types of jobs available, opening up job possibilities for a wider range of VR customers.

The goal of the business partnership initiative is to achieve 150 employment outcomes directly traceable to newly-established partnerships in FY2012 and an additional 200 employment outcomes in FY2013.

Result: DRS changed the emphasis of its business partnership efforts to focus on the National Employment Team (The NET) established by CSAVR, rather than locally based partnerships. This was to put the Illinois effort in line with the national effort as well as to facilitate centralized support and ongoing training to counselors across the state. Consequently DRS does not have applicable data on this measure.

#### Policy Review Goal

This goal has been achieved. DRS conducted an extensive policy review in FY2012 relating to services purchased from community rehabilitation programs (CRPs). This is part of an ongoing process in recent years which has focused on obtaining the greatest value for funds spent on purchased services, while maintaining an effective service provider network across the state.

#### B. Strategies Contributing to Success

The key factors contributing to DRS success in making progress include: provision of training on job placement techniques; focused communication around performance targets; communication

of quality assurance results; timely training on key topics such as policy changes and administrative rules; support to field office supervisors including training events built around needs identified by supervisors. Another key factor is a renewed emphasis on participation in the National Employment Team (TheNET), an effort lead by CSAVR and focusing on large employers with a national presence. Considerable effort has gone into working with NET employers in Illinois, meeting with their local managers and facilitating referrals of customers appropriate for the jobs they have available.

### C. Factors Limiting Success

DRS has had made limited progress or seen declines in quality variables such as hours worked per week and the percentage of customers with employer-paid health insurance. This is part of a national trend in the work environment where fewer employers offer health insurance benefits and more jobs are of the part-time variety. Jobs in retail and food service- which are traditional areas for entry-level jobs- only magnify these trends of the larger workforce. Manufacturing jobs, which offered long hours, including overtime, and health benefits, are disappearing in Illinois and elsewhere.

Another factor is the relative youth of DRS customers. DRS has a high percentage of cases who begin receiving VR services while in high school. While some go on to college, most pursue employment and face limited earning opportunities given their skills and level of education. DRS customers who attend college have earnings 45 percent higher than those who complete only high school. However, the high-school educated group makes up about a third of all competitive outcome closures for DRS, resulting in wages that rise slowly. Similarly, individuals with less education and lower wages are also less likely to receive health insurance benefits with their job.

In addition, data provided by RSA indicate that about half of the transition age youth closed into competitive work by DRS work in food service, retail, or building and grounds maintenance, compared to about a third of transition age customers in comparable VR agencies. Concentration on these lower skilled jobs further contributes to the overall lower wage and lesser level of benefits experienced by customers earning competitive outcomes through DRS.

#### Supported Employment

During FY2013, the Supported Employment Program (SEP) has set forth the following goals using Title VI, Part B funds.

Goal 1. Serve customers recently placed into supported employment in a manner consistent with federal regulations, with an emphasis on moving as many individuals as possible into natural supports at the conclusion of ongoing support services.

Results: In FY2013 all DRS customers served in supported employment were moved into unpaid natural supports at the conclusion of their VR case. This is a consequence of the elimination of state general funds for paid extended services as of July 1, 2011.

Goal 2. Continue to expand the scope of those who receive services to include persons who are deaf-blind, persons with traumatic brain injuries, persons who are mentally ill, persons with significant hearing impairments and other persons with the most significant disabilities.

Results: DRS supported employment services are targeted at individuals who are classified in the order of selection policy as having a most significant disability regardless of the specific type of disability.

Goal 3. Develop new mechanisms for funding paid extended services, including cooperative agreements with other state agencies and local units of government.

Results: DRS has not been able to establish agreements with the Illinois Division of Mental Health. However discussions with the Developmental Disabilities have been renewed in light of the Illinois Employment First initiative.

Goal 4. Evaluate the most effective means of achieving employment outcomes for individuals traditionally served in supported employment services.

Results: DRS is reviewing program options for individuals traditionally served in supported employment. This includes development of a milestone arrangement where provider funding is conditioned on achievement of specific objectives for the customer, rather than on an hourly payment system. Milestone payment arrangements have proven very successful in DRS for job placement and such arrangements have been used in other state VR programs for supported employment services.

Goal 5. Evaluate the rates paid to providers for supported employment services and adjust rates as necessary to ensure the availability of supported employment services.

Results: A rate study was completed in 2011 and new service rates went into effect for supported employment as of July 2012.

Goal 6. For FY2013, DRS will serve and employ 200 persons in supported employment.

Results: In FY2013 DRS served 184 individuals in supported employment using Title VI Part B funds and an additional 1,369 using other funds. In FY2013 a total of 98 individuals were closed as competitive employment outcomes into natural supports after receiving supported employment services using Title VI Part B funds. In addition, 204 individuals were closed as competitive employment outcomes into natural supports after receiving supported employment services using other funds.

### Strategies Contributing to Success

Success in supported employment has been limited in recent years. The number of persons served and employed using Title VI Part B funds has remained relatively stable, while the number served using VR funds has been reduced. DRS has been successful in maintaining performance for contracts using Title VI Part B funds largely due to having consistency in the

provider base and experienced staff working with those providers. DRS has focused attention on appropriate use of job development services and concentrated on providing on-the-job supports with a support reduction schedule as appropriate.

### Factors Limiting Success

DRS has faced difficulties in working with community providers around the issue of supported employment. One issue has been limiting the number of hours paid for job development or pre-employment services to individuals funded under a supported employment contract. A second issue has been proper identification of individuals who require supported employment services. Several provider agencies have chosen to drop supported employment contracts in favor of job placement contracts using a milestone payment methodology. DRS continues to work with providers to ensure that customers receive appropriate services whether under the supported employment framework or through other means.

Assessment of the performance of the VR program on the standards and indicators for FY 2013.

The following table shows how the Illinois VR program performed relative to the RSA evaluation standards and indicators for the most recent period reported.

### Illinois VR Performance on Standards and Indicators

#### Federal FY2013 Data

#### Indicators FY 2013

#### Description Minimum and Achieved Values

1.1 Change in number of employment outcomes +1 +187 Pass

1.2 Percent employed after receiving services 55.8: 53.6 Fail

1.3 Percent competitively employed 72.6 93.47 Pass

1.4 Percent of competitive outcomes with a significant disability 62.4 100.0 Pass

1.5 Earnings ratio compared to state average earnings 0.52 .423 Fail

1.6 Percent indicating they are self-supporting 53.0 55.89 Pass

2.1 Service rate ratio for minority customers .80 .910 Pass

As shown in the table above, Illinois passed on five of the seven indicators. Illinois failed on indicator 1.5 as it has done each year. DRS did successfully increase the number of rehabilitated

closures (1.1) in FY2013 for the second year in a row. In addition DRS failed indicator 1.2 for the second consecutive year. For standard 2, DRS passed Indicator 2.1 for the fourth successive year.

Discussion: Indicator 1.1 The number of rehabilitated closures grew by 187 or about three percent in FY2013 compared to FY2012, a second positive result after prior year decreases. This is in part due to improvements in the employment market in Illinois, as well as to having relatively fewer inexperienced rehabilitation counselors.

In terms of Indicator 1.2, DRS has experienced varying levels of performance, sometimes just above and sometimes just below the standard of 55.8. DRS believes that staff training in the areas of work organization and customer communication will make a notable improvement in this statistic.

For Indicator 1.5 DRS has developed a program improvement plan that focuses on identifying more customers with work experience and skills who are likely to work at a higher salary level. This does not mean a reduction in efforts to serve transition age youth, although those individuals tend to work in entry-level jobs for lower wages. DRS believes it can continue to serve transition age youth while expanding services to adults with work experience. DRS also intends to increase the number of individuals who participate in college training, since individuals in that group have higher average earnings than other workers.

#### Use of Expansion and Innovation Funds

DRS has been able to initiate a number of innovation and expansion projects in the last year. The assistive technology open-ended loan program has proven to be very successful. The program involves bulk purchases of frequently-requested AT items, which are then provided to VR customers upon completion of an assistive technology evaluation. This initiative has enabled DRS to provide assistive technology equipment more quickly to VR customers than through standard purchasing procedures. This procedure has reduced the typical time from request to delivery from six to nine weeks to around two to three weeks. DRS intends to continue the open-ended loan program into FY2014.

In the last year DRS has expanded its individual placement and support (IPS) program for individuals with a serious mental illness. This evidence-based program has proven to be successful and DRS has encouraged its ongoing development by converting, where possible, existing job placement contracts to IPS contracts. This has been supported by a DRS-funded expansion of the IPS fidelity review teams which are an essential element of quality control for IPS services. DRS intends to further expand IPS programs in FY2015.

DRS completed a study of service costs for transition services provided through its STEP program . The purpose of the study was to identify costs associated with providing transition services and standardize the rates paid to providers. A new performance-based rate model was developed based on the study results. For nearly all providers in the state the new model

represents an increase in rates. DRS believes this will contribute to a higher rate of successful employment following high school for students participating in STEP.

### State Rehabilitation Council Activities

DRS works closely with the State Rehabilitation Council. In FY2013 SRC members continued their efforts to work collaboratively with DRS through the Stakeholder Committee. This committee has been actively involved in needs assessment activities and procedures. These activities have included development of a special survey of transition age youth, and in partnership with Illinois State University, development of a VR customer satisfaction survey as well as a provider agency satisfaction survey. The committee has also worked to develop a quality control checklist for VR counselors which is intended to increase the consistency and timeliness of service provision.

Title I funds are used each year for SRC activities that include quarterly Council meetings, committee meetings, printing costs, travel and other miscellaneous expenses. Title I funding is also used to fund other SRC activities, such as community meetings. A DRS administrator serves as the Council Liaison and handles all aspects of the Council's activities. The Bureau Chiefs for Field Services and Blind Services alternate their attendance at each meeting and the Director participates in Council meetings unless a scheduling conflict prevents it. In those instances, the Bureau Chiefs and the Liaison serve as the representative. In the last two years, the SRC has made greater use of videoconferencing facilities to reduce travel for members, thereby reducing travel costs. DRS spent approximately \$10,000 on SRC expenses in the last fiscal year.

## Attachment 6.3 Quality, Scope, and Extent of Supported Employment Services

### A. Goals

During FY2015, the Supported Employment Program (SEP) has set forth the following goals using Title VI, Part B funds.

1. Serve customers recently placed into supported employment in a manner consistent with federal regulations, with an emphasis on moving as many individuals as possible into natural supports at the conclusion of ongoing support services.
2. Continue to expand the scope of those who receive services to include persons who are deaf-blind, persons with traumatic brain injuries, persons who are mentally ill, persons with significant hearing impairments and other persons with the most significant disabilities.
3. Develop new mechanisms for funding paid extended services, including cooperative agreements with other state agencies and local units of government.
4. Evaluate the most effective means of achieving employment outcomes for individuals traditionally served in supported employment services.

For FY2015, DRS will serve and employ 175 persons in supported employment. In FY2013 DRS served 184 individuals in supported employment using Title VI Part B funds and an additional 1,369 using other funds.

#### B. Utilization and Distribution of Title VI, Part B Funds

Title VI, Part B funds are used to purchase SEP services for customers. The Department administers its Supported Employment Program using two mechanisms: contracting with community organizations to provide supported employment services or arranging individual placements through DRS vocational rehabilitation counselors in local offices (case services). Contracts have been established with 24 entities throughout Illinois to provide services to eligible customers.

In the past DRS maintained a system of negotiated rates with individual service provider agencies. In July 2012 DRS implemented a new rate policy for supported employment, based on a research study conducted by a consultant in 2011. The new policy establishes two hourly rates, one for the six counties in the metropolitan Chicago area and the other rate for the remaining 96 counties in the states. DRS believes that the new rates will encourage provider involvement in supported employment and ensure the availability of supported employment services to individuals who require that service.

#### C. Supported Employment Models to be Used During FY2015

In FY2015 DRS will utilize the individual work model as the only means of supported employment placement. DRS has worked to gradually phase out the enclave model of supported employment and has discontinued this practice.

#### D. Transition to Extended Services

Due to the elimination of state funds for extended services, DRS is placing a renewed emphasis on the use of natural supports in the workplace as the best means of providing extended services at the conclusion of supported employment services. This means that providers must pay attention to the importance of maintaining a support reduction schedule during the time an individual is receiving supported employment services.

#### E. Scope of Services

In FY2015 DRS expects to continue the following levels of funding for supported employment and extended services activities. Supported employment services provided with Title VI-B funds: approximately 175 individuals, total funding \$1.1 million through fiscal arrangements with 24 provider agencies. Supported employment provided with Title I funds: approximately 1,400 individuals, total funding \$4.5 million, approximately 41 provider agencies.

DRS does not have a state appropriation for extended services for FY2015. Therefore the level of services maintained to date will not be able to continue. DRS is investigating additional sources

of funding to support individuals who require paid extended services at the conclusion of supported employment services.