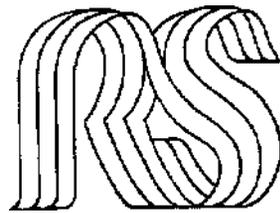


**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
**DIVISION OF REHABILITATION SERVICES**



VOCATIONAL REHABILITATION  
IN A WORKFORCE CENTER SYSTEM:  
A DISCUSSION PAPER

June 1, 1995

Minnesota Department of Economic Security  
390 North Robert Street  
St. Paul, Minnesota 55101

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF REHABILITATION SERVICES**

**VOCATIONAL REHABILITATION IN A WORKFORCE CENTER SYSTEM:  
A DISCUSSION PAPER  
May 26,1995**

**Table of Contents**

EXECUTIVE SUMMARY. . . . . ii

VOCATIONAL REHABILITATION (VR) IN A WORKFORCE CENTER SYSTEM:\_\_\_\_\_ 1

HOW WE ARE IMPLEMENTING THE VISION NOW. . . . . 2

    Comprehensive. . . . . 3

    Customized. . . . . 3

    Vouchers. . . . . 3

    Employment Focused. . . . . 4

    Outcome Based. . . . . 4

    Case management. . . . . 5

    Collaboration/coordination. . . . . 5

    Due process and consumer rights. . . . . 5

    Choice. . . . . 6

    Inclusivity. . . . . 6

    Qualified Rehabilitation Personnel. . . . . 6

    On-site services. . . . . 6

    Public/private partnership. . . . . 7

CONSUMERS WANT AND VR DELIVERS. . . . . 7

MAINTAINING THE INTENT AND INTEGRITY OF THE VR PROGRAM. . . . . 10

WHAT CONTRIBUTIONS VR BRINGS TO A WORKFORCE CENTER SYSTEM AND  
    HOW CONSUMERS WITH DISABILITIES WILL BENEFIT. . . . . 11

    Contributions VR brings to a workforce center system. . . . . 11

    How consumers with disabilities will benefit from workforce center systems . . . . 12

HOW WE CAN OPERATIONALIZE THE VR PROGRAM WITHIN A WORKFORCE  
    CENTER SYSTEM. . . . . 13

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF REHABILITATION SERVICES**

**VOCATIONAL REHABILITATION IN A WORKFORCE CENTER SYSTEM:  
A DISCUSSION PAPER  
May 26, 1995  
EXECUTIVE SUMMARY**

! "One-stop" workforce center systems for bringing employment and training programs together to improve service and employment outcomes for consumers are receiving national attention. In Minnesota, the Department of Economic Security (MDES) is developing a system of workforce centers that will include the vocational rehabilitation (VR) program. The Minnesota one-stop initiative will be assisted by a federal Department of Labor grant beginning July 1, 1995. We believe that our VR program will make significant contributions to the workforce centers, while retaining a clear VR program identity and focus on employment outcomes for persons with disabilities.

VR is an employment program for people with disabilities that includes training and specialized placement and a wide array of other services to help people prepare for, enter, engage in, and maintain employment.

How VR works now:

comprehensive	case management
customized	choice
outcome based	inclusivity
due process	collaboration/coordination
on-site services	qualified rehabilitation personnel
employment focus	public/private partnership
vouchers	

Consumers want and VR delivers:

• access	choice
• accountability	participation
• documentation of effort	due process
• integration	coordination
	standards and indicators

The intent and integrity of the VR program will be maintained within the workforce center system concept.

Contributions the VR program brings to workforce center systems include:

- Specialized services needed to enable each person who has a disability to take advantage of other services which are co-located within the center.
- Access, for other programs, to trained rehabilitation professionals for input on reasonable accommodations, job modifications, ADA and related laws
- Specialized assessment services to individuals with disabilities to determine types of services and/or accommodations necessary for employment.
- Assurances that identified strategies and approaches for one-stop centers do not have unintended consequences for people with disabilities
- Input into how labor market information can be made more responsive to the needs of consumers

Consumers with disabilities will benefit through:

- Increased timeliness of access to job leads;
- Simplified access to job market data;
- Expanded access to seminars on job seeking skills for those consumers able to benefit;
- Facilitated referral of individuals who cannot be served by VR; and
- Enhanced working relationships with mutual clientele between services.

We will make the VR program operational in a workforce center system through:

- Commitments to greater integration and coordination among employment training programs.
- Implementation that maintains the intent and integrity of the VR program while strengthening services to all consumers who have disabilities.
- Identification of specific operational issues within the system to ensure success for all consumers who have disabilities.

In Minnesota we are building on existing collaborative relationships within the Department of Economic Security and with other state and local agencies and service providers. We are fostering innovative sharing of expertise and inter-program strengths so that a workforce center system will provide Minnesotans with high quality employment services. Individualized planning and service delivery for persons with disabilities will continue to be a priority of our Department.

## **VOCATIONAL REHABILITATION (VR) IN A WORKFORCE CENTER SYSTEM: A DISCUSSION PAPER**

Vocational Rehabilitation is an employment program for people (adults and adolescents) who have disabilities. However, while job training and placement are key elements, the VR program of the Minnesota Division of Rehabilitation Service (DRS) provides an array of services to achieve the Minnesota Department of Economic Security's mission of "Helping Minnesotans help themselves achieve economic security" through emphasis on *"Helping Minnesotans with Disabilities to Reach their Goals for Working and Living in the Community."* VR is proud of its 75 year history of providing services to people with disabilities. In Minnesota, over 3,000 people annually complete a plan of vocational rehabilitation services that leads to obtaining and maintaining employment.

Vocational Rehabilitation services are provided to eligible persons who have disabilities which results in substantial impediments to employment. Priority is given to people with a severe physical or mental impairment that results in substantial limitations in one or more functional capacities (such as mobility, communication, self care, self direction, work tolerance, work skills, or interpersonal skills) who require VR services to prepare for, enter, engage in or retain gainful employment. Individuals are not served by VR if they are able to achieve employment through services available to the general public.

An individualized written rehabilitation plan is developed with each consumer. Some common services include:

- counseling and guidance
- assessment and individualized career planning to identify limitations resulting from the disability and assets that can be used in the employment market
- vocational training to learn or improve job skills, including employer-site based job coaching for supported employment when needed
- specialized individual job development and job placement services to accommodate the needs of people who have severe disabilities
- assistive technology
- financial assistance for added costs (beyond normal living expenses) resulting from participation in the rehabilitation plan

Few of the people who come to Minnesota VR are job ready at the time of application.

VR services are designed to help each person to become job ready and to find and keep employment. Although VR services are time-limited, the length of time a person may be in the program is customized, depending on the unique needs of each individual. While some people can be employed within a few months, first priority of the agency is to serve consumers who need multiple services over an extended period of time.

While the primary VR customer is the individual who has a disability, another VR customer is the employer. Typical services provided by VR staff to employers include:

- screening and referring qualified candidates for job openings;
- marketing the strengths and abilities of individuals who have disabilities;
- follow up services for as long as needed after a candidate is hired and to intervene and provide support when the employee who has a disability experiences difficulty;
- ADA and disability awareness training;
- on the job training and support for hired candidates as needed; and
- job analysis and technical assistance to employers on rehabilitation technology and job modifications to enable people who have disabilities to obtain and retain employment.

## **HOW WE ARE IMPLEMENTING THE VISION NOW**

Vocational Rehabilitation has, over the years, evolved into a one-stop center. In Minnesota, the Division of Rehabilitation Services has evolved into a one-stop Division; the Rehabilitation Act brings several programs for people with disabilities under one umbrella, including Vocational Rehabilitation, Independent Living, Projects with Industry and Supported Employment. In Minnesota, Extended Employment programs for people with severe disabilities and Disability Determination Services are also included in DRS. All disability areas, except for blindness and visual impairments, are served by Minnesota DRS. Services to people with blindness are served by State Services for the Blind which is another Division within the Department of Economic Security.

Future oriented discussions include attributes which *mm* have already been incorporated into VR services. Included in VR are **Comprehensive; Customized; Employment Focused; Outcome Based;** and **Collaborative** attributes. Included also are provisions for **Vouchers; Case Management; Due Process and Consumer Rights; Choice; Inclusivity; Qualified Rehabilitation Personnel; On-site Services** and **Public/Private Partnerships.**

## **Comprehensive**

VR is a comprehensive process that starts after an eligibility determination and an assessment of each individual's needs and is not complete until each person has worked successfully for a minimum of 60 days. It is a customized approach to serving people with an emphasis on individual choice. VR is different from many other employment programs; in VR, a program of services is found for or tailored to the individual rather than attempting to make everyone fit into the same program. This is necessary to address the unique impacts of a disability on each individual.

In the VR process, all aspects of an individual's life that may limit employment options are identified. A comprehensive assessment looks at medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational and environmental factors that affect the employment and rehabilitation needs of each individual.

Assessments include an appraisal of each individual's patterns of work behavior and services needed for the individual to acquire occupational skills and to develop the necessary work attitudes, habits, and physical tolerance. A rehabilitation counselor may help the individual explore the social and behavior patterns necessary for successful job performance. This means considering, to the extent necessary, an assessment of the personality, interest, interpersonal skills, intelligence, educational achievements, work experience, vocational attitudes, personal and social adjustments and how they contribute to employment opportunities for each individual.

## **Customized**

An Individualized Written Rehabilitation Plan (IWRP) specifies a mutually agreed-upon vocational goal, and services to address the barriers to employment that were identified during the comprehensive assessment. It outlines the services that need to be provided, the vendor chosen by each individual to provide the services, objective criteria for assessing individual progress toward reaching the objectives, and time frames for completing the plan. The IWRP also includes the other agencies who are collaborating together to assist the individual to reach the identified goals.

## **Vouchers**

Once a plan is developed each of the services is "authorized" to be paid for by VR. The authorization is a voucher that specifies the individual's chosen vendor. DRS rehabilitation counselors have case service budgets and spending authority for services that allows them to be immediately responsive to individual needs. The Minnesota Department of Administration has also granted VR local purchase authority up to \$1500 for the purchase of goods. Rehabilitation counselor approval of the authorization/ voucher assures fiduciary responsibility. Individuals benefit having first had the advantage of professional, objective counseling to determine which vendor and service will best meet their individual needs. And the process does not end with the issuance of the voucher. VR staff continue to provide the counseling, support, and encouragement vital to the completion of the plan.

## **Employment Focused**

Job placement is woven throughout the VR process. The assessment, plan development and service provision are all designed with employment in mind. Specialized placement in a specific job is the final step of the plan. Here again a customized approach is taken. Some people can learn to conduct their own job search relatively independently with the support and guidance of the VR counselor and, as appropriate, the local Job Service representative. For those who need more assistance, the VR counselor adds a VR placement coordinator to the service team who can explain the skills and limitations of the individual directly to the employer, and can arrange for reasonable accommodations, as necessary. VR counselors arrange for an authorization/voucher with a contract placement vendor to provide placement services (coordinated by the VR counselor in accordance with the IWRP) when the caseloads of DRS's VR placement coordinators are full.

## **Outcome Based**

The MDES focuses a high priority on determination of customer outcomes and the success of our services. (See attachment, MDES 1995 Strategic Priorities.) Over the decades, Public Vocational Rehabilitation has more than paid for itself by helping persons with disabilities become gainfully employed, assisting them to become taxpayers, and by decreasing the amount of welfare payments, health services, and social services they might need. Indeed, the Congressional Budget Office has stated that a "reduction of funds for rehabilitation...would generate increases in other parts of the federal and state budgets...."

The VR program has a long history of emphasis on outcome measures. Information is kept for each individual that enables the program to make "before and after" comparisons. We know how many people find jobs after services and we know that they maintain those jobs for a minimum of 60 days. We know how many hours each individual is working and can report the average salary earned, the name of the employer, and whether or not the individual is receiving medical insurance which includes hospitalization. We know how much each individual was making before and after receiving services and how much their public assistance has decreased. We track the number of people who go off of Social Security benefits after rehabilitation services.

In addition to standard information, Minnesota DRS has also done periodic follow up studies to promote continuous improvement of our VR program. The most recent study reports the number of people who are still employed one year after their case is closed, how many hours they are working and what they are earning. Consumers were also surveyed on their satisfaction with a number of aspects of VR services. More than 82 percent of the consumers surveyed said they were satisfied or very satisfied with VR services. (Multi Attribute Utility Analysis Evaluation Project, MDES/DRS, survey conducted 1994, data analysis in progress 1995).

### **Case management**

VR counselors provide goal-oriented, systematic support of each consumer served through advocacy, ongoing coordination, and linkages among other community resources. Counselors coordinate the assessment and reassessment of the needs, goals, and preferences of the consumer. They coordinate and participate in the development of individual plans, and provide outreach and support to engage consumers in the development of their own individual plans. Individuals are assisted to maximize their independence and productivity through support and training in the use of personal and community resources. Coordination and assistance is available for crisis intervention as needed. There is regular review and monitoring of both overall service delivery and progress toward the goals and objectives.

### **Collaboration/coordination**

Collaborative service delivery is an MDES priority (see attachment, MDES 1995 Strategic Priorities). Much of the IWRP development is facilitated through formal and informal community linkages which support each individual. The written plan includes a description of the community resources with which VR interfaces for that individual. Collaboration occurs at every step of the process from intake, through service delivery, and placement. VR receives referrals from local schools, the counties, mental health centers, hospitals, and physicians as well as "word of mouth" referrals. The assessment process may include collaboration with a number of programs with special expertise pertinent to the individual's situation. Because the authorization/ voucher is issued to the program chosen by the individual, the VR counselor must be skilled at coordinating with many different programs.

External to its departmental collaboration, DRS has significant experience in working in collaboration with other programs. DRS maintains linkages and interagency collaboration with community rehabilitation programs and other local resources. Supported employment and job coaching is arranged for individuals who need extra assistance to maintain employment in the community. VR administers grants to provide innovative vocational services to persons with traumatic brain injury, persons with serious mental illness, persons who are deaf, and persons with disabilities who are making the transition from school to work. Demonstration grants are in place to improve the quality and permanence of community based employment. Such collaboration is facilitated by Rehabilitation Specialists in the DRS administrative office who work to develop and maintain collaborative relationships with the Minnesota Department of Education, the Minnesota Department of Human Services, and other state and local service providers.

### **Due process and consumer rights**

VR has a strong emphasis on consumer rights. The Rehabilitation Act Amendments of 1992 contain many important protections which help to assure that individuals who have disabilities have access to needed services and can exercise informed choice in regard to vocational goals, services, and the providers of those services. Provision is made for administrative review of any decision made by a counselor with which a consumer disagrees. Individuals can also request a formal hearing before an

administrative law judge in those rare cases when a mutually acceptable plan cannot be worked out. The Client Assistance Project (CAP) is available to help individuals who need additional assistance with the VR system. CAP is operated by the Legal Aid Society of Minneapolis and its advocates are not employees of DRS.

### **Choice**

Under the VR program in Minnesota, people who have disabilities have the right to make informed choices. Individuals with disabilities must be active participants in their own rehabilitation programs, including making meaningful and informed choices about the selection of their vocational goals and objectives, the vocational rehabilitation services they receive, and the vendors from whom they receive them. Each IWRP includes a section that outlines in each individual's own words how he or she was informed about and involved in choosing among alternatives.

### **Inclusivity**

People with disabilities are one of the most under represented groups in the labor force and the number of people who have disabilities continues to grow as a result of medical and other advances. MDES is committed to full participation of all populations (see attachment, MDES 1995 Strategic Priorities). Rehabilitation services foster inclusivity by reaching out to people who have disabilities who frequently "fall through the cracks" of programs designed for the general population.

### **Qualified Rehabilitation Personnel**

The MDES priority on professional development and mentoring (see attachment, MDES 1995 Strategic Priorities) is seen in DRS through the emphasis on qualified rehabilitation personnel. VR has high standards for hiring employees and ensuring that staff, including professionals and paraprofessionals, are trained in disability issues and in conducting a comprehensive assessment of the needs of persons who have disabilities. Counselors have training in determining eligibility for the DRS program in accordance with the Federal Rehabilitation Act and in making decisions about whether applicants meet the "Order of Selection" criteria for severity of disability.

This specialized expertise is a strength of the MDES and has allowed DRS to work successfully with consumers with severe disabilities who were not considered to be capable of employment even a few years ago. In addition to changing disability populations, there are new technologies and new intervention strategies which require continuous training. All staff develop Individualized Employee Development Plans, under DRS's Comprehensive System of Personnel Development. In-service training is offered on a regular basis which allows staff to stay on the "cutting edge" of what is possible for people with disabilities.

### **On-site services**

VR has a strong outreach effort. We often go into communities to meet with people who want to apply for services rather than expecting them to come into an office. All high schools are assigned a VR counselor liaison who meets with consumers and school staff on site to facilitate the transition from school to work for students with

disabilities. In fact, 13 percent of all of our referrals are of people who are in high school programs. Likewise, DRS has staff assigned as liaisons to technical colleges.

In addition, VR counselors are on-site at hospitals, community rehabilitation centers, mental health centers, and many other community programs to reach out to people who might not otherwise feel comfortable in initiating contact. Special emphasis is given to other groups of people who have disabilities and who have been traditionally under served. These include American Indians; and people with serious mental illness, traumatic and acquired brain injury, and HIV/AIDS.

### **Public/private partnership**

Vocational Rehabilitation provides a strong partnership between the public and private sector. Funds are administered by the State agency assuring that services are provided consistently across the state to a variety of people who have a variety of disabilities and needs. VR counselors provide consumer protection through oversight and guidance to assure that taxpayer dollars are used only in programs that have demonstrated their ability to deliver services which will lead to employment. In Minnesota in 1994, \$5,000,000 of the State rehabilitation budget went to private community rehabilitation programs to provide services to individuals who have disabilities. An additional almost \$7,000,000 went into the economy by being spent on other private providers such as placement vendors, physicians and psychologists, prosthetic and orthotic companies, sign language interpreters, rehabilitation technology consultants, equipment providers, and public and private post secondary programs. This private partnership represents 35% of Minnesota's total state and federal VR budget.

## **CONSUMERS WANT AND VR DELIVERS**

On January 10th, 1995 testimony was introduced before the U.S. Senate Committee on Labor and Human Resources on behalf of the Consortium for Citizens with Disabilities (CCD). This testimony provides an excellent understanding of what consumers want and need relative to vocational rehabilitation services. Highlights of that testimony follow.

People with disabilities are the most unemployed and underemployed group of Americans; upward to 69 percent of working-age individuals with disabilities are not employed and desire to be employed (per a recent [1994] Harris poll).

For two years, CCD worked closely with Congress during the re-authorization of the Rehabilitation Act of 1992 to improve the service delivery system funded under Title I of the Rehabilitation Act. The themes of these efforts were **integration, coordination, increased consumer choice, and increased accountability**. . . . The 1992 Amendments increased emphasis on employment outcomes rather than on the provision of services.

CCD suggests a **two-pronged strategy** for addressing the needs of individuals with disabilities in consolidation legislation. First, mandate the preservation of a distinct administrative entity(ies) with separate funding to provide expertise with regard to the service needs of individuals with disabilities, especially those services that are not readily available in or through consolidation programs. Second, require consolidated programs to adopt and practice specific principles that will create and expand training and employment opportunities for individuals with disabilities.

The CCD indicated that we need to carefully study

. . . how programs for special populations should be treated in consolidated programs. The specific employment and training needs of people with disabilities are not specifically addressed under any other federally assisted {employment} program.

The CCD testimony and the Rehabilitation Act ask states to

. . . demonstrate within the general operation of their programs that the following principles are clearly evident with regard to persons with disabilities.

1. **Access.** Individuals with disabilities have access to training and employment assistance being offered. Access means the ability to enter and take advantage of all information and the full range of services offered at a facility.. ..
2. **Participation.** Qualified individuals with disabilities have the necessary supports and accommodations that enable them to participate in programs. . . .
3. **Due process.** There must be procedural safeguards so that people who are denied services on the basis of disability have a meaningful opportunity to obtain an impartial review of the denial.
4. **Standards and indicators.** States utilize consistent evaluation standards and performance indicators that set expected levels of effort that are tracked and reported. Such standards and indicators include benchmarks for determining if the opportunities and services offered to individuals with disabilities are effective, appropriate and adequate.
5. **Documentation of effort.** States report annually how many individuals with disabilities are served through training and employment assistance programs funded through consolidation legislation.
6. **Coordination.** Formal linkages must exist between the entities administering the generic employment training program created through a consolidation bill and the distinct administrative entity(ies), e.g. State Rehabilitation Agencies, funded to meet the specialized needs of individuals with disabilities and other entities providing rehabilitation services to individuals with disabilities. . . . (excerpts from testimony of the Consortium for Citizens with Disabilities presented January 10th, 1995 before the U.S. Senate Committee on Labor and Human Resources, emphasis added).

DRS's VR program has put these six components into practice in Minnesota and wants to maintain them in the workforce center system. In support of these components we seek to listen to the **"voice of the stakeholder"** to determine specifically what Minnesotans want from the VR program. Interviews were recently conducted with six primary stakeholder groups. These groups were people with disabilities (the primary consumers of VR services), employers, rehabilitation service vendors and facilities, secondary schools, county social service agencies, and tribal governments and agencies.

The quality of relationships is a common thread running through stakeholder needs. The relationship formed between a VR counselor and the consumer is at the center of a network of key relationships that extend throughout the VR process. The vocational rehabilitation process is different for each consumer, and it inevitably depends on the efforts of several organizations. These were the themes we heard from consumers about what they expected and received from VR:

personalized plan specific to my disability  
unique role  
expertise  
choices in services

information and encouragement  
placement followup  
values high touch - competent services, timely, "at my place"

Employers have also been clear about what they appreciate about working with VR. Employers want VR to develop close working relationships with a specific individual placement coordinator to find potential employees to fill job openings. They are looking for:

clear communication  
assurance that the employee understands job expectations  
help understanding a person's skills and limitations  
assistance if problems arise after placement

suggestions for reasonable accommodations  
information about available incentives and training  
disability awareness (general and specific)  
help in understanding disability related laws.

## **MAINTAINING THE INTENT AND INTEGRITY OF THE VR PROGRAM**

VR supports efforts to facilitate greater integration and coordination among employment training programs. The benefits of easier and simpler access to training, job market data, and employment prospects are clear. Programs need to be effective, efficient and responsive to the needs of individuals. In the process of accomplishing greater integration, VR will work to ensure that identified strategies and approaches do not have unintended consequences for people with disabilities.

The comments of MDES Commissioner R. Jane Brown (January 19, 1995) in response to the National Governors' Association Lifelong Learning Block Grant Proposal are especially relevant to VR in a workforce center system;

Persons who have severe disabilities present very complex needs resulting in an unusually high unemployment rate (77% nationally). Over the 75 years of its existence the Vocational Rehabilitation program has emerged into a block grant which successfully meets those complex needs as identified by each individual. The program is successful because it provides customized and comprehensive services which alleviate complex needs, encourages personal responsibility, fosters self sufficiency, while assisting each person to meet his or her individual vocational and employment goals. Federal design parameters and assurances are needed so that the intent and integrity of such programs are retained and that the collaborative partnerships central to this successful support system continue to flourish. The broad purpose of the block grant should include assurances that all persons who have disabilities have the support they need to access the vocational/employment opportunities which are available to all persons.

The CCD testimony perhaps best describes what it means to maintain "the intent and integrity" of the VR program.

The preservation of a distinct rehabilitation entity to provide access to specialized expertise and services... with control and responsibility for dollars to facilitate training and employment opportunities for individuals with disabilities. ... [This] represents the most viable and tested means to ensure that individuals with disabilities can access and benefit from training and employment opportunities.

State rehabilitation agencies and community-based rehabilitation programs represent the most well-known and used conduits to expertise and services that have helped individuals with disabilities become eligible for, find, and maintain employment. Maintaining the integrity of these agencies and programs in a reform effort does not preclude them from being a partner, resource, or player in one-stop employment assistance centers or other approaches to consolidation; nor does it prevent targeted rehabilitation dollars from being used in new innovative ways. (excerpts from CCD's January 10, 1995 testimony)

## **WHAT CONTRIBUTIONS VR BRINGS TO A WORKFORCE CENTER SYSTEM AND HOW CONSUMERS WITH DISABILITIES WILL BENEFIT**

The CCD testimony includes some valuable ideas about what VR has to offer in a workforce center system.

First, individuals with disabilities may need **specialized services** prior to taking advantage of training or accepting employment.... Such assistance may not be available in a generic employment assistance program. Even if such assistance could be arranged, it is often time consuming to identify and secure needed services, especially when such assistance is sought outside of a **centralized resource system**. . . .

Second, to actually participate in training opportunities or be considered for employment, an individual with a disability may need accommodation, e.g., the redesign of how testing is done or the restructuring of job functions. The services associated with consolidated training and employment legislation do not anticipate or address such accommodation.

VR, according to the CCD,

. . . can provide **specialized assessment services** to individuals with disabilities to determine exactly what types of services and/or accommodations would be necessary for such individuals to be competitively employed in specific jobs and environments.

Third... staff in consolidated programs are linked to rehabilitation professionals who can answer basic questions simply and quickly, there will be many more opportunities for these staff to serve individuals with disabilities directly and in a timely manner. To do so, however, they will need **access to experienced, trained rehabilitation professionals**.  
(excerpts from CCD's January 10, 1995 testimony, emphasis added)

### **Contributions VR brings to a workforce center system include:**

- Interagency linkages with secondary schools, local Minnesota school- to-work community transition interagency committees, county human service programs, advocacy groups, etc.;
- Specialized services needed to enable each person who has a disability to take advantage of other co-located services;

- Access, for other programs, to trained rehabilitation professionals for input on reasonable accommodations, job modifications, the Americans with Disabilities Act (ADA) and related laws;
- Specialized assessment services for individuals who have disabilities to determine exactly what types of services and/or accommodations would be necessary for employment;
- Assurances that identified strategies and approaches for a workforce center system do not have unintended consequences for people who have disabilities;
- Input into how labor market information can be made more responsive to the needs of consumers; and
- Provision of ADA and disability awareness training to employers.

**Consumers with disabilities will benefit from workforce center systems through:**

- Increased timeliness of access to job leads;
- Simplified access to job market data;
- Expanded access to seminars on job seeking skills for those consumers able to benefit;
- Facilitative referral of individuals who can not be served by VR;
- Facilitative working relationships with mutual clientele;
- The priority of the MDES to focus on the job skills information infrastructure (see attached MDES 1995 Strategic Priorities). This will be an area that can especially be facilitated by workforce center systems. VR is enthusiastic about the promise that workforce center systems will be able to focus on developing the capability to provide accurate, timely and readily accessible labor market information that can be used by VR counselors, placement staff and consumers. We are looking forward to working with the other branches of the Division to provide input into the needs of the consumer for labor market information.
- Close collaboration with Job Service to tap their expertise on local labor markets. This will be beneficial through all phases of the VR process from goal development to job placement.

## HOW WE CAN OPERATIONALIZE THE VR PROGRAM WITHIN A WORKFORCE CENTER SYSTEM?

- Eligibility for VR services must be determined within 60 days of the application even if there is a common application procedure.
- All VR consumers must have an Individualized Written Rehabilitation Program (IWRP), developed jointly with a rehabilitation counselor, which identifies each consumer's vocational goal and the services that are required to assist him/her in achieving employment.
- Maintain a physical area that is distinctly VR with office space for easy referral and to assure consumer comfort and confidentiality.
- Maintain due process provisions regarding each consumer's rights and responsibilities.
- Maintain a direct line of authority between the state vocational rehabilitation director, rehabilitation managers and the rehabilitation counselors, so that VR services are delivered statewide in a consistent manner.
- Maintain a distinct program identity in each of the workforce center system service offices, so consumers can easily access VR services.
- Maintain distinct staffing with specialized expertise, and distinct program (case service) and administrative budgets so that a focus on the provision of specialized services from experts trained to provide those services is maintained.
- Confidential client data access system which focuses on key data elements common across programs so that consumers can readily access other services as they desire. All offices statewide can be connected electronically, even in those offices where it is not immediately possible to co-locate.
- As an alternative for communities which are unable to co-locate all MDES services, one low cost model would be to have Job Service and JTPA staff assigned as liaisons to DRS offices to meet with VR counselors and placement coordinators, and vice versa.
- Partnership with other Departmental or county programs can be enhanced through technology or co-location when it is cost effective and improves services to consumers.
- Common reception areas in smaller offices where support staff may be part time - perhaps with separate phone lines for clear consumer service but with reception staff able to provide back-up for each program.