Comprehensive Statewide Needs Assessment

Prepared for

Vocational Rehabilitation
FLORIDA DEPARTMENT OF EDUCATION

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Executive Summary

This assessment is designed to answer important questions about the population eligible for VR services in Florida and their need for vocational rehabilitation services. It will also help the agency strategically plan and develop goals for the Division in 2008 and beyond. Specifically, the research responds to federal regulations requiring VR to jointly conduct a "comprehensive statewide assessment" with the State Rehabilitation Council (SRC) every three years that describes the vocational rehabilitation needs of individuals with disabilities residing within the State.

The four research objectives of the needs assessment correspond to the four regulatory requirements specified in §361,29(a)(1)(i)&(ii) of the Federal Regulations. The first three objectives assess the vocational rehabilitation services needs of:

I.   Individuals with significant and most significant disabilities, including their need for supported employment services.

II. Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title.

III. Individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through other components of the statewide workforce investment system.

IV. Additionally, Federal regulations require an assessment of the need to establish, develop, or improve community rehabilitation programs within the state.

Research Objective I.   Research Objective I was addressed through a survey of VR consumers. A random sample of 2500 VR clients were surveyed; 428 completed surveys were returned for analysis. The sample was stratified on the basis of significance of

disability. Three groups were represented: Not Significant, Significant and Most Significant. The survey asked participants about their needs for 33 specific vocational rehabilitation services, their disability, work history, work status, and health insurance. Additionally, various demographic and socio-economic data helpful in discerning and responding to the needs of individuals with disabilities seeking services from VR were collected.

The need for vocational rehabilitation services varied considerably across the thirty three services assessed. The findings from this analysis show high demand for VR services very directly related to getting and keeping a job. Services with the highest level of demand include help finding a job and training, both on the job and formal training. This includes related equipment and services needed to succeed with both working and training: a computer, software and related equipment, vocational testing, job seeking skills [e.g., resume writing, help applying for a job] and tutoring. The need for supported employment services is also high. Self employment services are also sought by a relatively high percentage of consumers. There is also substantial need for treatment to improve or cure a medical condition

As expected, the findings confirm that not all consumers need the same services from VR, and their needs vary in predictable ways. Consumer needs vary in relationship to several consumer characteristics. The characteristics that showed the most far reaching impact on needs are primary disability, multiple disabilities and work status. Primary disability is statistically related to 30 of the 33 VR services, multiple disabilities to 24 services and work status to 21 services. Education and significance of disability are also statistically related to the need for VR services.

Health insurance is a significant unmet need for nearly a fourth of the sample. Transportation is a barrier for one third of the respondents who cited the need for work related transportation. The need for other transportation related services is lower. Childcare is needed by ten percent of the sample.

Research Objective II. Using the 2005 American Census Survey [ACS] database for the state of Florida provided by the United States Census Bureau, we find that 750,633 individuals or about 6.9% percent of the working age population has an employment disability and may qualify for VR services. As expected, this number far exceeds

FLDVR's capacity. The ACS data was compared to applicant data for the VR program from the same fiscal year.

It appears that VR receives a greater proportion of applicants with an employment disability than exist in the general population of Florida from three racial/ethnic groups: Blacks, American Indian or Alaskan Native and Hawaiian or other Pacific Islander. The analysis also shows that Whites, Asians and Hispanics are all slightly underrepresented as applicants to the VR program.

Analysis of working age consumers with employment disability by gender and age group revealed that females are under represented among FLDVR applicants. The data also show that younger consumers, 16 to 20 years old, are over represented by a wide margin. This age group accounts for 3.2% of working aged Floridians with an employment disability compared to 22.7% of FLDVR applicants. Both males and females in this age group are overrepresented.

The American Consumer Survey does not provide a basis for making direct comparisons with the division's internal database by of type of disability. A survey of VR counselors regarding contract providers (Research Objective IV) suggests that all disability types are somewhat underserved by contract providers. Counselors believe the most underserved groups are consumers with developmental disabilities, head injuries, mental disorders and hearing disabilities.

Research Objective III. An online survey was conducted with One Stop staff and FLDVR staff who work closely with One Stop Centers. One hundred and three responses were received and analyzed; 79% were VR staff who work closely with the One Stops, mostly VR counselors. Twenty-one percent were One Stop staff of which more than half were managers.

The purpose of this objective was to assess how well One Stop Centers serve consumers with disabilities. Specifically, the survey asked participants about the factors important for a One Stop to serve consumers with disabilities, the availability of technical assistance and training for One Stop staff, common practices, accessibility, accommodations, assistive technology, partnerships and performance tracking.

The One Stop system needs improvement. Both groups were also asked how they think job seekers with disabilities are best served: within the One Stop with supports as

necessary or by referring them to FLDVR. Forty-four percent of the OSC respondents believe that individuals with disabilities are better served through referral to VR. Eighty-seven percent of VR staff believes job seekers with disabilities should be referred to VR. The VR system can serve about 4 to 5% of the total number of working age Florida citizens who may have an employment disability, as defined by the U.S. Census Bureau. All consumers with disabilities do not need VR services. More may need to be done to enable OSC staff to make *appropriate* referrals to VR.

The One Stops generally rely on a transactional model where consumers make one or two visits to a Center for assistance finding employment. The VR model is more relational where they develop a relationship with consumers designed to identify vocational goals and capabilities, barriers to employment, and solutions to these barriers. The typical VR consumer remains in active status for some months and sometimes years.

There is a need to bridge these two systems so that only consumers who truly need VR services are referred to VR.

Some issues worthy of more review include:

1. The method used for determining if a consumer has a disability
2. How consumers are made aware of accommodations and assistive technology available in the One Stops
3. Criteria used to determine if a consumer should be referred to FLDVR

Research Objective IV. Key informant interviews were conducted to learn more about how FLDVR works with contract providers. Ten VR supervisors from all six areas, area contract managers, the FRC chairperson, and several state office staff responsible for some aspect of contract vendor management were interviewed. All 422 VR counselors were then surveyed online. Completed surveys were returned by 150 counselors for a response rate of 36%.

Eighty-two percent of counselors make more than 20 referrals to contract providers each year. Only 7% make fewer than 10 referrals annually. Counselors refer consumers to providers for many reasons. Ninety-six percent of counselors refer clients to providers for job placement. Eighty-eight percent refer clients for vocational evaluation and 75% for supported employment.

Contract providers are a vital partner delivering essential services that contribute to successful employment outcomes for the agency's clients. Providers appear to be unable to meet the agency's referral needs. The volume of referrals to providers varies widely depending upon the nature of the service. However, counselors report that provider capacity in their local area falls short for all services. For example, only two thirds report that provider capacity is adequate to meet referrals for the two most requested services: job placement and vocational evaluation.

The agency may need to improve its forecasting system to track anticipated demand for contract provider services. The key informant interviews suggest that the agency does not appear to have a well defined system for forecasting the level of need for VR services purchased from contract providers across the state. They did not know how trends in the need for specific services are documented or analyzed. Participants in the interviews did not know how the agency would know if a shift in the VR client population caused a change in the *mix* of services clients need or if it resulted in a greater of lesser number of clients needing a specific VR service.

A related conclusion is that the agency may not have an adequate process for managing capacity shortfalls when they occur. Shortfalls in provider capacity have the potential to delay service to consumers, preventing them from achieving their vocational goals. A process for managing capacity shortfalls might include criteria for prioritizing which client gets served first by a provider with limited capacity to accept referrals, the use of providers from out of the local area, and other strategies. Ultimately, prevention of capacity shortfalls is the goal.

A more strategic approach for managing the contract provider component of the agency's business model may be needed. The agency would benefit from improving its system for ensuring that it attracts qualified providers. Perhaps more importantly, the agency may want to evaluate how the system identifies and *rejects unqualified* providers. Providers received somewhat mediocre service quality scores. This may suggest a need to attract more qualified providers. Or, it could reflect the need to better manage the expectations and performance of providers. An improved process and criteria for evaluating and ultimately screening providers could help the agency better manage the quality of service delivered by contract providers.

Florida Division of Vocational Rehabilitation Services

Comprehensive Statewide Needs Assessment

In order to facilitate the desire of people with disabilities to get and keep a job, Florida Division of Vocational Rehabilitation Services (FLDVR) must have detailed knowledge of consumers' need for specific vocational rehabilitation services. This assessment is designed to answer important questions about the population eligible for VR services in Florida and their need for vocational rehabilitation services. It will also help the agency strategically plan and develop goals for the Division in 2008 and beyond. Specifically, the research responds to federal regulations requiring the agency to jointly conduct a "comprehensive statewide assessment" with the Florida Rehabilitation Council (FRC) every three years that describes the vocational rehabilitation needs of individuals with disabilities residing within the State.

Research Objectives

The four research objectives of the needs assessment correspond to the four legislative and regulatory requirements. The first three objectives assess the vocational rehabilitation services needs of:

I. Individuals with significant and most significant disabilities, including their need for supported employment services.

II. Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title.

III. Individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through other components of the statewide workforce investment system.

IV. Additionally, Federal regulations require an assessment of the need to establish, develop, or improve community rehabilitation programs within the state. Community rehabilitation providers are called contract providers in Florida.

Research Approach

The needs assessment is supposed to assess Floridians need for VR services. Conducting a random sample of households would be cost prohibitive because it would require a qualification step to identify individuals with an employment disability. The U.S. census Bureau reports that only about four percent of Floridians aged 16 to 64 have an employment disability, making this a time consuming and costly process. For this reason, Research Objective I was addressed through a survey of VR consumers. Research Objective II was addressed by comparing the American Census Survey data for the state of Florida with applications data for the VR program. Research Objective III was addressed by conducting key informant interviews with selected VR staff and then surveying One Stop Center Disability Navigators and VR staff who work closely with the One Stops. Research Objective IV was also addressed by conducting key informant interviews with VR staff. These interviews were followed by a survey of vocational rehabilitation counselors. The approach and the findings for each research objective are discussed in turn.

Research Objective I

Survey and Sampling Plan

The survey contained thirteen questions which asked participants about their needs for specific vocational rehabilitation services, their disability, work history, work status, health insurance, and various demographic and socio-economic data helpful in discerning and responding to the needs of individuals with disabilities seeking services from VR.

The list of VR services was identified by reviewing similar research conducted by other state vocational rehabilitation agencies, by reviewing academic literature, by reviewing the service categories used by the agency and through many discussions with

internal FLDVR staff. Thirty three VR services were identified that are relevant to FLDVR, a general agency that includes services to the deaf and hard of hearing.

Two questions on the survey asked participants about their disabilities. The first question asked about the nature of their primary disability; the second question asked if they have multiple disabilities. Two questions addressed work experience. The first question asked about work status. The second question asked how much work experience they had.

For many individuals with a disability, health insurance is a major factor in the decision to seek employment. One question asked participants if they had health insurance and if so, what kind of insurance. Finally, the survey asked participants about their primary source of income, age, gender and where [city, county] they lived.

The survey was developed with substantial input from VR staff and a sample of VR clients. Every effort was made to use content and language appropriate to the audience. The input from VR staff and consumers enabled the researchers to evaluate the survey layout, instructions, order of the questions, the wording of the questions and response categories, and the completeness of the questions and response categories. A copy of the survey is shown in the Appendix.

Response Rate

A stratified random sample of 2500 active and closed VR clients from the most recent twelve month period was drawn from the agency's client database. The sample was stratified into three groups based on significance of disability to comply with the applicable Federal regulations. The three groups were individuals who did not have significant disabilities [NSD], individuals who did have significant disabilities [SD], and individuals with most significant disabilities [MSD].

Contact information was not available or was incorrect or incomplete for 327 members of the sample. The response rate for the survey was an acceptable twenty percent; 428 usable responses were returned from a sample of 2173.

Most participants completed a web based survey, either alone or with help from a family member of other party. Individuals were contacted by telephone and invited to participate in the survey. If they agreed, it was then determined if they had email and internet access and if they felt comfortable completing a web based survey. If so, the link

to the survey was emailed to them. Clicking on the link brought up the survey in a web browser. Upon completion, the participant simply clicked on the "submit" button and the survey was sent electronically to a database maintained by an independent research firm. Telephone and face-to-face interviews were conducted when the web based approach was not suitable.

Analysis of the 428 usable surveys reveals a close match to the sampling plan as shown in Table 1. The NSD category [not significant disabilities] accounted for nearly 17% of the respondents. Thirty seven percent of the respondents were in the SD category and the MSD category accounted for 46%.

Table 1: Florida DVR 2007 Comprehensive Needs Assessment Consumer Survey

	Frame		Sample		Returns	
Significance of Disability	N	%	N	%	N	%
MSD	28579	49	1225	49	198	46
SD	21093	36	900	36	158	37
NSD	9166	15	375	15	72	17
	58838	100	2500	100	428	100

Survey Findings

This section is divided into three parts: Profile of Participants; Need for VR Services; and, Differences in Need for VR Services. The section on Differences in Need for VR Services examines the relationship between the need for VR services and participant characteristics. The purpose is to determine if statistically significant differences exist that may provide insights useful in shaping strategic priorities and operational practices.

Profile of Participants

Slightly less than sixty percent of the respondents are female; somewhat more than forty percent are male. The mean age of the respondents is 44. Respondents were asked to indicate their primary disability.

Consumers could select one of nine response categories for primary disability:

1. Visual [visual acuity, glaucoma, diabetic retinopathy, macular degeneration, retinitis pigmentosa, etc.]

2. Hearing [deaf, hard of hearing]

3. Orthopedic [back pain, amputation, mobility impaired, hip problems, knee problems, etc.]

4. Spinal Cord Injury

5. Mental Disorders [learning disabilities, bipolar disorders, anxiety disorders, depression, etc.]

6. Developmental Disabilities [mental retardation, autism, cerebral palsy, spinal bifida, prader-willi]

7. Head Injury

8. Medical Disorders [heart, digestive, respiratory, dental, diabetes and other endocrine disorders, hernia, hysterectomy, etc.]

9. Other [please describe]

"Other" responses were recoded into the eight categories where appropriate. Mental disorders and developmental disorders combined account for 40% of the sample; orthopedic disabilities account for one fourth. Seventeen percent of the respondents have a medical disorder and 9% a hearing disability. Spinal Cord injury, head injury and visual each account for less than 5% of the sample.

Figure 1: Primary Disability
(N = 419)

Percentage of Respondents

Multiple Disabilities

Yes
34%

No
66%
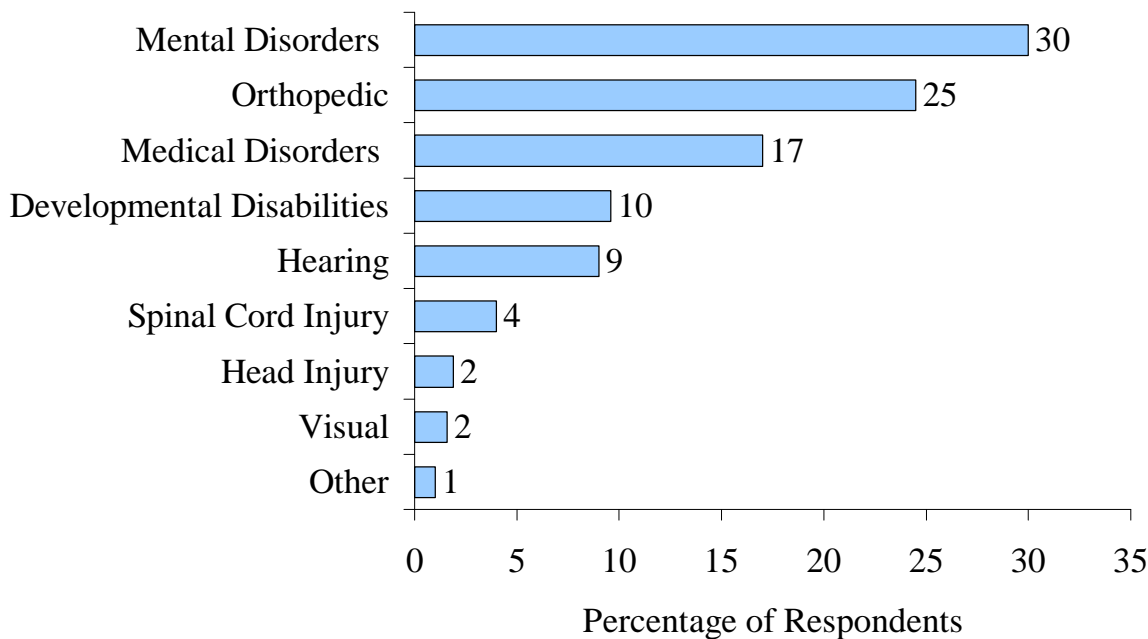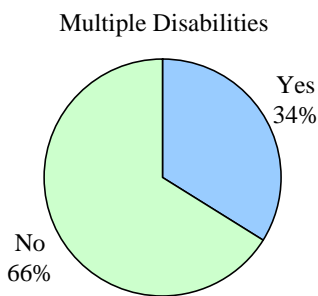
Thirty-four percent of the participants have multiple disabilities; 66% do not. Sixty-six percent of participants are white while almost twenty-two percent are black. Slightly more than seven percent are Hispanic. Asian, Native American and Mixed each account for one percent of the survey respondents.

Figure 2: Race/Ethnicity

Percentage of Respondents
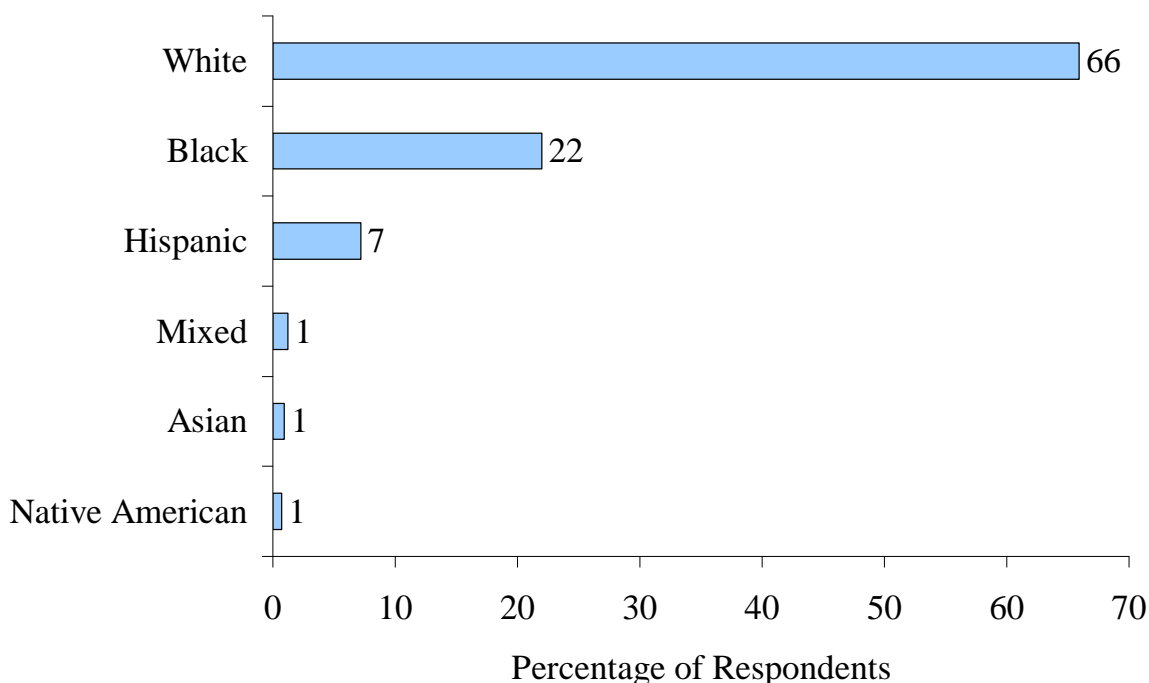
Seventy-five percent of the sample are either working or looking for work. Forty-two percent are employed either full or part time. Nearly half of the participants are not working but, of this group, 33% are looking for work. Eight percent are students and 14% are not working or looking for work.
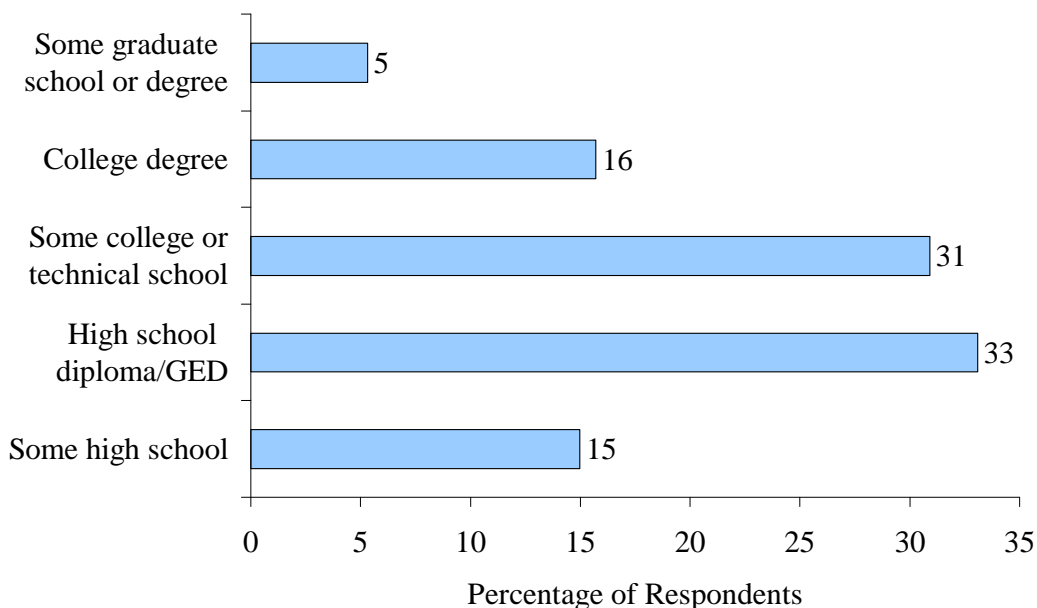
Figure 3: Work Status
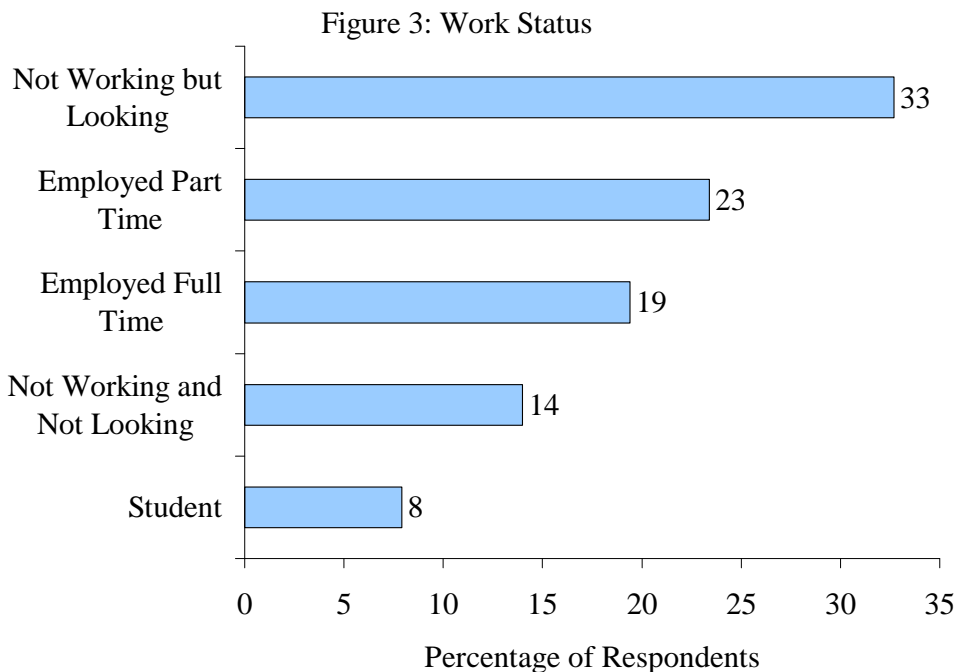
Surprisingly, 98% of the sample has some work experience; 58% has 6 or more years work experience.

Figure 4: Work History
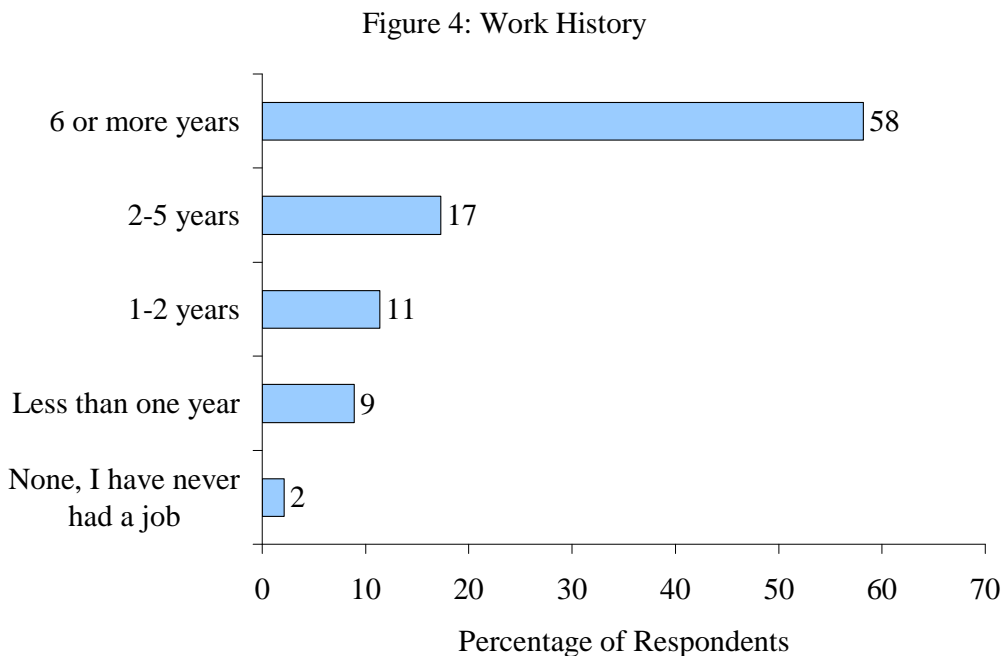
While fifteen percent of the sample has less than a high school diploma, most have completed high school or some college or technical school. About one fifth have a college degree or more.

Figure 5: Educational Attainment

Category	Value
Some graduate school or degree	5
College degree	16
Some college or technical school	31
High school diploma/GED	33
Some high school	15

Percentage of Respondents

Earnings from a job are the primary source of income for one fourth of the sample. The primary source of income for nearly one third of the participants is Social Security Disability; another 19% indicated Supplemental Security Income. Family is the primary source of income for 15%.
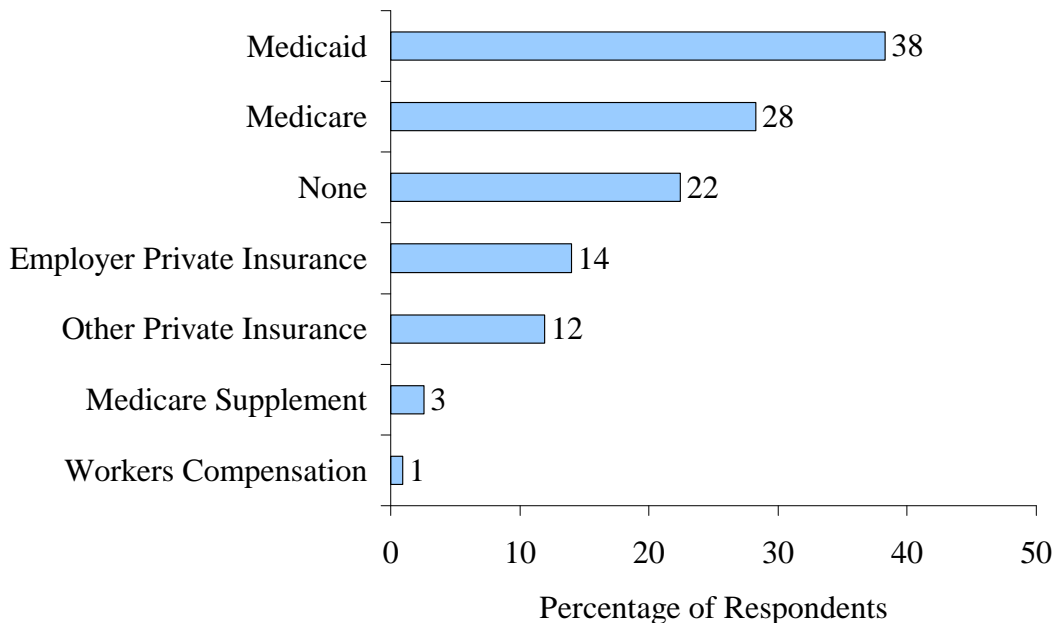
Figure 6: Primary Source of Income

Category	Value
Other	9
Family	15
Job	25
Social Security Disability Income	32
Supplemental Security Income	19

Percentage of Respondents
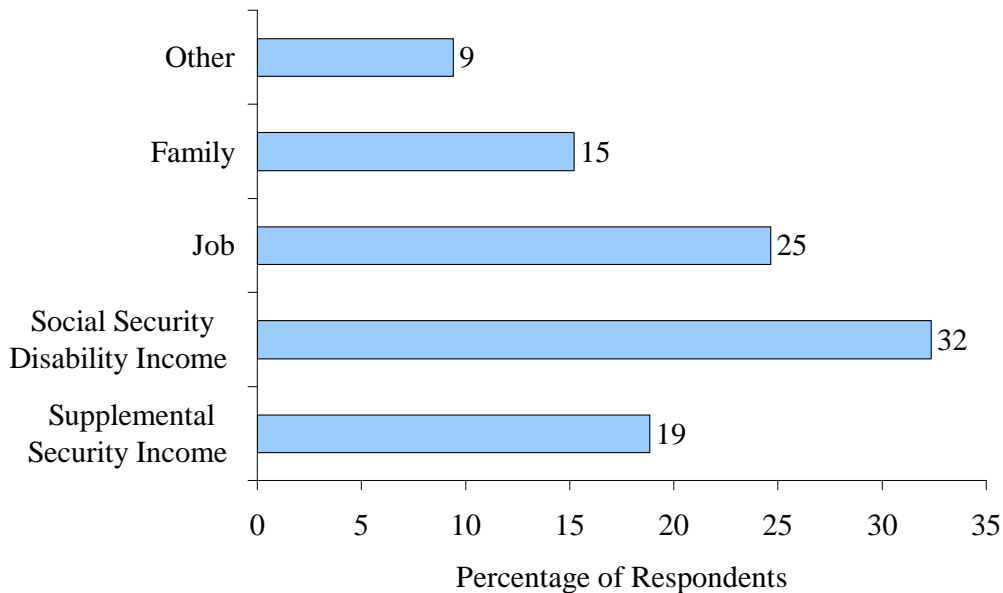
Respondents were asked to indicate what type of Health Insurance they have and could select all that apply. Twenty-two percent have no health insurance while two thirds are

insured through Medicaid, Medicare or Medicare Supplement. Employer Private
Insurance accounted for 14%; Other Private applies to 12%. Less than one percent report
that they have Workers Compensation.

Figure 7: Type of Health Insurance [check all that apply]

Type	Percentage
Medicaid	38
Medicare	28
None	22
Employer Private Insurance	14
Other Private Insurance	12
Medicare Supplement	3
Workers Compensation	1

Percentage of Respondents

The distribution of respondents by county is shown in the table below.

Table 2 : County of Residence

County	Percentage of Respondents	County	Percentage of Respondents
Miami-Dade	12.2	Sarasota	1.7
Broward	11.2	Alachua	1.4
Duval	7.6	Citrus	1.4
Hillsborough	6.0	Indian River	1.4
Pinellas	5.0	Lee	1.4
Escambia	4.1	Okaloosa	1.4
Orange	4.1	Polk	1.4
Brevard	3.3	Jackson	1.2
Bay	3.1	Leon	1.2
Palm Beach	2.9	Martin	1.2
Volusia	2.6	St. Johns	1.2
Holmes	2.4	Seminole	1.2
Marion	2.4	Hardee	1.0
St. Lucie	2.4	Highlands	1.0
Columbia	1.7	Lake	1.0
Pasco	1.7		

Finally, some of the consumer characteristics are related to each other.
Statistically significant relationships [p≤.05] were identified between Significance of

disability and six consumer characteristics. As shown in Table 3, statistically significant differences were found between significance of disability and gender, primary disability, age, work status, primary source of income, and health care coverage.

Individuals in the NSD category have a higher mean age and are more likely to be female. Also, individuals in the NSD category are *more* likely to report hearing as a primary disability and *less* likely to report mental disorders as their primary disability. Consumers in the MSD category are slightly younger on average and are *more* likely to have a mental or developmental disorder and *less* likely to report an orthopedic disability. The MSD group also has less work experience and is more likely to receive SSI, SSDI, Medicare and Medicaid.

Table 3: Consumer Characteristics by Significance of Disability

Consumer Characteristics	NSD (N = 72)	SD (N = 158)	MSD (N = 198)	*p* value
Gender				*p* < .05
Male	29	37	47	
Female	71	63	53	
Primary Disability				*p* < .001
Visual	3	1	2	
Hearing	21	2	10	
Orthopedic	36	30	17	
Spinal cord injury	2	4	5	
Mental Disorders	15	33	32	
Developmental Disorders	6	8	14	
Head Injury	1	1	4	
Medical Disorders	17	20	13	
Other	0	1	2	
Age: Mean	49	45	41	*p* < .001
Standard deviation	12	12	11	
Primary Income Source				*p* < .05
SSI	16	17	26	
SSDI	28	31	38	
Job	35	31	18	
Family	22	21	17	
Health Insurance Coverage				
Medicaid	31	30	48	*p* < .001
Medicare	22	23	35	*p* < .05
Employer private insurance	22	17	9	*p* < .05
Work Experience				*p* < .01
Less than 1 year experience	6	8	16	
More than 1 year of experience	94	92	84	

Statistically significant relationships [p≤.05] were also identified between the Multiple Disabilities variable and the six consumer characteristics: gender, primary disability, age, work status, primary source of income, and health care coverage. As shown in Table 4, individuals with multiple disabilities are more likely to be female, with an orthopedic or medical disorder, and are slightly older on average than individuals without multiple disabilities. Also, they are more likely to be unemployed and to receive SSDI, Medicaid and Medicare.

Table 4: Consumer Characteristics by Multiple Disabilities

Consumer Characteristics	Multiple Disabilities Present (N = 136)	Multiple Disabilities Absent (N = 265)	*p* value
Gender			*p* < .01
Male	30	47	
Female	70	53	
Primary Disability			*p* < .01
Visual	3	1	
Hearing	4	12	
Orthopedic	31	23	
Spinal cord injury	4	5	
Mental Disorders	24	31	
Developmental Disorders	6	12	
Head Injury	2	3	
Medical Disorders	27	13	
Other	0	2	
Age: Mean	47	42	*p* < .001
Standard deviation	12	12	
Primary Income Source			*p* < .01
SSI	22	21	
SSDI	45	28	
Job	16	30	
Family	17	20	
Health Insurance Coverage			
Medicaid	46	36	*p* < .05
Medicare	38	25	*p* < .01
Employer private insurance	7	17	*p* < .01
Work Status			*p* < .001
Employed	28	50	
Unemployed	72	50	

Two additional consumer characteristics are significantly related to age: primary disability and work experience. Individuals with a visual disability are slightly older than average and those with mental or developmental disabilities are younger. As expected, younger people have less work experience.

Need for VR Services

Consumers were asked to indicate which VR services they needed, if any. Consumers could choose any of the following thirty three VR services:

1. A computer, software or related equipment like a printer
2. A device or tool to improve your sight
3. A wheelchair, scooter or other equipment to help you get around
4. An artificial limb or braces or shoe insert to correct posture
5. An interpreter
6. Books, supplies, and training materials needed for formal training
7. Changes to your car, truck or van
8. Changes to your home such as ramps, wider doorways or grab bars in the bathroom
9. Changes to your work place such as your chair, desk or ramp
10. Childcare while you attend classes or VR appointments
11. Formal training for a new job
12. Hearing aids
13. Help applying for a job
14. Help finding a job
15. Help getting a license needed to do a job [such as commercial drivers license]
16. Help getting ready for a job interview
17. Help in learning the skills for a new job while on the job [on-the-job training]
18. Help in setting up your own business
19. Help learning how to behave at work
20. Help learning to drive

21. Help with parking expenses while you attend classes or VR appointments
22. Help writing a resume
23. Help learning to work at an acceptable rate
24. If you take formal training, tutoring to help you pass your classes
25. Long term support by a job coach to help you get and keep a job
26. Mental health evaluation or counseling sessions
27. Other work related things you need such as a place to live, clothing, tools, equipment, or supplies to help get VR services or a job
28. Small business training
29. Someone to go on the job with you to show you how to do the work and help you develop work relationships
30. Someone to help you with things like eating, bathing, dressing, or paying bills so you can work
31. Testing to help you find a job you would enjoy
32. Treatment to improve or cure a medical condition that prevents you from working
33. Work related transportation

The need for vocational rehabilitation services varies considerably across the 33 services addressed by the survey. For the convenience of the reader, these data are shown in three charts that accompany this section of the report. These three figures depict the greatest need, moderate need and lowest need expressed for services.

The services needed by the highest percentage of respondents are shown in Figure 8 by the percentage that needs each service. A review of the chart suggests that the services fall into three categories: 1) help finding a job; 2) training, both on-the-job and formal; and, 3) treatment to improve or cure a medical condition. The help finding a job grouping includes related services such as help writing a resume, testing to match a consumer to a job, and long term support by a job coach. Training related services include books and supplies and tutoring. Nearly half of participants reportedly need a computer, software or related equipment which could be directly related to a job or used to complete a course of training.
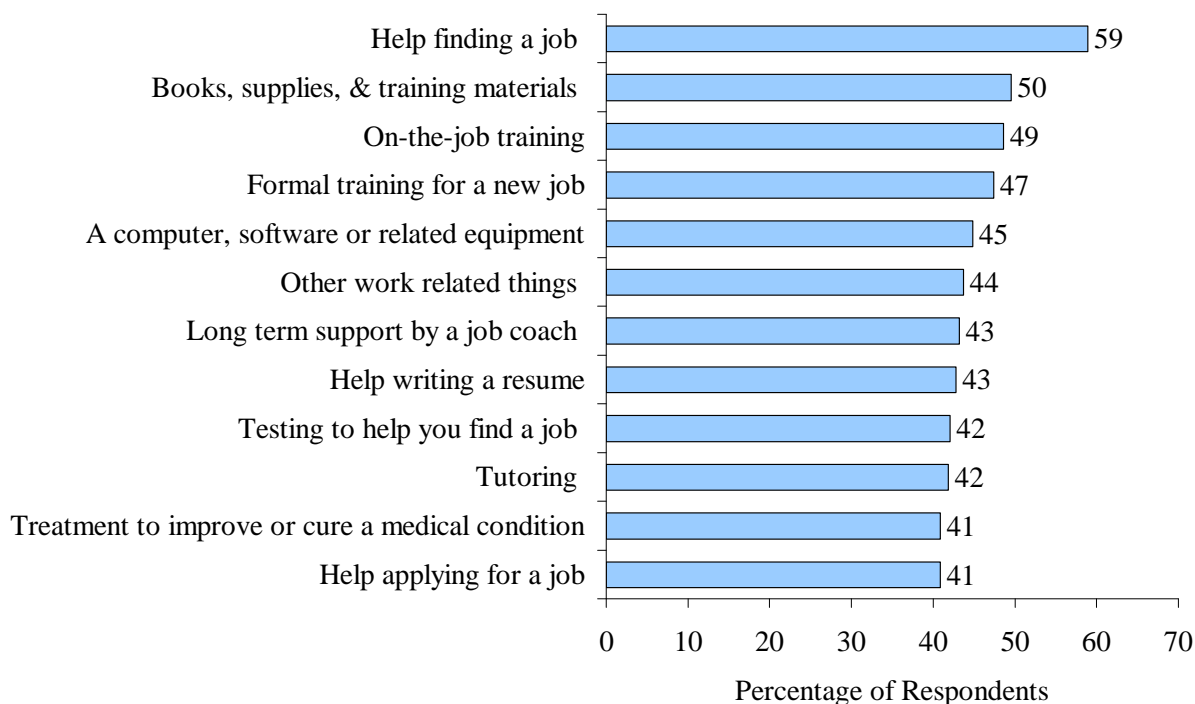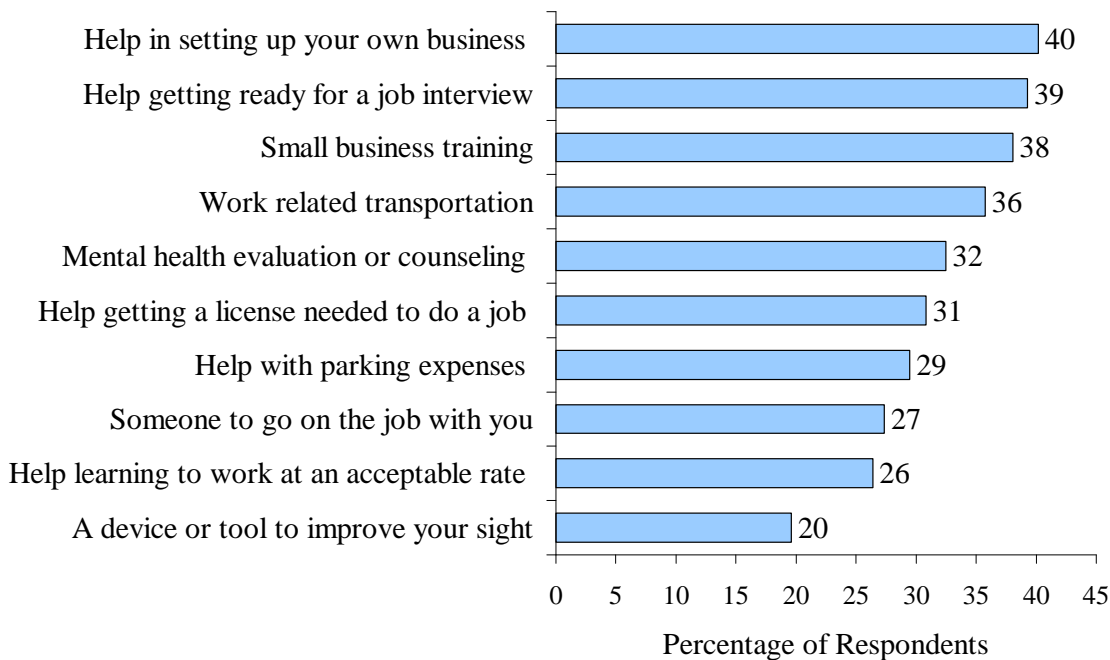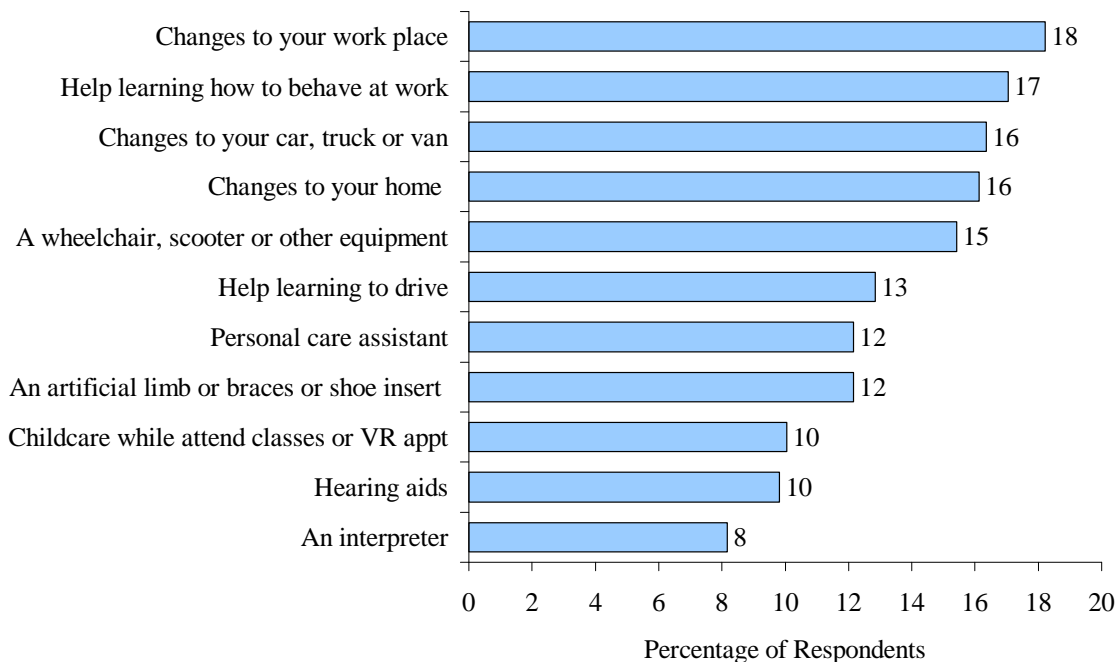
Figure 8: VR Services with Greatest Need

Service	Percentage
Help finding a job	59
Books, supplies, & training materials	50
On-the-job training	49
Formal training for a new job	47
A computer, software or related equipment	45
Other work related things	44
Long term support by a job coach	43
Help writing a resume	43
Testing to help you find a job	42
Tutoring	42
Treatment to improve or cure a medical condition	41
Help applying for a job	41

Percentage of Respondents

Figure 9 displays VR services with the next highest level of demand as indicated by the percentage that reportedly needs each service. A substantial percentage [40% and 38%] need help starting a business and small business training. Other services relate to getting and keeping a job – help with the job interview, work related transportation, parking expenses or getting a license needed for a job. About a third of the sample needs mental health services. Two services – someone to go with you on the job and help learning to work at an acceptable rate are need by roughly a fourth of the respondents. Twenty percent need a device or tool to help with vision.

Figure 9: VR Services with Moderate Need

Service	Percentage
Help in setting up your own business	40
Help getting ready for a job interview	39
Small business training	38
Work related transportation	36
Mental health evaluation or counseling	32
Help getting a license needed to do a job	31
Help with parking expenses	29
Someone to go on the job with you	27
Help learning to work at an acceptable rate	26
A device or tool to improve your sight	20

Percentage of Respondents

The level of demand for the remaining VR services is significantly lower as shown in the following chart.

Figure 10: VR Services with Lowest Need

Service	Percentage
Changes to your work place	18
Help learning how to behave at work	17
Changes to your car, truck or van	16
Changes to your home	16
A wheelchair, scooter or other equipment	15
Help learning to drive	13
Personal care assistant	12
An artificial limb or braces or shoe insert	12
Childcare while attend classes or VR appt	10
Hearing aids	10
An interpreter	8

Percentage of Respondents

Differences in Need for VR Services

Responses to the question regarding the need for VR Services were compared to consumer characteristics to determine if any statistically significant relationships exist. This analysis is designed to answer such questions as does significance of disability affect the need for VR services? Do VR needs differ based on primary disability? Or, do consumers who are working differ in their need for VR services?

When a statistically significant relationship exists it means that one of the groups or response categories within a variable is relatively different in relationship to the variable it is being compared to. The data were analyzed using crosstabs; some involved analysis of variance. Differences with a probability of .05 or less were considered statistically significant. Also, cell sizes with fewer than 5 responses were excluded.

As expected, the analysis found that several consumer characteristics are related to the need for VR Services. Primary disability is statistically related to 30 of the 33 VR services, multiple disabilities to 24 services and work status to 21 services. Education and significance of disability are also statistically related to the need for VR services as shown in Figure 11.

Figure 11: Number of Statistically Significant Differences in the Need for VR Services by Consumer Characteristic
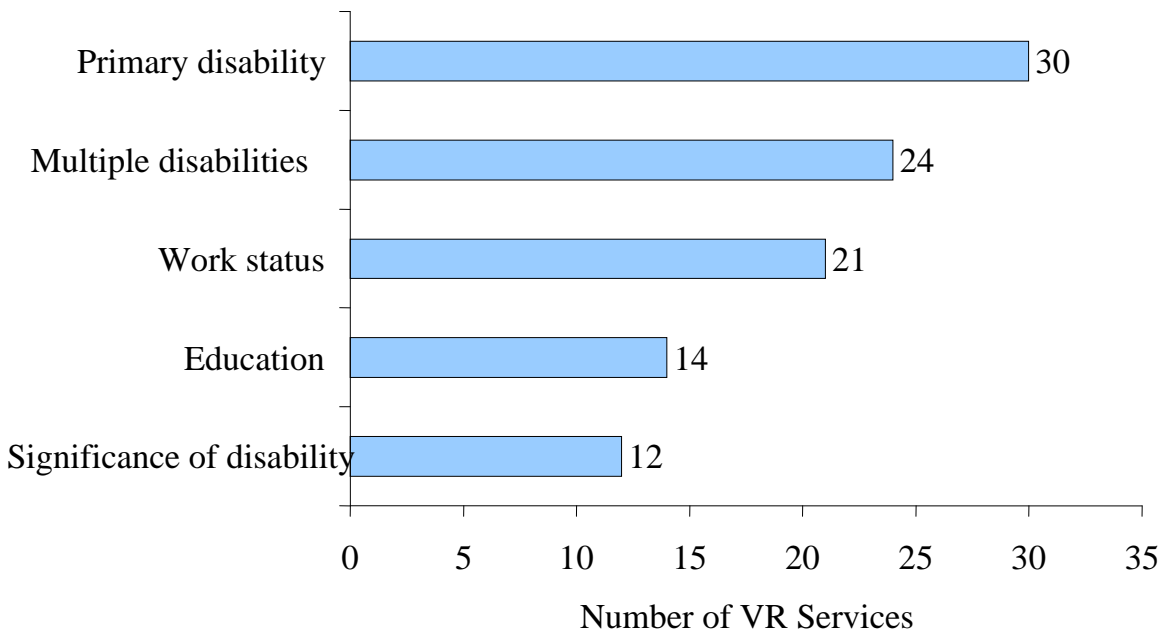
One would expect the need for many VR services to differ based on primary disability and it does. The need for 30 of the 33 VR services is statistically related to type of primary disability. Many differences are not surprising. For example, relative to others, consumers with a hearing disability have an above average need for an interpreter and hearing aids. Consumers with a hearing disability show a very low need for all other services except that about one third need help finding and applying for a job. Indeed, relative to other groups, they show the lowest need for all other services.

Another unsurprising finding is that consumers with a mental disorder have an extremely low need for services, equipment and devices associated with mobility. As expected, individuals with an orthopedic disability or spinal cord injury exhibit the highest need for mobility related services. And consumers with a spinal cord injury have the greatest need for a personal care assistant. But, relative to other types of disability, a lower percentage of consumers with a spinal cord injury need formal training for a new job.

Consumers with a developmental disability have a relatively greater need for supported employment services. Specifically, this group has a greater need for:

1. help finding a job
2. help applying for a job
3. help getting ready for a job interview
4. on the job training
5. someone to go on the job with you
6. testing to help you find a job you would enjoy
7. help learning to behave at work

Consumers with a developmental or mental disability have the highest relative need for long term support by a job coach. However, consumers with developmental disabilities or a head injury have the lowest need for self employment services. Relative to others, consumers with medical disorders reported the highest need for help setting up a business.

All statistically significant relationships between primary disability and the need for VR services are shown in Table 5. When interpreting the findings, keep in mind that the sample size for some disabilities is very small; for example, the database includes

only 7 consumers with a visual disability and 10 with a head injury. Cell sizes less than 5 were excluded from the statistical analyses, but are shown here for descriptive purposes.

Table 5: Percentage of VR Consumers Who Need VR Services by Primary Disability

| Services Needed	Visual (N= 7)	Hearing (N= 37)	Orthopedic (N= 106)	Spinal cord injury (N= 17)	Mental Disorders (N= 124)	Develop. Disabilities (N= 43)	Head Injury (N= 10)	Medical Disorders (N= 70)	*p* value
A computer, software or related equipment	71	14	51	41	45	47	40	51	$p < .01$
A device or tool to improve your sight	57	5	16	29	18	19	10	34	$p < .01$
A wheelchair, scooter or other equipment	0	0	28	35	6	14	10	21	$p < .001$
An artificial limb or braces or shoe insert	0	3	22	24	5	12	0	17	$p < .001$
An interpreter	0	41	5	0	3	12	0	7	$p < .001$
Books, supplies, & training materials	71	19	57	41	57	49	10	54	$p < .001$
Changes to your car, truck or van	0	0	30	35	11	7	10	17	$p < .001$
Changes to your home	29	0	30	29	7	9	20	21	$p < .001$
Changes to your work place	29	3	30	35	11	14	10	21	$p < .001$
Formal training for a new job	71	16	52	35	50	51	50	57	$p < .01$
Hearing aids	0	46	8	12	4	5	10	9	$p < .001$
Help applying for a job	57	37	30	41	48	65	50	40	$p < .001$
Help finding a job	71	32	59	41	63	70	50	70	$p < .001$
Help getting a license needed to do a job	14	3	38	35	40	21	10	31	$p < .001$
Help getting ready for a job interview	57	22	35	18	48	61	30	34	$p < .001$
On-the-job training	71	14	46	35	54	65	50	56	$p < .001$
Help in setting up your own business	57	11	46	41	42	20	25	57	$p < .001$
Help learning how to behave at work	0	3	8	12	27	49	0	10	$p < .001$
Help with parking expenses	14	11	43	12	28	21	40	34	$p < .01$
Help writing a resume	57	14	49	29	47	51	40	43	$p < .001$
Help learning to work at an acceptable rate	14	5	20	18	36	42	50	26	$p < .01$
Tutoring to help you pass your classes	57	11	49	29	52	44	20	39	$p < .001$
Long term support by a job coach	57	16	35	24	57	56	40	46	$p < .001$

Note. Cell sizes with *n* < 5 were excluded from the chi square analyses, but are reported here for descriptive purposes.

Table 5: Percentage of VR Consumers Who Need VR Services by Primary Disability continued

Services Needed	Visual (N= 7)	Hearing (N= 37)	Orthopedic (N= 106)	Spinal cord injury (N= 17)	Mental Disorders (N= 124)	Develop. Disabilities (N= 43)	Head Injury (N= 10)	Medical Disorders (N= 70)	p value
Mental health evaluation or counseling sessions	29	8	26	24	54	35	20	24	$p < .001$
Other work related things you need	57	8	43	35	47	51	40	59	$p < .05$
Small business training	43	5	46	41	44	26	30	47	$p < .001$
Someone to go on the job with you	27	11	12	18	39	63	50	17	$p < .001$
Personal care assistant	14	0	7	41	10	21	10	19	$p < .01$
Testing to help you find a job you would enjoy	57	8	47	24	48	56	40	40	$p < .001$
Treatment to improve or cure a medical condition	57	11	56	35	43	12	30	57	$p < .001$

Note. Cell sizes with *n* < 5 were excluded from the chi square analyses, but are reported here for descriptive purposes.

Figure 12: Percentage of VR Consumers Who Need VR Services by Multiple Disabilities
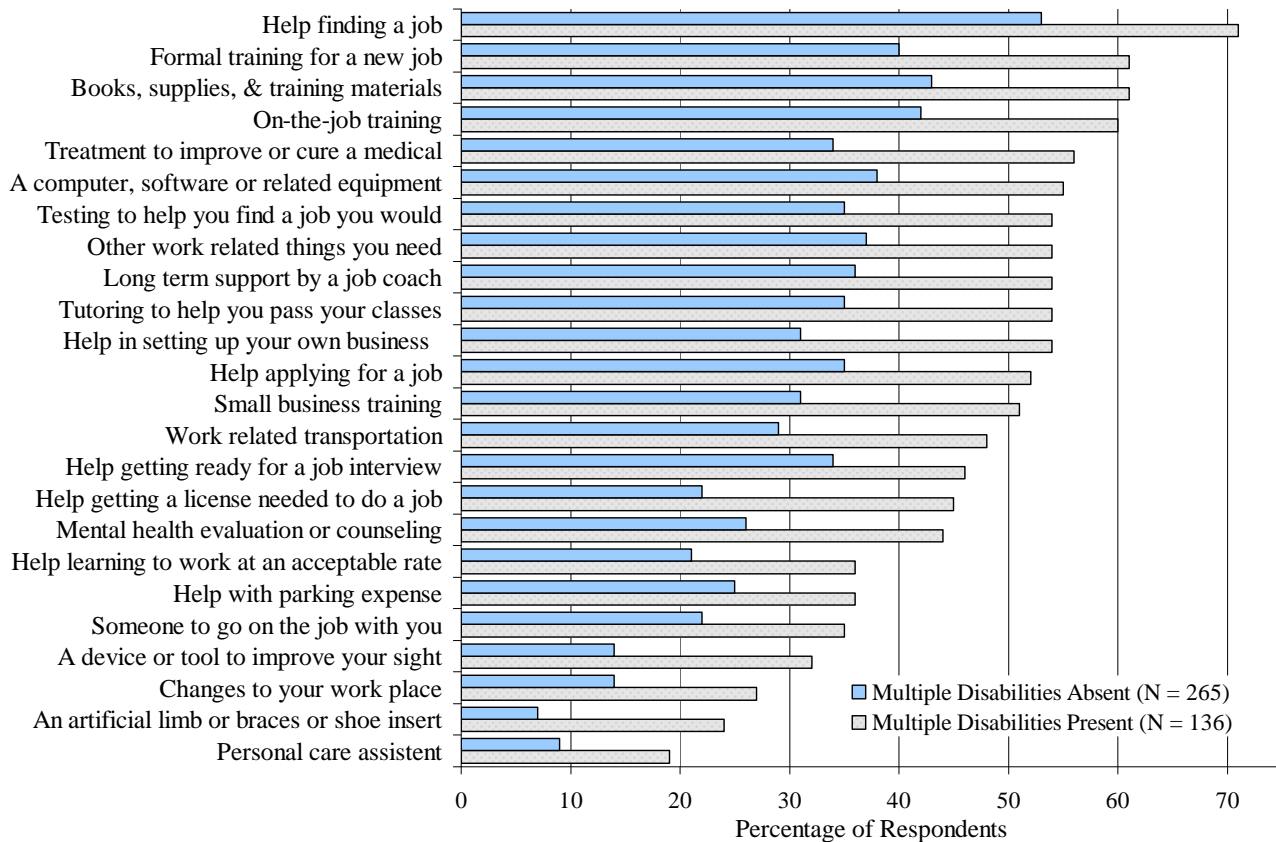
The presence of multiple disabilities is statistically related to the need for 24 of the 33 VR services. As evidenced in Figure 12 above, a higher percentage of consumers with multiple disabilities need all 24 services. These services relate to all aspects of job seeking, training and self employment and related services such as child care, parking and work related transportation. Other service needs reported relate to mental health and medical services, including devices or equipment related to sight and mobility.

One would expect consumers who work to have less need for VR services and they do. Work status is statistically related to the need for 21 VR services. As shown in Figure 13 below, a higher percentage of unemployed consumers need services directly related to job seeking services such as help writing a resume, help finding a job, help applying for a job, and help getting ready for a job interview. The unemployed also have a greater need for testing to help find a job they would enjoy and formal and on the job training, computer equipment, work related transportation, and help with parking expenses and self employment.

Figure 13: Percentage of VR Consumers Who Need VR Services by Work Status
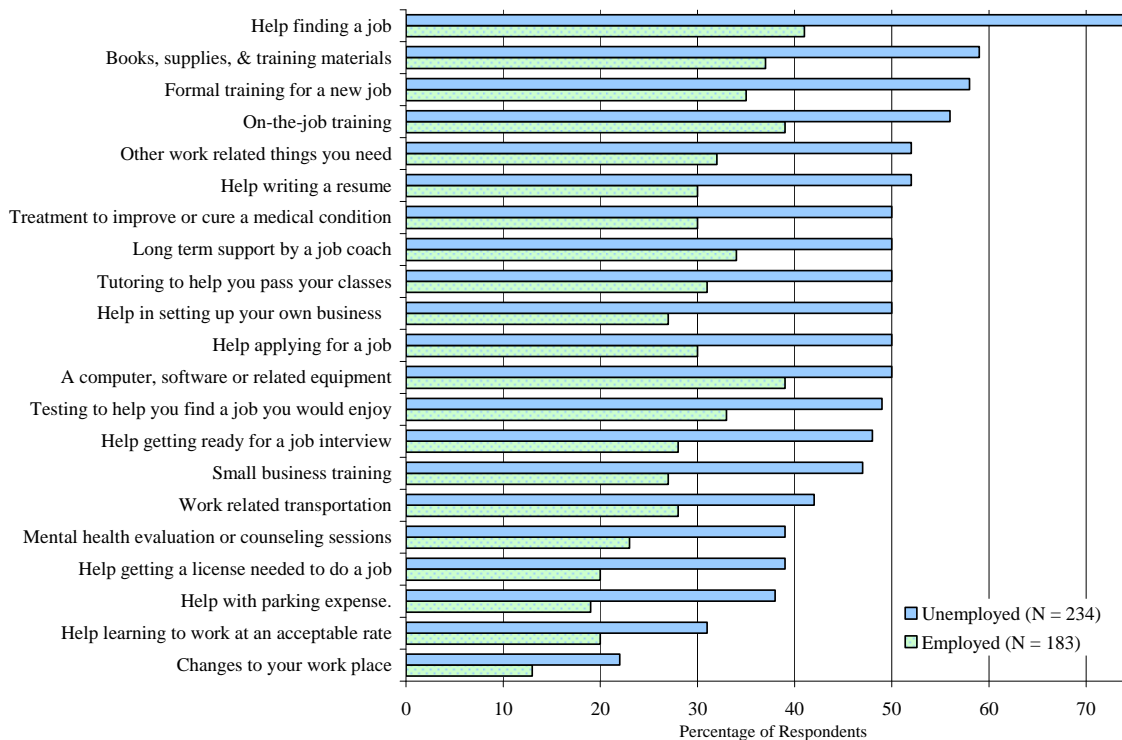
As shown in Figure 14, statistically significant relationships were found between 14 VR services and level of education. More highly educated consumers [some postsecondary education or college degree] have less need for 11 of the 14 VR services.

These services were all closely related to getting a job, including vocational testing, formal training and on the job training. Conversely, highly educated consumers voiced a greater need for changes to their home, work place and personal vehicle.

Figure 14: Percentage of VR Consumers Who Need VR Services by Education
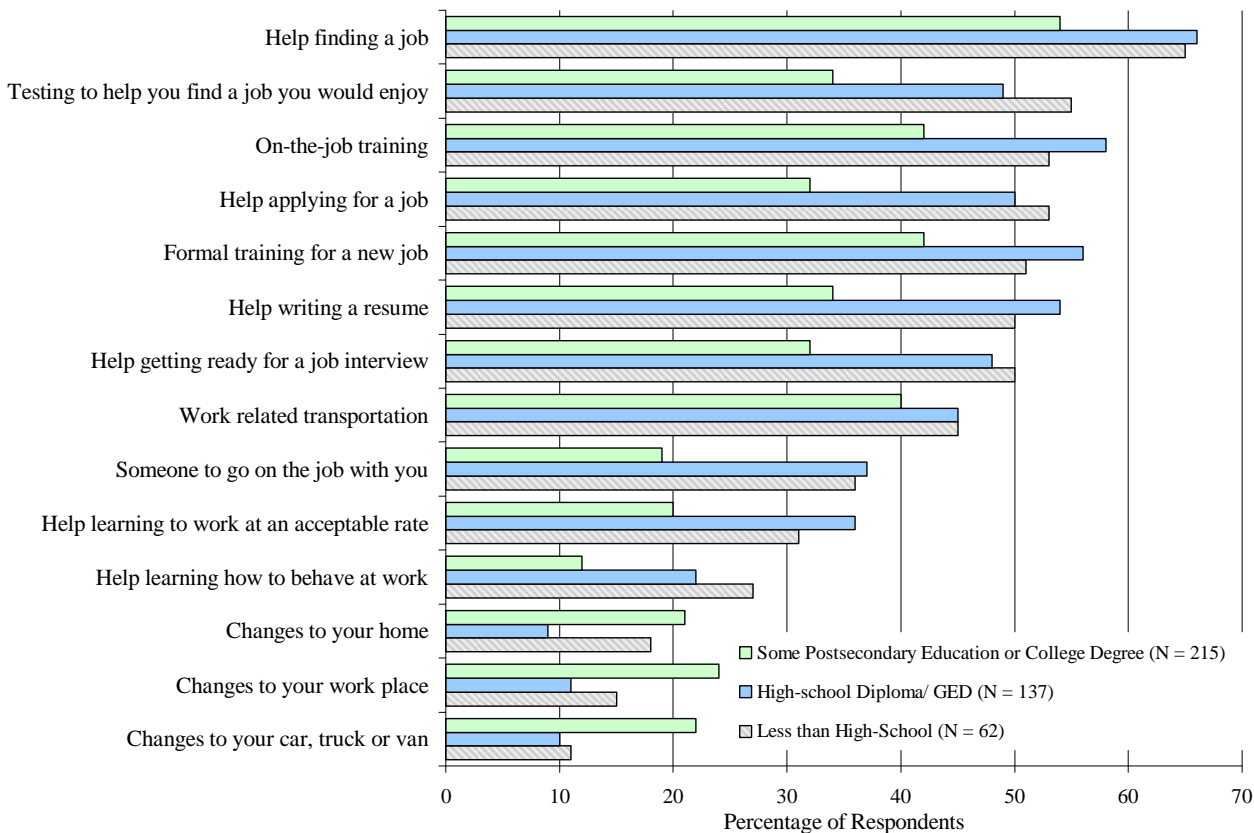
Significance of disability affects the need for 12 VR services. As expected, consumers in the MSD category have a higher need for:

1. Help learning to work at an acceptable rate
2. Someone to go on the job with you
3. Personal care assistant

Relative to consumers in the NSD category, a higher percentage of consumers in the SD and MSD categories need help learning how to behave at work. Consumers in the SD category often show the highest need for the 8 remaining services. A lower percentage of MSD respondents need these VR services than either the NSD or SD consumers.

Figure 15: Percentage of VR Consumers Who Need VR Services by Significance of Disability
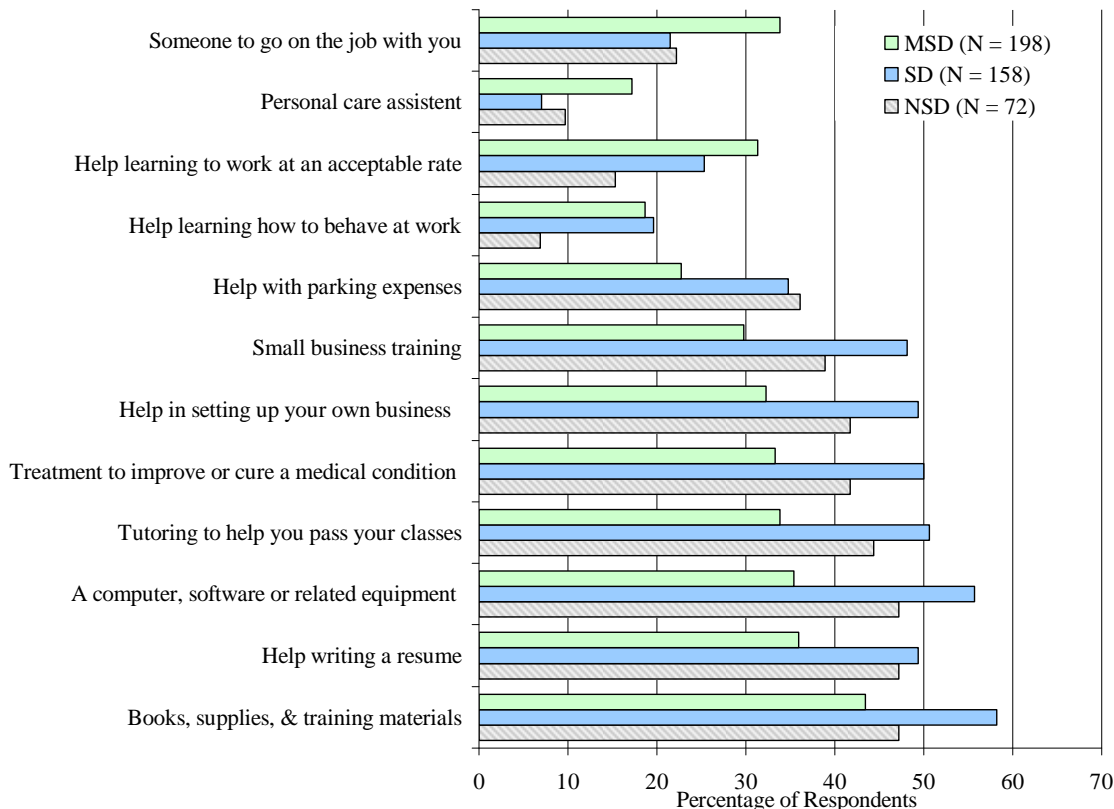
Conclusions

Several conclusions can be drawn from these findings.

Conclusion #1: The findings from this analysis show high demand for VR services very directly related to getting and keeping a job. Services with the highest level of demand include help finding a job and training, both on the job and formal training. This includes related equipment and services needed to succeed with both working and training: a computer, software and related equipment, vocational testing, job seeking skills [e.g., resume writing, help applying for a job] and tutoring. The need for supported employment services is also high. Self employment services are also sought by a relatively high percentage of consumers.

Conclusion #2:   As expected, the findings confirm that not all consumers need the same services from VR, and their needs vary in predictable ways. Consumer needs vary in relationship to several consumer characteristics.

The characteristics that showed the most far reaching impact on needs are primary disability, multiple disabilities and work status. A consumer's need for 30 specific VR services varies based on primary disability. One or more types of disability show a greater need for specific services but we cannot say that individuals with a particular disability consistently need all services more than consumers with other disabilities. The variations are more complex.

However, a clear pattern is evidenced in relationship to multiple disabilities. Consumers with multiple disabilities consistently have a greater need for the 24 VR services where statistical relationships were identified. Differences related to work status consistently show that consumers who are working tend to have a lower need for 21 VR services. Other variables that affect the need for specific VR services are education and significance of disability. This information can be useful in forecasting the level of demand for services, budgeting and allocating resources, staff training, and in shaping approaches to client services.

Several state agencies are exploring the potential for creating a "fast track" to better serve individuals with limited needs for VR services but with a high potential for employment. Individuals with a job would most likely fall into this category since they're already working. A thorough review of the findings may reveal other consumer characteristics suggestive of the potential for a "fast track" service plan.

Conclusion #3:   Significance of disability has a smaller impact on the need for VR services than expected – significance of disability has no impact on the need for two thirds of the 33 VR services. When a statistically significant difference is found, most of the differences are not in the expected direction. That is, a lower percentage of MSD consumers need 9 of the 12 services that show statistically significant differences. MSD consumers evidence a greater need for service than both SD and NSD consumers in only three cases. A higher percentage of SD consumers compared to NSD and MSD consumers need 9 of the 12 services.

Significance of disability is mentioned specifically in the Rehab Act in relationship to the comprehensive needs assessment. Additionally, the federal regulations state that "individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services" in an order of selection situation {(§361.36(a)(3)(iv)(A)}. The definition is left to the state agencies to decide and it varies by state.

Nevertheless, one implication is that consumers with most significant disabilities have been underserved. Another general assumption is that MSD consumers have a greater need for service but the data from this study do not support that conclusion if we define "greater need" as, a need for *more* services than NSD or SD consumers. It is more likely that consumers with most significant disabilities have a greater need for *specific* services related to supported employment. They may also have a *more intense* need for other services rather than a need for a *larger array* of services.

Conclusion #4:   Health insurance is a significant unmet need for nearly a fourth of the sample. An inability to address ongoing health care needs more than likely limits consumers' ability to successfully pursue services and to sustain employment. The agency cannot address this need directly but can partner with others on behalf of consumers. One implication is that these consumers need jobs that offer health care benefits.

Conclusion #5:   While transportation does not appear to be a barrier to working for most consumers, it is a barrier for one third of the respondents who cited the need for work related transportation. The need for other transportation related services is lower. Similarly, childcare does not seem to be a barrier for most consumers; it is needed by only ten percent of the sample.

Research Objective II

Research Objective II requires an assessment of individuals with disabilities who are minorities and individuals with disabilities who have been un-served or underserved by the VR Program. This analysis was prepared to compare population estimates for the state of Florida with applicants to the Florida VR program for the calendar year of 2005.

The purpose of this comparison is to see if the number of applicants is proportional to the population of persons who might receive services. Two analyses were performed. One analysis focused on race and ethnicity; the other examined age and gender.

Race and Ethnicity

Data for working aged adults with an employment disability, obtained from the 2005 American Community Survey for Florida appears in Table 1. Table 1 shows a total of 750,633 working aged adults with an employment disability who may qualify for VR services. The table shows the number and percentage of working aged residents with self reported employment disability by racial and ethnic group. This data was compared to data on applicants for VR services for calendar year 2005 taken from the division's client database. The applications data appears in Table 2.

It appears that VR receives a greater proportion of applicants with an employment disability than exist in Florida's general population from three racial or ethnic groups: Blacks, American Indian or Alaskan Native and Hawaiian or other Pacific Islander. Blacks account for 17.4% of working aged Floridians with a self reported employment disability compared to 23.5% of all applicants to the VR program. A second minority group, American Indian or Alaskan Natives, also appear to be overrepresented among VR applicants. This racial group makes up .3% of working aged Floridians with a self reported employment disability compared to .4% of all applicants to the VR program. Hawaiian or other Pacific Islanders account for .04% of the target population but .2% of VR applicants.

Table 1: American Community Survey (ACS) 2005 Estimates for Florida residents with Self-reported Employment Disability (ages 16-64 years)*

Race/Ethnicity	Number of People with Employment Disability Ages 16-64 yrs.	Percentage
White	483,643	64.4
Black	130,526	17.4
American Indian or Alaskan Native	2,060	0.3
Asian	7,659	1.0
Hawaiian or other Pacific Islander	285	0.04
Hispanic	113,410	15.1
Other	13,050	1.7
Total	750,633	100.00

*Data Source: American Community Survey 2005 Public Use Microdata Set.

Whites, Asians and Hispanics are all underrepresented as applicants to the VR program. Whites account for 64.4% of working aged Floridians with a self reported employment disability compared to 59.4% of applicants to the VR program. Asians account for 1.0% of the target population and just .6% of VR applicants. Hispanics make up 15.1% of working aged Floridians with a self reported employment disability compared to 14.8% of VR applicants.

**Table 2: Number of Applicants to the Vocational Rehabilitation Program for
calendar year 2005 by racial/ethnic group***

Race/Ethnicity	Number of Applicants	Percentage
White	18,162	59.4
Black	7,179	23.5
American Indian or Alaskan Native	133	0.4
Asian	197	0.6
Hawaiian or other Pacific Islander	48	0.2
Hispanic	4,515	14.8
Other	333	1.1
Total	30,567	100.00

*Data Source: Florida DVR internal database

Age and Gender

Data for working aged adults with an employment disability, obtained from the 2005 American Community Survey for Florida, were compared to data obtained from the agency's internal client database to determine if consumers were underserved on the basis of age or gender. Table 3 shows the number and percentage of working aged Florida residents with a self reported employment disability by gender and by age group subdivided by gender. These data were compared to data on applicants for VR services for calendar year 2005 obtained from the division's client database. The applications data appears in Table 4.

A comparison of the two tables shows that females may be underserved. The ACS shows 52.1% females compared to 47.5% in the division's client database.

Table 3: American Community Survey (ACS) 2005 Estimates for Florida residents with Self-reported Employment Disability (ages 16-64 years) by Gender and Age Group*

Consumer Characteristic	Number of People with Employment Disability Ages 16-64 yrs.	Percentage
Gender		
Males	362,000	47.9
Females	393,000	52.1
Age Group by Gender		
16 to 20 years	24,000	3.2
Males	13,000	1.7
Females	11,000	1.5
21 to 64 years	731,000	96.8
Males	349,000	46.2
Females	382,000	50.6
Total	755,000	100.0

*Data Source: American Community Survey 2005 Public Use Microdata Set.

Table 4: Number of Applicants to the Vocational Rehabilitation Program for calendar year 2005 by Gender and Age Group*

Consumer Characteristic	Number of Applicants Ages 16-64 yrs.	Percentage
Gender		
Males	15,722	52.3
Females	14,263	47.5
Age Group by Gender		
16 to 20 years	6816	22.7
Males	4121	13.7
Females	2695	9.0
21 to 64 years	23169	77.3
Males	11,601	38.6
Females	11,568	38.5
Total	29,985	100.0

*Data Source: Florida DVR internal database

The data also show that younger consumers, 16 to 20 years old, are over represented by a wide margin. This age group accounts for 3.2% of working aged Floridians with an employment disability compared to 22.7% of FLDVR clients. Both males and females in this age group are over represented. Males in the 16 to 20 year age group account for 1.7% of the eligible population compared to 13.7% of FLDVR clients. Females aged 16-20 make up 1.5% of the ACS population but 9% of FLDVR clients. Consumers in the 21 to 64 year age group are underrepresented.

Type of Disability

The American Consumer Survey does not provide a basis for making direct comparisons with the division's internal database on the basis of type of disability. No one source has been identified to facilitate comparisons on the basis of type of disability. Some insight may be gained from the findings of a survey of VR counselors about contract providers.

A survey of VR counselors regarding their experiences with contract providers was conducted to satisfy research objective four of the needs assessment. This survey addressed providers' capacity to serve all types of disabilities. Counselors could check all that apply. The results are displayed in Figure 1 and show that counselors believe that all types of disabilities are underserved by contract providers, some more than others. Among the most underserved groups were consumers with developmental disabilities, head injuries, mental disorders and hearing disabilities. Between 26 and 37% of the respondents report that consumers with these four types of disabilities are underserved by contract providers. Counselors believe that consumers with orthopedic and medical disorders were the least underserved groups.

Figure 1: Disability Groups Unserved or Underserved by Local Area Contract Providers

Disability Group	Percentage of Respondents
Developmental Disabilities	37
Head Injury	33
Mental Disorders	27
Hearing	26
Spinal Cord Injury	21
Visual	14
Medical Disorder	9
Orthopedic	9
Other	6

Percentage of Respondents
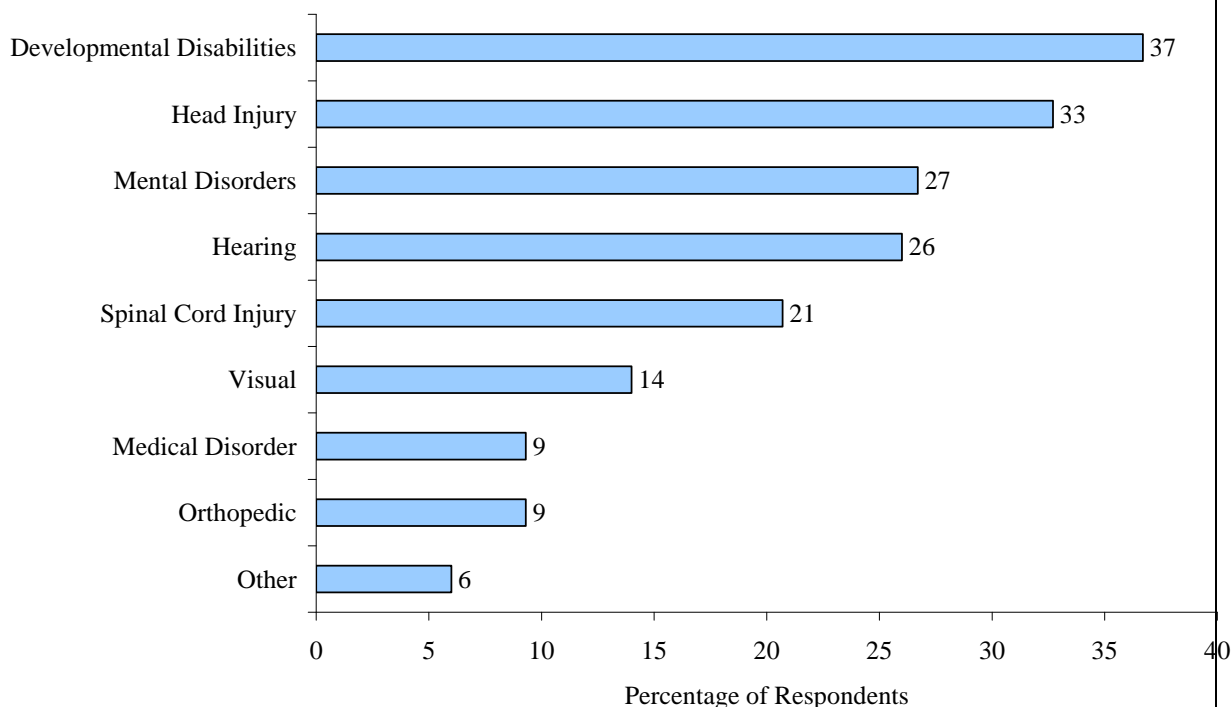
Conclusions:

The most significant over representation involves consumers in the 16 to 20 year age group. This is most likely due to the emphasis placed on transition from school to work in recent years. Some under representation does exist based on race and ethnicity but the magnitude is quite small in comparison. The ACS database does not support comparisons with FLDVR's data on type of disability. A survey of VR counselors provides some insight. They believe that all types of disabilities are under served by contract providers.

Research Objective III

The third objective of the comprehensive needs assessment addresses other workforce partners. Specifically, the regulations require an assessment of individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program).

Survey and Sampling Plan

An online survey was conducted with One Stop staff and FLDVR staff who work closely with One Stop Centers. FLDVR sent an invitation to participate to relevant individuals through the Area Directors, including VR staff who work closely with the One Stops, One Stop managers and Disability Navigators. The survey was based on a national study conducted by Rutgers on behalf of Cornell in 2002. The study, titled, One-Stop Accessibility: A Nationwide Survey of One-Stop Centers on Services for People with Disabilities was prepared by the John J. Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey. It was prepared for The Rehabilitation Research and Training Center on Employment Policy for Persons with Disabilities at Cornell. An adapted version of the survey is used here with permission from Cornell. Rutgers was informed as a professional courtesy and is acknowledged here. The survey adaptations were based on discussions with FLDVR staff and a key informant discussion group comprised of Area Directors.

The purpose of the research was to assess how well One Stop Centers serve consumers with disabilities. Specifically, the survey asked participants about the factors important for a One Stop to serve consumers with disabilities, the availability of technical assistance and training for One Stop staff, common practices, accessibility, accommodations, assistive technology, partnerships and performance tracking.

Survey Findings

One hundred and three responses were received and analyzed; 79 % were VR staff who works closely with the One Stops, mostly VR counselors. Twenty-one percent were One Stop staff of which more than half were managers. The discussion of the survey findings begins with the respondent characteristics and then the importance of factors that contribute to the accessibility of One Stops, followed by a discussion of One Stop practices, including how job seekers with disabilities are identified and served. The next topic is how One Stops measure, manage and improve services. Finally, the findings about partnerships with other organizations, especially FLDVR, are presented.

Tables and charts will display findings from both groups to facilitate comparisons. Many questions asked for a yes or no answer. The percentage of yes responses is shown

in the tables and charts. Tables include a column to display the p-value for statistically significant differences between the two groups' responses. In a chart, an asterisk after an entry indicates a statistically significant difference (p≤.05) between the two groups. Statistical comparisons were not always possible due to the small sample size. In these instances, the p-value column is blank. When a statistical test has been performed but the result is not significant, an NS appears in the p-value column.

Almost three quarters of the VR respondents work with a single One Stop. In Contrast, One Stop respondents are more likely to work with multiple One Stops. The One Stops survey participants are distributed across urban, suburban and rural settings. VR respondents are somewhat more likely to work in a suburban location while One Stop respondents are more often located in an urban environment. These findings are shown in Table 1.

Table 1: Respondent Characteristics

	Percent		
	One Stop Staff	VR Staff	
Respondent Characteristics	(*n* = 22)	(*n* = 81)	*p*-value
Title / Position			N/A
One Stop Manager	55.6	0	
Disability Navigator	11.1	0	
Other	33.3	0	
VR Supervisor	0	5.3	
VR Counselor	0	47.2	
VR Liaison Counselor	0	13.2	
VR Consultant	0	18.4	
VR Technician	0	10.5	
Support staff	0	5.3	
Number of One Stop Centers you work with:			*p* < .001
1	23.8	71.8	
2	38.1	19.2	
3 or more	38.1	9	
Respondent's Local Area:			NS
Urban	44.4	33.3	
Suburban	22.2	41	
Rural	33.3	25.6	

Survey participants were asked to rate the importance of the following five factors in creating a fully accessible One Stop System.

1. Physical Access to One Stop Centers
2. Insuring people with disabilities can access all virtual tools in the One Stop system
3. Partnerships with organizations that serve people with disabilities
4. Local Outreach about One Stop system to people with disabilities
5. Outreach to employers about hiring people with disabilities

The factors are all considered important to both one stop and VR staff. The mean scores for all factors ranges from 4.6 to 5.0 on a scale where 1 means strongly disagree and 5 means strongly agree.

There is less agreement between the two groups when evaluating the One Stop's disability related practices. Participants used a 5 point scale where 1 means Strongly Disagree and 5 means Strongly Agree to evaluate twelve statements about disability related practices at the One Stop. Figure 1 displays the findings.

Figure 1: One Stop Center Practices
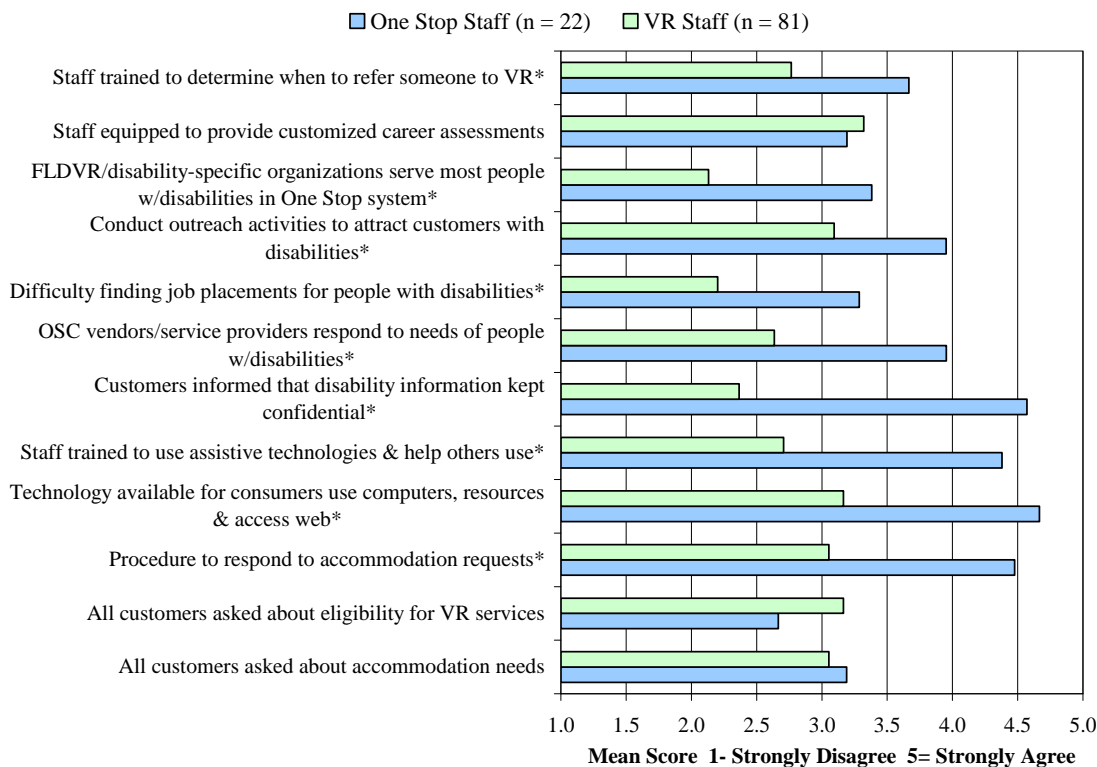
*indicates statistically significant finding p≤.05

A review of the previous chart suggests that One Stop staff generally appears more in agreement that One Stop practices support full inclusion. VR staff does not

agree. Nine of the twelve practices show statistically significant differences between the two groups. The biggest differences involve the confidentiality of consumers' disability information, accommodations and the availability and use of assistive technology. Note that One Stop staff rate their ability to place consumers with disabilities lower than the VR staff do. This optimism among VR staff may be due to greater experience and success with this population.

The two groups have a similar opinion about three issues. Both groups tend to agree that One Stop staff is not really equipped to provide customized career assessments for consumers with disabilities. They also agree that the One Stops do not ask all customers about eligibility for VR services or their accommodations needs.

One Stop staff may not ask consumers if they have a disability because they think such inquires are prohibited by law. According to *Access for All*, a resource manual for One Stops developed by the Institute for Community Inclusion, as a service provider, One Stops are legally permitted to inquire about disabilities to determine if consumers are eligible for specific services. Employers, however, cannot inquire about disabilities before making an offer of employment. The distinction is important.

A question on the survey asked respondents if, unlike employers, One Stop staff is allowed to ask job seekers if they have a disability in order to assess their eligibility for various programs and services. A shown in Table 2, only half of the One Stop respondents and 43% of the VR staff report that One Stop staff is allowed to ask about disability. A related question asked how a job seeker's disability status is determined. More than 92% of the One Stop staff and 58% of VR staff said through self identification; 31% of VR staff thought it was determined through referral.

Table 2: One Stop Approach to Job Seeker with Disabilities

	Percent		
	One Stop Staff (*n* = 22)	VR Staff (*n* = 81)	*p*-value
One Stop Staff are Allowed to ask Job Seekers if They Have a Disability for Assessing Eligibility	50	43	NS
Job Seeker Disability Status Determined by:			NS
Through referral	8	31	
Through self-identification	92	58	
Through assessments given to all job seekers	0	6	
Through select assessments given based on staff judgment	0	6	
Actions Taken by One Stop Center when Clients is Identified as Having a Disability (check all that apply):			
Offer accessible and appropriate services	32	10	*p* < .01
Refer job seeker to agency specifically serving individuals with disabilities	41	37	NS
No different service than anyone else, unless client requests specific services	27	6	*p* < .01
Individuals with Disabilities are Best Served:			*p* < .01
Within the one stop program	56	13	
By referring them to FLDVR	44	87	

Next, the survey asked what actions are taken by the One Stop when a job seeker is identified as having a disability. Respondents could check all that apply. The largest percentage of One Stop and VR respondents, 41 and 37% respectively report that consumers are referred to an agency specifically serving individuals with a disability. Thirty two percent of One Stop respondents said job seekers are offered accessible and appropriate services and 27% suggested that job seekers with disabilities are not served any differently than other consumers.

Both groups were also asked how they think job seekers with disabilities are best served: within the One Stop with supports as necessary or by referring them to FLDVR. As reflected in the Table above, only 13% of VR staff thinks consumers with disabilities should be served through the One Stop compared to 56% of One Stop staff. Eighty-seven percent of VR staff believes job seekers with disabilities should be referred to VR.

Table 3: One Stop Approach to Accommodations

	Percent		
	One Stop Staff (*n* = 22)	VR Staff (*n* = 81)	*p*-value
How often do Job Seekers with Disabilities ask for Reasonable Accomodations:			
Often	10	5	
Sometimes	33	20	
Not often	29	10	
Rarely	19	8	
Don't know	10	57	
A Policy and/or Procedure Exists for Staff when Job Seekers ask for Reasonable Accomodations	86	33	*p* < .001
Is the accomodation policy/procedure effective?	100	85	NS
Is the accomodation policy/procedure applied consistently?	89	69	NS

Several questions were asked about accommodations and the findings are summarized in Table 3. The findings seem to suggest that requests for accommodations are somewhat infrequent. Only 10% of the One Stop staff and 5% of VR staff report that consumers request accommodations often. However, over half of the VR staff reportedly doesn't know if consumers ask or not. Most One Stop staff agrees that a policy is in place to handle requests and a third of the VR respondents agree. Among respondents aware of a policy, most in both groups generally agree that it is effective and applied consistently.

When questioned about the physical accessibility of the One Stops, all One Stop and 77% of VR staff agree that they are fully accessible, including the parking lots and bathrooms. They differed rather markedly about the availability of other accommodations such as fully accessible computers, sign language interpreters, and use of alternative formats for written materials and whether the center gives consumers a list of assistive devices and aids at intake. Similar differences between the two groups were evident when asked if the One Stops have various assistive technologies available.

The two groups did tend to agree on the *relative* availability of accommodations and assistive technologies. That is, both suggested that fully accessible computers are the most available accommodation. They also agreed that screen magnification and teletypewriters (TTY) are the most available assistive technologies. These findings are shown in Table 4.

Table 4: One Stop Accessibility and Availability of Assistive Technology

	Percent		
	One Stop Staff (*n* = 22)	VR Staff (*n* = 81)	*p*-value
One Stop Accessibility:			
Physical access	100	77	*p* < .05
Fully accessible computers	96	43	*p* < .001
Sign-language interpreters	55	16	*p* < .001
Written materials in alternate formats	55	17	*p* < .001
List of assistive devices / aids is provided an intake	41	14	*p* < .01
Other			NS
Assistive Technology Availability:			
Speech recognition software	32	3	*p* < .001
Screen reader software	55	4	*p* < .001
Screen magnification	73	16	*p* < .001
Assistive listening devices	46	5	*p* < .001
Teletypewriter (TTY)	64	19	*p* < .001
Alternative keyboards	46	1	*p* < .001
Alternative pointing devices	36	4	*p* < .001
Refreshable Braille display	18	1	*p* < .001
Other	5	1	*p* < .001
Don't Know	0	1	NS

Three questions about discrimination were asked and the findings are displayed in Table 5. Respondents were asked how the One Stops notify job seekers about their rights. Not surprisingly, over half of the VR staff doesn't know. The One Stops appear to use various methods; the most common is posted signs but one half to two thirds of the One Stop staff said they cover this topic in orientation.

Table 5: One Stop Approach to Discrimination

	Percent		
	One Stop Staff (*n* = 22)	VR Staff (*n* = 81)	*p*-value
One Stop Notifies Job Seekers of their Rights to Non-Discrimination and Equal Opportunity by (check all that apply):			
Posted signs	91	41	*p* < .001
Oral overview during orientation	55	14	*p* < .001
Written overview of rights is part of orientation	64	11	*p* < .001
Other	0	5	NS
Don't know	5	52	*p* < .001
Availability of an Equal Opportunity Officer	91	21	*p* < .001
One or More Discrimination Complaints were Filed against the One Stop(s) Working with us	0	5	NS

The survey included several questions about how the One Stops measure, manage and improve performance. Figure 2 depicts the findings as they relate to performance measures used by the One Stops. Again, the VR staff seems relatively unaware of specific measures used.

Figure 2: Performance Measures Used by One Stops

☐ One Stop Staff (n = 22)   ☐ VR Staff (n = 81)
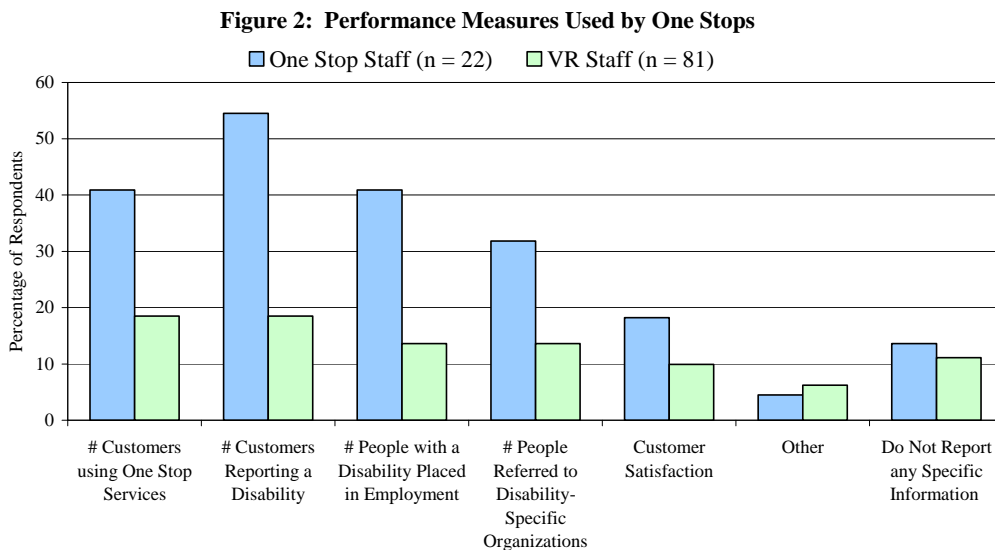
One Stop staff, however, suggest that the centers use several measures but none appears to be used consistently across all centers. Indeed, the most often mentioned measure – number of customers reporting a disability – is reported by just fifty four percent of respondents. It is important, however, to recall that many One Stop respondents work with more than one center. The One Stops appear to use customer satisfaction measures the least. Only 18% of the One Stop staff report that centers they work with measure customer satisfaction.

One Stops make technical assistance available to staff to aid their ability to serve consumers with disabilities. As depicted in Figure 3 below, more than three fourths of the One Stop participants said the centers with which they work have all six of the technical assistance items addressed in the survey. A somewhat smaller percentage of VR staff agrees. This included policy, training and written or web based materials on serving consumers with disability, including how to make referrals to VR.

Figure 3: Technical Assistance Available to One Stop Staff
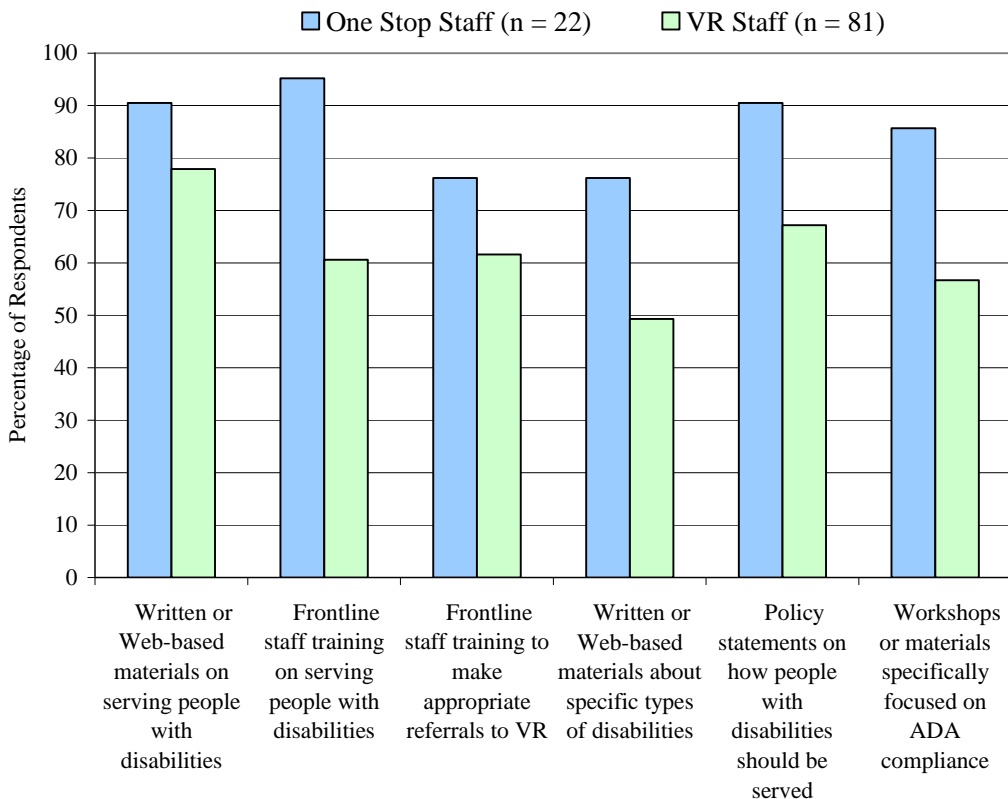
Both groups agree that One Stop staff would benefit from more training. Respondents were asked to evaluate the extent to which One Stop staff are adequately trained or could benefit from more training on six subjects including prevention of discrimination in the One Stop, the use of assistive technologies, career counseling, job placement and making referrals to VR. More VR staff believes training is needed than does the One Stop staff. Half or more of the VR staff see a need for training in everything but prevention of discrimination in the One Stop. These findings are depicted in Figure 4.

Figure 4: Training Needs for One Stop Staff

□ One Stop Staff (n = 22)   □ VR Staff (n = 81)
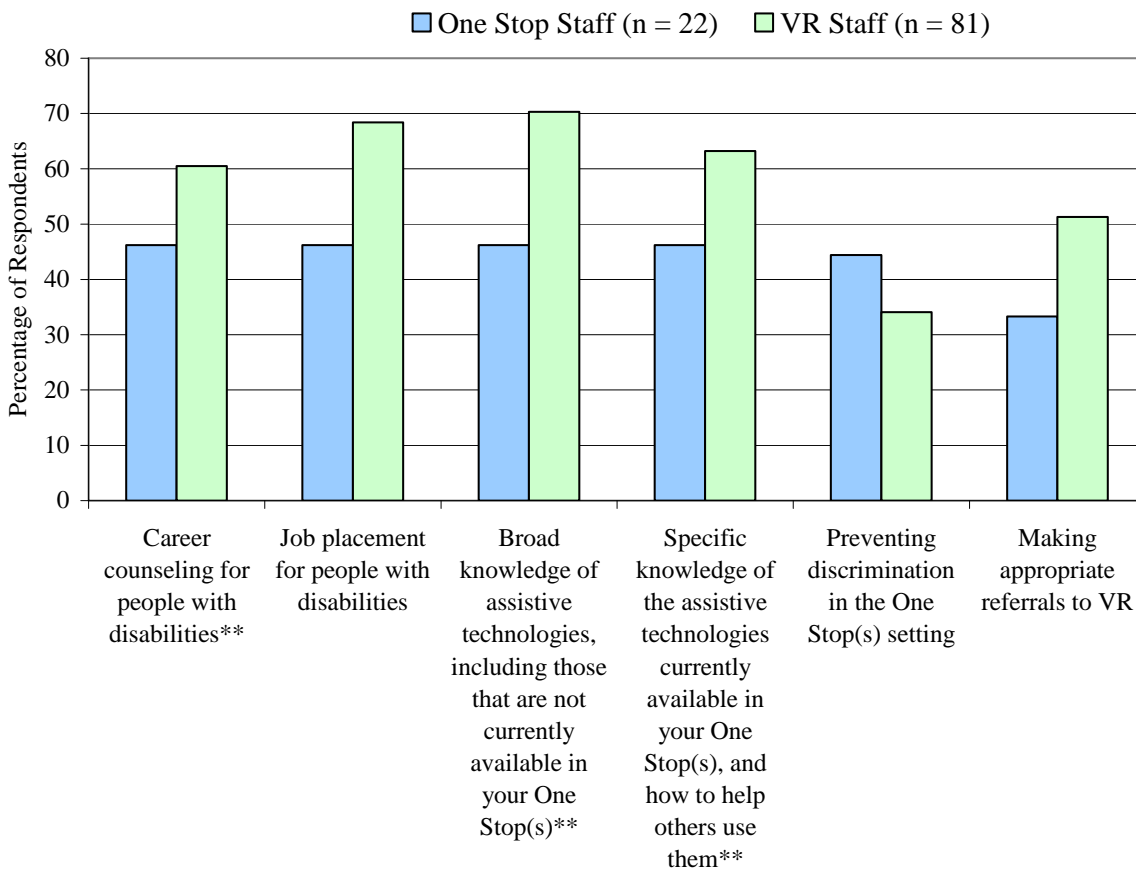
The One Stops partner with many organizations as a means for serving consumers with disabilities. VR staff was not asked about these partnerships because they are unlikely to know of them. Surprisingly, relatively small percentages of One Staff respondents indicated that the organizations included in the question are partners with the One Stop centers. The highest percentage, about one third, said that One Stops partner with the local independent living center and advocacy organizations. Only 27 percent report that the One Stops partner with community colleges, a mandated partner. These findings are shown in Table 6 and seem to suggest that some of the One Stop staff surveyed may not know of these partnerships. This seems puzzling since the respondents are One Stop managers and Disability Navigators.

Table 6: One Stop Partnerships

	Percent		
	One Stop Staff (*n* = 22)	VR Staff (*n* = 81)	*p*-value
Who partners are:			
FL Division of Services for the Blind	14		
The Florida Department of Elder Affairs	14		
Department of Children and Families Mental Health Program	27		
The Agency for Persons with Disabilities	18		
Local Independent Living Center	32		
Community College	27		
Advocacy Organizations	32		
Local contract provider	18		
Other	14		
How partnerships work:			
Refer clients for workforce development / training	73	56	NS
Disability-specific organization has a seat on local WIB	46	33	NS
Have a helpful disability task force or committee	23	25	NS
Co-located in the One-Stops	50	54	NS
Other	14	20	NS

The One Stops partnership with FLDVR is of particular interest. Three quarters of the One Stop staff and 62% of VR staff report that they are somewhat or very satisfied with the partnership. These findings are depicted in Table 6: One Stop Partnership with FLDVR.

Over half of the VR respondents and 43% of One Stop staff report that FLDVR staff is available in the One Stop everyday that it is open. About a quarter of both groups suggest that FLDVR staff do not operate out of the One Stops they work with; rather, clients are referred to the local FLDVR office. Eight- nine percent of One Stop participants report the existence of a formal process for referring individuals to FLDVR. Only 40% of VR staff agrees. It is possible that a more informal process is actually used in many offices.

Table 6: One Stop Partnership with FLDVR

	Percent		
	One Stop Staff (*n* = 22)	VR Staff (*n* = 81)	*p*-value
Satisfied with VR Agency Partnerships[1]	75	62	NS
Availability of FLDVR Representative:			NS
Every day one stop is open	43	56	
2 to 3 days per week	19	5	
Once a week	14	8	
Once every 2 weeks	0	5	
Once a month	0	3	
Never, clients are referred to FLDVR office	24	23	
Existence of a Formal Process for Referring Individuals to FLDVR	89	40	*p* < .05

[1] This indicates the percent of respondents who reported being very or somewhat satisfied.

Conclusions

Caution is urged when drawing conclusions based on the findings from the One Stop research because the One Stop sample is quite small. The One Stop system is represented by just 22 participants. Although these were center managers and navigators, the size of the sample does not justify making major conclusions. Rather, the findings may be instructive as a means for identifying issues for further review.

Some issues worthy of more review include:

1. The method used for determining if a consumer has a disability
2. How consumers are made aware of accommodations and assistive technology available in the One Stops
3. Criteria used to determine if a consumer should be referred to FLDVR

The agency is represented by a larger sample of 81 staff who works closely with the One Stops. This appears to be a large enough group to warrant some conclusions.

The major conclusion is that there is a need to develop a workable and reasonable approach for One Stops to use to determine when to refer consumers with disabilities to FLDVR. The One Stops generally rely on a transactional model where consumers make one or two visits to a Center for assistance finding employment. The VR model is more relational where they develop a relationship with consumers designed to identify

vocational goals and capabilities, barriers to employment, and solutions to these barriers. The typical VR consumer remains in active status for some months and sometimes years.

There is a need to bridge these two systems so that only consumers who truly need VR services are referred to VR. The findings show that most VR respondents in this study believe that individuals with disabilities who visit One Stops are better served through referral to VR. This is not reasonable due to the agency's limited capacity and does not support full inclusion in the One Stops which is the law.

According to the 2005 American Community Survey for Florida, a product of the U.S. Census Bureau, a total of 750,633 working aged adults with an employment disability reside in Florida. If the state work force system is going to help the hundreds of thousands of Florida citizens who have an employment disability find employment *most* must be served through the One Stop Centers.

Research Objective IV

Federal regulations require an assessment of the need to establish, develop, or improve community rehabilitation programs within the state. Community rehabilitation providers are called contract providers in Florida. Research Objective IV was addressed by conducting key informant interviews with key VR staff. These interviews were followed by a survey of vocational rehabilitation counselors. The findings for the key informant interviews and survey are discussed in turn.

Findings from Key Informant Interviews about Contract Providers

Ten VR supervisors from all six areas, area contract managers, the FRC chairperson, and several state office staff responsible for some aspect of contract vendor management were interviewed. The purpose of the interviews was twofold: 1. to gain a basic understanding of how the state agency uses contract providers to help meet consumers' needs and, 2. to learn how the agency knows if they need to establish, develop, or improve community rehabilitation programs [contract providers] within the state. The major findings are:

1.	Capacity constraints – especially concerning specific services like community based assessments and supported employment services. Apparently the previous contracting method did factor in provider capacity and made it easier for VR supervisors to service the demand for specific services by matching needs and vendors based on known capacity.

2.	No method for reporting unmet needs -- if a service is not offered in their area, counselors don't have a means for reporting unmet needs – there simply is not a system in place. This seems circuitous – if the service is not offered, it can't be requested, even though the need for a service may be huge.

3.	Provider orientation and training – participants lamented that some providers do not understand the VR mission or have a clear picture of what's expected of them.

4.	Provider competency – some vendors seemingly do not understand basic disability issues, the various types of disabilities nor have the capability to meet the needs of some disability groups like the deaf, even though VR pays for interpreters. Some providers do not have a basic understanding of deaf culture. The comprehensive nature of supported employment is not understood by some providers nor do they grasp the variety of services it entails. Some providers don't understand phase two requirements either.

5.	Competency of provider staff, especially job coaches – some counselors suggested a need for documentation of the qualifications of job coaches, including their track record of successful placements.

6.	Turnover among providers and their staff is another concern – the pay scale tends to be low, making it difficult for providers to attract and keep qualified staff.

7.	Quality outcomes – providers sometimes seem to engage in activity but not productivity. An outcome may meet the 90 day rule but it doesn't reflect the client's vocational goal or truly match their abilities. The addition of job providers in the last 6 months is expected to help improve outcomes.

8.	Communication between the provider and the counselor appears to be insufficient for counselors to know and judge what has been accomplished. Some counselors feel pressured to sign off on inadequate reports so providers can be paid.

9.   A second communication issue involves differing expectations between the VR counselor and the provider. Some felt that better communication – and redesigned referral forms could minimize this problem.

10.   Better documentation, such as verification from employers, to support placement claims was suggested.

Following the key informant interviews, VR counselors were surveyed. The findings from the key informant interviews helped shape the survey questions.

Survey and Sampling Plan

All 422 VR counselors were surveyed online. Completed surveys were returned by 150 counselors for a response rate of 36 percent. The survey included 18 questions and covered a variety of topics:

1. Counselor/Caseload Characteristics
2. Provider Characteristics
3. Reasons For Referrals
4. Services Provided
5. Unserved Consumer Groups
6. Biggest Challenges

VR Counselors are shown by Area in Table 1. Counselors from all six areas participated. The highest participation rates occurred in areas two and four. Together they account for 46 percent of all responses. Areas three and five participated at a rate of 16 and 17 percent respectively. Areas one and six seem somewhat underrepresented at 9 and 12 percent of the total sample.

Table 1: VR Counselors by Area

VR Counselors	Percent of Respondents ($n = 150$)
Area 1	9
Area 2	24
Area 3	17
Area 4	22
Area 5	16
Area 6	12

Survey Findings

Eighty-two percent of counselors make more than 20 referrals to contract providers each year. Only 7 % make fewer than 10 referrals annually. The need for assistive technologies is pervasive; only 12% of the counselors report that no one on their caseload has this need. Forty-eight percent of VR counselors report that everyone on their caseload speaks English. A slim majority has some non English speaking clients; and 9% have more than 25 non English speakers. The primary language for 48% of the non English speakers is Spanish, 17% speak Haitian Creole, and the remainder a variety of languages. A complete list of caseload characteristics is shown in Table 2.

Counselors were also asked about several contract provider characteristics. As shown in Figure 1, 70% of VR counselors believe that contract providers take a consumer's accommodation needs into consideration especially when doing job placement. Nearly 70% of counselors also said that contract providers serve all disability populations.

However, only 59% of counselors report that contract providers honor consumers' vocational choices. Also, two thirds of the respondents said that providers are not able to provide some services clients need. Examples include assistive technology and interpreters and written materials for consumers who do not speak English.

Table 2: Caseload Characteristics

Caseload Characteristic	Percent of Respondents
# Annual Referrals to Contract Providers	
Under 10	7
11 to 20	11
More than 20	82
# Clients with an Assistive Technology Need[1]	
None	12
Less than 10	62
11 to 25	20
More than 25	6
# People on Your Caseload who Do **Not** Speak English	
None	48
Less than 10	35
11 to 25	7
More than 25	9
Have English non-speakers whose primary language is:	
Spanish	48
Haitian Creole	17
Other	13

Figure 1: Local Contract Provider Characteristics (n = 150)
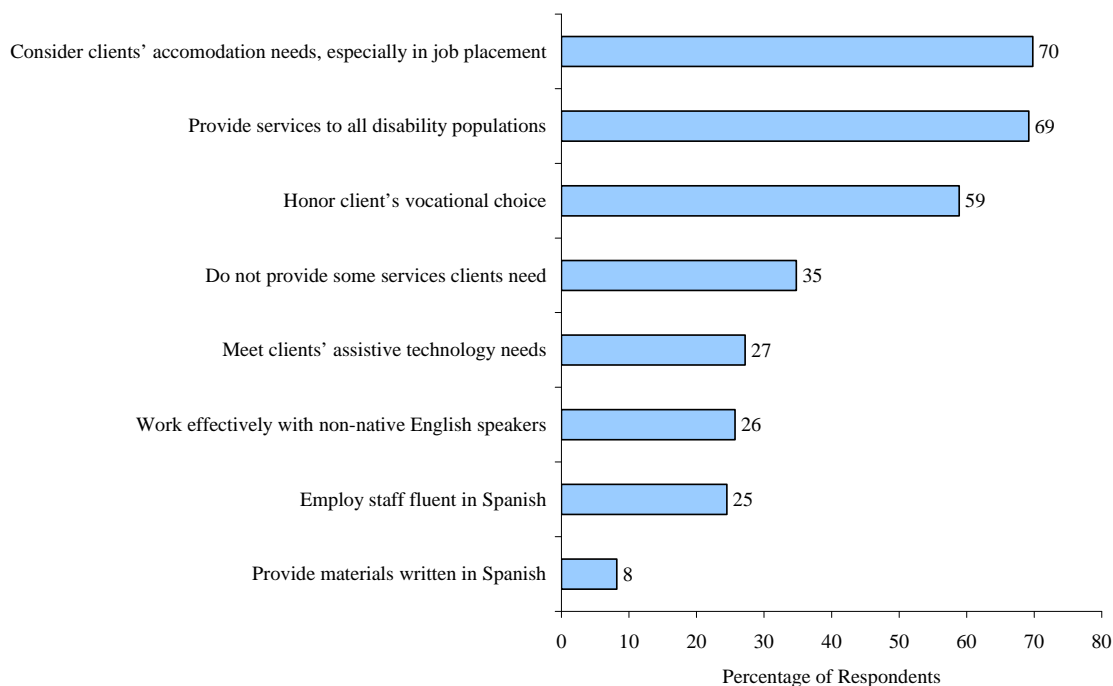
Characteristic	Value
Consider clients' accomodation needs, especially in job placement	70
Provide services to all disability populations	69
Honor client's vocational choice	59
Do not provide some services clients need	35
Meet clients' assistive technology needs	27
Work effectively with non-native English speakers	26
Employ staff fluent in Spanish	25
Provide materials written in Spanish	8

Percentage of Respondents

Counselors refer consumers to providers for many reasons. Ninety-six percent of counselors refer clients to providers for job placement. Eighty-eight percent refer clients for vocational evaluation and 75% for supported employment. Services with the lowest referral rates are:

1. Situational assessment - Facility based
2. Job carving (not supported employment)
3. Work site analysis and job site consultation
4. Situational assessment - Community based

The complete list of services counselors request from providers is shown in Figure 2.

Counselors were also asked if each service is available in their local area and if the service capacity or supply was adequate to meet their referral volumes. Figure 3 depicts the findings. This chart also shows the reasons counselors refer clients to providers for comparison purposes. The chart shows that all of the services included here are available from providers. Not surprisingly, the services most often requested, such as job placement and vocational evaluation, are more widely available than other services. Services less often requested such as job carving, work site analysis and community based situational assessment are not widely available.

Figure 2: Primary Reasons for Referring Clients to Contract Providers
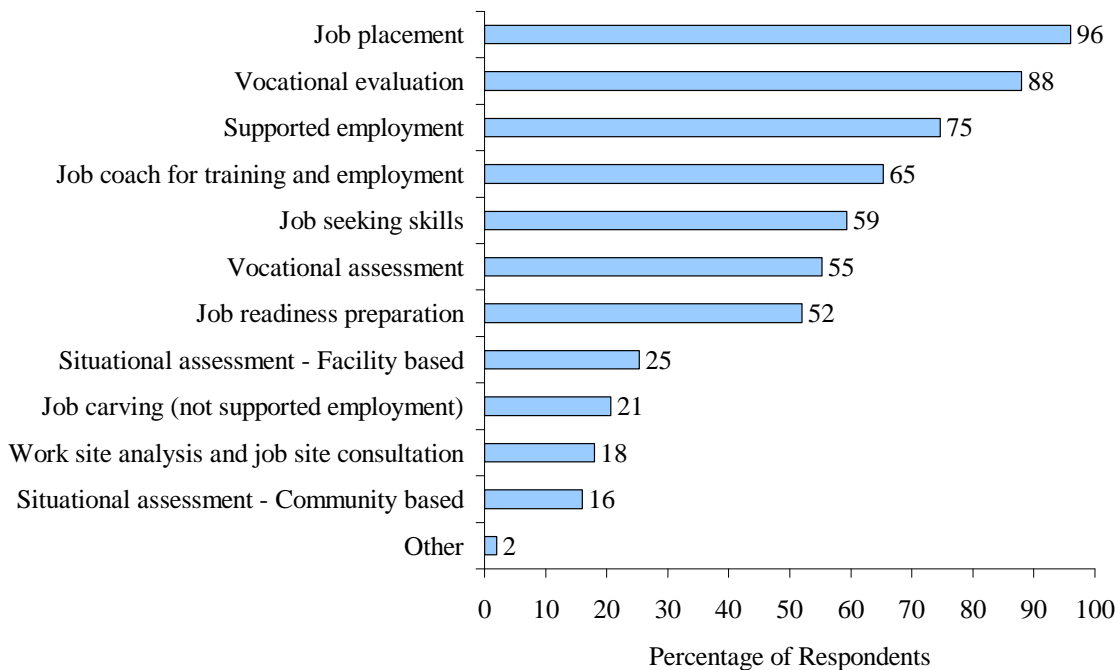
Figure 3: Comparison of Reasons for Referral, Service Availability and Capacity
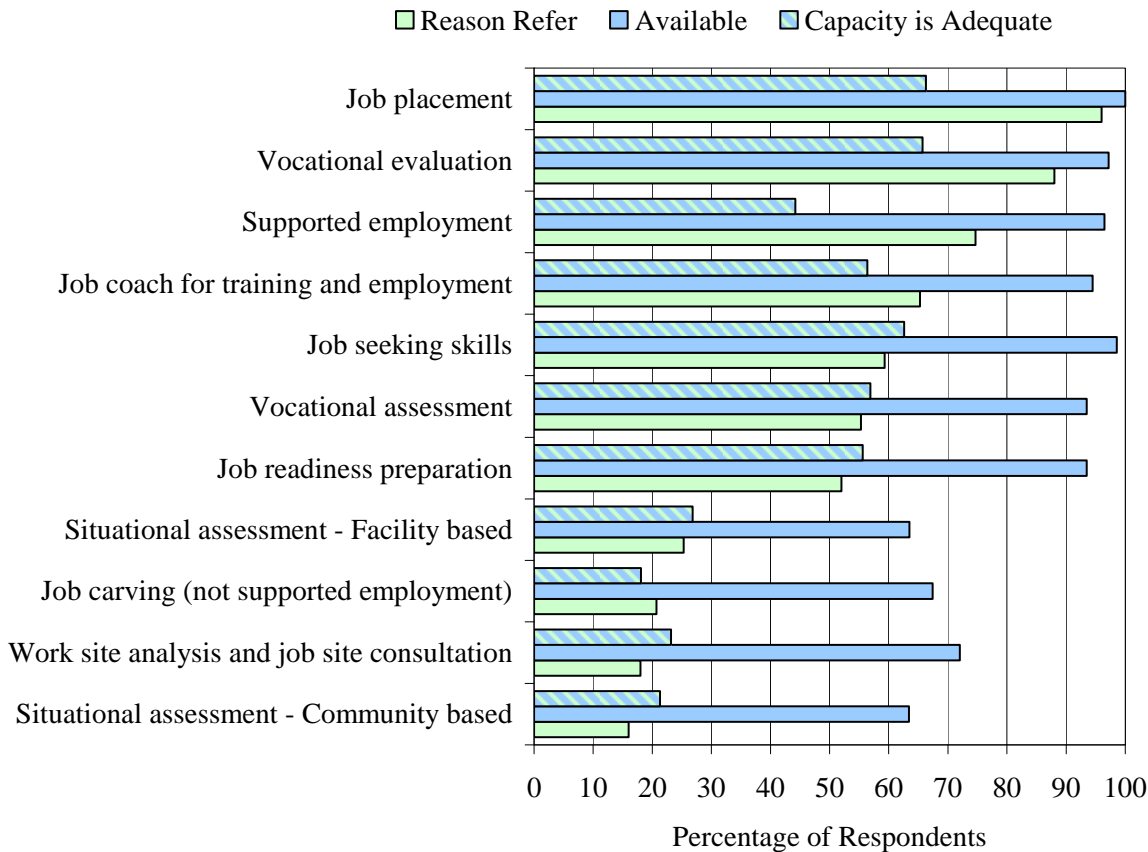
As shown in Figure 3, counselors report that provider capacity to meet their referral volumes is inadequate across the board. For example, only two thirds report that capacity is adequate for the two most requested services: job placement and vocational evaluation. This means that contract providers offer the services but do not have the ability to serve all of the clients referred by VR counselors. Only forty-four percent say that provider capacity is adequate to meet their referral needs for supported employment services, the third most requested service. Provider capacity is most inadequate for low volume services such as situational assessments, work site analysis and job carving. Most likely, providers are not motivated to invest in the training and staff required to offer services for which referrals are relatively low.

Figure 4: Local Area Contract Provider Service Quality

Mean Score 1 = Poor, 10 = Excellent
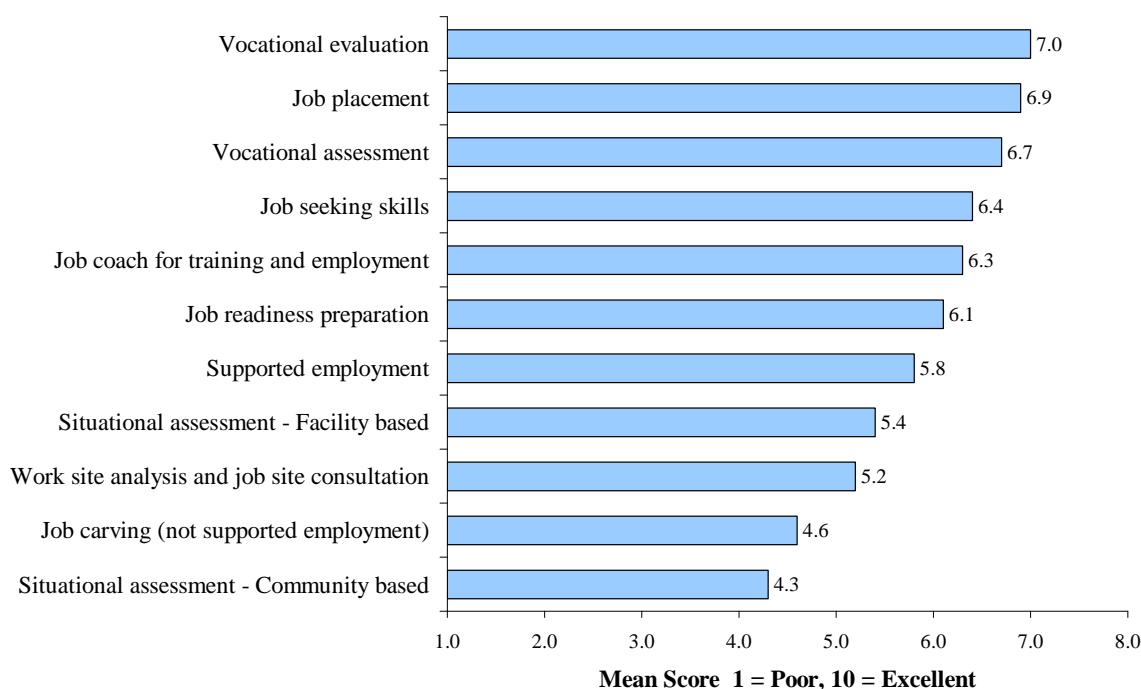
Counselors rated the quality of service delivered by contract providers and they perceived wide variances in service quality as well. Respondents rated service quality on a ten point scale where 1 means poor and 10 means excellent. Providers earned a 7.0, the highest mean score, on vocational evaluation. Job placement and vocational assessment were rated about the same, 6.9 and 6.7 respectively. Job carving and community based situational assessment, rated 4.6 and 4.3 respectively, earned the lowest mean scores.

Service quality mean scores for the 11 services counselors evaluated are reported in Figure 4.

Counselors were also asked if any of the disability groups were under or unserved by local contract providers. They report that all eight disability groups are under or unserved but some more than others. These results appear in Figure 5 and show that more than one third of counselors report that consumers with developmental disabilities are under or unserved. One third of counselors participating in the survey believe that consumers with head injuries are under or unserved and about one fourth suggest that consumers with mental disorders and hearing disabilities are under or unserved by local contract providers. Visual, Medical and Orthopedic are also thought to be underserved albeit by a much smaller percentage of the respondents.

Figure 5: Disability Groups Unserved or Underserved by Local Area
Contract Providers
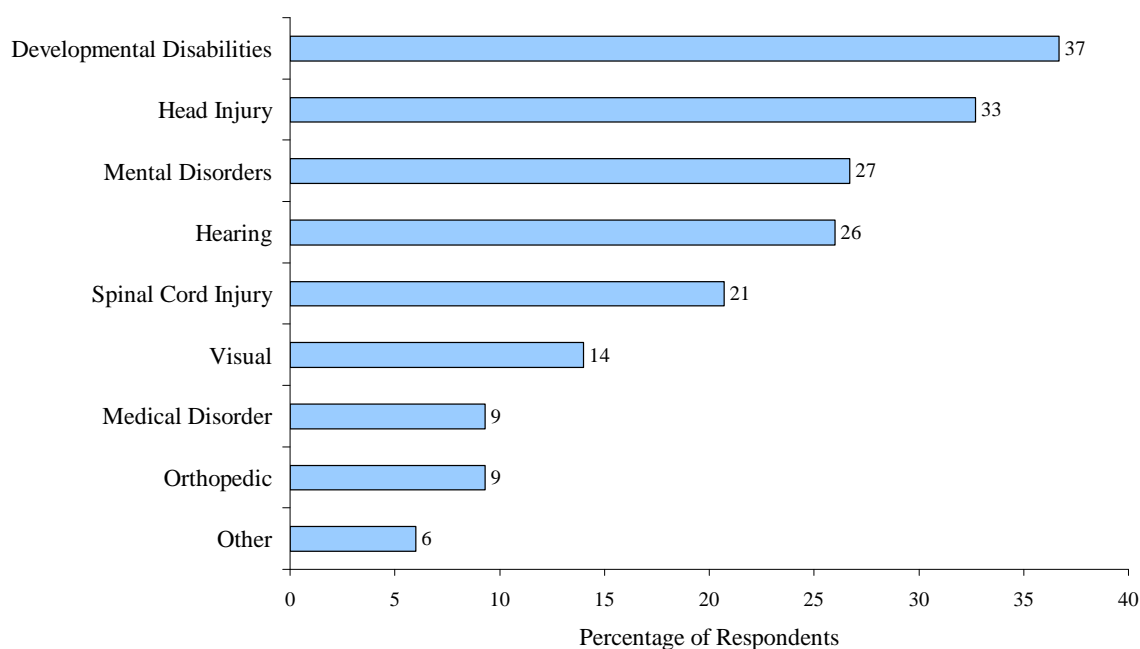
VR counselors also reported what they viewed to be their biggest challenges with local contract providers. These findings tend to support earlier findings in a number of areas.

For example, nearly three fourths said their biggest challenge is that providers take a "cookie cutter" approach to job placement. This supports the earlier finding that only 59% of contract providers honor the consumer's vocational goal. This is especially

troubling since job placement is the number one reason counselors refer clients to providers.

Nearly half of the counselors report that providers lack the capacity to accept all referrals. This supports earlier findings that capacity appears to be insufficient for all services the agency depends on providers to deliver.

Other significant challenges reported by about half of the respondents are:

1. Provider staff turnover
2. Ability to tailor contracted services for individual client needs
3. Inadequate reports from providers

Figure 6 shows the complete list of challenges identified by VR counselors.

Figure 6: Biggest Challenges You Face with Local Contract Providers
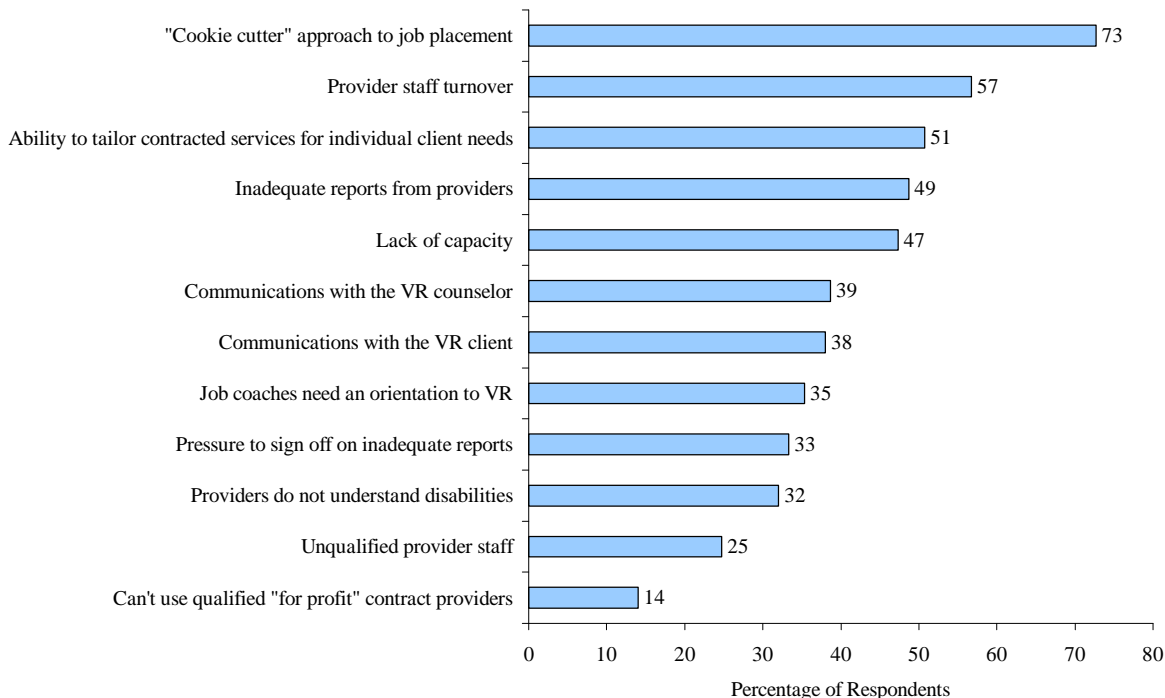
Conclusions

Several conclusions can be drawn based on the findings from the research regarding contract providers.

Conclusion #1:   Contract providers are a vital partner delivering essential services that contribute to successful employment outcomes for the agency's clients. Providers appear to be unable to meet the agency's referral needs. The volume of

referrals to providers varies widely depending upon the nature of the service. However, counselors report that provider capacity in their local area falls short for all services.

Conclusion #2: The agency may need to improve its forecasting system to track anticipated demand for contract provider services. The key informant interviews suggest that the agency does not appear to have a well defined system for forecasting the level of need for VR services purchased from contract providers across the state. They did not know how trends in the need for specific services are documented or analyzed. Participants did not know how the agency would know if a shift in the VR client population caused a change in the *mix* of services clients need or if it resulted in a greater of lesser number of clients needing a specific VR service.

Conclusion #3: A related conclusion is that the agency does not have an adequate process for managing capacity shortfalls when they occur. Shortfalls in provider capacity have the potential to delay service to consumers, preventing them from achieving their vocational goals. A process for managing capacity shortfalls might include criteria for prioritizing which client gets served first by a provider with limited capacity to accept referrals, the use of providers from out of the local area, and other strategies. Ultimately, prevention of capacity shortfalls is the goal.

Conclusion #4: A more strategic approach for managing the contract provider component of the agency's business model may be needed. The agency would benefit from improving its system for ensuring that it attracts qualified providers. Perhaps more importantly, the agency may want to evaluate how the system identifies and *rejects unqualified* providers. Providers received somewhat mediocre service quality scores. This may suggest a need to attract more qualified providers. Or, it could reflect the need to better manage the expectations and performance of providers. An improved process and criteria for evaluating and ultimately screening providers could help the agency better manage the quality of service delivered by contract providers.

APPENDIX

Understanding the Work Related Needs of People with Disabilities

1. Which of these services would help you get a job or keep the job you have now?

	Need Service
If you take formal training, tutoring to help you pass your classes	○
Someone to go on the job with you to show you how to do the work and help you develop work relationships	○
An interpreter	○
Treatment to improve or cure a medical condition that prevents you from working	○
Help getting a license needed to do a job [such as commercial drivers license]	○
Testing to help you find a job you would enjoy	○
Help writing a resume	○
Help finding a job	○
Help in setting up your own business	○
Help learning to drive	○
Hearing aids	○
Help with parking expenses while you attend classes or VR appointments	○
A computer, software or related equipment like a printer	○
Help learning how to behave at work	○
Changes to your car, truck or van	○
Childcare while you attend classes or VR appointments	○
Changes to your home such as ramps, wider doorways or grab bars in the bathroom	○
Formal training for a new job	○

A device or tool to improve your sight	○
Someone to help you with things like eating, bathing, dressing, or paying bills so you can work	○
Work related transportation	○
Long term support by a job coach to help you get and keep a job	○
A wheelchair, scooter or other equipment to help you get around	○
Books, supplies, & training materials needed for formal training	○
Small business training	○
Changes to your work place such as your chair, desk or ramp	○
Help learning to work at an acceptable rate	○
Mental health evaluation or counseling sessions	○
Help in learning the skills for a new job while on the job [on-the-job training]	○
Help getting ready for a job interview	○
An artificial limb or braces or shoe insert to correct posture	○
Help applying for a job	○
Other work related things you need such as a place to live, clothing, tools, equipment, or supplies to help get VR services or a job	○

2. Are you?
- ○ Male
- ○ Female

3. What Primary Disability keeps you from working? [Please check one]
- ○ Visual [visual acuity, glaucoma, diabetic retinopathy, macular degeneration, retinitis pigmentosa, etc.]
- ○ Hearing [deaf, hard of hearing]
- ○ Orthopedic [back pain, amputation, mobility impaired, hip problems, knee problems, etc.]
- ○ Spinal Cord Injury
- ○ Mental Disorders [learning disabilities, bipolar disorders, anxiety disorders, depression, etc.]
- ○ Developmental Disabilities [mental retardation, autism, cerebral palsy, spinal bifida, prader-willi]
- ○ Head Injury
- ○ Medical Disorders [heart, digestive, respiratory, dental, diabetes and other endocrine disorders, hernia, hysterectomy, etc.]

○ Other _____

4. Do you have Other Disabilities that keep you from working?
○ Yes
○ No

5. How old are you?

Age: _____

6. What is your Race/Ethnicity? [Please check one]
○ White
○ Black
○ Hispanic
○ Asian
○ Hawaiian
○ Native American
○ Mixed

7. What is your Work Status? [Please check one]
○ Employed Full Time
○ Employed Part Time
○ Student
○ Not Working but Looking
○ Not Working and Not Looking

8. About how much Work Experience do you have [Please check one]
○ None, I have never had a job
○ Less than one year
○ 1-2 years
○ 2-5 years
○ 6 or more years

9. How much Education do you have? [Please check one]
○ I am in high school now
○ Some high school
○ High school diploma/GED
○ Some college or technical school
○ College degree
○ Some graduate school or degree

10. What is your primary Income Source? [Please check one]

○ Supplemental Security Income (SSI)
○ Social Security Disability Income (SSDI)
○ Job
○ Family
○ Other [   ]

11. In what City or Town do you live?

City or Town: [   ]

12. In which County do you live?

(Click here to choose) ▢

13. What type of Health Insurance do you have? Please check all that apply.
☐ None
☐ Medicaid
☐ Medicare
☐ Medicare Supplement
☐ Employer Private Insurance
☐ Other Private Insurance
☐ Workers Compensation

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Survey of VR Staff about the One Stop System in Florida

1. How many One Stop Centers do you work with?
- ⭕ 1
- ⭕ 2
- ⭕ 3 or more

2. The following is a list of possible technical assistance materials and activities that could aid One Stop Centers in serving people with disabilities. Please tell us if the One Stop Centers you work with have these materials or activities.

	Yes	No
Written or Web-based materials on serving people with disabilities.	⭕	⭕
Frontline staff training on serving people with disabilities.	⭕	⭕
Frontline staff training to make appropriate referrals to VR.	⭕	⭕
Written or Web-based materials about specific types of disabilities.	⭕	⭕
Policy statements on how people with disabilities should be served.	⭕	⭕
Workshops or materials specifically focused on ADA compliance.	⭕	⭕

3. Below is a list of factors impacting job seekers with disabilities.
Using a scale where 1 is not important and 5 is very important, please rate the importance of each factor in creating a One Stop system that effectively serves people with disabilities.

	Not Imp.				Very Imp.
	1	2	3	4	5
Physical access to One Stop Centers	⭕	⭕	⭕	⭕	⭕
Insuring people with disabilities can access all virtual tools in the One Stop system, including web sites and on-site computer resources	⭕	⭕	⭕	⭕	⭕
Partnerships with organizations that serve people with disabilities	⭕	⭕	⭕	⭕	⭕
Providing effective outreach about the One Stop system to people with disabilities in the local community	⭕	⭕	⭕	⭕	⭕
Outreach to employers about hiring people with disabilities	⭕	⭕	⭕	⭕	⭕

4. Please describe any other factors important in creating a One Stop system that effectively serves people with disabilities.

5. Vocational Rehabilitation agencies are mandatory partners in the One Stop System.
How satisfied are you with this partnership in your local area?
- ⭕ Very Satisfied
- ⭕ Somewhat Satisfied
- ⭕ Neither satisfied nor dissatisfied
- ⭕ Somewhat dissatisfied
- ⭕ Very Dissatisfied

6. Please choose all statements that apply to the partnerships with disability-specific organizations your local One Stop has devel
- ☐ Refers clients to these organizations for workforce development services or training
- ☐ A disability-specific organization has a seat on the local WIB
- ☐ Have a disability task force or committee that helps the One Stop(s) with disability issues
- ☐ Representatives from disability-specific organizations, like FLDVR, are co-located at the One Stop (s)
- ☐ Other (please explain) _____

7. How often are representatives from FLDVR available in the One Stop(s) you work with?
- ○ Every day One Stop is open
- ○ Two to three days a week
- ○ Once a week
- ○ Once every two weeks
- ○ Once a month
- ○ Never, clients referred from the One Stop go to the FLDVR offices

8. Below are a series of statements. Please indicate whether you agree or disagree with their applicability to the One Stop(s) with which you work.

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
All customers, not just those who appear to have a disability, are asked about their accommodation needs.	○	○	○	○	○
All customers, not just those who appear to have a disability, are asked about eligibility for VR services.	○	○	○	○	○
One Stop has a procedure in place to respond to the accommodation requests by customers.	○	○	○	○	○
One Stop has technology available to allow individuals with disabilities to use the computers and resources of the Center, and access the Center's website	○	○	○	○	○
One Stop staff is trained to use the assistive technologies available in the Center and help others use them.	○	○	○	○	○
One Stop customers are informed that the information they share about their disability will be kept confidential	○	○	○	○	○
The vendors or service providers that the One Stop(s) contracts with for training services can respond to the needs of people with disabilities.	○	○	○	○	○
One Stop has difficulty finding job placements for people with disabilities.	○	○	○	○	○
One Stop has affirmatively sought to serve people with disabilities by conducting specific outreach activities to attract customers with disabilities	○	○	○	○	○
FLDVR or other disability-specific organizations will serve most people with disabilities who enter the One Stop system.	○	○	○	○	○
The staff in the One Stop(s) is equipped to provide customized career assessments to identify employment goals for people with various types of disabilities.	○	○	○	○	○
The staff in the One Stop(s) is trained to determine when to refer someone to VR.	○	○	○	○	○

9. One Stops must collect data for performance measurement. What types of data does the One Stop(s) you work with collect? Please check all that apply.
- ☐ Number of customers with disabilities who use One Stop services
- ☐ Number of customers reporting a disability
- ☐ Number of people with disabilities placed in employment.
- ☐ Number of people referred to disability-specific organizations
- ☐ Customer satisfaction of job seekers regarding access or accommodation issues
- ☐ Other information on people with disabilities (please list)
- ☐ Do not report any specific information on people with disabilities
- ☐ Don't know

According to the Americans with Disability Act, One Stops must provide "reasonable accommodation" such as changing policies or carrying out services differently, for people with disabilities, unless it would cause "undue hardship" for the Operator.

10. About how often do job seekers with disabilities ask for reasonable accommodation?
- ○ Often
- ○ Sometimes

○ Not often
○ Rarely
○ Don't Know

11. Does the One Stop(s) have a policy and/or procedure for staff to follow when job seekers ask for reasonable accommodation'

○ Yes
○ No
○ Don't know

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12. Below is a list of items that One Stops may provide to increase accessibility for people with disabilities.
Please mark all those that are available in the One Stop(s) you work with.

- ☐ Physical access to Center (including parking lot and bathrooms)
- ☐ Fully accessible computers (For people with vision, hearing, physical and cognitive disabilities)
- ☐ Sign-Language interpretation
- ☐ Written materials in alternative formats (such as Braille, audio)
- ☐ A list of available assistive devices and auxiliary aids is provided at intake.
- ☐ Other (please explain)
- ☐ Comment (please explain) _____

13. What types of assistive technologies are available in the One Stop(s) you work with?
Please mark all that apply.

- ☐ Speech recognition software
- ☐ Screen reader software
- ☐ Screen magnification
- ☐ Assistive listening devices
- ☐ Teletypewriter (TTY)
- ☐ Alternative keyboards (For use with mouth or one hand)
- ☐ Alternative pointing devices (To replace a computer's mouse)
- ☐ Refreshable Braille Display
- ☐ Other (please list)
- ☐ Don't know

14. Unlike employers, are One Stop staff allowed to ask job seekers if they have a disability in order
to assess their eligibility for various programs and services?

- ○ Yes
- ○ No
- ○ Don't Know

15. How does the One Stop(s) you work with insure job seekers know their rights to nondiscrimination and equal opportunity?
Please mark all that apply.

- ☐ Posted signs relating rights
- ☐ Oral overview of rights during orientation
- ☐ Written overview of rights is part of orientation packet
- ☐ Other (please explain)
- ☐ Don't know

16. Does the One Stop(s) you work with have an Equal Opportunity officer?

- ○ Yes
- ○ No
- ○ Don't Know

17. To your knowledge, have any discrimination complaints been filed in the One Stop(s) you work with?

- ○ Yes
- ○ No
- ○ Don't Know

18. How is the disability status of a job seeker determined at the One Stop(s) you work with?

- ○ Through referral
- ○ Through self-identification
- ○ Through assessments given to all job seekers receiving services
- ○ Through assessments given to select job seekers based on the judgment of staff
- ○ Through a central case management database used across social services programs in your area

19. If and when a job seeker is identified as having a disability, what actions are taken by the One Stop?
Please check all that apply.

- ☐ Offer services that are accessible and appropriate
- ☐ Refer the job seeker to an agency that specifically serves individuals with disabilities.
- ☐ No different service than anyone else, unless the client with a disability requests specific services

20. Below are some areas where staff could be trained in serving people with disabilities.
Please tell us in which of these areas you would like to see One Stop staff trained,
if they are *adequately* trained in that area or if you don't know.

	Need Training	Adequately Trained	Don't Know
Career counseling for people with disabilities.	○	○	○
Job placement for people with disabilities.	○	○	○
Broad knowledge of assistive technologies, including those that are not currently available in your One Stop(s)	○	○	○
Specific knowledge of the assistive technologies currently available in your One Stop(s), and how to help others use them.	○	○	○
Preventing discrimination in the One Stop(s) setting.	○	○	○
Making appropriate referrals to VR.	○	○	○

21. Please describe any other areas where staff could be trained in serving people with disabilities.

22. The following is a list of possible technical assistance materials and activities that could aid One Stops in serving people with disabi
Please tell us if the One Stop(s) you work with has received such assistance, and if so, from whom.

	From Local WIB	From State WIB	From FLDVR	From Advocacy Organization for People with Disabilities	From Other Source	Not Provided	Don't Know
Written or web-based materials on serving people with disabilities.	○	○	○	○	○	○	○
Frontline staff training on serving people with disabilities.	○	○	○	○	○	○	○
Written or Web-based materials about specific types of disabilities.	○	○	○	○	○	○	○
Policy statements on how people with disabilities should be served.	○	○	○	○	○	○	○
Workshops or materials specifically focused on ADA compliance.	○	○	○	○	○	○	○
Written or Web-based materials about making appropriate referrals to VR.	○	○	○	○	○	○	○

23. In your opinion, individuals with disabilities are best served:
- ○ Within the One Stop with supports as necessary
- ○ By referring them to FLDVR

24. Does your One Stop have a formal process for referring individuals to FLDVR?
- ○ Yes
- ○ No
- ○ Don't Know

25. What is your title/position?
- ○ VR Supervisor
- ○ VR Counselor
- ○ VR Liaison Counselor
- ○ VR Consultant
- ○ VR Technician
- ○ Support staff
- ○ Other

26. How would you characterize your local area?
- ○ Urban
- ○ Suburban
- ○ Rural

27. In which county is your One Stop located?
(Click here to choose)

28. Is there anything else you'd like to share?

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Survey of Disability Navigators about the One Stop System in Florida

1. How many One Stop Centers do you work with?
- ○ 1
- ○ 2
- ○ 3 or more

2. The following is a list of possible technical assistance materials and activities that could aid One Stop Centers in serving people with disabilities. Please tell us if the One Stop Centers you work with have these materials or activities.

	Yes	No
Written or Web-based materials on serving people with disabilities.	○	○
Frontline staff training on serving people with disabilities.	○	○
Frontline staff training to make appropriate referrals to VR.	○	○
Written or Web-based materials about specific types of disabilities.	○	○
Policy statements on how people with disabilities should be served.	○	○
Workshops or materials specifically focused on ADA compliance.	○	○

3. Below is a list of factors impacting job seekers with disabilities.
Using a scale where 1 is not important and 5 is very important, please rate the importance of each factor in creating a One Stop system that effectively serves people with disabilities.

	Not Imp.				Very Imp.
	1	2	3	4	5
Physical access to One Stop Centers	○	○	○	○	○
Insuring people with disabilities can access all virtual tools in the One Stop system, including web sites and on-site computer resources	○	○	○	○	○
Partnerships with organizations that serve people with disabilities	○	○	○	○	○
Providing effective outreach about the One Stop system to people with disabilities in the local community	○	○	○	○	○
Outreach to employers about hiring people with disabilities	○	○	○	○	○

4. Please describe any other factors important in creating a One Stop system that effectively serves people with disabilities.

5. Vocational Rehabilitation agencies are mandatory partners in the One Stop System.
How satisfied are you with this partnership in your local area?
- ○ Very Satisfied
- ○ Somewhat Satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat dissatisfied
- ○ Very Dissatisfied

6. Please choose all statements that apply to the partnerships with disability-specific organizations your local One Stop has devel
- ☐ Refers clients to these organizations for workforce development services or training
- ☐ A disability-specific organization has a seat on the local WIB
- ☐ Have a disability task force or committee that helps the One Stop(s) with disability issues
- ☐ Representatives from disability-specific organizations, like FLDVR, are co-located at the One Stop (s)
- ☐ Other (please explain) _____

7. How often are representatives from FLDVR available in the One Stop(s) you work with?
- ○ Every day One Stop is open
- ○ Two to three days a week
- ○ Once a week
- ○ Once every two weeks
- ○ Once a month
- ○ Never, clients referred from the One Stop go to the FLDVR offices

8. Below are a series of statements. Please indicate whether you agree or disagree with their applicability to the One Stop(s) with which you work.

	Strongly Disagree		Strongly Agree		
	1	2	3	4	5
All customers, not just those who appear to have a disability, are asked about their accommodation needs.	○	○	○	○	○
All customers, not just those who appear to have a disability, are asked about eligibility for VR services.	○	○	○	○	○
One Stop has a procedure in place to respond to the accommodation requests by customers.	○	○	○	○	○
One Stop has technology available to allow individuals with disabilities to use the computers and resources of the Center, and access the Center's website	○	○	○	○	○
One Stop staff is trained to use the assistive technologies available in the Center and help others use them.	○	○	○	○	○
One Stop customers are informed that the information they share about their disability will be kept confidential	○	○	○	○	○
The vendors or service providers that the One Stop(s) contracts with for training services can respond to the needs of people with disabilities.	○	○	○	○	○
One Stop has difficulty finding job placements for people with disabilities.	○	○	○	○	○
One Stop has affirmatively sought to serve people with disabilities by conducting specific outreach activities to attract customers with disabilities	○	○	○	○	○
FLDVR or other disability-specific organizations will serve most people with disabilities who enter the One Stop system.	○	○	○	○	○
The staff in the One Stop(s) is equipped to provide customized career assessments to identify employment goals for people with various types of disabilities.	○	○	○	○	○
The staff in the One Stop(s) is trained to determine when to refer someone to VR.	○	○	○	○	○

9. One Stops must collect data for performance measurement. What types of data does the One Stop(s) you work with collect? Please check all that apply.
- ☐ Number of customers with disabilities who use One Stop services
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- ☐ Other information on people with disabilities (please list)
- ☐ Do not report any specific information on people with disabilities
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According to the Americans with Disability Act, One Stops must provide "reasonable accommodation" such as changing policies or carrying out services differently, for people with disabilities, unless it would cause "undue hardship" for the Operator.

10. About how often do job seekers with disabilities ask for reasonable accommodation?
- ○ Often
- ○ Sometimes
- ○ Not often
- ○ Rarely
- ○ Don't Know

11. Does the One Stop(s) have a policy and/or procedure for staff to follow when job seekers ask for reasonable accommodation

○ Yes
○ No
○ Don't know

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- ☐ Written materials in alternative formats (such as Braille, audio)
- ☐ A list of available assistive devices and auxiliary aids is provided at intake.
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- ☐ Comment (please explain) _____

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- ☐ Screen magnification
- ☐ Assistive listening devices
- ☐ Teletypewriter (TTY)
- ☐ Alternative keyboards (For use with mouth or one hand)
- ☐ Alternative pointing devices (To replace a computer's mouse)
- ☐ Refreshable Braille Display
- ☐ Other (please list)
- ☐ Don't know

14. Unlike employers, are One Stop staff allowed to ask job seekers if they have a disability in order to assess their eligibility for various programs and services?

- ○ Yes
- ○ No
- ○ Don't Know

15. How does the One Stop(s) you work with insure job seekers know their rights to nondiscrimination and equal opportunity? Please mark all that apply.

- ☐ Posted signs relating rights
- ☐ Oral overview of rights during orientation
- ☐ Written overview of rights is part of orientation packet
- ☐ Other (please explain)
- ☐ Don't know

16. Does the One Stop(s) you work with have an Equal Opportunity officer?

- ○ Yes
- ○ No
- ○ Don't Know

17. To your knowledge, have any discrimination complaints been filed in the One Stop(s) you work with?

- ○ Yes
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18. How is the disability status of a job seeker determined at the One Stop(s) you work with?

- ○ Through referral
- ○ Through self-identification
- ○ Through assessments given to all job seekers receiving services
- ○ Through assessments given to select job seekers based on the judgment of staff
- ○ Through a central case management database used across social services programs in your area

19. If and when a job seeker is identified as having a disability, what actions are taken by the One Stop? Please check all that apply.

- ☐ Offer services that are accessible and appropriate
- ☐ Refer the job seeker to an agency that specifically serves individuals with disabilities.
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20. Below are some areas where staff could be trained in serving people with disabilities.
Please tell us in which of these areas you would like to see One Stop staff trained,
if they are *adequately* trained in that area or if you don't know.

	Need Training	Adequately Trained	Don't Know
Career counseling for people with disabilities.	○	○	○
Job placement for people with disabilities.	○	○	○
Broad knowledge of assistive technologies, including those that are not currently available in your One Stop(s)	○	○	○
Specific knowledge of the assistive technologies currently available in your One Stop(s), and how to help others use them.	○	○	○
Preventing discrimination in the One Stop(s) setting.	○	○	○
Making appropriate referrals to VR.	○	○	○

21. Please describe any other areas where staff could be trained in serving people with disabilities.

22. The following is a list of possible technical assistance materials and activities that could aid One Stops in serving people with disabi
Please tell us if the One Stop(s) you work with has received such assistance, and if so, from whom.

	From Local WIB	From State WIB	From FLDVR	From Advocacy Organization for People with Disabilities	From Other Source	Not Provided	Don't Know
Written or web-based materials on serving people with disabilities.	○	○	○	○	○	○	○
Frontline staff training on serving people with disabilities.	○	○	○	○	○	○	○
Written or Web-based materials about specific types of disabilities.	○	○	○	○	○	○	○
Policy statements on how people with disabilities should be served.	○	○	○	○	○	○	○
Workshops or materials specifically focused on ADA compliance.	○	○	○	○	○	○	○
Written or Web-based materials about making appropriate referrals to VR.	○	○	○	○	○	○	○

23. In your opinion, individuals with disabilities are best served:
○ Within the One Stop with supports as necessary
○ By referring them to FLDVR

24. Does your One Stop have a formal process for referring individuals to FLDVR?
○ Yes
○ No
○ Don't Know

25. What is your title/position?
○ One Stop Manager
○ Disability Navigator
○ Other

26. How would you characterize your local area?
○ Urban
○ Suburban
○ Rural

27. In which county is your One Stop located?
(Click here to choose)

28. There are many possible disability-specific partners in the One Stop system beyond Vocational Rehabilitation.
Which of the following organizations are involved in the One Stop system in your local area? Please mark all that apply.

- ☐ FL Division of Services for the Blind
- ☐ The Florida Department of Elder Affairs
- ☐ Department of Children and Families Mental Health Program
- ☐ The Agency for Persons with Disabilities
- ☐ Local Independent Living Center
- ☐ Community College
- ☐ Advocacy Organizations
- ☐ Local contract provider
- ☐ Other (please explain)

29. Is there anything else you'd like to share?

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The law says . . . Include an assessment of the need to establish, develop, or improve Community Rehabilitation Providers [CRP] within the State. CRPs are known as Contract Providers in Florida.

1. What do you view as the most pressing issues or challenges that involve the use of Contract Providers?

2. What services do they provide?

   a. Is the need for certain services expanding? Which services? Everywhere or in specific parts of the state? Your area?

   b. Is the need for other services declining? Which services? Everywhere or in specific parts of the state? Your area?

3. Do you see a need to expand Contract Provider capacity to deliver specific services in your area or parts of your area?

   c. How would you describe the availability of the services you need?

   d. Are some services unavailable in your area or parts of your area?

   e. Do Contract Providers have the capacity to provide the services you need? Or, do you have shortfalls in supply of some services in your area or parts of your area?

4. How would you evaluate the quality of service provided by the Contract Providers in your area?

5. Is it important to ask counselors to evaluate Providers ability to provide:
   f. Services to all disabilities [underserved groups?]
   g. Informed choice
   h. Accommodations
   i. Assistive technology
   j. Work effectively with consumers whose first language is NOT English
   k. Other issues

6. Is it helpful to ask counselors about Contract Provider staffing and accreditation?
   l. CARF accredited
   m. Certified vocational evaluators
   n. Other issues

7. What else do you think needs to be addressed in order to assess the need to establish, develop, or improve contract providers within the Florida?

The Need for Services from Contract Providers

The purpose of this survey is twofold: one, to enable you to evaluate the performance of the contract providers you purchase services from for your clients, and two, to help us assess the need for the types of services VR buys from Contract Providers. Please try to answer all of the questions. This information will help us better serve consumers. When you have completed the survey, just click the "submit survey" button at the end. Thanks again for helping us help our clients.

1. How many referrals do you make each year to Contract Providers?
- ○ No referrals
- ○ Under 10
- ○ 11 to 20
- ○ More than 20

2. What are the primary reasons you refer clients to Contract Providers? Please check all that apply.
- ☐ Job seeking skills
- ☐ Work site analysis and job site consultation
- ☐ Job carving (not supported employment)
- ☐ Vocational assessment
- ☐ Job readiness preparation
- ☐ Job placement
- ☐ Vocational evaluation
- ☐ Situational assessment - Facility based
- ☐ Situational assessment - Community based
- ☐ Job coach for training and employment
- ☐ Supported Employment
- ☐ Other _____

3. In your local area, please tell us if each of these services is available for you to purchase and if the service capacity is adequate to meet your need for the service.

	Availability				Capacity		
	Readily Available	Limited Availability	Not available	Don't know	Adequate	Inadequate	Don't know
Job seeking skills	○	○	○	○	○	○	○
Work site analysis and job site consultation	○	○	○	○	○	○	○
Supported Employment	○	○	○	○	○	○	○
Job placement	○	○	○	○	○	○	○
Vocational assessment	○	○	○	○	○	○	○
Job readiness preparation	○	○	○	○	○	○	○
Situational assessment - Facility based	○	○	○	○	○	○	○
Job carving (not supported employment)	○	○	○	○	○	○	○

Situational assessment - Community based	○	○	○	○	○	○	○
Vocational evaluation	○	○	○	○	○	○	○
Job coach for training and employment	○	○	○	○	○	○	○

4. Rate the quality of service typically provided by Contract Providers in your local area using a scale of 1 to 10

where 1 = Very Poor and 10 = Excellent

	Quality of Service										
	Very Poor						Excellent XXXX				
	1	2	3	4	5	6	7	8	9	10	I do not know
Job readiness preparation	○	○	○	○	○	○	○	○	○	○	○
Vocational evaluation	○	○	○	○	○	○	○	○	○	○	○
Situational assessment - Facility based	○	○	○	○	○	○	○	○	○	○	○
Job carving (not supported employment)	○	○	○	○	○	○	○	○	○	○	○
Job coach for training and employment	○	○	○	○	○	○	○	○	○	○	○
Job seeking skills	○	○	○	○	○	○	○	○	○	○	○
Work site analysis and job site consultation	○	○	○	○	○	○	○	○	○	○	○
Situational assessment - Community based	○	○	○	○	○	○	○	○	○	○	○
Job placement	○	○	○	○	○	○	○	○	○	○	○
Supported Employment	○	○	○	○	○	○	○	○	○	○	○
Vocational assessment	○	○	○	○	○	○	○	○	○	○	○

5. Do most Contract Providers in your local area provide services to all disability populations that may be referred to th
○ Yes
○ No
○ Don't know

6. Are any of these disability groups unserved or underserved by Contract Providers in your local area?
Please check all that apply.
☐ Visual [visual acuity, glaucoma, diabetic retinopathy, macular degeneration, retinitis pigmentosa, etc.]
☐ Hearing [deaf, hard of hearing]
☐ Orthopedic [back pain, amputation, mobility impaired, hip problems, knee problems, etc.]
☐ Spinal Cord Injury
☐ Mental Disorders [learning disabilities, bipolar disorders, anxiety disorders, depression, etc.]
☐ Developmental Disabilities [mental retardation, autism, cerebral palsy, spina bifida, prader-willi]
☐ Head Injury
☐ Medical Disorders [heart, digestive, respiratory, dental, diabetes and other endocrine disorders, hernia, hysterectomy, etc.]
☐ Other

7. Do most Contract Providers in your local area take clients' accommodation needs into account when serving them,

especially when they do job placement?
○ Yes

○ No
○ Don't know

8. What are the biggest challenges you face regarding Contract Providers in your local area? Please check all that app

☐ Providers lack capacity to serve the number of clients who need services
☐ "Cookie cutter" approach to job placement
☐ Ability to tailor contracted services to meet specific individual client needs
☐ Provider staff turnover
☐ Communications with the VR counselor
☐ Communications with the VR client
☐ Inadequate reports from providers
☐ Pressure to sign off on inadequate reports
☐ Providers lack understanding concerning disabilities
☐ Job coaches need an orientation to VR
☐ Can't use qualified Contract Providers if they are "for profit"
☐ Unqualified provider staff
☐ Other

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8a. Do Contract Providers in your local area have qualified staff to provide

	Yes	No	Don't know
Job placement	○	○	○
Job seeking skills	○	○	○
Job readiness preparation	○	○	○
Work site analysis and job site consultation	○	○	○
Job carving (not supported employment)	○	○	○
Job coach for training and employment	○	○	○
Supported Employment	○	○	○
Vocational assessment	○	○	○
Vocational evaluation	○	○	○
Situational assessment - Facility based	○	○	○
Situational assessment - Community based	○	○	○

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9. Are there any services that your clients need that are not covered under the provisions of the Contract Providers?

○ No
○ Yes

10. If Yes, Please list:

11. Do most Contract Providers in your local area honor the client's vocational choice?

○ Yes
○ No
○ Don't know

12. Do most Contract Providers you refer clients to have the ability to work effectively with consumers whose first language is NOT English?

○ Yes
○ No
○ Don't know

13. Do most Contract Providers you refer Spanish speaking clients to employ staff who are fluent in Spanish?

○ Yes
○ No
○ Don't know

14. Do most Contract Providers that you refer Spanish speaking clients to provide written materials to consumers in Spa

○ Yes
○ No
○ Don't know

15. How many people do you have on your current caseload who do NOT speak English?

◉ None
○ Less than 10
○ 11 to 25
○ More than 25

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16. Do most Contract Providers that you refer clients to meet your clients need for assistive techno

○ Yes
○ No
○ Don't know

Assistive technology is defined as any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities.

17. How many of your clients have a need for assistive technology?

○ None
○ Less than 10
○ 11 to 25
○ More than 25

18. In which area is your office?

○ Area 1
○ Area 2
○ Area 3
○ Area 4
○ Area 5
○ Area 6

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Project Staff

M. Christine Lewis is a Research Consultant to the Public Performance and Management Group, Andrew Young School of Policy Studies, at Georgia State University. Dr. Lewis is the lead researcher on several major research projects involving State Vocational Rehabilitation agencies, and many other projects designed to help state agencies measure and manage performance. Her research focuses on customer centered organizational change. Dr. Lewis' research helps organizations create value for customers through a more detailed and precise understanding of customer and employee needs and satisfaction with organizational performance. As an example, Dr. Lewis has recently identified the key drivers of customer and employee satisfaction for a number of state agencies in Georgia. These findings helped these agencies "move the meter" on satisfaction by targeting high impact improvement projects. She also researches the relationship between customer and employee satisfaction. Dr. Lewis is an adjunct faculty with the Public Performance and Management Group, and has consulted to a variety of corporations and government organizations. She is a former professor of Marketing at Wayne State University in Detroit, Michigan. She holds a B.S. in Business Administration from the University of Nebraska and an MBA and Ph.D. in Business Administration from Michigan State University.

Sally Siewert is the Director for Rehabilitation Continuing Education Program for Administration and Management (RCEP) within the Public Performance and Management Group, Andrew Young School of Policy Studies, Georgia State University. Through a variety of customer focused training, organizational development, and applied research activities, the RCEP assists the twelve state Vocational Rehabilitation agencies in the southeast within the areas of supervision, management, and leadership. Focusing on emerging issues and needs in the public sector, particularly within the state/federal VR program, she provides assistance that will not only support agencies to meet those needs but to prepare for the future.   She manages the long-standing Region IV Institute for New Supervisors. As a member of the Region IV Employment Partners Team, she has been involved in training and materials development in the area of building employer relationships, marketing and customer service at the regional and national level. Sally also serves as the Region IV coordinator for the CDER (Consortium for Distance Education in Rehabilitation Counseling) project. Sally holds a M.Ed. in Adult Education and Program Management with an HRD focus. She possesses a strong background in organizational management and leadership, as well as extensive experience in program design and implementation.

James Aberson serves as the Instructional Technology Specialist for the Public Performance and Management Group. Currently, James is immersed in applying on-line

survey design and implementation to a variety of applied research projects.   James has over 15 years experience in advocacy for people with disabilities including over ten years of service on the Statewide Independent Living Council of Georgia. He serves as a liaison to State Rehabilitation Councils and Centers for Independent Living in Region IV. James is also actively involved in the production of national SRC on-line training modules as part of a RSA funded project.

Ebony Rose Ramsey is a Graduate Research Assistant for the Public Performance and Management Group. A graduate of Howard University, Ebony is pursuing a Master's degree in Urban Planning from the Andrew Young School of Policy Studies. She is assisting the group with data analysis, report editing, and grant writing.