

**State Rehabilitation Council Meeting
December 3, 2004
Newton SRS Office**

Present: Members: Dale Barnum, Sharon Kears, Barbara Crooks, Marvin Kuehn, Sanford Alexander, Josie Torrez, Christine Owens, Suzanne Evans, Julia Fonseca, David Rosenthal, Anita Trainer
 Staff: Peg Spencer, Dianne Hemphill, Dennis Ford, Mike Flyzik, Connie Daggett (Recorder)
 Guests: Rocky Nichols (KAPS), Barbara Alexander

Welcome & Introductions

Chairperson Sanford Alexander called the meeting to order and members introduced themselves. Peg stated Marie Mareda has retired, and has subsequently withdrawn from all commissions.

Minutes of the previous meeting were reviewed. Motion was made, seconded, and carried to accept the Public Forum and State Rehabilitation Council Meeting Minutes of September.

Public Comment

None

Additions to the Agenda

None

Discussion of the Public Forum

There were about six consumers and service providers present last evening, with open discussion around the room. There were suggestions for improvement, which will be looked into such as telephone extension numbers on letters. Formal testimony from one consumer complimenting Rehabilitation Services was noted. There were great comments from vendors about the relationship we have with them. Another issue raised from Envision was the definition of integrated setting and wishing the rules were changed.

Sharon Kears commented on a consumer's comments about information being given to him very quickly. Sometimes we need to slow down and figure out how the person connects with the information. We become so familiar with information, but how others connect and receive it is different.

Assistive technology and how this has helped one of the consumers was mentioned. A portable CCTV was mentioned as being very helpful. Mention was made at one of the tables of work site modifications that a consumer has been waiting on since September that have not taken place due to delays from the rehab engineering contractor.

Sanford commented on how the Public Forums tend to be unique in terms of hearing different things from each place.

Report on Rehabilitation Services operations and activities in the South Central Region, which includes Newton) – Dennis Ford, Rehabilitation Services Program Administrator for the South Central Region

Dennis stated he has been in his position in Newton for 2½ months, having formerly been in Hays. The south central region covers 17 counties. There are seven service centers in those areas. Others have been closed down by SRS. They closed the final office in this Region last week, that being in Council Grove.

Statistics for the South Central Region:

- In the last five years, they have taken 3466 applications.
- the South-Central region has written 2990 eligible for the program which is 87% of those who have come through the door.
- 2,178 plans were written for the last five years, which is 73% of the applications taken.
- Successful placements were 1285 which is 59% of the plans written.

Accomplishments last year:

- They had a counselor with the most successful placements in the state with 50.
- They had the west side of their region with the highest rehab rate at 63%.
- The Hutchinson area reached 94.3% of their goal of 158.
- The Emporia area reached 119.33% of their goal (119) which was the highest percent in the State.
- One of their counselors is working on her Masters degree.
- One of the counselors is in the SRS Leadership and Certified Public Manager programs.

Currently they have many seasoned staff, in addition to new staff. There are 13 counselors in the region with one vacancy; 2 CDC staff (1 in Emporia, and 1 in the Hutchinson Office).

This year's focus is to have a goal of 800+ applications, which are 75 more than last year. They are going to try to focus on rehab rates. As a region, they had 50.7% last year, which had dropped over the last five years by 19 percentage points. Their goal is to be at 65%. Caseload sizes vary from 80 to 100 cases. They will look at establishing relationships with additional vendors and Dennis has met with several since coming to Newton. They are talking about increasing their service and this process will be ongoing.

Overtime status over the last month was 1.5% the first week, 1.5% the second week and the 3rd and 4th weeks at 0% for overtime eligibility. The rehab rate is low right now with a vacancy in the Wellington Office.

Questions of Dennis:

Sanford stated one of the concerns in the disability community (particularly blind) is a tendency to take the easier cases to make percentages. How do you maneuver your closure rates to push it higher? If you are at 50% and want to get it up to 65%-70% how do you make that happen? Dennis stated they look at the placement to see what needs to be addressed. Make sure when the client first comes through the door we explore every aspect of what is creating problems for the client. How much time you spend with them and how much information you get is critical. They want to try everything that is possible. Developing a good IPE is critical.

Josie asked why there appears to be a focus on the negative, as was the case with her son's assessment. Dennis stated in order for there to be an affective placement for employment, you

have to have a good understanding of what the client can do, and what services or accommodations may be needed.

Report on Rehabilitation Services operations and activities in the Wichita Region – Mike Flyzik, Rehabilitation Services Program Administrator for the Wichita Region

Mike stated they have not had any changes in the Wichita Region with office closures; functions have stayed the same. They have 12 counselors in Wichita which includes 2½ transition positions for the school; one for the blind; one for the hearing impaired; and one for the SPMI population. They have two CDC staff; one Rehabilitation Teacher; three support staff and two managers plus himself. They hired two new counselors in the last six months.

They have the advantage of being only one county with most resources right there. This also reduces travel and increases opportunities to meet with referral sources.

He is currently working with his management team and Central Office to develop plans to improve their performance. He wants to increase their productivity since they did not do well last year as a region. They need to specifically increase in the blind population with only about 100 cases currently being served, which is less compared to their population and are developing plans to do more outreach in that area.

Questions of Mike:

Sanford stated Sedgwick County structurally is very different from the rest of the state in terms of distance, travel time, resources to the client, etc. He asked if we had looked at how that compares to the other regions for advantages or disadvantages. Dale stated we have not formally looked at it, but have anecdotally. There are advantages and disadvantages that show up and Dale mentioned some of those. Mike stated that allows less window time and should produce more numbers. They need to work on that more and staff need to do more fieldwork.

Sharon asked about reasons for a decrease in productivity and if there are strategies to increase that? Mike stated they are working on that and had a plan developed where they are identifying more referrals. Complacency has been an issue that they are working on.

Peg added that Central Office staff has been working with a team to help them develop this strategic plan for improvement. Follow-through expectations for various groups have been developed. The first set of deadlines is December 30 to get plans to Dale. There were 30 specific strategies developed. Dale pointed out the Wichita staff developed the plan. Mike thanked Central Office for helping them with this process. Josie asked if the Council could have an update in six months as to how this goes and Peg stated they would make it available for members.

Sanford thanked both Dennis and Mike for coming today and sharing their regions' information.

Client Assistance Program Annual Report – Sharon Kearse

Shared distributed two handouts: (1) table of VR cases received by CAP showing the county, type of disability and problem areas for fiscal year 2004 and (2) Summary of CAP Cases. She stated the Client Assistance Program served more individuals with orthopedic impairments than any other type of disability during FY 2004. The highest number of CAP cases was from

Sedgwick, Shawnee, and Wyandotte Counties, which also have the biggest populations. In handout #2, the “type of CAP Service” numbers were revised to include #7, which was left out, to correspond with the Type of CAP Service in the table.

Sharon stated these figures are a valuable tool for her as it shows patterns that can be addressed in training.

Sharon also thanked everyone for calls and get-well wishes sent to her while she was off for three months.

Questions of Sharon: Has CAP been able to see any type of difference from Sedgwick County compared to other areas of the state, such as a higher percentage of complaints or a different nature of complaints. Sharon stated there are a higher percentage of complaints because they are a larger county.

She added she received 36 complaints last year: 31 were from VR, 3 from the tribal nation, and 2 from independent living. Last year there were 36; the year before maybe 32, so not a lot of difference. It was pointed out VR staff does not manage the tribal nation VR program, but CAP also serves the Tribal Nation.. Of the cases in the report, some are closed, but some remain open. Reasons for not closing the cases were that they simply are still working with the client through the process.

Update from the State Director – Dale Barnum

Dale noted changes in SRS since the Council's last meeting: Janet Schalansky retired as Secretary and Dr. Gary Daniels, formerly superintendent at Parsons State Hospital, was appointed as acting secretary. Dale commented he has known Dr. Daniels for many years and thought he was an excellent choice by the Governor. Providing the best possible service we can is Dr. Daniels' goal. He has spent most of his life in the field providing direct service.

Medicaid will move from SRS to the Department of Administration. Since Medicaid was 50% of the budget, this will have a significant affect on SRS's budget. SRS will become the Department of Human Services.

Changes for Rehabilitation Services include continuing to move toward an outcome-based model in payment for performance. Dale reviewed the Dartmouth College and Johnson & Johnson programs. Other states have been a part of this project, but Kansas has done far better compared to the others.

Payment for Performance model has been very successful. Mike Ahlers, Central Office employee, has been a leader in moving this project forward. Payment for Performance outcomes are determined by the consumer, counselor, and contractors with payment for specific outcomes within that process.

Order of Selection: We are still in order of selection, but have no waiting list because of added state monies that allowed us to have more federal dollars this year. Additional funding allows us to serve more consumers. Those additional consumers came with no added staff. Private providers are being looked at to free up staff time. Staff continues to work with inflated vacancy rates and SRS may be asked to increase their vacancy rate more.

No legislation is pending pertaining to Rehabilitation Services.

RSA is instituting a training program for state rehabilitation councils. Dale explained the format and encouraged all Council members to take advantage of the 2-day training that will be held the week of March 13, 2005 at the Westin Crown Center in Kansas City. He will get more information to Council members as it becomes available. There are stipends available for members of the Council. The training will be provided for council members, state directors, and liaisons. Peg and Dale plan to attend. Council chairs may attend CSAVR meetings, but it is difficult to take a week off to attend those meetings so far away, so having one in Kansas City is very positive. We will be meeting with other Councils within the region, facing the same issues we do.

During an upcoming SRC meeting, Regional Commissioner Cordova will be attending. He has expressed an interest in meeting with the State Rehabilitation Councils so we may anticipate a longer than usual time spent at that meeting. Sanford added that the Commissioner has always been supportive of having SRC being proactive.

We will be involved in a federal review by RSA in the spring of 2005. They always look for quality of service and outcomes in addition to other areas. They will be involved in a case review with emphasis on homemaker closures. Less than 13% we close are classified as homemakers, whereas in Maryland the figure was 60%-70%. Josie asked for a definition of homemaker: instead of putting someone in gainful employment, they are rehabilitated to the point where they can maintain their home.

The mass mailing of tickets is ending with the third group of states. The flow of tickets nationwide will be on a much more reasonable basis. 861 tickets were assigned to Rehabilitation Services. Other employment networks have about 71 tickets assigned to them. Josie's son received a ticket but she stated they did not know what to do with it. Peg and Dale explained the process to her. Sanford clarified the ticket numbers: 70,000 were sent out in Kansas; 932 were assigned, but Dale stated Kansas is no different from other states. Sanford suggested an update on Ticket to Work at a future State Rehabilitation Council meeting. Peg explained some of the advantages to the consumer for having a ticket. The counselor has no way of knowing if a client has a ticket, but they are encouraged to ask.

Questions of Dale: Is moving Rehabilitation Services to Dept of Commerce still an issue. Nothing definite. Reasons for the reorganization? Dale explained with Medicaid funding and state health insurance being under the same department, the state is in a position to negotiate better rates with all the providers. Health insurance programs and Medicaid will not be combined, but if one department is managing the funds, you hopefully get better rates.

Report from Services for the Blind – Dianne Hemphill

They have been approved to fill two of the older blind positions that have been vacant for quite some time.

For the last nine months, Dianne has been working with RCBVI work groups to assist the Rehab Center to identify obstacles or barriers to referring persons for more intensive training at the Rehab Center. Improving communication to the field and consumers is key. Service provided to the blind has dropped significantly, also referrals to the Rehab Center. They have made

adjustments to focus on employment for our clients and not so much on having client who simply want to come to the training for self-sufficiency type of issues.

Dianne has been involved in redesigning the instruction at RCBVI. She pulled in a team from Austin, Texas and gave an update on that. Dianne also gave an overview of the new training modules, being longer in length, but more consumer driven. The approach is very different so the staff are learning along with the consumer. It is much less custodial in nature and making the client more responsible. It may take more time during the training portion, but the outcome will be greater so that the investment is going to pay off in the end.

They have a concern about the lack of referrals made to the Center by the counselors in the field.

Blind Services Advisory Committee Update – Julia Fonseca

Julia gave an update on the recent meeting she attended. Issues that have been discussed are (1) taking Blind Services out from under SRS and making it a Commission for the Blind. The costs of doing this have been reviewed and it has been decided that it needs to be talked about more at the next meeting. The view was positive in making a separate Commission for the Blind; (2) a report on the subcommittee and their recommendations can be e-mailed to Peg for her to forward on. KSBVI is providing excellent service, but there are some areas that need improvement; (3) David Wright gave an update on the Business Enterprise Program. They are having problems in Salina getting vendors. Other speakers' comments were mentioned; (4) redesignation of CAP to KAPS. They discussed the public hearing and different views; and (5) membership for the Kansas Advisory Committee. Josie asked what the opinion was of CAP going to KAPS. Julia stated there was no opposition, but wanted to make sure, if redesignation did happen, the blind community issues are not lost.

Redesignation of the Client Assistance Program

Rocky Nichols was asked to attend today's meeting to further review the issue of CAP going to the Kansas Advisory & Protective Services (KAPS). Mr. Nichols distributed a brochure describing KAPS. A draft of a letter to the Governor from Sanford as SRC Chairman regarding CAP redesignation was also distributed for review and edit.

Mr. Nichols described KAPS as separate from state government and separate from the providers of disability services. Their agency attempts to be free from conflicts of interest. There are eight protection and advocacy programs funded by the federal government. Seven are operated by KAPS, with CAP being separate. Title 29 law was read describing the Client Assistance Program. How CAP operates in different states was reviewed. At the public hearings, 59 individuals or organizations provided testimony. Of those 59, 58 supported the transfer and one remained neutral.

Sanford stated three months ago, the Council's understanding of this was different. We need to make sure the transfer is done appropriately. He wanted to do a poll of where we stood on the issue. In asking if anyone on the Council opposed the transfer, and one did. In asking if anyone strongly supported the redesign, two stated they did, with the remaining members being neutral.

The draft letter was reviewed for editing with Peg tracking those changes. During the discussion

of CAP positions moving to KAPS, it was clarified that KAPS has offered the CAP Director a position with KAPS, but not the part-time position at CAP. Council members asked about representation at their meetings from KAPS, whether it would be Sharon, the KAPS director, or someone KAPS designates. Josie said the Council feels more comfortable with having Sharon come to the Council meetings. Our recommendation to it being a specific person was added to the letter.

Mr. Nichols added that it is hard to differentiate between the two programs: CAP and KAPS. Therefore, if CAP is transferred to KAPS, their Board has already authorized a name change for their agency that would do two things: help eliminate some of the confusion with KAPS and CAP, and better describe what the agency will do. The new name would be Disability Rights Center of Kansas.

Following all edits, there was a motion to approve the document as changed which was seconded and carried. There was also a motion made to dissolve the subcommittee who worked on this issue, which was seconded and carried.

Services for the Blind Sub-Committee Report and Discussion – Sanford Alexander

Sanford stated the Council had approved two of the resolutions, but had concerns about the third. The recommendations of the subcommittee consisting of Sanford, Barbara, Marvin and Julia, was read. Josie asked why Blind Services wants to be a separate entity and Sanford said in order to bring focus to their particular issues, like the deaf and hard of hearing. Christine stated she did not think having a separate commission guarantees better service. She thinks Rehabilitation Services is lacking in some areas, but did not think it is fiscally responsible to create a separate commission. She did not think we needed another “Dale”; maybe needed more counselors, but did not think creating a completely new entity is the answer. Many people want services in their own community instead of having to travel to RCB to get them. She felt we should be focusing on the needs of the people who are blind and visually impaired. David Rosenthal explained how the system is in Texas, where separate entities have been brought under one umbrella, but it has not been in place long enough to know if it is successful or not.

It was determined a vote needed to be taken of Council members as to who endorsed a separate blind agency or who does not. Those opposed - 2; those taking no position - 4. There was subsequently a motion made to dissolve the subcommittee on this issue, which was seconded and carried.

Election of Chairperson and Vice-Chairperson for 2005

Peg stated individuals who have served on the Council for at least one year are eligible for these positions to serve one year. Nominations for Chair were Chris Owens and Barbara Crooks. Both listed their reasons for being Chair; after secret ballot. Barbara was elected to serve the Council next year as Chairperson. Nominations for Vice-Chairperson followed. By unanimous declaration, Julia Fonseca was elected Vice-Chairperson.

Announcements

This being his last meeting, Sanford thanked everyone on the Council and wished everyone the best.

Dale thanked both Sanford and Marvin for their service to the Council and people of Kansas. He expects to see both back on the Council at some time in the future.

Barbara thanked both Sanford and Marvin and stated there is a lot of wisdom between the two of them, which she has appreciated over the years.

Marvin stated he has enjoyed being on the Council since its inception six years ago and is amazed how much Peg does behind the scenes. He also thanked Dale for his input.

Motion was made to adjourn.

Connie Daggett, Recorder