

## Agency Strategic Plan

## Woodrow Wilson Rehabilitation Center (203)

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## Mission and Vision

**Mission Statement**

Woodrow Wilson Rehabilitation Center provides people with disabilities comprehensive, individualized services to realize optimal personal independence and employment.

**Vision Statement**

Woodrow Wilson Rehabilitation Center will be the premier community serving people with disabilities.

## Executive Progress Report

**Service Performance and Productivity**

- *Summary of current service performance*

WWRC conducts follow-up employment outcome studies on all Vocational Training Program completers one year after graduation. In Fiscal Year 2006, WWRC graduated 259 students or 61% of enrolled students in Vocational Training programs. After one year, 71.4% of the graduates were employed and 65% were employed in their field of training. The average hourly wage of employed graduates was \$7.93 and the average number of hours worked per week was thirty-three.

The Postsecondary Education Rehabilitation Transition (PERT) Program, operated in collaboration with DRS and statewide school divisions, provides a ten-day residential service option that assesses vocational strengths and aptitudes, independent living and leisure skills and functional abilities, as well as social/interpersonal/personal adjustment skills and functional abilities of high school students. Findings and recommendations are used by local PERT teams, in working with clients and their parents to address school-to-work transition components of the Individual Education Program (IEP) process. In Fiscal Year 2007, 94% of Virginia's local school divisions participated in the PERT Program and 451 students received a PERT Initial Evaluation

The WWRC Life Skills Transition Program (LSTP), developed over the past two years in response to changing customer needs, provides a comprehensive approach to teaching individuals the job of daily life and living with others. In Fiscal Year 2007, LSTP served 251 students, including those served in the full 9-week program (n=174) and those provided shorter-term, more prescriptive assessments and education/training modules (n=77). The LSTP has remained in high demand and is anticipated to see continued growth over the next biennium.

WWRC provides residential, outpatient and community based medical rehabilitation services for individuals with functional limitations and physical disabilities. In Fiscal Year 2007, 1051 clients received medical rehabilitation services through WWRC's residential, outpatient, and community-based programs.

DRS' administrative support services are judged by the Governor's Management Scorecard. The scorecard has 18 objectives in five areas: human resources, financial management and budget reform, government procurement, technology and performance management. Each area has five scores: Meets Expectations, Progress Towards Expectations, and Below Expectations. By the fourth quarter of State Fiscal Year 2007, DRS achieved a score of "Meets Expectations" for four of the areas and a "Progress Toward Expectations" rating on one (government procurement).

Compliance with Prompt Pay Act requirements is one measure of achievement of WWRC's administrative services area. WWRC expects to disburse 95% of payments within 30 days of receipt of invoice. Another measure of effective financial management services is the number of Auditor of Public Accounts audit points. WWRC received one audit point in Fiscal Year 2005, which was resolved by the Fiscal Year 2006 audit and zero audit points in Fiscal Year 2006. In addition, WWRC has achieved a rating of "Good" or higher in the disbursement of state funds, including but not limited to state travel policies.

It is imperative that Human Resource Services be provided in an effective and efficient manner to enable WWRC's 350 employees to provide exceptional services to their consumers. Employee performance evaluation ratings are one measure of effective and efficient Human Resource Services. On average, 99% of WWRC employees receive a "Contributor" or higher rating on their annual performance evaluations. Staff participation in training activities insures that staff are prepared to provide quality consumer services. Last year, 297 or 93% of WWRC's employees participated in agency sponsored training. The percentage of resignations due to better job opportunities or dissatisfaction on the part of the employee is lower at 1.3% than the Statewide average of 2.3%, a positive reflection on HR practices at

WWRC.

WWRC intends to cooperate as an agency partner with VITA for technology infrastructure support and with DRS for new applications systems development initiatives including Integrated Case Management (ICM) and the Financial Management System (FMS). The agency will provide resources to VITA to assist in technology policy and standards development. They will continue to pursue document imaging services as well as support the distance learning initiatives. They will continue to aggressively upgrade agency technology to ensure compatibility with business, industry and other agency partners. One measure of success of these activities is 100% compliance with VITA required deadlines for the VITA Commonwealth Agency Technology Strategic Planning Application (Prosight).

- *Summary of current productivity*

WWRC has continued to provide services to its customers with disabilities at approximately the same level for the past five years. The Center served an average of 2,637 clients per year over this time period. On average, this included 1,250 medical rehabilitation clients and 1,387 vocational rehabilitation clients per year. Within those five years, WWRC has seen a 10% increase in the number of 18 – 22 year olds that have been served, growing from 25% to 35% of the total population served. Additionally, there is a growing proportion of clients with a cognitive disability as a primary disability during this five-year period, increasing from 34% in Fiscal Year 2003 to 39% in Fiscal Year 2007. Cognitive disabilities include mental retardation, learning disabilities, and other thinking, processing, and concentration related disorders.

WWRC has managed to maintain essentially the same level of services for the past sixteen years despite relatively level general funding of approximately \$5.27 million from Fiscal Year 1990 through Fiscal Year 2006 and a 37% increase in the CPI. In Fiscal Year 1989-1990, the agency's general fund appropriation was \$5,274,744 compared to the general fund appropriation in Fiscal Year 2006 of \$5,279,056. This was largely due to success in establishing partnerships with other agencies and institutions serving people with disabilities, several successful grants initiatives, aggressive pursuit of medical insurance reimbursement and efforts to streamline processes and reduce expenditures while maintaining the essential value of services to those with disabilities. The result was an increase in the non-general fund appropriation from \$16,259,050 in Fiscal Year 1989-1990 to \$19,865,787 in Fiscal Year 2006 and a decrease in full time classified staff from 340 to 280.

### **Initiatives, Rankings and Customer Trends**

- *Summary of Major Initiatives and Related Progress*

WWRC has been involved in a major organizational renewal process, beginning in 2004.. The renewal process involved employees at all levels in the analysis of WWRC's vision, mission, and values and identifying solutions to WWRC's critical issues. Major outcomes realized through this organizational renewal process include:

- Focused strategic planning initiatives across four clearly defined Centers of Excellence, (Assistive Technology, Comprehensive Assessment and Evaluation, Youth in Transition, and, Neuro-Rehabilitation) to articulate niche markets in which WWRC has distinguished itself as a leader in the Mid-Atlantic Region and beyond. Each Center of Excellence is accountable for staying abreast of emerging issues and trends in its own niche market and reaching out to its stakeholders to achieve WWRC's vision as a premier rehabilitation community serving people with disabilities. A Leadership Coalition representing supervisor and management level staff positions across WWRC, in collaboration with the WWRC Executive Team, provides staff membership, guidance and oversight across Centers of Excellence for strategic planning, decision-making, and resource allocation;
- Development of an employee-driven "Leadership from Within" work culture that encourages and facilitates ongoing and continuous communication, planning, and quality improvement between the WWRC Executive Team, Leadership Coalition, and employees serving on targeted Design Teams;
- Prioritization and realignment of existing program and staffing resources to develop and implement new program initiatives in direct response to changing client profiles and rehabilitation needs. Examples include: piloting and refinement of a new student orientation and assessment programs; creation of the Life Skills Transition Program; and new service options available for persons with Brain Injury and Spinal Cord Injury, as recommended through targeted Design Teams;
- Creation of a Marketing Director position to provide expertise in the development and implementation of a strategic marketing campaign, resulting in development of new Center brochures highlighting programs and services, published Annual Reports, and expanded referral source networks;
- Creation of an Organizational Development and Quality Assurance Division to strategically coordinate and lead initiatives designed to strengthen WWRC's performance, effectiveness, and efficiency relative to: program evaluation and quality assurance, staff and organizational training/development, grants, research and development, and innovative program incubation;

- In Fiscal Year 2008, written Operation Plans were developed for each of the major organizational divisions within WWRC, demonstrating alignment of divisional goals, objectives, and strategies with WWRC's vision, mission, shared values, and Center of Excellence priorities; and,

- Intentional alignment with and collaboration between WWRC and the DRS Field Rehabilitation Services Division for implementation of "Roadmap to Success" service model which will directly affect referrals to WWRC and how services will be delivered, including types of services to be provided.

- Significant capital construction and renovation projects have begun or been completed over the past biennium including: Water, Sewer, Gas, and Telephone Replacements; Medical Building and Dining Hall Renovations; Roof Replacements for Anderson, Birdsall-Hoover Medical, and Watson Activities Buildings as well as Carter/Ashley Dorm; Energy Conservation Projects; and Development of a Design Plan to Renovate the Barnett Hall dormitory. Capital construction and renovation projects, as defined in WWRC's Master Facility Plan, will continue throughout the 2009-2010 biennium to insure safety, efficient use of facilities and other resources (e.g., energy, water, etc.), and updates to assimilate current, realistic environmental surroundings for client training. Relocation of and/or redesign of existing programs based on strategic planning initiatives in progress may result;

- Continued development of an Integrated Case Management (ICM) System to replace distinct client data systems of WWRC (COMET) and DRS Field Programs (VRIS) with an integrated data system for shared access through activities of the ICM Steering Committee and Project Teams;

- Migration of WWRC to an electronic document imaging system which is anticipate to strengthen business operation efficiencies and effectiveness across Center operations; and,

- Development of a written Strategic Plan that will build WWRC's capacity and infrastructure over the next biennium to support growth in usage of video conferencing and other technologies for direct client services (including strengthened pre-admissions and other rehabilitative team processes), delivery of targeted education and training, and conducting administrative, program, and partner meetings resulting in cost savings for travel and staff time.

- *Summary of Virginia's Ranking*

As the Commonwealth's only Comprehensive State Owned Rehabilitation Center, WWRC participates in the National Consortium of State Operated Comprehensive Rehabilitation Centers. A comparative analysis of eight comprehensive centers suggests that WWRC is among the largest and most comprehensive in the nation. WWRC has assumed a leadership role in the consortium.

The PERT Program is the only program of its kind in the nation and is highly successful in maximizing individual student outcomes and systemic impact on transition planning.

- *Summary of Customer Trends and Coverage*

WWRC's primary customer base is the Department of Rehabilitative Services' (DRS) vocational rehabilitation (VR) program. While WWRC continues to receive a significant number of referrals from DRS, customers from other state agencies, private referrals and federal/state/private partnerships are a slowly growing referral source.

Historically, the Center served individuals with primarily physical disabilities. The WWRC client base appears to be shifting toward younger clients who are experiencing more than one disability. Clients with mental disabilities, emotional disturbances, or learning disabilities currently outnumber all other disability categories.

In Fiscal Year 2007, WWRC completed a grant with the Virginia Department of Aging to provide driver evaluations to older citizens suspected of early onset of Alzheimers disease and related disabilities. Limited services continued to be provided, however, this program is not utilized by senior citizens in significant numbers.

### **Future Direction, Expectations, and Priorities**

- *Summary of Future Direction and Expectations*

WWRC's Centers of Excellence will provide direction to the alignment of staff expertise and service/program offerings that meet changing customer and referral source priorities. Based on current customer trends and anticipated changes in WWRC's customer base over the next few years, WWRC will:

- Develop strategies to continuously review and realign, as needed, existing resources and staffing patterns consistent with emerging customer profiles in anticipation of medical and vocational rehabilitation needs. Over the next biennium this will include: development of shorter-term and/or prescriptive medical and vocational assessment services for veterans returning to their home communities; development of new clinical treatment options using innovative rehabilitation technologies for persons receiving medical rehabilitation services; development of a potential residential substance abuse treatment program; growth and/or targeted programs serving youth in transition under the age of 22,

persons with autism spectrum disorders, and those with neurological disabilities, including spinal cord injuries and acquired and traumatic brain injuries; and continuation of a high demand driving evaluation and training program for the elderly population and those with Alzheimer's.

- Continue to build its non-VR customer base through partnership agreements, targeted marketing strategies, and grant initiatives in response to an anticipated drop in VR referrals from the DRS VR program.

- Strengthen accountability for the outcomes of VR clients served by WWRC. This will include concerted rehabilitation team efforts to interrupt failure when progress is not being made as anticipated, requiring strengthened partnerships for service planning, coordination, and delivery.

- Expand usage of video teleconferencing and use of other remote technologies for the provision of direct client services in a client's home community.

- Expand use of distance education course offerings within WWRC's training programs to increase WWRC's role in community based services, modernize training curricula, create partnership opportunities with community colleges and universities and enhance the ability to remove learning barriers created by a number of disabling conditions.

- Technology will be leveraged through the use of Commonwealth of Virginia Knowledge Center (CoVKC) web portal to enhance professional development opportunities for staff.

- A Workforce Planning initiative will address the loss of institutional knowledge from employee retirements and reduce the impact on the operation of critical agency functions as follows:

Increased presence of CommonHealth promotion activities,

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

Identify and cross train critical functions of the agency,

Succession planning,

A student internship program with various colleges and universities, and

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

- WWRC will continue to cooperate with the VITA/NG partnership to transform its infrastructure and development activities to comply with Commonwealth standards. This includes desktop and server refresh; a new MPLS network protocol; adoption of a new Help Desk support tool and migration to VCCC services; regionalization organization of support services; new e-mail services; participation in consolidated data recovery services; implementation of enhanced security standards; implementation of ITIL, change management protocols; and implementation of Investment Portfolio Management (ITIM) processes and appropriate utilization of the ProSight tool, full compliance with Web Template Standard and full compliance with IT Accessibility Standard.

- While VITA technology expense will increase, we hope to control and plan the increases by careful planning of VITA activity.

- VITA will discontinue support for the out-of-scope portions of the technology infrastructure, that portion most important for direct service programs. Implementation of technology infrastructure for this equipment and software will be implemented.

- The growing demand video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between WWRC, the Disability Services Agencies, our Workforce investment partners and other interested state agencies.

- A comprehensive, Integrated Case Management (ICM) computer system will provide a single management tool which will be more efficient, effective and increase opportunities for significant collaboration between DRS, DBVI and WWRC.

- A comprehensive, Financial Management System, supporting between four and six agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

- Continued purchases of software licenses, maintenance contracts, and in-house maintenance support as appropriate for adjustments for Federal, State and Local mandates to production systems. Such purchases may included but are not limited to:

- WorkWorld: This application contains the most up to date technical and substantive information on benefits for VR consumers.

- Citrix/OASYS, Career Scope - Job Matching, support software for VR consumers.

- CAD and other programs used by clients
- Replacement of Athena Library Services tool

- ARMICS, SWAM quotas, E-Virginia, Strategic Planning objectives, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

- Improvements in grants management, management and training of staff, and utilization of program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

- Significant capital construction and renovation projects will occur throughout the 2009-2010 biennium. Relocation of existing programs may result. A Water and Sewer Line Replacement Project has a projected completion date of November 2008. The impact of this project will be an anticipated decrease in water/sewer expense resulting in more funds available to operational programs. The Anderson building re-roofing and retaining wall rebuild is projected to be complete in July 2008. This project has minimal impact on programs. The Medical Building Renovation is anticipated to be complete in May 2009. This project has caused our Short Term Rehab Unit and Supported Living Services program to be relocated to an adjacent dormitory. Completion of this project will bring these programs back to a centralized area and allow for expansion.

- Utility cost increases will be minimized through active management of resources.

- Better utilization of the land around WWRC will contribute to improved services for clients and increased feasibility of new programs, services and client populations.

- *Summary of Potential Impediments to Achievement*

As part of its Renewal Initiatives over the past several years, WWRC has defined ten sets of critical issue themes facing the Center. These themes, with their status monitored continuously by the Executive Team, include:

Communication: Issues and suggestions related to Center communication.

Fiscal Responsibility: Issues and suggestions related to staff awareness and responsibility of the Center's budget and resources.

Marketing: Issues and suggestions related to Marketing.

Operations: Issues and suggestions related to the Center's daily support operations.

Planning: Issues and suggestions related to organizational and operational strategic planning.

Service Delivery: Issues and suggestions related to the delivery of services to our clients.

Staff Training and Development: Issues and suggestions related to the training and development of staff.

Staff: Issues and suggestions related to management of the Center's greatest resource, its staff.

Staffing: Issues and suggestions related to utilization of staff as a resource.

Guidance: Issues and suggestions related to leadership and management guidance.

A SWOT analysis conducted in August 2007 documented many positive changes in each of these ten critical theme domains that have improved organizational effectiveness, efficiency, and overall work culture. However, the following are organizational threats that have been identified through the SWOT process:

- Fiscal limitation created by rising cost of goods and services with flat revenue projections - impacts recruitment and retention of qualified staff, overall staffing levels, programs, and direct service delivery, all of which impact WWRC's ability to achieve its vision as a premier rehabilitation community for people with disabilities;

- Changes in 3rd party billing requirements, challenging the ability for WWRC to generate 3rd party revenue and contributing to a potential decline in actual revenue realized in future years;

- Unavoidable delays to needed Capital Projects impact WWRC's ability to implement its Facility Master Plan;

- Perceived underutilization of the WWRC facility, and the related challenge of balancing physical space capacity with program and staffing capacity exacerbated by fiscal limitations and flat revenue projections;
- Balancing “wait lists” against existing staffing resources and budget limitations, in response to demand for WWRC services and programs;
- Undefined and unclear understanding of “Roadmaps to Success” and how to “operationalize” this concept for improved rehabilitation team processes between WWRC and the DRS Field Rehabilitative Services Division;
- High percentage of WWRC employees who are eligible, or will be eligible in the near future, for retirement; and
- High percentage of hourly/wage and contract employees that support residential operations in a 24/7 environment, due to limited availability of salaried positions.

### Service Area List

Service Number	Title
203 454 04	Vocational Rehabilitation Services
203 454 05	Medical Rehabilitative Services
203 499 00	Administrative and Support Services

### Agency Background Information

#### Statutory Authority

The Rehabilitation Act of 1973, as amended, reauthorized in 1998 under Title IV of the Workforce Investment Act (Public Law 105-220), requires linkages with One-Stop Centers and establishes State VR programs as mandatory partners under WIA. Establishes State Vocational Rehabilitation (VR) programs in all 50 states, the District of Columbia, and all territories, and identifies the scope and mandatory requirements governing all State VR Programs. Mandates, as part of the required state plan, an assessment of school-to-work transition services provided through the VR system and specifies how those services are to be coordinated with those under the Individuals with Disabilities Education Improvement Act of 2004, as amended.

The Workforce Investment Act (WIA) of 1998 (P.L. 105-220) reauthorized both the Adult Basic Education Skills Act, which governs state programs for adult education, and the 1973 Rehabilitation Act, which provides services to help individuals with disabilities become employable and achieve full integration into society. WIA provides workforce investment services and programs through statewide and local One-Stop Career Center systems. The goals are to provide (1) enhanced employment, retention, and earnings of individuals, (2) increased occupational skills attainment, and (3) improved national economic growth through increased productivity and competitiveness.

The Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) reauthorizes the Individuals with Disabilities Education Act of 1997. School-to-work transition services, under the provisions of the 2004 law, are now required at the age of sixteen for students and will include academic and functional goals. The goals shall be based on age-appropriate assessments and include independent living skills, if appropriate. IDEIA aligns closely to the federal No Child Left Behind Act (NCLB), helping to ensure equity, accountability and excellence in education for children with disabilities.

The Americans with Disabilities Act of 1990 (P.L. 101-336) recognizes and protects the civil rights of people with disabilities. The ADA covers a wide range of disabilities, from physical conditions affecting mobility, stamina, sight, hearing, and speech to conditions such as emotional illness and learning disorders. The ADA addresses access to the workplace (Title I), State and local government services (Title II), and places of public accommodation and commercial facilities (Title III).

This Medical Rehabilitation service area is subject to compliance to all conditions and limitations set forth by CORF (comprehensive outpatient rehabilitation facility) license and Medicare client provider standards (Part B by section 933 of the Omnibus Reconciliation Act 1980)

State mandates and regulatory authorities governing this service area include Title 23, Chapter 3 of the Code of Virginia that classifies WWRC as an educational institution and Title 51.5, Chapters 3-5, Code of Virginia that designates DRS, along with the Department for the Blind and Vision Impaired, as the state agency responsible for carrying out the provisions and purposes of the federal Rehabilitation Act. This title also establishes the DRS Commissioner, or designee, with authority to operate and maintain the WWRC as a comprehensive rehabilitation service provider.

The Appropriations Act Chapter 924 (1997) identifies the services WWRC is expected to provide.

The Commonwealth of Virginia Regulations Governing Special Education Programs for Children with Disabilities, Sections 8 VAC 20-80-40; 8 VAC 20-80-160; and, 8 VAC 20-80-190 requires WWRC, as a Division of DRS, to conform to federal and

state special education laws and regulations and Section 504 of The Rehabilitation Act of 1973, as amended. It requires that WWRC establish policies and procedures to ensure compliance with federal and state special education laws and regulations, including a mandate that qualified children with disabilities who meet WWRC admissions criteria through the age of 21 years, inclusive, have the right to a free, appropriate public education.

### Customers

Customer Group	Customers served annually	Potential customers annually
Classified and wage staff of WWRC	388	388
Individuals with multiple and complex disabilities receiving Vocational Services	1,401	1,401
Individuals with multiple and complex disabilities receiving Medical Services	1,051	1,051
Total Clients served at WWRC	2,452	2,452

#### *Anticipated Changes To Agency Customer Base*

DRS' vocational rehabilitation (VR) program is a major partner of WWRC and the primary referral source of consumers across WWRC services and programs. In State Fiscal Year 2007, 97.5% of VR referrals specifically to WWRC's Vocational Rehabilitation Services came from DRS. In 2006-2007, the "Roadmaps to Success" concept was introduced and embraced as a joint initiative between WWRC and the DRS Field Rehabilitation Services Division. As this concept is fully implemented, opportunities exist to further define WWRC's VR customer base and the types of services needed for this population.

WWRC's Vocational Rehabilitation Services has positioned itself to be responsive to dual VR and non-VR markets over the last five years, largely due to targeted grant initiatives combined with growing usage of video-conferencing and access to other remote technologies. Marketing to non-VR referrals has been largely targeted in nature in direct response to 'niche markets' (i.e. local Workforce Investment Boards for the TRAIN IT Program; Veteran's Administration; Department of Social Services/TANF populations). While the ratio of VR to non-VR referrals is anticipated to fluctuate over time based on both internal and external influences, total number of persons served through WWRC's Vocational Rehabilitation Services is anticipated to remain stable over the next biennium.

WWRC's four Centers of Excellence focus WWRC resources in the areas of Assistive Technology, Comprehensive Evaluation and Assessment, NeuroRehabilitation, and Youth in Transition. WWRC's Centers of Excellence define Woodrow Wilson Rehabilitation Center (WWRC) in terms of priority focus and resource allocation. The Centers of Excellence offer clients and referral sources a dynamic solution for accessing premier products and services aligned with these priorities. Strategic Goals for the Youth in Transition "Center of Excellence" encompass: best practice programming; quality service delivery; education, awareness, and training; and, targeted marketing strategies. Over the last several years, WWRC has positioned itself to respond to a growing demand for school-to-work transition services for youth with disabilities through two distinct, yet interrelated initiatives that more aggressively market a "continuum of service" package for school-aged youth with disabilities who are either still enrolled in the public secondary education system between the ages of 18-22 or those who may have "dropped out" prior to completion. The "continuum of transition services" includes: (1) the highly effective Postsecondary Education Rehabilitation Transition (PERT) Program, implemented over the past twenty years in collaboration with the Virginia Departments of Education and Rehabilitative Services; and (2) implementation of a Life Skills Transition Program targeting the development of pre-employment behaviors, as well as social, interpersonal, and independent living skills for the targeted population. The Life Skills Transition Program incorporates a holistic approach to assist clients in reaching their employment and independent living goals. WWRC piloted the Life Skills Transition Program in FY 2006, serving a total of 251 students in Fiscal Year 2007, including those served in the full 9-week program (n=174) and those provided shorter-term, more prescriptive assessments and education/training modules (n=77). The Life Skills Transition Program has remained in high demand and is anticipated to see continued growth over the next biennium.

The demand for community rehabilitation programs and community living options will continue to grow as people with significant disabilities move from institutional settings, such as nursing facilities, into local communities. The Supreme Court's Olmstead decision interpreted the Americans with Disabilities Act to require States to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals. The Governor's Executive Orders 61 and 84 continue the Commonwealth's commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and the Olmstead Advisory Committee. WWRC's consumer referral base may grow due to these initiatives. In 2006, WWRC was awarded three-year grant funding through the Commonwealth Neurotrauma Initiative (CNI) to conduct a needs assessment across regional/state stakeholders, and develop and pilot a specialized residential treatment program at WWRC for persons with disabilities whose condition is aggravated by substance abuse issues. Results of this CNI grant initiative are anticipated to increase targeted referrals to WWRC over the coming biennium.

WWRC has been, and continues to be requested to serve more clients with autism spectrum disorder. As the Center expands its services for 18-22 years olds through strategic efforts of the Youth in Transition Center of Excellence, referrals

for services to persons with autism spectrum disorder are anticipated to increase. Needs of these clients vary and are individualized. Programming and appropriate staffing will need to be coordinated with community resources and support vocational rehabilitation services.

As the Center develops its continuum of Postsecondary Education Rehabilitation Transition (PERT) Program and Life Skills Program services, support services from the medical division will be needed. We anticipate a greater demand for medical and behavioral services and treatment plans.

The increase in injured Veterans returning from the current war may place greater demands on resources. These post-war veterans are returning with brain and orthopedic injuries, requiring a broad array of assessment and treatment services

There is greater emphasis and advances in neuro-regenerative research for curing conditions like spinal cord injury. A growing referral base may occur for improving or preserving physical function in spinal cord injury clients in anticipation of curative interventions.

State and national emphasis on promoting healthier lifestyles to reduce costly medical complications of obesity will influence our client base. There may be an increased need to serve populations with disabilities that are also aging and/or obese. This can be managed with current resources and treatment modalities.

**Partners**

<b>Partner</b>	<b>Description</b>
Business and Industry, Employers, Trade organizations, Committees and Councils	WWRC partners with business and industry, employers, trade organizations, Committees and Councils on consultation and technical guidance for WWRC training programs and curricula; student certification requirements; shared instruction and/or internship opportunities; and access to employment opportunities for qualified graduates.
Families of Individuals with Disabilities	Critical partnerships with families of individuals with disabilities lead to recruitment of potential WWRC clients; potential (co)sponsorship to cover the cost of WWRC services; and community-based support for successful community re-entry.
State Agencies	The state agencies which interpret the laws and regulations and develop the policies and procedures that govern administrative operations. The state agencies include, but are not limited to, the Departments of General Services, Bureau of Capital Outlay Management, Virginia Department of Transportation, Department of Environmental Quality, Department of Conservation and Recreation, Information Technology Agency, Planning and Budget, Accounts, Human Resource Management, and the Auditor of Public Accounts. In addition, WWRC is one part of the Disability Services Agencies, a group of state agencies that contract for administrative support services administered by DRS.
State and Federal agencies, Local Workforce Investment Boards and One-Stop Career Centers, Public School divisions, Colleges and Universities, other Comprehensive Rehabilitation Centers and Community-based Service Organizations	WWRC partners with State and Federal agencies, local Workforce Investment Boards and One-Stop Career Centers, local public school divisions, two and four year colleges and universities, other comprehensive rehabilitation centers and community-based service organizations serving individuals with disabilities on client referrals, service coordination, joint grant initiatives and/or program development, and potential shared funding streams.

**Products and Services**

- *Description of the Agency's Products and/or Services:*  
 Vocational rehabilitation services include vocational assessment; career planning and exploration; school-to-work transition assessment, monitoring, and follow-up services; work behavior strengthening and work adjustment training;

occupation-specific training; trade-related academic, literacy, GED assessment and instruction critical to workplace readiness and preparation; independent living skills assessment and training; specialized services for individuals with brain injury; rehabilitation counseling services and coordination with medical and behavioral service provision. These services may be provided on site at WWRC, in a community based setting or at an employment site. An integrated approach to simultaneous provision of these services, along with individualized employment and independent living goals, are the transition services that will improve outcomes for both DRS and public secondary education clients.

- The Center's residential services are an essential component of Vocational Rehabilitation Services. Residential services provide clients with room and board, recreational therapy, independent living skills experiences, and social skill development. Community re-entry services provide local community support that enhances the success of meeting employment and independent living goals of clients. A recent emphasis on campus security provides a safe and secure living and learning environment.

- Physical Therapy, Occupational Therapy, Speech and Language/ Audiology Therapy, Cognitive therapy and Neuro-Behavioral Health are offered by way of evaluations, treatment intervention and education services on either a residential or outpatient basis. Using an interdisciplinary team approach coordinated by physician specialists and rehabilitation counselors, they provide comprehensive medical rehabilitation services. Some of the more notable services include but are not limited to adaptive driving, quantitative job demand and physical work performance evaluation, work hardening and conditioning, work site and ergonomic evaluations, comprehensive clinical psychological, neuropsychological, psycho-educational, and chemical dependency diagnostic evaluations, learning disability evaluations, disability determination evaluations, psychotherapy and aphasia, brain injury, orthotics, prosthetics, spinal cord and wheelchair clinics.

- Assistive Technology Services are available to consumers of all ages across the Commonwealth, with an emphasis on work and independent living. These services are provided by interdisciplinary Assistive Technology Teams. Major program areas are Computer Access, Communication, Seating and Mobility, Rehabilitation Engineering, and Home & School/Worksite Modifications.

- The STRU (Short Term Rehab Unit) at WWRC provides a residential living option for individuals with disabilities to receive comprehensive, client focused, outpatient rehabilitative services. This unit serves clients ages 18 and older who have participated in acute rehabilitation and have had time to psychologically and physically adjust to their disability. These medically stable clients often are more prepared to participate fully in goal setting, educational classes, medical therapies, driver's training, assistive technology and vocational assessments.

- Ancillary services (Nursing, Lab, X-ray, and Pharmacy) are provided to support the residential clients and their comprehensive needs. A Durable Medical Equipment Program recommends and provides medical equipment and training on its use. Consistent with demand, mobile evaluation services and clinics are offered across Virginia.

- Administrative Support Services coordinates and provides oversight for integration of activities and initiatives across all divisions and service areas as well as other state and local partners. Other functions include marketing and reception desk staffing.

- Financial Management Services provides financial services including budget, grants management, general accounting, financial reports, cash management and cashing services for clients, asset and lease tracking/management, purchasing and contracts (with DRS), a post office, motor fleet and central supply management. It also includes admissions and scheduling of clients, insurance pre-authorization services, charge capture and collection of revenue resulting from medical insurance claims and special grants and records management.

- Human Resource Management Services interprets and communicates human resource policy, provides workforce development programs, employee relations, staff recruitment, payroll, compensation and classification (with DRS), workers compensation, return to work (for all of DRS) and administers benefits programs.

- Information Technology Services (IS) provides computer applications development and support, web services, and computer operations. Additionally, in partnership with Virginia Information Technologies Agency (VITA) and Northrop Grumman VITA/NG, IS provides systems engineering services including voice and data communications networks, and hardware and computer support services. IS also collaborates with other agencies where possible to maximize staff, computer and financial resources.

- Organizational Development and Quality Assurance Services provides consultation in and the conduct of program evaluation, quality assurance, grants, new program incubation, staff professional development and training, and building capacity for rehabilitation research.

- Risk Management provides health and safety information to staff and consumers, tracks accidents, manages

emergency response planning and continuity of operations planning (COOP) and assists HR with the Workman's Compensation and Return to Work programs.

- Physical Plant Services provides maintenance of 34 buildings and collaborates with local government for road maintenance and utility services. It also provides grounds services, housekeeping, transportation services for clients and driver's education programs.

- WWRC operates in a state owned facility and administers Capital Construction and Renovation Services. Among these services are comprehensive planning, new construction and renovation, a Maintenance Reserve program, administration/coordination of multiple Energy Savings and conservation initiatives, and coordination of the Facility's Master Plan.

- *Factors Impacting Agency Products and/or Services:*

Over the past ten years, and increasingly over the past five years, WWRC has seen a significant increase in clients served with more complex and multiple disabilities, combined with depressed basic reading and math literacy skills (on average below the 4th grade level) that impact the individual's general problem-solving and other cognitive abilities, thus having a major impact on the rehabilitation process leading towards successful employment and independent living outcomes. This leads to programming implications for WWRC's Vocational Services Area.

There is an increased demand for school-to work transition services for youth with disabilities, especially configured with pre and post program community integration and support services. The Postsecondary Education and Rehabilitation program currently in all school divisions statewide has experienced increased demand for services. According to Virginia Department of Education data for the most recent year in which statistics are available (December 1, 2005), there are documented 2,704 students with disabilities aged 19-22 still enrolled in the public secondary education system; of these, the disability groups most represented include (in descending order) : Specific Learning Disabilities (SLD), Speech and Language Impaired (SLI), Other Health Impaired (OHI), Developmental Delay (DD), Emotional Disturbance (ED) and Mental Retardation (MR). The 2005-2006 school year report of children with disabilities exiting special education documents that 1,891 students "dropped out" prior to completion, with 86% of these (N=1630) prior to the age of 18. Those classified as Learning Disabled, Emotionally Disturbed, Otherwise Health Impaired, and Mentally Retarded were more likely to drop-out than other disability groups.

There are increased campus security needs due to changing needs and characteristics of clients.

Demands by business and industry for skills certification, including, technical, workplace literacy and demonstrated social/interpersonal/communication skills that meet baseline expectations and standards, require constant realignment of service objectives and restructured programs – an issue exacerbated by changing needs and characteristics of clients served at WWRC.

The rapidly changing workplace, increasingly sophisticated technology standards and targeted state and national emphasis on accountability leads to more refined and focused program objectives that emphasize measurable skill attainment.

Effective management of resources is required to balance the demands for on-site, facility-based and mobile, community-based, or remote services.

Intentional alignment with and collaboration between WWRC and the DRS Field Rehabilitation Services Division for implementation of "Roadmap to Success" will directly affect referrals to WWRC and how services will be delivered, including types of services to be provided.

Specialized therapy services, clinical expertise and technology are not readily available in all community based programs necessitating increasingly expensive mobile evaluation services.

Reductions to third party payors' reimbursement for services and individuals' ability to pay limit the referral base and restrict the provision of services.

Staff training, and non-traditional therapy modalities may not be medically reimbursed, reducing effectiveness of services and increasing costs.

Intentional alignment with and collaboration between WWRC and the DRS Field Rehabilitation Service Division for implementation of "Roadmaps to Success" will directly affect referrals to WWRC and how services will be delivered, including types of services to be provided.

Three of WWRC's Centers of Excellence and corresponding Design Teams (Neuro-Rehabilitation; Assistive

Technology; and Comprehensive Evaluation and Assessment) are anticipated to directly impact future medical rehabilitation products and services through: the identification and piloting of new treatment options, innovative program designs and rehabilitation technologies; research and grant initiatives; education, awareness, and training; and, targeted marketing strategies.

New initiatives of central state agencies, including ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards, Strategic Planning and Performance Measures and VITA Project Dashboards add at least transitional expense and effort in documenting agency operations. While these initiatives all possess long term benefits, processing standards for some agency programs, redesign of systems and episodes of non-compliance with standards and regulations will likely result.

New initiatives to improve grants management, better manage staff development and training, better utilize program evaluation and build capacity for rehabilitation research will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

Significant capital construction and renovation projects will occur throughout the 2009-2010 biennium to insure safety, efficient use of facilities and other resources (e.g., energy, water, etc.), and updates to assimilate current, realistic environmental surroundings for client training . Relocation of existing programs may result.

Despite a \$2.6 million investment in energy savings equipment, utility costs are expected to increase.

A completed Facility Master Plan has provided a new direction for the development of the Six Year Capital Budget Request for the next 10 – 15 years. The results of this study may impact our strategic plan in the next biennium and beyond. Better utilization of the land around the Center is the first of several projects in the planning phase.

- *Anticipated Changes in Products or Services:*

Increasing challenges facing people with disabilities, coupled with rapidly changing workforce demands, technology standards and expectations of business and industry will require increased flexibility and responsiveness of WWRC's vocational services. Likewise, WWRC will need to be flexible in its responsiveness to changing needs of federal, state, local, and community partners over time. While WWRC has adjusted use of available resources to meet these demands, any increase in clients served will require additional resources. Initiatives for attracting new referral sources and additional special and federal funds will satisfy some of this need.

An increase in "hands-on", experiential programming, and structure to address an ever-increasing changing residential population profile will allow WWRC to pilot and establish programs that best meet the needs of persons served.

There is an increased focus on the development of a "Roadmap for Success" for each client and a concerted effort to interrupt failure when progress is not being made as anticipated. This will require strengthened partnerships between WWRC and the Agency's Field Rehabilitative Services Division for service planning, coordination, and delivery. In addition, increased emphasis will need to be placed on early intervention and rehabilitative team processes to fully implement this philosophy.

Increased numbers of students will be required to pass certification exams that demonstrate competency in technical skills and proficiency in basic workplace literacy skills to become and remain competitively employed.

Expansion and use of tele-videoconferencing equipment and other technologies, including distance education course offerings within WWRC's training programs, will increase WWRC's role in community based services, modernize training curricula, create partnership opportunities with community colleges and universities and enhance the ability to remove learning barriers created by a number of disabling conditions.

The need to identify additional funding, including funding from non-traditional partners, to support growth will result in increased marketing efforts and creative use of resources and partnerships. The recent success of the TRAIN IT Program, initiated as a United States Department of Labor/Employment and Training Administration demonstration grant and sustained post-federal investment period as a partnership between WWRC, seven local Workforce Investment Boards and DRS, is proof of concept. During and subsequent to the federal investment period, the TRAIN IT Program has demonstrated a successful model for preparing qualified individuals with disabilities for Information Technology careers, using distance education delivery methods, in combination with other "wrap-around" supports designed to help the individual overcome barriers to employment.

The PERT program is at a crossroads in terms of the identification of an expanded funding base to meet its current and projected growth patterns and in terms of programmatic and staffing changes required to more effectively serve a changing population profile. The PERT Program can only support further growth with additional funding and staffing resources. Thus we propose to maintain current levels of service and current numbers of clients served, despite

increased expenses.

The Life Skills Transition Program is partially staffed and funded using existing WWRC resources reassigned from the former Pre-Vocational Training and Independent Living Skills Programs, but in order to expand services to a potential secondary school population, this program will require the allocation of additional fiscal and personnel resources. While the program could sustain minimal growth within its current capacity through strengthened efficiencies in the pre-admissions planning process, full expansion of the Life Skills Transition Program will be contingent upon the identification of additional funding and staffing resources. Thus we propose to maintain current levels of service and current numbers of clients served, despite increased expenses.

Partnerships with a consortium of comprehensive rehabilitation centers offer opportunities to facilitate shared client services and staff education across Centers via tele-videoconferencing.

WWRC has been, and continues to be, recognized on a state and national level for its excellence and demonstrated outcomes in serving youth with disabilities in transition from secondary to postsecondary settings. In partnership with the Virginia Departments of Education and Rehabilitative Services over the past two decades, WWRC has demonstrated leadership in serving youth with disabilities between the ages of 16 and 25 who are transitioning to meaningful adult roles. WWRC values a comprehensive approach to individualized planning, programming, learning opportunities and community integration resulting in successful employability, self-sufficiency and personal responsibility. With this said, WWRC has developed four Centers of Excellence, one of which is Youth in Transition. The vision of the Youth in Transition Center of Excellence is to be the premier rehabilitation community serving youth in transition.

The vocational training department is being aligned as teams based on occupational families. It is expected that the individual student needs can be better addressed in more creative ways by the use of team processes. Better outcomes are anticipated.

A formal program evaluation process for vocational training programs is in development and will be implemented this fiscal year. Core components of each program will be evaluated every year with a full review every three years. This review will look at program outcomes, Labor Department and VEC job trends, Advisory Committee recommendations and technology needs as well as customer feedback.

The Business and Information technology staff in collaboration with the Vocational Evaluation department have begun the process of more clearly identifying the skills and abilities needed to be successful in these professions. The goal is to be able to more accurately project which prospective clients will be successful.

The demand for tele-rehabilitation and/or mobile medical evaluation services that can be delivered within a client's home community, yet still accessing expertise and staff resources from WWRC's medical rehabilitation services, is anticipated to increase.

WWRC's Centers of Excellence goals, objectives, priorities and activities are anticipated to introduce new treatment options, innovative program designs, and rehabilitation technologies to WWRC's continuum of medical rehabilitation services.

Implementation of the "Roadmap to Success" model, as a collaborative initiative between WWRC and the DRS Field Rehabilitation Services Program, is anticipated to strengthen rehabilitation outcomes of persons served through joint planning, quality service provision and case management supports, and "interruption of failure" as appropriate -- this is likely to translate to changes in pre-admissions processes and the delivery of shorter-term programs that are more prescriptive in nature.

There is anticipated to be a demand for shorter-term and/or prescriptive medical assessment services for veterans returning to their home communities.

There is anticipated to be a growing need for targeted medical programs and services for persons with neurological disabilities, including spinal cord injury and acquired and traumatic brain injuries;

There is anticipated to be a continued demand for driving evaluation and training for the elderly population and for those with Alzheimers.

There is anticipated to be a greater trend towards the use of technology and durable medical equipment (DME) to improve quality of life and level of independence. A greater demand for these services will lead to greater cost.

ARMICS, SWAM quotas, E-Virginia, Strategic Planning objectives, planning and implementation of the VEAP, VA

Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

Improvements in grants management, management and training of staff, and utilization of program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

Significant capital construction and renovation projects will occur throughout the 2009-2010 biennium. Relocation of existing programs may result. A Water and Sewer Line Replacement Project has a projected completion date of November 2008. The impact of this project will be an anticipated decrease in water/sewer expense resulting in more funds available to operational programs. The Anderson building re-roofing and retaining wall rebuild is projected to be complete in July 2008. This project has minimal impact on programs. The Medical Building Renovation is anticipated to be complete in May 2009. This project has caused our Short Term Rehab Unit and Supported Living Services program to be relocated to an adjacent dormitory. Completion of this project will bring these programs back to a centralized area and allow for expansion.

Utility expenses will be minimized through active management of resources to further reduce energy consumption. This is critical in light of Executive Order 48 (2007) and that increases to the state budget allocations have not keep pace with utility escalation costs

Better utilization of the campus will contribute to improved services for clients and increased feasibility of new programs, services and client populations.

**Finance**

● *Financial Overview:*

WWRC funds are 24% general funds and 76% non-general funds. Of the non-general funds, \$20.40 million is special funds provided for federal vocational rehabilitation services on behalf of the Department of Rehabilitative Services, reimbursement from insurance for medical services rendered to clients, rental of quarters to clients, their families and student affiliate staff and curriculum projects. An additional \$400,007 of non-general funds is federal funds from the PELL student aid program, the Department of Education, the National School Food Program and several miscellaneous grants for essential therapeutic infrastructure and equipment updates, specific modality-related research, special education-related initiatives, and smaller, more targeted sources of revenue.

● *Financial Breakdown:*

	FY 2009		FY 2010	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$6,699,566	\$20,817,101	\$6,699,566	\$20,817,101
Change To Base	\$0	\$0	\$0	\$0
Agency Total	\$6,699,566	\$20,817,101	\$6,699,566	\$20,817,101

*This financial summary is computed from information entered in the service area plans.*

**Human Resources**

● *Overview*

Woodrow Wilson Rehabilitation Center is staffed with full-time and part-time salaried positions, wage positions and contract personnel. The agency is faced with a significant loss of personnel due to the aging workforce. At this time, over fifty percent of our salaried employees are age 50 or older.

● *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	363
Vacant Positions	-25.5
<b>Current Employment Level</b>	<b>337.5</b>
Non-Classified (Filled)	0
Full-Time Classified (Filled)	285
Part-Time Classified (Filled)	5.83

*breakout of Current Employment Level*

Faculty (Filled)	0
Wage	98
Contract Employees	15.17
<b>Total Human Resource Level</b>	<b>450.7</b>

= *Current Employment Level + Wage and Contract Employees*

- **Factors Impacting HR**

Long term employees, many of whom are reaching retirement age, will result in increased use of employee benefits, family and medical leave, increased use of disability benefits, requests for reasonable accommodation of a disability, and workers' compensation claims. Over 50% of the staff at WWRC is over the age of 50 with an average of 20 years of service. These actions will challenge the available staff and financial resources of the Human Resources Division.

Limited pools of qualified applicants for agency positions will result in extended recruitment efforts in this service area for information technology, finance and accounting and human resource professionals. In addition these professions require frequent training to remain current with regulatory changes and technology.

Federal grant funding for employee training and development has decreased, providing an opportunity to leverage technology to enhance professional development opportunities for staff.

- **Anticipated HR Changes**

Increased complexity and diversity of populations needing services will require more specialized staff and ongoing staff training.

The majority of positions in the Medical Division are position in occupational classifications which pose difficulty in recruiting applicants and retaining employees. Nursing personnel, Physical Therapists, Speech Therapists and Occupational Therapists are among those occupations, according to the Bureau of Labor Statistics, for which total employment through 2014 will increase. The projected percentage of employment change nationwide for each of these occupations is shown below:

- o Registered Nurses - 29.4%
- o Physical Therapists - 36.7%
- o Occupational Therapists - 33.6%
- o Speech Therapist – Not listed as a category

Technology will be leveraged through the use of Commonwealth of Virginia Knowledge Center (CoVKC) web portal to enhance professional development opportunities for staff.

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

- Increased presence of CommonHealth promotion activities,
- Development of brochures and web site information on retention of retirees through mentorship or training positions,
- Identify and cross train critical functions of the agency,
- Succession planning,
- A student internship program with various colleges and universities, and
- Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

### Information Technology

- **Current Operational IT Investments:**

The information technology environment for WWRC is divided into 2 major areas: in-scope to VITA and out-of-scope to VITA. Prior to 2007, VITA partnership staff and WWRC IT staff supported both environments equally. Starting in calendar year 2007, VITA partnership staff supported only the in-scope environment while WWRC IT supported only the out-of-scope environment. One result has been inconsistent work-loads for staff in both areas. In the past, work-loads were fairly steady since staff resource could work where needed without regard to the in-scope status of the area.

WWRC is one of four business environments for the Department of Rehabilitative Services. For purposes of the IT Strategic Summary, it is noteworthy that the IT services are provided through the Administration Services service area. Since 1995, the IT Division offered support of the business environments of the agencies for infrastructure, applications, analysis, production, maintenance, support and data recovery services as needed and determined necessary by the management staff of each of the agencies. Collectively, agency business management and / or their proxies meet with

IT management on a periodic basis and determine allocation of computer resources and priorities.

Decisions included but were not limited to:

- translation of federal, state and local requirements and grants into IT solutions
- development and support of data tracking/management (legacy) systems – including shared HR and Fiscal management systems, and the COMET case management system.
- IT production services
- integration of LAN, WAN data networks and telecom, servers and support
- continued updating and integration of voice, data, video network services including transition of voice service from ISDN to VoIP and unified messaging
- management of network services
- development and support of web presence and informational content
- development of standards
- information and building security
- information backup and recovery services and business continuity planning
- IT quality assurance and training
- messaging services
- IT purchasing of infrastructure and application systems
- consolidate systems with a common look, feel and process
- purchase of an integrated case management system with DRS and DBVI
- purchase of an integrated Fiscal Management System with DRS and other partner agencies
- support of a more mobile workforce with introduction of laptops, cell phones, pda's, blackberries, wireless and air card technology.
- development of remote conferencing technology including tools such as "Go To Meeting", computer based training, and video teleconferencing.

- *Factors Impacting the Current IT:*

Two fairly recent events have impacted the direction of IT decisions by the internal management teams:

In 2003 the Commonwealth of Virginia (COVA) made a decision to integrate IT infrastructure, telecom, server, and related support staff across all executive branch agencies. The infrastructure components and services for the DSA as well as all other COVA agencies were transferred to VITA and subsequently to the VITA / NG Partnership. Out of Scope IT services remained with WWRC and its IT partners.

In addition to continue the support of IT decisions outlined above in current state, these events have created new challenges for WWRC IT, including but not limited to:

- determination of IT infrastructure, software, application components as in-scope or out of scope (OOS) as relates to WWRC or partnership responsibility and control
- development of transition planning for the transfer of IT components, services, responsibility, control and staff to in-scope or OOS
- working with the Partnership to transform current state to target state as determined by the Partnership including network architecture and protocol, asset refresh, server consolidation, transfer of hosting services to centralized facility, messaging services, regionalization of support staff, help desk services, security configuration standards and services, supply chain management, asset management, etc.
- determination, monitoring and funding of appropriate charges for services provided by the Partnership
- integrating new COVA standards governing change management, asset portfolio management, accessibility such as Information Technology Infrastructure Library (ITIL) process, Information Technology Investment Management (ITIM), Web Template Standard, IT Accessibility standard as it relates to the Federal Section 508 compliance to accessibility.

New business relationships with agency federal, state, local government, as well as charitable and private organization include:

- sharing of data, information, video teleconference capability, applications, resources among all agency business partners at federal, state, local government as well as charitable and private organizations.
- HIPAA compliance
- mobilization of staff resources for more accessible contact to consumers
- executive orders relating to telecommuting and reduction of work space placing increased emphasis for technology supporting "hoteling"
- increased security concerns complicated through mobilization and selective sharing with partners
- integrate agency fiscal, human resources, supply change information and processes in the Virginia Enterprise Architecture Process (VEAP).

- *Proposed IT Solutions:*

While VITA technology expense will increase, we hope to control and plan the increases by careful planning of VITA activity.

The agency will continue to transform its infrastructure and development activities to Commonwealth standards. This includes:

- desktop and server refresh
- the MPLS network protocol
- integration of data, voice and video services
- transition of voice services to VoIP and integration with unified messaging services
- adoption of Peregrin support tool, and migration to VCCC services
- regionalization organization of support services
- migration to the Chester facility when it makes sense to do so
- new consolidated messaging services
- participation in data recovery services
- implementation, full compliance with security standard
- implementation, full compliance with ITIL, Change management services
- implementation, full compliance with Investment Portfolio Management (ITIM) processes and appropriate utilization of the ProSight tool
- full compliance with Web Template Standard
- full compliance with IT Accessibility Standard

VITA will discontinue support for the out-of-scope portions of the technology infrastructure, that portion most important for direct service programs. Implementation of technology infrastructure for this equipment and software will be implemented.

The growing demand video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between the Disability Services Agencies, our Workforce investment partners and other interested state agencies.

A comprehensive Integrated Case Management (ICM) computer system will provide a single management tool which will be more efficient, effective and increase opportunities for significant collaboration between DRS, DBVI and WWRC.

A comprehensive Financial Management System supporting between four and six agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

A re-engineered Facilities system will provide case management and automated billing to DRS' Employment Service Organizations. The result will be more accurate case management information and better financial management.

A re-engineered Brain Injury Information System will provide better case management services to local partnerships.

Continued purchases of software licenses, maintenance contracts, and in-house maintenance support as appropriate for adjustments for Federal, State and Local mandates to production systems. Such purchases may included but are not limited to:

- WorkWorld: This application contains the most up to date technical and substantive information on benefits for VR consumers
- Citrix/OASYS, Career Scope - Job Matching, support software for VR consumers.
- Office suite products, Mavis Beacon for OOS PC's to be used in training facilities and consumer workstations in ERC's
- CAD and other programs used by Rehab Engineers
- replacement of Athena Library Services tool
- development of the Virginia Assistive Technology System (VATS) Equipment Recycling Tracking System
- Procurement of a Grant/Donation Software like RaiserEdge
- Procurement of SQL database management tools

ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

Improved grants management, better managed and trained staff, better utilized program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

A greater number of state employees that work as telecommuters along with a larger number of remote offices co-located with other state agencies, local government agencies and one stop employment service centers will reduce costs and improve access to services by clients.

- *Current IT Services:*

Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected Service Fees	\$13,023	\$696,121	\$13,218	\$706,562
Changes (+/-) to VITA Infrastructure	\$0	\$0	\$0	\$0
<b>Estimated VITA Infrastructure</b>	\$13,023	\$696,121	\$13,218	\$706,562
Specialized Infrastructure	\$0	\$259,250	\$0	\$267,027
Agency IT Staff	\$0	\$0	\$0	\$0
Non-agency IT Staff	\$0	\$0	\$0	\$0
Other Application Costs	\$0	\$3,290,506	\$0	\$3,389,221
<b>Agency IT Current Services</b>	\$13,023	\$4,245,877	\$13,218	\$4,362,810

*Comments:*

[Nothing entered]

- *Proposed IT Investments*

Estimated Costs for Projects and New IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	\$0	\$1,296,753	\$0	\$328,750
Non-major IT Projects	\$0	\$0	\$0	\$0
Agency-level IT Projects	\$0	\$0	\$0	\$0
Major Stand Alone IT Procurements	\$0	\$0	\$0	\$0
Non-major Stand Alone IT Procurements	\$0	\$240,000	\$0	\$240,000
<b>Total Proposed IT Investments</b>	\$0	\$1,536,753	\$0	\$568,750

- *Projected Total IT Budget*

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Current IT Services	\$13,023	\$4,245,877	\$13,218	\$4,362,810
Proposed IT Investments	\$0	\$1,536,753	\$0	\$568,750
<b>Total</b>	\$13,023	\$5,782,630	\$13,218	\$4,931,560

[Appendix A](#) - Agency's information technology investment detail maintained in VITA's ProSight system.

### Capital

- *Current State of Capital Investments:*

WWRC is situated on 223 acres in Fishersville, Virginia with 34 structures totaling 497,000 sq. ft. The facility requires continuous maintenance to repair or replace building systems and campus infrastructure such as heating and cooling equipment, lighting and electrical systems, plumbing, pavement, and interior finishes as they reach the end of their useful lives.

The campus was purchased from the War Assets Administration in 1947 and was operated for many years in the original army structures. While some of these buildings are still in service today, major construction was conducted in the late 1960's through the early 1970's. In recent years, an energy conservation project was executed, a new underground water and sewer distribution system was constructed, and new roofs were installed on Carter/Ashley Hall and the Watson Activities Building. The installation of a new roof on the Anderson Training Building is in progress. The Birdsall-Hoover Medical-Administration building, constructed in 1975, is currently scheduled for a renovation of 17 months duration to begin in November, 2007. Replacement of the remaining Augusta County water and sewer system (phase 2) is also planned for execution in 2008, which will result in transfer of ownership of the entire local water and sewer distribution system from WWRC to the Augusta County Service Authority.

Capital Funds for the following projects listed below have been requested in the 2008-2010 biennium:

- Renovated Harold E. Watson Kitchen and Dining Room, Phase 1 of 2: \$7,946,000
- Renovate Barnett Hall Dormitory: \$9,694,000
- Handicapped Accessibility Modifications Facility Wide, Phase 1 of 2: \$965,000

Capital Funds for the following project were authorized by the 2008 General Assembly for 2008-2010

- Renovate Harold E. Watson Kitchen and Dining Room, Phase 1 of 2: \$7,946,000

- *Factors Impacting Capital Investments:*

The Center, in consultation with the Department of Mines, Mineral and Energy, is seeking opportunities to implement various energy conservation measures in compliance with Executive Order 48.

- *Capital Investments Alignment:*

Upon authorization of the necessary supplemental capital funds required to renovate the Watson Building Kitchen and Dining Hall, renovation of the building's operating systems, equipment, surfaces and finishes in the food preparation, serving and dining areas will commence, allowing for elimination of existing asbestos containing materials as well as a significant reduction in on-going maintenance costs. Installation of additional sidewalks and sidewalk lighting around the perimeter of the Center in order to improve the safety and accessibility of the campus and its buildings remains a high priority. Finally, Barnett Hall continues to age and is reaching the end of its useful life with escalating maintenance costs, excessive energy consumption, and outdated HVAC equipment. A complete building renovation is required to allow for apartment-style living quarters to serve a younger population focused on transition.

## Agency Goals

### Goal 0

We will strengthen the culture of preparedness across state agencies, their employees and customers

#### Goal Summary and Alignment

This goal ensures compliance with federal and state regulations, policies and procedures for Commonwealth preparedness, as well as guidelines promulgated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, the Commonwealth Preparedness Working Group, the Department of Planning and Budget and the Council on Virginia's Future. The goal supports achievement of the Commonwealth's statewide goal of protecting the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

#### Goal Alignment to Statewide Goals

- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

### Goal 1

Deliver comprehensive and effective vocational services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

#### **Goal Summary and Alignment**

Virginia can provide comprehensive and effective vocational services to its citizens with disabilities. The 1999 statewide comprehensive needs assessment survey commissioned by DRS and the State Rehabilitation Council found that approximately 517,000 working-age Virginians (11.8% of the working-age population in Virginia) have a disability that limits their work. Comprehensive and effective vocational services can help these citizens achieve optimal independence and employability.

#### **Goal Alignment to Statewide Goals**

- Be a national leader in the preservation and enhancement of our economy.
- Be recognized as the best-managed state in the nation.

#### **Goal 2**

Deliver comprehensive and effective medical services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

#### **Goal Summary and Alignment**

Virginia can provide comprehensive and effective medical services to its citizens with disabilities. Of the 517,000 working-age Virginians found in the 1999 statewide comprehensive needs assessment survey commissioned by DRS and the State Rehabilitation Council, a large proportion (30%) of those who were not currently working indicated that they were unable to work because of their disability. Comprehensive and effective medical services can lead to solutions for these disabled citizens. These solutions can lead to future employment.

#### **Goal Alignment to Statewide Goals**

- Be a national leader in the preservation and enhancement of our economy.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

#### **Goal 3**

Enhance customer service delivery through effective and efficient management of state property, fiscal processes, use of technology and current administrative policies.

#### **Goal Summary and Alignment**

It is imperative that the agency be able to address disaster preparedness, emergency response and restore continuity of operations in the event of emergencies and disasters of all kinds.

#### **Goal Alignment to Statewide Goals**

- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.
-

## Service Area Strategic Plan

**Woodrow Wilson Rehabilitation Center (203)**

3/13/2014 11:25 am

Biennium: 2008-10 ▼

## Service Area 1 of 3

**Vocational Rehabilitation Services (203 454 04)****Description**

The Vocational Rehabilitation Service Area provides vocational rehabilitation and residential services for individuals with multiple and complex disabilities at the Woodrow Wilson Rehabilitation Center (WWRC), a division of the Commonwealth of Virginia Department of Rehabilitative Services (DRS).

**Background Information****Mission Alignment and Authority**

- *Describe how this service supports the agency mission*  
This service area directly aligns with WWRC's mission to provide people with disabilities comprehensive, individualized services to realize optimal personal independence and employment.
- *Describe the Statutory Authority of this Service*  
Federal statutory authorities governing this service area include:

The Rehabilitation Act of 1973, as amended, reauthorized in 1998 under Title IV of the Workforce Investment Act (Public Law 105-220), requires linkages with One-Stop Centers and establishes State VR programs as mandatory partners under WIA. Establishes State Vocational Rehabilitation (VR) programs in all 50 states, the District of Columbia, and all territories, and identifies the scope and mandatory requirements governing all State VR Programs. Mandates, as part of the required state plan, an assessment of school-to-work transition services provided through the VR system and specifies how those services are to be coordinated with those under the Individuals with Disabilities Education Improvement Act of 2004, as amended.

The Workforce Investment Act (WIA) of 1998 (P.L. 105-220) reauthorized both the Adult Basic Education Skills Act, which governs state programs for adult education, and the 1973 Rehabilitation Act, which provides services to help individuals with disabilities become employable and achieve full integration into society. WIA provides workforce investment services and programs through statewide and local One-Stop Career Center systems. The goals are to provide (1) enhanced employment, retention, and earnings of individuals, (2) increased occupational skills attainment, and (3) improved national economic growth through increased productivity and competitiveness.

The Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) reauthorizes the Individuals with Disabilities Education Act of 1997. School-to-work transition services, under the provisions of the 2004 law, are now required at the age of sixteen for students and will include academic and functional goals. The goals shall be based on age-appropriate assessments and include independent living skills, if appropriate. IDEIA aligns closely to the federal No Child Left Behind Act (NCLB), helping to ensure equity, accountability and excellence in education for children with disabilities.

The Americans with Disabilities Act of 1990 (P.L. 101-336) recognizes and protects the civil rights of people with disabilities. The ADA covers a wide range of disabilities, from physical conditions affecting mobility, stamina, sight, hearing, and speech to conditions such as emotional illness and learning disorders. The ADA addresses access to the workplace (Title I), State and local government services (Title II), and places of public accommodation and commercial facilities (Title III).

State mandates and regulatory authorities governing this service area include:

Title 23, Chapter 3 of the Code of Virginia classifies WWRC as an educational institution.

Title 51.5, Chapters 3-5, Code of Virginia designates DRS, along with the Department for the Blind and Vision Impaired, as the state agency responsible for carrying out the provisions and purposes of the federal Rehabilitation Act. Also establishes the DRS Commissioner, or designee, with authority to operate and maintain the WWRC as a comprehensive rehabilitation service provider.

The Commonwealth of Virginia Regulations Governing Special Education Programs for Children with Disabilities,

Sections 8 VAC 20-80-40; 8 VAC 20-80-160; and, 8 VAC 20-80-190 requires WWRC, as a Division of DRS, to conform to federal and state special education laws and regulations and Section 504 of The Rehabilitation Act of 1973, as amended. It requires that WWRC establish policies and procedures to ensure compliance with federal and state special education laws and regulations, including a mandate that qualified children with disabilities who meet WWRC admissions criteria through the age of 21 years, inclusive, have the right to a free, appropriate public education.

**Customers**

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals with multiple and complex disabilities receiving Vocational Services	Individuals with multiple and complex disabilities	1,401	1,401

*Anticipated Changes To Agency Customer Base*

DRS' vocational rehabilitation (VR) program is a major partner of WWRC and the primary referral source of consumers across WWRC services and programs. In State Fiscal Year 2007, 97.5% of VR referrals specifically to WWRC's Vocational Rehabilitation Services came from DRS. In 2006-2007, the "Roadmap to Success" concept was introduced and embraced as a joint initiative between WWRC and the DRS Field Rehabilitation Services Division. As this concept is fully implemented, opportunities exist to further define WWRC's VR customer base and the types of services needed for this population.

WWRC's Vocational Rehabilitation Services has positioned itself to be responsive to dual VR and non-VR markets over the last five years, largely due to targeted grant initiatives combined with growing usage of video-conferencing and access to other remote technologies. Marketing to non-VR referrals has been largely targeted in nature in direct response to 'niche markets' (i.e. local Workforce Investment Boards for the TRAIN IT Program; Veteran's Administration; Department of Social Services/TANF populations). While the ratio of VR to non-VR referrals is anticipated to fluctuate over time based on both internal and external influences, total number of persons served through WWRC's Vocational Rehabilitation Services is anticipated to remain stable over the next biennium.

WWRC's four Centers of Excellence focus WWRC resources in the areas of Assistive Technology, Comprehensive Evaluation and Assessment, NeuroRehabilitation, and Youth in Transition. WWRC's Centers of Excellence define Woodrow Wilson Rehabilitation Center (WWRC) in terms of priority focus and resource allocation. The Centers of Excellence offer clients and referral sources a dynamic solution for accessing premier products and services aligned with these priorities. Strategic Goals for the Youth in Transition "Center of Excellence" encompass: best practice programming; quality service delivery; education, awareness, and training; and, targeted marketing strategies. Over the last several years, WWRC has positioned itself to respond to a growing demand for school-to-work transition services for youth with disabilities through two distinct, yet interrelated initiatives that more aggressively market a "continuum of service" package for school-aged youth with disabilities who are either still enrolled in the public secondary education system between the ages of 18-22 or those who may have "dropped out" prior to completion. The "continuum of transition services" includes: (1) the highly effective Postsecondary Education Rehabilitation Transition (PERT) Program, implemented over the past twenty years in collaboration with the Virginia Departments of Education and Rehabilitative Services; and (2) implementation of a Life Skills Transition Program targeting the development of pre-employment behaviors, as well as social, interpersonal, and independent living skills for the targeted population. The Life Skills Transition Program incorporates a holistic approach to assist clients in reaching their employment and independent living goals. WWRC piloted the Life Skills Transition Program in Fiscal Year 2006, serving a total of 251 students in Fiscal Year 2007, including those served in the full 9-week program (n=174) and those provided shorter-term, more prescriptive assessments and education/training modules (n=77). The Life Skills Transition Program has remained in high demand and is anticipated to see continued growth over the next biennium.

**Partners**

Partner	Description
Business and Industry, Employers, Trade Organizations	WWRC partners with business and industry, employers, trade organizations, Committees and Councils on consultation and technical guidance for WWRC training programs and curricula; student certification requirements; shared instruction and/or internship opportunities; and access to employment opportunities for qualified graduates.
Families of Individuals with disabilities	Critical partnerships with families of individuals with disabilities lead to recruitment of potential WWRC clients; potential (co)sponsorship to cover the cost of WWRC services; and community-based support for successful community re-entry.
State and Federal agencies	WWRC partners with State and Federal agencies, local Workforce Investment Boards and One-Stop Career Centers, local public school divisions, two and four year colleges and universities, other comprehensive rehabilitation centers and community-based service

organizations serving individuals with disabilities on client referrals, service coordination, joint grant initiatives and/or program development, and potential shared funding streams.

### Products and Services

- *Factors Impacting the Products and/or Services:*

Over the past ten years, and increasingly over the past five years, WWRC has seen a significant increase in clients served with more complex and multiple disabilities, combined with depressed basic reading and math literacy skills (on average below the 4th grade level) that impact the individual's general problem-solving and other cognitive abilities, thus having a major impact on the rehabilitation process leading towards successful employment and independent living outcomes. This leads to programming implications for WWRC's Vocational Services Area.

There is an increased demand for school-to work transition services for youth with disabilities, especially configured with pre and post program community integration and support services. The Postsecondary Education and Rehabilitation program currently in all school divisions statewide has experienced increased demand for services. According to Virginia Department of Education data for the most recent year in which statistics are available (December 1, 2005), there are documented 2,704 students with disabilities aged 19-22 still enrolled in the public secondary education system; of these, the disability groups most represented include (in descending order) : Specific Learning Disabilities (SLD), Speech and Language Impaired (SLI), Other Health Impaired (OHI), Developmental Delay (DD), Emotional Disturbance (ED) and Mental Retardation (MR). The 2005-2006 school year report of children with disabilities exiting special education documents that 1,891 students "dropped out" prior to completion, with 86% of these (N=1630) prior to the age of 18. Those classified as Learning Disabled, Emotionally Disturbed, Otherwise Health Impaired, and Mentally Retarded were more likely to drop-out than other disability groups.

There are increased campus security needs due to changing needs and characteristics of clients.

Demands by business and industry for skills certification, including, technical, workplace literacy and demonstrated social/interpersonal/communication skills that meet baseline expectations and standards, require constant realignment of service objectives and restructured programs – an issue exacerbated by changing needs and characteristics of clients served at WWRC.

The rapidly changing workplace, increasingly sophisticated technology standards and targeted state and national emphasis on accountability leads to more refined and focused program objectives that emphasize measurable skill attainment.

Effective management of resources is required to balance the demands for on-site, facility-based and mobile, community-based, or remote services.

Intentional alignment with and collaboration between WWRC and the DRS Field Rehabilitation Services Division for implementation of "Roadmap to Success" will directly affect referrals to WWRC and how services will be delivered, including types of services to be provided.

- *Anticipated Changes to the Products and/or Services*

Increasing challenges facing people with disabilities, coupled with rapidly changing workforce demands, technology standards and expectations of business and industry will require increased flexibility and responsiveness of WWRC's vocational services. Likewise, WWRC will need to be flexible in its responsiveness to changing needs of federal, state, local, and community partners over time. While WWRC has adjusted use of available resources to meet these demands, any increase in clients served will require additional resources. Initiatives for attracting new referral sources and additional special and federal funds will satisfy some of this need.

An increase in "hands-on", experiential programming, and structure to address an ever-increasing changing residential population profile will allow WWRC to pilot and establish programs that best meet the needs of persons served.

There is an increased focus on the development of a "Roadmap for Success" for each client and a concerted effort to interrupt failure when progress is not being made as anticipated. This will require strengthened partnerships between WWRC and the Agency's Field Rehabilitative Services Division for service planning, coordination, and delivery. In addition, increased emphasis will need to be placed on early intervention and rehabilitative team processes to fully implement this philosophy.

Increased numbers of students will be required to pass certification exams that demonstrate competency in technical skills and proficiency in basic workplace literacy skills to become and remain competitively employed.

Expansion and use of tele-videoconferencing equipment and other technologies, including distance education course offerings within WWRC's training programs, will increase WWRC's role in community based services, modernize training curricula, create partnership opportunities with community colleges and universities and enhance the ability to remove learning barriers created by a number of disabling conditions.

The need to identify additional funding, including funding from non-traditional partners, to support growth will result in increased marketing efforts and creative use of resources and partnerships. The recent success of the TRAIN IT Program, initiated as a United States Department of Labor/Employment and Training Administration demonstration grant and sustained post-federal investment period as a partnership between WWRC, seven local Workforce Investment Boards and DRS, is proof of concept. During and subsequent to the federal investment period, the TRAIN IT Program has demonstrated a successful model for preparing qualified individuals with disabilities for Information Technology careers, using distance education delivery methods, in combination with other "wrap-around" supports designed to help the individual overcome barriers to employment.

The PERT program is at a crossroads in terms of the identification of an expanded funding base to meet its current and projected growth patterns and in terms of programmatic and staffing changes required to more effectively serve a changing population profile. The PERT Program can only support further growth with additional funding and staffing resources. Thus we propose to maintain current levels of service and current numbers of clients served, despite increased expenses.

The Life Skills Transition Program is partially staffed and funded using existing WWRC resources reassigned from the former Pre-Vocational Training and Independent Living Skills Programs, but in order to expand services to a potential secondary school population, this program will require the allocation of additional fiscal and personnel resources. While the program could sustain minimal growth within its current capacity through strengthened efficiencies in the pre-admissions planning process, full expansion of the Life Skills Transition Program will be contingent upon the identification of additional funding and staffing resources. Thus we propose to maintain current levels of service and current numbers of clients served, despite increased expenses.

Partnerships with a consortium of comprehensive rehabilitation centers offer opportunities to facilitate shared client services and staff education across Centers via tele-videoconferencing.

WWRC has been, and continues to be, recognized on a state and national level for its excellence and demonstrated outcomes in serving youth with disabilities in transition from secondary to postsecondary settings. In partnership with the Virginia Departments of Education and Rehabilitative Services over the past two decades, WWRC has demonstrated leadership in serving youth with disabilities between the ages of 16 and 25 who are transitioning to meaningful adult roles. WWRC values a comprehensive approach to individualized planning, programming, learning opportunities and community integration resulting in successful employability, self-sufficiency and personal responsibility. With this said, WWRC has developed four Centers of Excellence, one of which is Youth in Transition. The vision of the Youth in Transition Center of Excellence is to be the premier rehabilitation community serving youth in transition.

The vocational training department is being aligned as teams based on occupational families. It is expected that the individual student needs can be better addressed in more creative ways by the use of team processes. Better outcomes are anticipated.

A formal program evaluation process for vocational training programs is in development and will be implemented this fiscal year. Core components of each program will be evaluated every year with a full review every three years. This review will look at program outcomes, Labor Department and VEC job trends, Advisory Committee recommendations and technology needs as well as customer feedback.

The Business and Information technology staff in collaboration with the Vocational Evaluation department have begun the process of more clearly identifying the skills and abilities needed to be successful in these professions. The goal is to be able to more accurately project which prospective clients will be successful.

- *Listing of Products and/or Services*

- Vocational rehabilitation services include vocational assessment; career planning and exploration; school-to-work transition assessment, monitoring, and follow-up services; work behavior strengthening and work adjustment training; occupation-specific training; trade-related academic, literacy, GED assessment and instruction critical to workplace readiness and preparation; independent living skills assessment and training; specialized services for individuals with brain injury; rehabilitation counseling services and coordination with medical and behavioral service provision. These services may be provided on site at WWRC, in a community based setting or at an employment site. An integrated approach to simultaneous provision of these services, along with individualized employment and independent living goals, are the transition services that will improve outcomes for both DRS and

public secondary education clients.

- The Center's residential services are an essential component of Vocational Rehabilitation Services. Residential services provide clients with room and board, recreational therapy, independent living skills experiences, and social skill development. Community re-entry services provide local community support that enhances the success of meeting employment and independent living goals of clients. A recent emphasis on campus security provides a safe and secure living and learning environment.

**Finance**

- *Financial Overview*

The Vocational Rehabilitation Service Area is 24% general funds and 76% non-general funds. Non-general funds include special funds provided for federal vocational rehabilitation services by DRS, reimbursement from insurance for medical diagnostic services rendered to clients as a part of their vocational assessment programs, rental of quarters to clients, their families and student affiliate staff and curriculum projects. Additional sources of revenue include federal funds from the PELL student aid program, the Department of Education, and the National School Food Program.

- *Financial Breakdown*

	FY 2009		FY 2010		FY 2009	FY 2010	FY 2009	FY 2010
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund				
Base Budget	\$2,584,647	\$8,186,287	\$2,584,647	\$8,186,287				
Change To Base	\$0	\$0	\$0	\$0				
<b>Service Area Total</b>	<b>\$2,584,647</b>	<b>\$8,186,287</b>	<b>\$2,584,647</b>	<b>\$8,186,287</b>				
Base Budget	\$2,584,647	\$8,186,287	\$2,584,647	\$8,186,287				
Change To Base	\$0	\$0	\$0	\$0				
<b>Service Area Total</b>	<b>\$2,584,647</b>	<b>\$8,186,287</b>	<b>\$2,584,647</b>	<b>\$8,186,287</b>				
Base Budget	\$2,584,647	\$8,186,287	\$2,584,647	\$8,186,287				
Change To Base	\$0	\$0	\$0	\$0				
<b>Service Area Total</b>	<b>\$2,584,647</b>	<b>\$8,186,287</b>	<b>\$2,584,647</b>	<b>\$8,186,287</b>				

**Human Resources**

- *Human Resources Overview*

The Vocational Rehabilitation Services Area is staffed with 205 full-time and part-time salaried positions, wage positions and contract personnel. Of these 122.00 positions are classified. Of the total authorized MEL, 15.5 positions are transferred to the DRS VR Service Area.

- *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	149.26
Vacant Positions	11
<b>Current Employment Level</b>	<b>138.3</b>
Non-Classified (Filled)	0
Full-Time Classified (Filled)	122
Part-Time Classified (Filled)	0.75

breakout of Current Employment Level

Faculty (Filled)	0
Wage	58
Contract Employees	9.11
<b>Total Human Resource Level</b>	<b>205.4</b>

= Current Employment Level + Wage and Contract Employees

- **Factors Impacting HR**

According to the Bureau of Labor Statistics, demand for special education teachers is expected to increase by thirty percent in the next seven years and demand for counselors is expected to increase by approximately twenty-five percent. Currently, WWRC experiences difficulty in recruiting employees due to competition with local school systems, especially when we are recruiting for individuals to work 12 months versus 9 month contracts offered by local school divisions.

The personnel standard that WWRC must use to comply with the qualified personnel requirement of the Rehabilitation Act is the educational requirements of the national Certified Rehabilitation Counselor (CRC) Guide (Masters Degree in Rehabilitation Counseling or a closely related field) or the actual CRC or Certified Vocational Evaluator (CVE). These requirements make it very difficult to recruit VR counselors and evaluators because they must meet these standards in order to be considered for a position. The higher education institutions are not producing sufficient numbers of graduates with these qualifications who want to work in the public VR program to meet the demand, particularly in the rural areas.

- **Anticipated HR Changes**

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

- Hiring former employees (retirees) in wage positions to train and mentor new employees and current employees who are changing job functions
- Identify and cross train employees on critical functions of the agency,
- Succession planning,
- A student internship program with various colleges and universities, and
- Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

### Service Area Objectives

- We will prepare WWRC training graduates to attain competitive employment outcomes.

#### Objective Description

This key measure is for WWRC training consumers who graduate from WWRC and become gainfully employed.

#### Alignment to Agency Goals

- Agency Goal: Deliver comprehensive and effective vocational services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

#### Objective Strategies

- Strengthen pre-admissions planning, service delivery, discharge planning, and community re-entry transitions through implementation of "Roadmaps to Success" between WWRC and DRS Field Rehabilitation Services.
- Collaborate with DRS Field Rehabilitation Services and other community partners to better define current and projected regional and statewide workforce demands.
- Continuously evaluate and align existing Employment and Occupational Skills Training Program resources and staffing patterns in response to current and projected regional and statewide workforce demands, standards, and expectations.
- Conduct random case studies to identify best practices in the implementation of "Roadmaps to Success", resulting in successful employment outcomes.
- Increase use of assistive and remote technologies to support student acquisition of employment skills.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Percentage of graduates of WWRC training programs who are employed.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:  Frequency Comment: State

Fiscal Year

Measure Baseline Value:  Date:

Measure Baseline Description: 70% four year average

Measure Target Value:  Date:

Measure Target Description: 80% by Fiscal Year 2009

Data Source and Calculation: This measure is calculated as the percentage of graduates from WWRC training programs who are competitively employed at one year post-exit. Graduates are contacted through a telephone survey; if the graduate can not be located by telephone after multiple attempts, information is obtained from the DRS vocational rehabilitation counselor and/or through verification against the vocational rehabilitation client data system (VRIS). Employment information is entered into an ACCESS database maintained at WWRC. Automated queries are conducted from the ACCESS database to determine employment rates for the reporting quarter. The number of graduates competitively employed divided by the total number of graduates contacted (directly or through VRIS/counselor verification) provides the percentage of graduates from WWRC training programs employed.

- To provide a 9-week Life Skills Transition Program through WWRC.

#### Objective Description

WWRC has a Life Skills Training Program to help individuals with disabilities learn the "soft skills" needed for effective employment.

#### Alignment to Agency Goals

- Agency Goal: Deliver comprehensive and effective vocational services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

#### Objective Strategies

- Continue to offer the WWRC Life Skills Transition Program (LSTP) targeting a growing population of young adults with disabilities between the ages of 18-22 years who require intensive pre-employment and independent living skills training in addition to vocational rehabilitation to successfully attain employment goals.
- Slightly expand capacity of the LSTP through strengthened pre-admissions business processes and continued shared staffing patterns across an inter-departmental staff team at WWRC.
- Conduct random case studies to identify best practices in the implementation of "Roadmaps to Success", resulting in successful employment outcomes.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Number of students enrolled in the 9-week Life Skills Transition Program (LSTP).

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value:  Date:

Measure Baseline Description: 170

Measure Target Value:  Date:

Measure Target Description: 180

Data Source and Calculation: The WWRC client record database, COMET, is the source document for this measure, as reconciled against internal Life Skills Transition Program (LSTP) departmental records. Data represents the reconciled number of fully enrolled students in the 9-week Life Skills Transition Program during the reported state fiscal year

- To provide Initial Evaluation Services through WWRC's Postsecondary Education Rehabilitation Transition (PERT) Program

#### Objective Description

WWRC's PERT Program will provide Initial Evaluation Services.

#### Alignment to Agency Goals

- Agency Goal: Deliver comprehensive and effective medical services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

#### Objective Strategies

- Continue to offer PERT Initial Evaluation Services through WWRC for eligible youth with disabilities between the ages of 16 and 22 years, in partnership with the Virginia Departments of Education and Rehabilitative Services.
- Continue to monitor and track PERT utilization by local school division and adjust slot allocations across local school divisions for scheduled intakes, as needed, to maximize the number of eligible youth with disabilities who are able to access PERT's Initial Evaluation Services in any given state fiscal year, within targeted capacity.
- Annually, revise and distribute the PERT Calendar to reflect access to the program across all local school divisions, through a formula-driven slot allocation process.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Number of students enrolled in PERT Initial Evaluation Services.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value:  Date:

Measure Baseline Description: 450 students

Measure Target Value:  Date:

Measure Target Description: 450 students

Data Source and Calculation: The WWRC client record database, COMET, is the source document for this measure, as reconciled against an internal PERT ACCESS database. Data represents the reconciled number of enrolled students in PERT's Initial Evaluation Services during the reported state fiscal year

- To maximize the number of local school divisions across Virginia that participate in WWRC's Postsecondary Education Rehabilitation Transition (PERT) Program.

#### Objective Description

WWRC seeks to maximize the number of local school divisions that participate in PERT.

#### Alignment to Agency Goals

- Agency Goal: Deliver comprehensive and effective vocational services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

#### Objective Strategies

- Continue to offer PERT Initial Evaluation Services through WWRC for eligible youth with disabilities between the

ages of 16 and 22 years, in partnership with the Virginia Departments of Education and Rehabilitative Services.

- Annually, revise and distribute the PERT Calendar to reflect access to the program across all local school divisions, through a formula-driven slot allocation process.
- Continue to monitor and track PERT utilization by local school division and adjust slot allocation across local school divisions, as needed, reflective of trends and patterns.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Percentage of local school divisions across Virginia that participate in the PERT Program in the reported state fiscal year.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Measure Baseline Value:  Date:

Measure Baseline Description: 85% of local school divisions participating

Measure Target Value:  Date:

Measure Target Description: 90% of local school divisions participating

Data Source and Calculation: Measure is reported as a percentage, calculated as the number of local school divisions who send students to WWRC for an initial evaluation in the reported state fiscal year, divided by the total number of statewide school divisions scheduled to participate in that same state fiscal year. The source of the data is WWRC's client database, COMET, as reconciled with PERT's internal departmental databases.

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Service Area Strategic Plan

**Woodrow Wilson Rehabilitation Center (203)**

3/13/2014 11:25 am

Biennium: 2008-10 ▼

Service Area 2 of 3

**Medical Rehabilitative Services (203 454 05)**

**Description**

This service area provides residential, on site outpatient and community based medical rehabilitation services for individuals with functional limitations and physical disabilities. Services are available to consumers with an emphasis on work and independent living. Often, services are a component of a comprehensive package of vocational and medical rehabilitation services encompassing Woodrow Wilson Rehabilitation Center's (WWRC) four Centers of Excellence: Neuro-Rehabilitative Services; Assistive Technology Services; Comprehensive Evaluation and Assessment Services; and, Services for Youth in Transition

WWRC Medical Rehabilitation Services include:

- Physical Therapy, Occupational Therapy, Speech and Language/Audiology Therapy, Cognitive Therapy and Neuro-Behavioral Health are offered by way of evaluations, treatment intervention and education services on either a residential or outpatient basis
- Ancillary services (Nursing, Lab, X-ray, and Pharmacy) are provided to support the residential clients and their comprehensive needs.
- A Short Term Rehabilitation Unit (STRU) provides a 24-hour therapeutic environment that accommodates clients requiring attendant care and a medical rehabilitation programs
- Medical services are directed and reviewed by a WWRC Physician specially trained in Rehabilitation or Internal Medicine.
- Assistive Technology Services provides assistance to individuals with disabilities across the Commonwealth of Virginia. Services are provided by interdisciplinary Assistive Technology Teams.

Medical Rehabilitation Services is one service area of WWRC, a division of the Department of Rehabilitative Services (DRS). This area is certified as a CORF (Comprehensive Outpatient Rehabilitation Facility) and licensed to provide services by Medicare, Medicaid, Blue Cross/ Blue Shield, along with DRS and other payers.

**Background Information**

**Mission Alignment and Authority**

- *Describe how this service supports the agency mission*  
This service directly aligns with WWRC's mission to provide persons with disabilities comprehensive individualized services, to realize optimal personal independence and employment.
- *Describe the Statutory Authority of this Service*  
Section 51.5-14.7 of the Code of Virginia provides the statutory authority to operate and maintain WWRC as a facility to prepare individuals with disabilities for useful and productive lives, including employment, and to enable them to become, to the degree possible, self-sufficient.

The Appropriations Act Chapter 924 (1997) identifies the services WWRC is expected to provide.

This service area is subject to compliance to all conditions and limitations set fourth by CORF (comprehensive outpatient rehabilitation facility) license and Medicare client provider standards (Part B by section 933 of the Omnibus Reconciliation Act 1980)

**Customers**

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals with multiple and complex disabilities receiving Medical Services	Adolescents and adults with disabilities	1,051	1,051

*Anticipated Changes To Agency Customer Base*

The demand for community rehabilitation programs and community living options will continue to grow as people with significant disabilities move from institutional settings, such as nursing facilities, into local communities. The Supreme Court's Olmstead decision interpreted the Americans with Disabilities Act to require States to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals. The Governor's Executive Orders 61 and 84 continue the Commonwealth's commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and the Olmstead Advisory Committee. WWRC's consumer referral base may grow due to these initiatives. In 2006, WWRC was awarded three-year grant funding through the Commonwealth Neurotrauma Initiative (CNI) to conduct a needs assessment across regional/state stakeholders, and develop and pilot a specialized residential treatment program at WWRC for persons with disabilities whose condition is aggravated by substance abuse issues. Results of this CNI grant initiative are anticipated to increase targeted referrals to WWRC over the coming biennium.

DRS' vocational rehabilitation (VR) program is a major partner of WWRC and the primary referral source of consumers to WWRC. Over the past ten years, the percent of VR referrals to WWRC ranged from 68.79% (Fiscal Year 1999) to 74.84% in Fiscal Year 2006, with percent declining slightly in Fiscal Year 2007 (73.37%). In 2006-2007, the "Roadmaps to Success" concept was introduced and embraced as a joint initiative between WWRC and the DRS Field Rehabilitation Services Division. As this concept is fully implemented, opportunities exist to further define WWRC's customer base and the types of services needed for targeted customer bases.

WWRC has been, and continues to be requested to serve more clients with Autism Spectrum Disorder. As the Center expands its services for 18-22 years olds through strategic efforts of the Youth in Transition Center of Excellence, referrals for services to persons with Autism Spectrum Disorder are anticipated to increase. Needs of these clients vary and are individualized. Programming and appropriate staffing will need to be coordinated with community resources and support vocational rehabilitation services.

As the Center develops its continuum of Postsecondary Education Rehabilitation Transition (PERT) Program and Life Skills Program services, support services from the medical division will be needed. We anticipate a greater demand for medical and behavioral services and treatment plans.

The increase in injured Veterans returning from the current war may place greater demands on resources. These post-war veterans are returning with brain and orthopedic injuries, requiring a broad array of assessment and treatment services

There is greater emphasis and advances in neuro-regenerative research for curing conditions like spinal cord injury. A growing referral base may occur for improving or preserving physical function in spinal cord injury clients in anticipation of curative interventions.

State and national emphasis on promoting healthier lifestyles to reduce costly medical complications of obesity will influence our client base. There may be an increased need to serve populations with disabilities that are also aging and/or obese. This can be managed with current resources and treatment modalities.

### Partners

Partner	Description
Families of Individuals with Disabilities	Critical partnerships with families of individuals with disabilities lead to recruitment of potential WWRC clients; potential (co)sponsorship that covers the cost of WWRC services; and community-based support for successful community re-entry.
State and Federal Agencies	State and federal agencies and community-based service organizations serving individuals with disabilities partner with the WWRC for referrals; service coordination; joint grant initiatives and/or program development; and potential shared funding streams.

### Products and Services

- *Factors Impacting the Products and/or Services:*

Specialized therapy services, clinical expertise and technology are not readily available in all community based programs necessitating increasingly expensive mobile evaluation services.

Reductions to third party payors' reimbursement for services and individuals' ability to pay limit the referral base and restrict the provision of services.

Staff training and non-traditional therapy modalities may not be medically reimbursed, reducing effectiveness of services and increasing costs.

Intentional alignment with and collaboration between WWRC and the DRS Field Rehabilitation Service Division for implementation of "Roadmaps to Success" will directly affect referrals to WWRC and how services will be delivered,

including types of services to be provided.

Three of WWRC's Centers of Excellence and corresponding Design Teams (Neuro-Rehabilitation; Assistive Technology; and Comprehensive Evaluation and Assessment) are anticipated to directly impact future medical rehabilitation products and services through: the identification and piloting of new treatment options, innovative program designs and rehabilitation technologies; research and grant initiatives; education, awareness, and training; and targeted marketing strategies.

- *Anticipated Changes to the Products and/or Services*

The demand for tele-rehabilitation and/or mobile medical evaluation services that can be delivered within a client's home community, yet still accessing expertise and staff resources from WWRC's medical rehabilitation services, is anticipated to increase.

WWRC's Centers of Excellence goals, objectives, priorities and activities are anticipated to introduce new treatment options, innovative program designs, and rehabilitation technologies to WWRC's continuum of medical rehabilitation services.

Implementation of the "Roadmap to Success" model, as a collaborative initiative between WWRC and the DRS Field Rehabilitation Services Program, is anticipated to strengthen rehabilitation outcomes of persons served through joint planning, quality service provision and case management supports, and "interruption of failure" as appropriate -- this is likely to translate to changes in pre-admissions processes and the delivery of shorter-term programs that are more prescriptive in nature.

There is anticipated to be a demand for shorter-term and/or prescriptive medical assessment services for veterans returning to their home communities.

There is anticipated to be a growing need for targeted medical programs and services for persons with neurological disabilities, including spinal cord injury and acquired and traumatic brain injuries;

There is anticipated to be a continued demand for driving evaluation and training for the elderly population and for those with Alzheimers.

There is anticipated to be a greater trend towards the use of technology and durable medical equipment (DME) to improve quality of life and level of independence. A greater demand for these services will lead to greater cost.

Increased complexity and diversity of populations needing services will require more specialized staff and ongoing staff training

The majority of positions in the Medical Division are position in occupational classifications which pose difficulty in recruiting applicants and retaining employees. Nursing personnel, Physical Therapists, Speech Therapists and Occupational Therapists are among those occupations, according to the Bureau of Labor Statistics, for which total employment through 2014 will increase. The projected percentage of employment change nationwide for each of these occupations is shown below:

Registered Nurses - 29.4%  
 Physical Therapists - 36.7%  
 Occupational Therapists - 33.6%  
 Speech Therapist – Not listed as a category

- *Listing of Products and/or Services*

- Physical Therapy, Occupational Therapy, Speech and Language/ Audiology Therapy, Cognitive therapy and Neuro-Behavioral Health are offered by way of evaluations, treatment intervention and education services on either a residential or outpatient basis. Using an interdisciplinary team approach coordinated by physician specialists and rehabilitation counselors, they provide comprehensive medical rehabilitation services. Some of the more notable services include but are not limited to adaptive driving, quantitative job demand and physical work performance evaluation , work hardening and conditioning, work site and ergonomic evaluations, comprehensive clinical psychological, neuropsychological, psycho-educational, and chemical dependency diagnostic evaluations, learning disability evaluations, disability determination evaluations, psychotherapy and aphasia, brain injury, orthotics, prosthetics, spinal cord and wheelchair clinics.
- Assistive Technology Services are available to consumers of all ages across the Commonwealth, with an emphasis on work and independent living. These services are provided by interdisciplinary Assistive Technology Teams. Major program areas are Computer Access, Communication, Seating and Mobility, Rehabilitation

Engineering, and Home & School/Worksite Modifications.

- The STRU (Short Term Rehabilitation Unit) provides a residential living option for individuals with disabilities to receive comprehensive, client focused, outpatient rehabilitative services. This unit serves clients ages 18 and older who have participated in acute rehabilitation and have had time to psychologically and physically adjust to their disability. These medically stable clients often are more prepared to participate fully in goal setting, educational classes, medical therapies, driver's training, assistive technology and vocational assessments.
- Ancillary services (Nursing, Lab, X-ray, and Pharmacy) are provided to support the residential clients and their comprehensive needs. A Durable Medical Equipment Program recommends and provides medical equipment and training on its use. Consistent with demand, mobile evaluation services and clinics are offered across Virginia.

**Finance**

● *Financial Overview*

The Medical Service Area is 26.6% general funds and 73.4% non-general funds. Of the non-general funds, most is special funds provided for federal vocational rehabilitation services by DRS and reimbursement from insurance for medical services rendered to clients.

● *Financial Breakdown*

	FY 2009		FY 2010		FY 2009	FY 2010
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund		
Base Budget	\$2,425,621	\$6,707,177	\$2,425,621	\$6,707,177		
Change To Base	\$0	\$0	\$0	\$0		
<b>Service Area Total</b>	<b>\$2,425,621</b>	<b>\$6,707,177</b>	<b>\$2,425,621</b>	<b>\$6,707,177</b>		
Base Budget	\$2,425,621	\$6,707,177	\$2,425,621	\$6,707,177		
Change To Base	\$0	\$0	\$0	\$0		
<b>Service Area Total</b>	<b>\$2,425,621</b>	<b>\$6,707,177</b>	<b>\$2,425,621</b>	<b>\$6,707,177</b>		

**Human Resources**

● *Human Resources Overview*

The Medical Services Area is staffed with 120 full-time and part-time salaried positions, wage positions and contract personnel. Of these 95 employees are classified staff with an additional 16 waged employees used in direct care positions. Of the authorized MEL, 22.5 positions are transferred from WWRC to DRS. Six of these positions are used in the DRS CBS Service Area and 16.25 positions are used in the DRS VR Service Area.

● *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	133.19
Vacant Positions	11.5
<b>Current Employment Level</b>	<b>121.7</b>
Non-Classified (Filled)	0
Full-Time Classified (Filled)	95
Part-Time Classified (Filled)	4.28
Faculty (Filled)	0
Wage	16
Contract Employees	26

*breakout of Current Employment Level*

= Current Employment Level + Wage and Contract Employees

<b>Total Human Resource Level</b>	<b>163.7</b>
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- **Factors Impacting HR**

The majority of positions in the Medical Division are position in occupational classifications which pose difficulty in recruiting applicants and retaining employees. Nursing personnel, Physical Therapists, Speech Therapists and Occupational Therapists are among those occupations, according to the Bureau of Labor Statistics, for which total employment through 2014 will increase. The projected percentage of employment change nationwide for each of these occupations is shown below:

Registered Nurses - 29.4%  
 Physical Therapists - 36.7%  
 Occupational Therapists - 33.6%  
 Speech Therapist – Not listed as a category

- **Anticipated HR Changes**

In order to be competitive in recruiting for positions such as Therapists and Nursing personnel, we will need to research and investigate both monetary and non-monetary incentives to attract applicants and retain employees.

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

- Possible retention of retirees through mentorship or training positions;
- Identify and cross train critical functions of the agency;
- Succession planning;
- A student internship program with various colleges and universities; and
- Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

We will begin utilizing direct mail recruitment in our attempts to recruit licensed health care professionals. We have obtained VIPnet Access which allows Human Resource personnel to obtain names and addresses of licensed health care professionals in Virginia. We will be contacting appropriate professionals to make them aware of a position opportunity with our agency.

## Service Area Objectives

- To provide quality and effective medical rehabilitative services while meeting the needs of the clients within WWRC's residential programs and those in the community.

### Objective Description

WWRC's Medical Division is charged with providing medical services to WWRC clients.

### Alignment to Agency Goals

- Agency Goal: Deliver comprehensive and effective medical services to citizens of the Commonwealth with disabilities that will realize their optimal independence and employability.

### Objective Strategies

- Strengthen pre-admissions planning, service delivery, discharge planning, and community re-entry transitions through implementation of "Roadmaps to Success" between WWRC and DRS Field Rehabilitation Services. Ensure appropriate resource allocation for each client. Assess client life- skills and functional training needs that support vocational and residential objectives of the client's admission.
- Improve assessment of non-DRS client needs to optimize their successful participation in WWRC medical rehabilitation programs through collaboration with the client, family and referral source to identify medical and functional needs prior to admission. Ensure appropriate resource allocation for each client. Assess client life- skills and functional training needs that support vocational and residential objectives of the client's admission.
- Maintain appropriate staffing levels with the necessary level of continuing education related to new client populations and maintaining state-of-the-art treatment interventions by evaluating staff capacities related to client census, identifying staff training needs and capitalizing on continuing education opportunities.
- Actively contribute and respond to Center of Excellence initiatives that are related to WWRC Medical Rehabilitation Services and Programs and provide leadership to the implementation of recommended strategies, rehabilitation technologies, and innovative program designs.

### Link to State Strategy

- nothing linked

**Objective Measures**

- Number of clients receiving medical rehabilitation services through WWRC's residential and outpatient programs in the reported state fiscal year.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value:  Date:

Measure Baseline Description: 1,051 Clients Served

Measure Target Value:  Date:

Measure Target Description: 1,051 Clients Served

Data Source and Calculation: The data source is WWRC's June A/R Report (#131) for the reported state fiscal year. Data represents the number of unique clients charged for medical rehabilitation services

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## Service Area Strategic Plan

**Woodrow Wilson Rehabilitation Center (203)**

3/13/2014 11:25 am

Biennium: 2008-10 ▼

## Service Area 3 of 3

**Administrative and Support Services (203 499 00)****Description**

This service area provides management, administrative support, physical plant services and technical assistance to functional programs of the Woodrow Wilson Rehabilitation Center (WWRC), a division of the Department of Rehabilitative Services (DRS).

**Background Information****Mission Alignment and Authority**

- *Describe how this service supports the agency mission*  
This service area directly aligns with WWRC's mission by providing management, administrative support and technical assistance for policy, personnel, technology and financial management to the program areas that provide people with disabilities comprehensive, individualized services to realize optimal personal independence and employment.
- *Describe the Statutory Authority of this Service*  
Section 51.5-14.7 of the Code of Virginia provides the statutory authority to operate and maintain WWRC as a facility to prepare individuals with disabilities for useful and productive lives, including employment, and to enable them to become, to the degree possible, self-sufficient.

The Appropriations Act Chapter 924 (1997) identifies the services WWRC is expected to provide.

**Customers**

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Classified and wage staff of WWRC	Classified and wage staff of WWRC	388	388
Total Clients served at WWRC	Total Clients served at WWRC	2,452	2,452

**Anticipated Changes To Agency Customer Base**

WWRC does not anticipate any significant changes to the customer base. Staffing levels are expected to be reasonably stable and small increases in the number of clients served have a minimal impact in this service area.

**Partners**

Partner	Description
State Agencies	The partners for this service area include the many state agencies which interpret the laws and regulations and develop the policies and procedures that govern the operation of this service area. These agencies also provide administrative oversight of the functions. The state agencies include, but are not limited to, the Departments of General Services, Bureau of Capital Outlay Management, Virginia Department of Transportation, Department of Environmental Quality, Department of Conservation and Recreation, Information Technology Agency, Planning and Budget, Accounts, Human Resource Management, and the Auditor of Public Accounts. In addition, WWRC is one part of the Disability Services Agencies, a group of state agencies that contract for administrative support services administered by DRS.

**Products and Services**

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

Limited pools of qualified applicants for agency positions will result in extended recruitment efforts in this service area for information technology, finance and accounting and human resource professionals. In addition these professions require frequent training to remain current with regulatory changes and technology.

Federal grant funding for employee training and development has decreased, providing an opportunity to leverage technology to enhance professional development opportunities for staff.

VITA provides information technology services to WWRC and is taking an active role and responsibility for creating standards, policies, and guidelines. Technology expense has dramatically increased and the scope of services has narrowed. Services, particularly procurement, have been delayed. Lack of infrastructure change management has resulted in interruption of direct client services. Poor communication both within VITA and with WWRC has resulted in gaps in services, particularly when technology is a critical component of direct client services.

VITA intends to refresh or replace much of the Center's in-scope computer equipment and network equipment. Part of the refresh effort is discontinuation of support for the out-of-scope portions of the computer network, that portion most important for direct service programs. The refresh needs to be carefully planned to maintain continuity of services.

Technology advances continue to develop at a more rapid pace than agency information technology resources can implement effectively. There is growing demand for use and diverse applications of video-teleconferencing for both direct services and administrative functions. This presents unique challenges to WWRC's current IT infrastructure.

A comprehensive, Integrated Case Management (ICM) computer system will go live in 2008. ICM will provide a single management tool which impacts most of WWRC's service programs, allowing them to become more efficient and effective. It increases opportunities for significant collaboration between DRS, DBVI and WWRC.

A comprehensive Financial Management System is scheduled to go live in fiscal 2009. Supporting between four and six agencies, it will have interfaces to multiple agency case management systems and eventually, the Virginia Enterprise Application Program (VEAP). As with ICM, the system will present opportunities to promote common business practices and reduce our reliance on antiquated and obsolete computer hardware.

Antiquated, multiple State wide computer systems continue to cause duplication of efforts in many areas.

New initiatives of central state agencies, including ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards, Strategic Planning and Performance Measures and VITA Project Dashboards add at least transitional expense and effort in documenting agency operations. While these initiatives all possess long term benefits, processing standards for some agency programs, redesign of systems and episodes of non-compliance with standards and regulations will likely result.

New initiatives to improve grants management, better manage staff development and training, better utilize program evaluation and build capacity for rehabilitation research will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

Significant capital construction and renovation projects will occur throughout the 2009-2010 biennium to insure safety, efficient use of facilities and other resources (e.g., energy, water, etc.), and updates to assimilate current, realistic environmental surroundings for client training . Relocation of existing programs may result.

Despite a \$2.6 million investment in energy savings equipment, utility costs are expected to increase.

A completed Facility Master Plan has provided a new direction for the development of the Six Year Capital Budget Request for the next 10 – 15 years. The results of this study may impact our strategic plan in the next biennium and beyond. Better utilization of the land around the Center is the first of several projects in the planning phase.

- *Anticipated Changes to the Products and/or Services*

Technology will be leveraged through the use of Commonwealth of Virginia Knowledge Center (CoVKC) web portal to enhance professional development opportunities for staff.

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

Increased presence of CommonHealth promotion activities,  
Development of brochures and web site information on retention of retirees through mentorship or training positions,  
Identify and cross train critical functions of the agency,  
Succession planning,

A student internship program with various colleges and universities, and  
Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

The agency will continue to cooperate with the VITA/NG partnership to transform its infrastructure and development activities to comply with Commonwealth standards. This includes desktop and server refresh; a new MPLS network protocol; adoption of a new Help Desk support tool and migration to VCCC services; regionalization organization of support services; new e-mail services; participation in consolidated data recovery services; implementation of enhanced security standards; implementation of ITIL, change management protocols; and implementation of Investment Portfolio Management (ITIM) processes and appropriate utilization of the ProSight tool, full compliance with Web Template Standard and full compliance with IT Accessibility Standard.

While VITA technology expense will increase, we hope to control and plan the increases by careful planning of VITA activity.

VITA will discontinue support for the out-of-scope portions of the technology infrastructure, that portion most important for direct service programs. Implementation of technology infrastructure for this equipment and software will be implemented.

The growing demand video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between WWRC, the Disability Services Agencies, our Workforce investment partners and other interested state agencies.

A comprehensive, Integrated Case Management (ICM) computer system will provide a single management tool which will be more efficient, effective and increase opportunities for significant collaboration between DRS, DBVI and WWRC.

A comprehensive, Financial Management System, supporting between four and six agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

Continued purchases of software licenses, maintenance contracts, and in-house maintenance support as appropriate for adjustments for Federal, State and Local mandates to production systems. Such purchases may included but are not limited to:

WorkWorld: This application contains the most up to date technical and substantive information on benefits for VR consumers.

Citrix/OASYS, Career Scope - Job Matching, support software for VR consumers.

CAD and other programs used by clients.

Replacement of Athena Library Services tool.

ARMICS, SWAM quotas, E-Virginia, Strategic Planning objectives, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

Improvements in grants management, management and training of staff, and utilization of program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

Significant capital construction and renovation projects will occur throughout the 2009-2010 biennium. Relocation of existing programs may result. A Water and Sewer Line Replacement Project has a projected completion date of November 2008. The impact of this project will be an anticipated decrease in water/sewer expense resulting in more funds available to operational programs. The Anderson building re-roofing and retaining wall rebuild is projected to be complete in July 2008. This project has minimal impact on programs. The Medical Building Renovation is anticipated to be complete in May 2009. This project has caused our Short Term Rehab Unit and Supported Living Services program to be relocated to an adjacent dormitory. Completion of this project will bring these programs back to a centralized area and allow for expansion.

Utility expenses will be minimized through active management of resources to further reduce energy consumption. This is critical in light of Executive Order 48 (2007) and that increases to the state budget allocations have not keep pace with utility escalation costs

Better utilization of the campus will contribute to improved services for clients and increased feasibility of new programs, services and client populations.

- *Listing of Products and/or Services*

- Administrative Support Services coordinates and provides oversight for integration of activities and initiatives across all divisions and service areas as well as other state and local partners. Other functions include marketing, risk management, program evaluation and reception desk staffing.
- Financial Management Services provides financial services including budget, grants management, general accounting, financial statements, cash management and cashiering services for clients, asset tracking/management, purchasing and contracts (with DRS), a post office, motor fleet and central supply management. It also includes admissions and scheduling of clients, insurance pre-authorization services, charge capture and collection of revenue resulting from medical insurance claims and special grants and records management.
- Human Resource Management Services interprets and communicates human resource policy, provides workforce development programs, employee relations, staff recruitment, compensation and classification (with DRS) and administers benefits programs.
- Physical Plant Services provides maintenance of 34 buildings and collaborates with the local community for road maintenance and utility services. It also provide grounds services, housekeeping, transportation services for clients and driver's education programs, as well as the operation of a gas station.
- WWRC operates in a state owned facility and administers Capital Construction and Renovation Services. Among these services are comprehensive planning, new construction and renovation, a Maintenance Reserve program, and coordination development of the Facility's Master Plan.
- Information Technology Services (IS) provides computer applications development and support, web services, and computer operations. Additionally, in partnership with Virginia Information Technologies Agency (VITA) and Northrop Grumman VITA/NG, IS provides systems engineering services including voice and data communications networks, and hardware and computer support services. IS also collaborates with other agencies where possible to maximize staff, computer and financial resources.
- Organizational Development and Quality Assurance Services provides consultation in and the conduct of program evaluation, quality assurance, grants, new program incubation, staff professional development and training, and building capacity for rehabilitation research.
- Risk Management provides health and safety information to staff and consumers, tracks accidents, manages emergency response planning and continuity of operations planning (COOP) and assists HR with the Workman's Compensation and Return to Work programs.

**Finance**

- *Financial Overview*

The Administrative and Support Services Area is 22.2% general funds and 77.8% non-general funds. Of the non-general funds, \$5.92 million is special funds provided for federal vocational rehabilitation services by DRS, reimbursement from insurance for medical services rendered to clients, rental of quarters to clients, their families and student affiliate staff and curriculum projects. An additional \$119,276 of non-general funds is federal funds from the PELL student aid program, the Department of Education, the National School Food Program and targeted grant initiatives.

The Administrative and Support Services Area base budget will be affected by the addition of the Organizational Development and Quality Assurance Division as well as technical adjustments during each fiscal year. The Vocational Services Service Area appropriation and MEL will be reduced at a level equal to the increase needed for this Service Area.

- *Financial Breakdown*

	FY 2009		FY 2010	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$1,689,298	\$5,923,637	\$1,689,298	\$5,923,637
Change To Base	\$0	\$0	\$0	\$0
Service Area Total	\$1,689,298	\$5,923,637	\$1,689,298	\$5,923,637

**Human Resources**

- *Human Resources Overview*

Administrative support is provided currently by 98.86 employees, 68.8 of which are classified employees. Total authorized MEL is 80.55 positions. Of these 8.75 positions are transferred from WWRC to DRS. Five are provided to DRS Administrative and Support Services and 3.75 are provided to Vocational Rehabilitation Services. The 24 wage employees and 6.06 FTE contractors are devoted primarily to seasonal grounds labor, trades workers and housekeeping.

● *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	80.55
Vacant Positions	3
<b>Current Employment Level</b>	<b>77.6</b>
Non-Classified (Filled)	0
Full-Time Classified (Filled)	68
Part-Time Classified (Filled)	0.8
Faculty (Filled)	0
Wage	24
Contract Employees	6.6
<b>Total Human Resource Level</b>	<b>108.1</b>

*breakout of Current Employment Level*

*= Current Employment Level + Wage and Contract Employees*

● *Factors Impacting HR*

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

Limited pools of qualified applicants will result in extended recruitment efforts for information technology, finance and accounting and HR professionals. In addition, employees in these professions require frequent training to remain current with regulatory changes and technology.

● *Anticipated HR Changes*

A Workforce Planning initiative will address the loss of institutional knowledge from employee retirements and reduce the risk of loss of critical agency functions. Of particular importance to staff in this service area are cross training in critical functions of the agency, succession planning, and the use of student interns.

**Service Area Objectives**

- To have effective and efficient administrative support services as provided by the Department of Rehabilitative Services.

**Objective Description**

It is imperative that financial management services be provided in an effective and efficient manner and in compliance with State laws, regulations and policies.

**Alignment to Agency Goals**

- Agency Goal: Enhance customer service delivery through effective and efficient management of state property, fiscal processes, use of technology and current administrative policies.

**Objective Strategies**

- WWRC, in concert with DRS, will develop and implement a single integrated financial management system to replace the application currently shared with DRS and the other Disability Services Agencies on the antiquated HP3000 mini-computer.
- The growing demand for video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between WWRC, the Disability Services Agencies, our Workforce investment partners and other interested state agencies.
- WWRC will implement technology infrastructure not otherwise provided by VITA to maintain continuity of direct client services.

- WWRC will comply with ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards.
- WWRC will implement improvements in grants management, management and training of staff, and utilization of program evaluation which will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.
- WWRC will implement changes to more efficiently/effectively maintain the facility's grounds in an aesthetic and hazard free condition for visitors, clients and staff.
- WWRC will provide housekeeping services to all areas of the Center to maintain buildings and walkways at the highest achievable quality standards.
- WWRC will maintain all transportation vehicles in safe operating condition and complying with all Federal, State, and local laws and regulations governing vehicle operation.
- Significant capital construction and renovation projects will occur throughout the 2009-2010 biennium. A Water and Sewer Line Replacement Project has a projected completion date of November 2008. The Anderson building re-roofing and retaining wall rebuild is projected to be complete in July 2008. The Medical Building Renovation is anticipated to be complete in May 2009.
- Utility cost increases will be minimized through active management of resources.
- Better utilization of the land around WWRC will contribute to improved services for clients and increased feasibility of new programs, services and client populations.

#### Link to State Strategy

- nothing linked

#### Objective Measures

- Percent of scorecard categories marked as "meets expectations" for the agency.

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value:  Date:

Measure Baseline Description: 83% in Fiscal Year 2007.

Measure Target Value:  Date:

Measure Target Description: 83%

Data Source and Calculation: The Management Scorecard grades agencies on six criteria. The calculation is the number of criteria where the agency scored "Meets Expectations", divided by six.

- We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals.

#### Objective Description

WWRC will work to ensure the safety of citizens in emergency situations.

#### Alignment to Agency Goals

- Agency Goal: We will strengthen the culture of preparedness across state agencies, their employees and customers

#### Objective Strategies

- The agency Emergency Coordination Officer will stay in continuous communication with the Office of Commonwealth Preparedness and the Virginia Department of Emergency Management.
- The agency will follow its COOP test plan and improve the COOP plan based on testing results.
- The agency will address each of the 24 COOP requirements attained on the COOP Assessment Review for non-compliant items and implement a plan of remediation.

**Link to State Strategy**

- nothing linked

**Objective Measures**

- Agency Continuity of Operations Plan (COOP) Assessment Score

Measure Class:  Measure Type:  Measure Frequency:  Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value:  Date:

Measure Baseline Description: 2007 COOP Assessment Results (75% out of 100)

Measure Target Value:  Date:

Measure Target Description: 80%

Data Source and Calculation: The COOP Assessment Review is a 24-component assessment tool that helps measure the viability of a COOP Plan.