Abstract

The West Virginia Division of Rehabilitation Services (WVDRS) went into Order of Selection (OOS) in 1985, establishing four categories to prioritize rehabilitation services to individuals with more significant disabilities. The four categories included: most significant disabilities, significant disabilities, non-significant disabilities limiting functional capacity, and disabilities not limiting functional capacity. Up until 2006, the agency had been able to serve customers in the first three categories.

In 2006, due to overextended financial resources, a waitlist was implemented and for one year, no new customers were served. To eliminate the waitlist, serve customers in all categories, and improve fiscal management, WVDRS began to review its data and to use the information to make projections that allowed for better fiscal management and long-term planning. By using these projections, in conjunction with the closure of the rehabilitation center and the redirecting of fiscal resources to customer services, WVDRS was able to maximize service funding that allowed the agency to eliminate the waitlist. In 2009, WVDRS came out of OOS.

Background

The West Virginia Division of Rehabilitation Services (WVDRS) first went into Order of Selection (OOS) in 1985, establishing four categories to prioritize rehabilitation services for individuals with more significant disabilities. The categories were defined as follows:[1]

- **Category 1:** Individuals with the Most Significant Disabilities (MSD) have "a permanent physical or mental impairment which seriously limits two or more functional capacities in terms of an employment outcome and will require two or more vocational rehabilitation services which will require six months or more to complete." Functional capacities include: mobility, self-care, self-direction, interpersonal skills, work tolerances, and work skills.

- **Category 2:** Individuals with Significant Disabilities (SD) have "a permanent physical or mental impairment which seriously limits one functional capacity in terms of employment outcome and will require two or more vocational rehabilitation services which will require six months or more to complete." See MSD category for list of functional capacities.

- **Category 3:** Individuals with Non-Significant Disabilities (NSD) limiting functional capacity have "a permanent physical or mental impairment which seriously limits one or more functional capacities in terms of employment outcome and will require one or more vocational rehabilitation services that can be completed in less than six months." See MSD category for list of functional capacities.

- **Category 4:** "Eligible applicant with disabilities which do not result in permanent functional limitations."

For many years, WVDRS had been able to serve individuals in the first three of these categories. Eventually, the agency reached the point where it was spending more money than was available. In 2006, the agency recognized that it only had enough funds to continue to serve customers who already had employment plans, and would not be able to fund services for new customers. A waitlist was implemented and 4,000 customers were placed on it.[2] For a period of one year, no new customers were served.

An underlying issue that was brought to light during the difficult financial situation was a need to improve the tracking and payment system the agency used to purchase services and manage operating costs. In response, WVDRS began to review its data and to use the information to make projections to maximize service funding and plan long-term.

- By using projections to redirect fiscal resources to customer services, WVDRS was able to eliminate the waitlist for three categories (MSD, SD, and NSD limiting functional capacity) in April 2007, and later open all OOS categories for services. In June 2009, the agency was able to come out of OOS.

[1] FY2010 State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program. Attachment 4.11(c)(3) Order of Selection. Obtained from key informant.

[2] Information obtained from key informant.

Purpose, Goals, and Implementation

The initial goal of the practice was to eliminate the waitlist, open all OOS categories for services, and stabilize the agency's financial management by using projections to maximize service funding and plan long-term. Having achieved this goal, WVDRS continues to use this data-driven approach to managing fiscal resources and planning. This should help delay the agency from having to implement OOS again.

This effort occurred in three stages. First, WVDRS developed a plan for managing under OOS. Second, WVDRS staff determined what projections to make and how to use this information for decision-making and long-term planning. Third, WVDRS developed a plan for managing once it had moved out of OOS.

a. Data-driven management under OOS

Key informants stressed how critical data-driven decisions are in managing a state agency under OOS. OOS can be considered a policy and fiscal tool to prioritize services to customers with MSD. An OOS policy is one way in which vocational rehabilitation (VR) agencies can ensure consistency with the mandates in the Rehabilitation Act. Those mandates require that agencies prioritize individuals with more significant disabilities for rehabilitation services.

However, as our key informants acknowledged, some of the decisions and changes that need to be made under an OOS policy are difficult and can be unpopular with staff, customers, state-level agency partners, legislators, and the media. One key informant found that communicating changes in service delivery was easier when those changes were supported by data:

> When I was able to go and say precisely what the fiscal scenario was and then overlay that with the data of what our needs are to serve individuals with disabilities...[then] I didn't have to say anything more. My speech could be short because I had data. There was no reason for me to have to hard sell when the data tells the story for you.

> If you can't support your position with data, you probably shouldn't be doing anything. We are so performance-based in this agency and so data-driven. It has served us so well to be that way that I can't even imagine [running] an agency without that.

In many states, demands for VR services exceed agency resources. Our key informants stressed that an OOS policy and a waitlist are often necessary for ensuring appropriate allocation of resources to individuals with MSD. Monitoring data and making projections often cannot prevent shortages

in resources. However, forecasting can be used to facilitate the implementation of an OOS policy and help an agency work out financial issues. A key informant stated:

> That's why forecasting, monitoring, tracking of data, at all levels is critical. I think...that understanding and pursuing all these [activities] will not stop an agency from enforcing an Order of Selection. But it will facilitate [implementation of an Order of Selection], it will help the administrative [staff] to be better prepared when it comes, how to do it, when to do it.

Key informants suggested that in order to manage an agency under OOS, agency staff have to have a good sense of the agency's current financial situation. Specifically, they have to know what fiscal resources are available in order to determine the number of customers who can be served.

Fiscal tracking and budget management

One area of weakness that was exposed when WVDRS experienced resource shortages was its method of tracking budgetary information. This included the tracking of remaining funds available in the yearly budget and funds that were encumbered for services (i.e., services that had been contracted for or provided, but not yet paid for). In response to this, agency staff developed a report called the Cash Forecast, which during the time of financial strain was run almost daily, but now is run on a weekly basis.

The Cash Forecast shows available funds (i.e., cash on hand), known costs (e.g., operating costs or encumbered funds), and payments due. This information is used in several ways, including for the Comprehensive Annual Financial Report prepared by the state; in the yearly process of "closing books," which involves reconciling all grants and sharing financial information with grantees; and for financial planning. The fiscal management staff share some financial information at the weekly executive management meetings including status of available funds, and continually update the budget plan for future years based on anticipated needs (e.g., technology updates, increase in operating costs).

Financial status information is important in guiding policy; for instance, how service money can be spent at the counselor level. An example provided by our key informants related to dental services, which represent a significant portion of case-service spending. The agency may have to re-evaluate the parameters for when this type of service can be provided under an employment plan versus when it does not fit within the mission of the organization.

Another practice that has contributed to fiscal tracking has been modifying the process that counselors go through when purchasing services. Part of the problem that led to WVDRS's

resource shortage was that it did not have a good system for tracking encumbered service funds through payment. This resulted in a situation where there was a long backlog of unpaid invoices and a deficit of funds to pay.

Since the actual payment has to be made by a state office external to the agency, WVDRS has come up with a way of internally monitoring all purchase orders up to payment. In order to purchase a service, counselors instruct a rehabilitation-services associate to complete an authorization. Once the service is provided, counselors sign off on the authorization and send the documentation to the centrally located fiscal staff, where it is reviewed before being sent to the state office for payment. Any questionable services (e.g., a clothing purchase receipt with items that may not fit the intent of the service) are reviewed in greater detail.[3] These built-in checks ensure that fiscal staff are involved with service-money spending and can track it against available funds.

Projecting future resource demands

One of our key informants suggested that the "best thing the agency can do is maximize resources to the best of its abilities. With that, you're going to need some projections." VR agencies need to be able to determine some key figures in order to make good financial decisions, including those regarding waitlist and OOS policy. Specifically, VR agencies need to be able to estimate the number of customers that they expect to have in the next fiscal year, and what level of expenditures will be required to serve those customers. Additionally, they need to predict how many closures they expect by priority category, including how many will close with an employment outcome.

Another projection VR agencies need is the average time they expect customers (in each priority category) to spend in the VR system. This information is useful because total cost of services is strongly correlated to the amount of time a customer spends in the VR system.[4] To generate these projections, WVDRS used data the agency collects in order to report to the Rehabilitation Services Administration (RSA).[5] This includes case-specific data, agency-level data showing yearly service trends and costs, and administrative data showing flow of customers through the service system, as well as agency data showing number of customers and associated costs.[6]

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3   Information obtained from key informant.

4   West Virginia Department of Education and the Arts: Division of Rehabilitation Services (March 7, 2011). Forecasting Vocational Rehabilitation Services. PowerPoint presentation obtained from key informant.

5   RSA data sources are RSA 911, RSA-2, and RSA 113.

6   West Virginia Department of Education and the Arts: Division of

Finally, there is a question about how to use the projections for future actions and strategizing. This often requires a judgment to be made between different areas that need action. One of our key informants stated that executive management "has to know what its fiscal resources are and how it can project forward using its data, but it also has to look at where one needs to spend the money and where one wants to focus one's efforts."

b. Using projections to make decisions and determine actions

WVDRS generated several types of projections: 1) projected number of customers in the VR system in the next fiscal year, including new and current customers; 2) projected expenditures required to serve these customers; 3) projected number of closures by OOS category; 4) projected number of successful closures by OOS category; and 5) average time (in months) a customer spends in the VR system by OOS category. WVDRS uses these projections to make budgetary decisions.

Budgetary decisions impact the way resources are allocated. For example, one of our key informants, based on the projections, identified an imbalance between the demand for VR services and availability of service funding. After reviewing the data, senior management staff made a judgment that too much money was being spent on administrative costs and not enough on the agency's customers. They decided that a disproportionate share of the agency's funding was being used to operate a rehabilitation center. Senior management decided that "the money could be better utilized by closing the center and moving the services into the communities."

Given that the rehabilitation center was an important part of the agency, it was critical to get support for this decision from the State Rehabilitation Council (SRC), consumer groups, the legislature, and the governor's office. Aside from financial concerns, senior management staff had to consider the role of the rehabilitation center in service provision. West Virginia is a rural state, and many counties, at the time, did not have any Community Rehabilitation Providers (CRPs) to provide the services that customers accessed at the center. Our key informants relied on the projections to demonstrate the disproportionate cost of operating the center and the resulting insufficient funds to meet the needs of the agency's customers.

Along with the data, projections were shared that demonstrated how WVDRS hoped to use the money that

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Rehabilitation Services (March 7, 2011). Forecasting Vocational Rehabilitation Services. PowerPoint presentation obtained from key informant.

would be reallocated from the rehabilitation center to purchase services for customers. Because the agency could clearly demonstrate the benefits of reallocating the money to customers, there was less opposition to what otherwise might have been an unpopular decision. Once the decision to close the center was made, senior management staff had to plan how to support local CRPs to provide services to customers within their communities.

The center was closed and the money that had previously been used to operate it was reallocated to customer services (which helped reduce and eventually eliminate the waitlist). According to our key informants, WVDRS spent approximately $4 million on purchasing customer services in 2006. In 2010, the agency was able to spend almost $20 million on customer services due to the reallocation of the center's funds.[7]

WVDRS also used projections to manage its service funding to reduce the waitlist from 4,000 customers in 2006 to the point of being able to come off OOS in 2009. One of our key informants recalled that the agency "had to very carefully monitor its fiscal resources during that period of time to ensure that there was enough money…to serve the people who were already receiving services from the agency."

From the time that the waitlist was implemented in 2006, WVDRS began to project forward using estimations from its federal and state grant moneys. This had to be done carefully because of the budget situation in the state at the time, where the agency was receiving its state money in quarterly sums rather than for the entire fiscal year at once. WVDRS had to be confident that it had enough "cash in hand" to fund current customers with employment plans before it could serve new customers or serve customers in a lower priority category.[8]

According to our key informants, the agency used these projections to decide that sufficient funding would be available to open the first three OOS categories in April 2007. However, WVDRS continually reviews data and shares the information with staff in order to ensure that the agency has appropriate funding and is able to anticipate any future shortages in capacity to serve customers.

At least once a month, the manager of the State Plan and Program Evaluation Unit of WVDRS breaks down data on costs for case services and caseload activities (e.g., time in status) by case type, status, territory, district, and counselor. These data are reviewed by several staff, including the state

director, the executive management group, the district and branch-office managers, and program supervisors.[9] The data are used to monitor performance (e.g., progress towards RSA standards and indicators), as well as differences between service areas and outliers by service type.[10] Detailed case-movement reports by counselor are also shared with the district and branch office managers.

The program evaluation unit generates reports monthly and these data are shared with agency staff, including counselors, supervisors, district managers, and assistant directors. The manager of the State Plan and Program Evaluation Unit sends monthly reports including information on caseload movement, activities by case type and territory, and a comparison of current performance levels with previous performance and agency projections. This puts responsibility on the managers and supervisors to be aware of what is going on in each of the six districts within the state. It also helps all staff (managers, supervisors, and counselors) to understand their role in helping the agency meet yearly goals set by RSA.

These data are also shared with the SRC due to its integral role in WVDRS strategic planning and development of the state plan. Work on the strategic plan is done based on the data and projections, including the results from the Statewide Comprehensive Needs Assessment, and goals are set accordingly. Discussions on future directions of the agency and objectives are tied to the data as a way of being able to ascertain progress towards set goals. The SRC is an active partner in this planning process. Other state partners, such as the State Independent Living Council, also receive data updates.

c. Managing a VR agency post-OOS

Now that WVDRS is no longer under OOS, the agency continues to use a data-driven approach. The model used to project costs has become more sophisticated and the agency is addressing different issues, including an influx of customers and human-resource pressures due to this increased capacity.

Although WVDRS is no longer under OOS, counselors continue to use the OOS categories to categorize customers. The WVDRS policy manual maintains the OOS policies, category definitions, and criteria. The agency has updated its OOS categories slightly, adding the stipulation to category 3 (non-significant disabilities) that the functional limitations must be permanent. However, in the latest state plan (FY

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[7]   Information obtained from key informant.

[8]   Information obtained from key informant.

[9]   Information obtained from key informant.

[10]   Source: West Virginia Department of Education and the Arts: Division of Rehabilitation Services (March 7, 2011). Forecasting Vocational Rehabilitation Services. PowerPoint presentation obtained from key informant.

2011), the agency does not list categories and states that it is no longer under OOS.[11] One of our key informants said:

> We're trying not to get too far away from that [our previous OOS experience] as far as our counselors and managers understanding the concept of an OOS policy even though we're not under one right now because we do not know at one point in the future we may have to re-implement an OOS.

The model WVDRS uses to project case cost has become more sophisticated as the agency has continued to refine its data-management approach. Through continued examination of data over time, the agency has determined that the average case cost often varies across groups of customers. For example, WVDRS has been able to develop different average case-cost projections for transition-age youth (who often have cases open for longer periods of time), customers with blindness or low vision, and customers with hearing impairments or who are deaf (who often require hearing aids and services that last only one fiscal year).

Another new model that is being introduced (as of summer 2011) is the use of past customer-service cost data organized by job goal to project how much training will cost. The fiscal management staff use total cost per case, average cost per case, and breakdown of cost by year (e.g., year one of the employment plan versus year two) to project an estimate of cost for customers seeking a particular job goal. These more advanced projection techniques allow for more accurate estimates of cost and number of case closures the agency can expect in upcoming fiscal years.

Closing the rehabilitation center and building service capacity

Once the rehabilitation center closed, the agency shifted focus to building the capacity of CRPs to provide services to customers in their local areas. Because many of the agency's customers came to the center for services, there were some areas with no or few CRPs. The agency responded by providing some start-up grants to CRPs who responded to the Request for Proposals (RFP) the agency put out.

The process of building the capacity of the CRPs required not only attention to making sure the CRPs had the staff and ability to provide services, but also to the referral process, fee structure, and certification of vendors. WVDRS counselors who referred customers to the center for services were used to a more informal, within-agency process of referral and did not issue purchase orders for these services. When planning for the transition out of the rehabilitation center service

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[11] Source: FY2011 State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program. Attachment 4.11(c) (3) Order of Selection. Retrieved from http://www.wvdrs.org/data/State_Plan_FY_2011_final.pdf

model, the agency prioritized grant money to areas of the state where, prior to the center closing, the majority of services had not been provided in the community. The next priority was assisting existing CRPs who needed additional funding to hire and train staff to be able to serve the additional customers who were going to be referred. The agency also provided grants to ensure that specific services (e.g., vocational evaluation) would be available for customers.

The agency used a combination of funding sources for the grants, including American Reinvestment and Recovery Act funds, re-allocated federal grant money, social security funds, and case-service money. However, the agency wanted the money to be invested carefully, and with an emphasis on how the CRPs would become self-sustaining once the grant money had been spent. The agency used its statewide needs-assessment data to guide its process of building the capacity of the CRPs to provide services. Their strategy is illustrated by this comment from a key informant:

> We [looked] at the needs assessment and tried to figure out how we could deal with the CRPs in a way that expanded their capacity for competitive employment in integrated settings, a more effective use of job coaching, of assessments in actual worksites and to move them away from an economic base that was primarily […] sheltered work to an economic base that would be attractive to boards of education and our counselors and others who might be able to get quality fee for service from there.

In addition to providing funds to the CRPs, WVDRS had to strengthen the agency's working relationship with them. This included revising the fee structure, referral process, and communication between counselors and CRP staff, and reevaluating the system for monitoring and acknowledging vendors. A major shift in CRP emphasis has been from a largely segregated model to community-based integrated services and employment. Another major change was the move to the milestone payment model, where vendors are paid for services when customers achieve a particular work-related skill or obtain a job (e.g., transportation training, job placement). An additional challenge was repairing relationships with CRPs who were negatively impacted by the halting of paid services provided during the OOS and waitlist time.

Communication with CRPs is coordinated by the district manager, community rehabilitation programs, and program specialists assigned to each CRP unit. Each district office has developed its own method of communicating with CRPs due to the different needs of each geographical area within the state. At first, district managers held quarterly meetings with the CRPs in their district and liaisons (agency staff). These meetings were effective in enhancing communication among

the agency staff and vendors during the period of transition and capacity building.

Details of the new fee-for-service model, how customers were referred, and how vendors were paid required some discussion between the agency and vendors. As explained by a key informant:

> When we first started … it worked out very well because we were using those meetings to learn from each other. Many CRPs were new, they had to learn the terminology, the language, plus policy had just been changed, fees had been changed. So we needed to keep up on that. Answer any problems that anybody was having and try to get that so that everybody had a fair shake at what was going on, so all the CRPs were there.

Today the business procedures between the agency and vendors (e.g., fee structure, referral and payment process) have been integrated and are working smoothly. Some district managers have transitioned into a more individualized method of communicating with the CRPs, for example, individual site visits rather than large group meetings. Emphasis has been shifted to performance, and customer and counselor satisfaction with vendor services.

Some meeting time is now dedicated to the CRPs advertising their services to counselors to enhance the number of referrals sent to the vendor. Each CRP has an agency liaison, and the vendors send their monthly report with accomplishments (e.g., customers served, number of individuals placed in jobs, successful closures, etc.). The CRP unit monitors volume of payment to vendors and performance, to ensure that the money invested in the CRPs is well spent, and quality services are available to customers across the state. Two new positions have been added related to CRP management, where staff are responsible to work individually with CRPs to ensure the agency's needs are met.

Human resource management

Once WVDRS was able to serve customers in all categories and eliminate the waitlist, it implemented a comprehensive marketing effort. The main goals of this campaign were to increase visibility and recruit new customers, and to gain back the confidence of the public in WVDRS's ability to serve individuals with disabilities. This resulted in an influx of applicants and created a capacity issue. Counselors who had been hired before the OOS categories were closed had smaller caseloads to manage than what is typical for the agency and were not prepared for the influx of cases.

One problem that WVDRS continues to face is the low starting salary of counselors in comparison with VR agencies in neighboring states and comparable federal jobs available

in West Virginia. For these reasons, there is high turnover within the agency and recruitment is difficult. Another concern is the insufficient numbers of qualified applicants coming from rehabilitation counseling master's programs. In response, the agency has taken several steps to recruit and retain talented staff.

One strategy is referred to as "grow our own," in which WVDRS hires staff at the bachelor's level for Rehabilitation Service Associate positions (i.e., paraprofessional level). Once staff are with the agency for a period of time the agency will pay for the staff member to earn a master's degree so that these staff can be promoted to counselor positions consistent with Comprehensive System for Personnel Development requirements.[12]

The agency uses data to ensure relative consistency of caseload size across counselors, and to prioritize vacancies based on capacity of the branch and demand for the geographic area. When a branch manager requests a new position, the director reviews data on customer volume, performance of the branch, case activities, and whether all counselors' skills and time are being fully used before the position is approved. This careful process ensures that positions are allocated to areas with greatest need.

Another important area of human resource management includes how policies and decisions are communicated from the executive management team to staff and the process of quality assurance for policy implementation. The agency operates an intranet site and a newsletter to staff to communicate updates and progress throughout the year. Staff also receive "director's letters." These offer routine updates as well as discussion of larger issues that the executive management team is handling.

The district managers meet with the director of field services to communicate the agency's progress on performance indicators, the fiscal situation, and quality assurance (QA) issues that emerge from the data. The district managers are then responsible for communicating important updates to their field staff. Historically, an area of concern for the agency has been inconsistent application of policies between

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12   Comprehensive System of Personnel Development refers to the 1998 amendments to the Rehabilitation Act that required state VR agencies to employ "qualified staff." This means that staff have to meet state-approved certification or licensure requirements. In most states, this is "Certified Rehabilitation Counselor (CRC)--eligible," which requires the counselor to either have a master's degree in rehabilitation counseling or a master's degree in a closely related counseling discipline accompanied by additional coursework in counseling theory and the impact of disability (25th IRI, 1999).

districts. The QA unit now trains all new counselors and monitors cases in order to guard against differences in services across the state.

Each district has one QA staff member responsible for performing case reviews and generating reports and information on closed and open cases. This report is used to verify case data and to plan for customers nearing the job placement stage. Supervisors, branch managers, and district managers are encouraged to look at these reports to increase familiarity with what is going on in their district in terms of customers and the labor market (e.g., job types of successfully closed customers in their local area). District managers often work directly with the QA staff to identify issues at the district, branch, or individual counselor level. Informants noted that a value of the QA staff is their objectivity; they do not report to the district manager, so there is no conflict when reporting potentially problematic findings.

At the counselor level, staff have access to their own performance statistics and aggregate data on their county, branch, and district. The communication of performance data to counseling and rehabilitation assistant staff is often less formal than the reports that the fiscal management, executive management team, and district managers receive. Counselors and rehabilitation staff are more interested in what their performance means in terms of how they should prioritize their efforts (e.g., increase contacts with customers, take more applications, assist more customers in job placement). A key informant described the strategy for communicating these key data points:

> We do have the goals for them [counselors] to achieve but we've always said that's the target, if you go beyond that that's great because you're picking up for your fellow counselors. And our staff has been really great about that. They know what their goal is; they'll pass it because they feel maybe somebody else is having a bad time.

Agency communication with external partners

Once the agency ended the waitlist and began serving customers in all categories again, one challenge was to change the public perception that the agency "had gone under as a whole." In response, WVDRS launched a marketing campaign (including a press release and newspaper, radio, and television advertisements). The agency also monitored applications by area in comparison to population density to ensure that the efforts were reaching all possible customers. More targeted efforts have been aimed at recruiting minority customers and individuals from geographical areas that appear underserved.

An example of these outreach efforts is a direct mail campaign to people in specific zip codes to advertise the agency's services. The marketing campaigns have resulted in an increase of applications. The agency also puts out a newsletter and maintains a website with information, a needs-assessment survey, and places for customers to submit comments to the agency.

Other key partners that the agency works with include the State Rehabilitation Council (SRC), the State Independent Living Centers (SILC), the Client Assistance Program (CAP), and grassroots and advocacy groups. The agency's transparency with data, reasons for decisions, and changes to service have improved their relationship with these groups. The agency's director and program management staff attend the SRC and SILC meetings, share data, and give updates on the agency's operations, financial standing, and progress towards performance goals. Additionally, members of the SRC, CAP, and SILC are invited to participate in strategic planning with the executive management staff.

In aligning their requests to the state legislature, these partners have been effective in getting increased funds. The agency's Return on Investment study[13] has also been an effective tool in communicating the impact of agency services to external partners. This has allowed the partners to advocate for the WVDRS to receive the maximum possible funding. The Return on Investment study is being shared in various forms, including a peer-reviewed journal article and a forthcoming op-ed piece in the *Charleston Gazette.*[14]

Employers are important partners for WVDRS, and the agency has targeted some of its marketing directly to them. Advertisements and a story in the *West Virginia Executive* highlighted agency services and the growth they have seen in capacity since the rehabilitation center closed.[15] Employment specialists from the agency directly contact employers as well, to find out about job leads and present qualified candidates. The agency has printed publications for the employment specialists to share with employers on topics of interest; for example, tax incentives for hiring individuals who receive public benefits.

[13]   Bua-Iam, P. & Bias, T. K. (2011). Economic impacts of the West Virginia Division of Rehabilitation Services on consumers with significant disabilities: Realistic return-on-investment models for state-federal vocational rehabilitation programs. Journal of Rehabilitation, 77(3), 25–30.

[14]   Information obtained from key informant.

[15]   Information obtained from key informant.

Results

WVDRS continues to use projections to manage its fiscal resources, including re-allotment[16] money that the agency recently received from the federal government. WVDRS has projected that this money will help the agency delay future implementation of OOS. A key informant reflected on the current methods of projections and planning and how the emphasis has changed:

> Now we have a different onus. Now it is how do we responsibly handle the funding that we have? How do we responsibly plan for a continuance of services […] where we can maintain this level without implementing an Order of Selection? So it's a different kind of thing but the projection part of it really started for a different need. [...] And it evolved over a period of time and really it's just been continually evolving for the past five years. And I think we got it down pretty good now. The process of using data and projections to assist with long-term planning has become part of the management philosophy.

When asked to reflect on what contributes to WVDRS's effective management practices, a key informant shared the following:

> I guess the one thing that I think I would attribute to allowing us to get there is a philosophy. It boils down and I have made almost an ostentatious display of transparency, inclusion, involvement partnering. And I'm talking at all levels. Internally our management group gets together and we discuss everything. It is an open management.

> It is a philosophy I think of continuous quality improvement--the old concept, teamwork. I don't like complacency. I can't stand complacency. I can't stand status quo. I think an organization always needs to be looking at ways to improve. Everybody has ownership involvement of their area of responsibility. And I think we're at a point where everybody takes pride in that. Everyone wants to do better. And I really think that in that kind of an environment things work better.

By consistently reviewing data and making projections, WVDRS was able to go from having 4,000 customers on a waitlist under OOS in 2006 to opening all categories and coming out of OOS in 2009. Further, WVDRS used data and projections to increase from approximately $4 million spent on customer services in 2006 to almost $20 million spent on customer services in 2010.

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[16]   In order for states to receive money from the federal VR service money grant, they must secure a state match. If a state does not have a state match for the federal grant, they must take a reduced amount, and the additional money is re-allotted to states that can secure a larger state match.

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