

## PROGRESS WITH A STATEWIDE AT SERVICE DELIVERY PROGRAM IN A VR SETTING.

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### BACKGROUND

Rehabilitation Services (RS) in Georgia has completed a successful transition to the Department of Labor (GDOL) and is continuing to upgrade its ability to serve its customers statewide. As a prelude to the transition to GDOL, RS reorganized several elements in the Vocational Rehabilitation (VR) Program. An important change was to combine the two technology programs into a combined Assistive Technology Unit. This action unified Tools For Life, the Georgia Assistive Technology Project established in 1991 (i.e., the Tech Act project) with the Assistive Work Technology Service established in 1999. This unity reinforces RS's position that "assistive technology" (AT) is one of its five core service areas. RS named the program Assistive Work Technology (AWT) Services to emphasize its vocational nature and committed 29 FTE to this new service. Tools for Life (TFL) supports four Assistive Technology Resource Centers across the state, a nationally renown computer recycling program called REBOOT, technology-related training and technical assistance, peer advocacy, and technology lending services.

Prior to 1999, Georgia RS contracted for AT services on an as needed basis. As the contractors were phased out, they prepared assessment guides to help train the new internal staff. The Center for Rehabilitation Technology at Georgia Tech prepared a Cognitive Impairment Assessment Guide and Mercer Univ. prepared Assessment Guides for residence and for vehicle modifications. (These have been submitted for presentation at CSUN) The purpose of the assessment guides is to provide a consistent level of service delivery statewide. Other guides and assessment tools are being evaluated. In addition to the assessment guides for the AWT staff, RS contracted for AT training for VR Counselors utilizing Tech-Points developed by The Langton Group. The AT training is to assure VR Counselors understand how to utilize fully the AT services available to them. Additionally, Tools for Life has made its CD ROM *Dollars and Sense: A Guide to Solving the Puzzle for Assistive Technology Funding in Georgia*, available to VR Counselors and AWT staff to assist in the search for third party benefits. Finally, as an adjunct to its Continuous Quality

Improvement program, a new initiative will use outcome measures to determine the impact and effectiveness of the AWT support of VR programs.

## METHODOLOGY

The Georgia Dept. of Labor, Rehabilitation Services is committed to finding substantial gainful employment for people with disabilities and recognizes that AT is a critical component in achieving this goal. One criteria of Federal funding limits AWTs support to VR clients referred by VR Counselors, while the Tech Act allows for technology assistance to any person with a disability. The unified management of AWTs and TFL assures that people eligible for the VR program will receive assistance from AWTs and those not otherwise eligible will receive some type though not necessarily equivalent assistance from TFL. In FY 01, the AWTs program will serve over 1,500 VR clients, which is about 20% of the VR clients for whom work plans are prepared. The services are subdivided by funding categories collected from the existing database. These categories are listed in order of amount of funds expended: vehicle modifications, residence modifications, computers, AT for VI, mobility and misc. The AT assessment and recommendation for an AT intervention are included in AWTs Team Report.

The AWT program has assigned a Technologist to each of the 12 VR regions across the state, with an additional Technologist in the Atlanta area due to its larger population (13 FTE). An AWT Team is assigned to a geographic tri-region, again with an additional Team in the Atlanta area. Each of the five Teams (15 FTE) consists of an OT, Engineer and Technician. The two Teams and four Technologists in the Atlanta metropolitan area have a Supervisor to guide and assist the administrative operations. (Total of 29 FTE)

The Technologist serves as the regional facilitator and conducts a preliminary assessment. If the Technologist determines the client needs a more in-depth assessment or has special needs, the client is referred to the Team or members of the Team for services. In general, the OT has the most clinical experience and is referred clients who may need additional medical services; the OT advises the Counselor as to contracted medical services, such as PT or direct physician care. The OTs also may conduct an ergonomic assessment or seating and positioning assessment. Most often, the OT recommends outpatient services from local rehabilitation facilities. Ideally, the entire Team visits each client; in practice, the Team separates in order to visit more clients based on preliminary assessment by the Technologist. The Engineer and OT usually team staff a vehicle or residence modification, with the Engineer conducting the safety and quality review. The Georgia VR Program requires vehicle modifications be performed by NMEDA certified dealers. Most residence modifications are contracted to local sources, with the contractor's progress monitored by the Engineer and Technician. Occasionally, two Technicians from adjoining tri-regions will cooperate to perform a simple residence modification where no electrical or plumbing permits are required, and no weight-bearing walls are affected. In this latter case, the Technicians work from the specifications prepared by the Engineer. The Technicians support the Team by finding qualified vendors, obtaining quotes or prices, and preparing data to speed purchasing process. The Technician is very involved in setting up and trouble shooting the AT equipment provided in the program.

An example of the benefit to the VR Program of an internal AWT staff is data on home modifications supported by VR as part of preparing a client to return to work. Georgia VR will support home modification for one accessible entrance/exit to the house, an accessible pathway to

the primary bedroom and an accessible bathroom. In FY98, prior to an internal staff, VR funded over 40 home modifications for an average \$9,000 each. In FY99, as the internal staff was recruited and trained, the number of homes modifications and costs were almost the same. However, in FY00, when the AWT staff prepared the specifications for bids, the number of home modifications rose to over 80 and the average cost dropped to just under \$6,000. These costs are for contracted work and do not include the number of ramps and doorway changes performed by the internal staff. While these data are not a statistical outcome measure, they do serve to demonstrate that an internal staff can have a measurable impact. The increase in the number of home modifications is believed to relate to both the VR Counselors recognizing the AWT staff expertise and the easing of their workload when an AWT referral delegates the entire process to the AWT Team. The check and balance for this referral is the VR Counselor has final approval and authorizes process for payment. This assures communication and cooperation between the client, the counselor and AWT.

In the VR process, the Counselor refers a client's case to AWT, where the Technologist is the first contact. The Technologist schedules an assessment, after which the AWT staff person conducting the assessment (who may be the Technologist) prepares the AWT Report and meets with the Counselor. The AWT Report is usually a compilation of data from the different team members involved in the referral. The Report contains the results and analysis of the assessment, and the recommendations for the AT intervention. A time and cost estimate is part of the recommendations. Approximately 90% of AT devices provided are available commercially; occasionally a device is modified for a client and rarely is a device custom designed and fabricated. The latter is primarily due to the lack of facilities for fabrication. The AWT Report is presented to the Counselor and usually discussed at a work team staffing. After approval by the Counselor and the client, the AWT staff implements the planned intervention. Often, the plan is conducted in stages, for example, a residence modification when the client is first discharged from a primary medical facility, followed by ADL or training assistance and possibly vehicle modifications and then work-site accommodations. This means a client may be an active AWT referral for many months, and possible years if post-secondary education is part of the VR client's work plan. AWT also is involved in marketing VR services to prospective and current employers of VR clients. This usually involves ADA assessment of the facility and a task analysis of the job proposed to determine what accommodations may be needed for a VR client. The task analysis helps assure the employer that the VR client will be well prepared, and that the employer is not "out there all alone" and advice and assistance is available, if needed.

The Tools For Life (TFL) program has received state funding of 409 K per year to replace the reduced Federal funding of 441K per year for the Tech Act programs. The continuing commitment of state funds support the services of core TFL staff, four ATRCs, ReBoot and an annual statewide assistive technology expo. The Resource Centers provide support and training for advocacy, a "lending library" of AT products to evaluate the potential use of products prior to purchase, and statewide deployment of recycled computers. TFL continues to host "Touch The Future;" now an annual statewide AT training conference and product exhibit held in Georgia.

Joining AWT and TFL assures all Georgians receive some, although not necessarily equal, level of AT assistance and services. The joining of these two programs is viewed as the oriental ying-yang symbol, where the circle enclosing them is the unity of a common base in VR and the ying-yang symbols interlock to represent the continuity of AT services to all people with disabilities.

## DISCUSSION

The AWT program is serving a large number of people with disabilities with AT services. The program is evaluating both structured assessment guides and outcome measures instruments. The goal is to determine the most appropriate measuring service delivery impact and effectiveness. An overview of the assessment guides and outcome measure instruments will be presented.

Data will be presented on the types of services and costs involved. In general, the funding is distributed 25% for vehicle modifications, 25% for residence modifications, 20% for computers and related devices, 15% for AT for people with Visual Impairments (including computers specifically for people with VI), 10% for mobility and 5% miscellaneous. However, the distribution of time for service delivery is 25% for travel, 20% for assessment, 15% for Report preparation, 13% for researching for appropriate AT devices and procurement procedures, 10% for AT Equipment installation/construction, 7% contractor monitoring, 5% consulting with Counselor and VR team and 5% marketing. The latter data supports the contention that VR Counselors make more referrals to AWT because it eases their workload to have AWT staff do the contract preparation and monitoring and researching for the AT devices, processing the procurement and set-up and training the client in its use

The time distribution reflects the use a “virtual office” where the AWTS Team is out in the community to conduct service delivery, rather than sitting in an office or lab. This also is evidenced by travel being the major time category. The time spent on assessment is indicative of the professionalism practiced by the OTs, Engineers and Technologists on the Teams. Overall, the time is divided 62% for actual service delivery and 38% for administrative functions.

The value of these programs to the Georgia VR Program is reflected in projected plans to expand the AWT staff by 8 FTE in order to reduce the staff travel time, which is a drain on resources. This plan also calls for specialized training and certification for the OT staff in areas such as Functional Capacity Evaluations and Seating and Positioning. The plan includes adding a statewide STAR(State Technology Assistance) Team with a home modification supervisor and some specialized disciplines, such as Speech and Language Pathologists and Physical Therapists. This team would provide comprehensive interdisciplinary technology assessment/services to Georgians with disabilities who fall outside of AWT and TFL services, including other public/private agency referrals. In-service training of current staff (both AWT and TFL) occurs through quarterly training meetings as well as support for staff to participate in external training opportunities.

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